

3540 MIRANDA RD

03708102

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 3/10/2006 04:58 PM

LABORATORY SERVICES DIVISION

LOCATION: G-79
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/7/2006 14:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65225
CHAIN OF CUSTODY #: 06030212

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB65225	E. COLI-PA	absent	P/A		SM 9223B	3/8/2006	8:47	KEK
AB65225	Total Coliform	absent	P/A		SM 9223B	3/8/2006	8:47	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	3540 Miranda Road, Charlotte, NC 28216
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060302 1-1

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-79	DH	3-2-06 2:40 pm	N/A N/A	N	16.8°	5.3				X	500 ml		1			X				X	X	
65224 G-79	DH	3-2-06 2:40 pm	N/A N/A	N	16.8°	5.3				X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		3-7-06	1655

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

60358

WELL CONSTRUCTION RECORD # 92032549

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME Mc Call Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
3540 Miranda rd
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☑Flat
(check appropriate box)
Latitude/longitude of well location
_____
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Charlotte Raski
Address 3540 Miranda rd
(Street or Route No.)
Charlotte NC 28216
City or Town State Zip Code
(704) 394-0705
Area code- Phone number

4. DATE DRILLED 6-24-05
5. TOTAL DEPTH: 300'
6. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.25 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 3 METHOD OF TEST blow
10. WATER ZONES (depth): 56

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0'	43'	overburden
43'	95'	gray rock
95'	305'	black rock

11. DISINFECTION: Type HTH Amount 1 1/2 lbs
12. CASING:

	Depth From	Depth To	Diameter Ft.	Wall Thickness or Weight/Ft.	Material
	+1.25	48	6 5/8	188	6a/u steel

13. GROUT:

	Depth From	Depth To	Material	Method
	0'	48'		

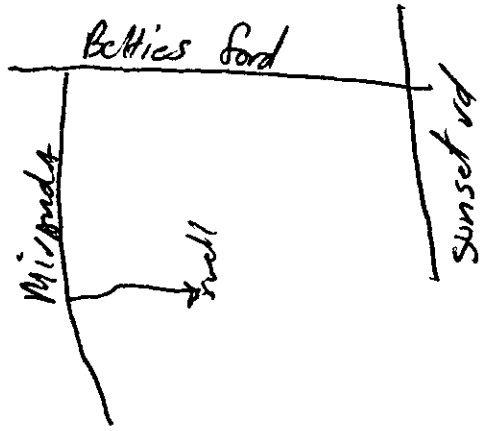
14. SCREEN:

	Depth From	Depth To	Diameter	Slot Size	Material
			Ft. in.	in.	
			Ft. in.	in.	

15. SAND/GRAVEL PACK:

	Depth From	Depth To	Size	Material
			Ft.	
			Ft.	

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. REMARKS: _____

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Matt Eden 6-24-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

WELL CONSTRUCTION RECORD # 9203254 9

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # ( ) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐
   Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION:
   Nearest Town: Charlotte County Mecklenburg
   3540 Miranda rd
   (Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

   Topographic/Land setting
   ☐Ridge ☐Slope ☐Valley ☑Flat
   (check appropriate box)
   Latitude/longitude of well location
   (degrees/minutes/seconds)
   Latitude/longitude source: ☐GPS ☐Topographic map
   (check box)

3. OWNER: Charlotte Raski
   Address 3540 Miranda rd
   (Street or Route No.)
   Charlotte NC 28216
   City or Town State Zip Code
   (704)- 394-0705
   Area code- Phone number

4. DATE DRILLED 6-24-05
5. TOTAL DEPTH: 300'
6. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 30 FT.
   (Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.25 FT. Above Land Surface*
   Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 3 METHOD OF TEST blow
10. WATER ZONES (depth): 56
11. DISINFECTION: Type HTH Amount 1 1/2 lbs
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1.25'	To 48'	Ft.	6 5/8	.188	GALV steel
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0'	To 48'	Ft.		
From	To	Ft.		

14. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

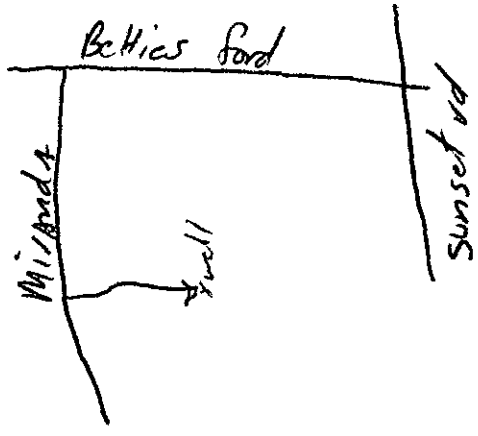
15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0'	43'	overburden
43'	95'	grey rock
95'	305'	black rock

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Matt Eden 6-29-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000079 **Tax Parcel #:** 037-081-02
Property Owner: Charlotte Raski
Job Location Address:3540 MIRANDA RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 6/24/2005
Use of Well: *Potable*
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:NO
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- *Water Supply Well construction* must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well *construction* activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's)	☐ Semi-volatile Compounds	☐ Metals (Specify in Other Conditions)
☐ Pesticides	☐ Herbicides	☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Jeremy Micheloni, R.S.
Authorized Agent: Print Name

Jeremy Micheloni, R.S.
Signature:

Matthew Edens
Owner/Legal Agent: Print Name

Matthew Edens
Signature:

06/22/2005 06:47 MCCALL BROTHERS → 7043366894 X27070 NO. 475 P001

Bridge

GWS – RES. APP 12/04

704-336-6894 FAX

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE:
DATE:
CRT:

WELL FEE: $100.00
DATE: 6/22/05
CRT: 1

FILE # 60358

X27070

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 037-081-02

STREET ADDRESS: 3540 Miranda Rd

CITY: Charlotte

STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☒ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: *NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:*

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Charlotte Raski
ADDRESS: 3540 Miranda Rd
CITY: Charlotte N.C.
STATE: N.C. ZIP: 28216
HOME PHONE: 394-0305 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros Inc
ADDRESS: 6700 Brookshire Blvd
CITY: Charlotte
STATE: N.C. ZIP: 28216 (704)
HOME PHONE: WORK PHONE: 399-1506
MOBILE PHONE: 704-309-0071 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1948

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jac McAlpine
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5107 / FAX: 704-336-6894

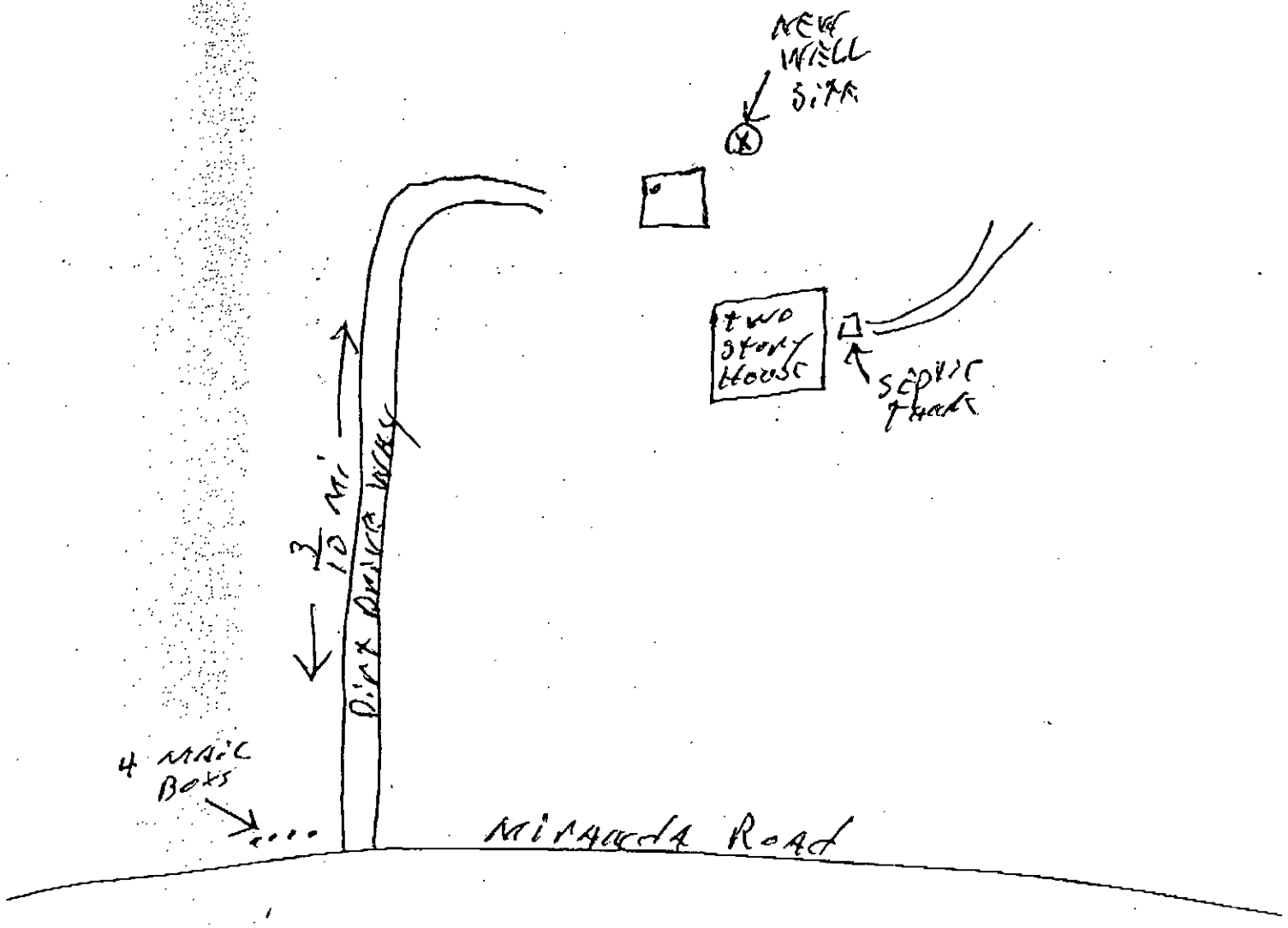
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.____

Name Charlotte Raski

Address

Location

VALERIE FAX 336-6894



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/23/05
Receipt #: 35325
Check / Auth #: CHARGE
Received By: WALKEVA

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	*Private Well, New* 3540 MIRANDA ROAD		1	400.00	400.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
751.24	1,740.21				