

15024 RANSON RD

01714227

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

FEE: 100.00 Ck# 1147
DATE: 12/18/95

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 21RB/9358A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-142-27

STREET ADDRESS: Property off Ranson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1957 Planned

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Planned

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB __ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON (6) HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

1/10/96 Buyer, Darren Crosby, to contact this office when ready to pursue I.P. permit. Mr. Crosby has been made aware that well (Exist.) ~~would have to be abandoned~~ according to DEM standards. JBM

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	__ YES __ NO Unknown		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Trunk (FIRST) John (MI) C	NAME: (LAST) (FIRST) (MI)
ADDRESS: 3037 Silver Birch Dr.	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: ( ) -	

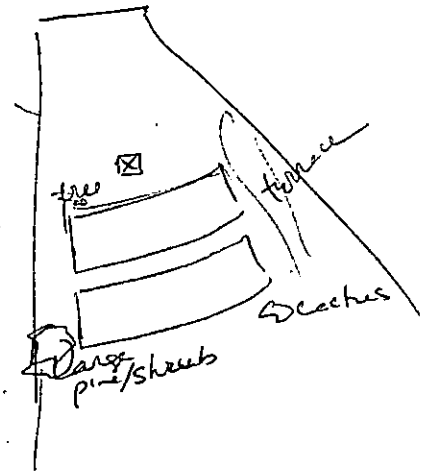
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 12-18-95

Purchaser

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



12/29 OSV. Mr Crosby present. Discussed abandonment of well → (DEM regulation of); proposed drainfield site.

1/3 OSV. Flagged proposed CON sys + repair

1/4? B. Martin OS. Flagged areas O.K.

1/9 PC to Mr John Trunk. Per Mrs. Trunk referred to Ed Mooney - Patriot Realty 398-1278 for phone # for Darren Crosby

1/9 PC to Mr Mooney. NC. LM.

1/10 Voicemess. from Darren Crosby (w) 397-2680 (h) 398-0434

1/10 PC w/Mr Crosby - advised layout for CON + repair laid out (& approved by B. Martin.) Advised to contact Peggy Finley @ DEM regarding well → well would have to be abandoned prior to issuance of I.P. permit + confirmed by DEM rep. that done properly. New well shall be low from septic, do not grade/disturb area for sys or its repair. Per Mr Crosby, probably will be back in for touch this fall.

100% Mtn 1147

DATE: 12/18/95

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 21MB/933SA

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-142-27

STREET ADDRESS: Property off Ranson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1957 Planned

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Planned

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
(6) HUNTERSVILLE
___ 7 MINT HILL

~~Mr Crosby 391-3390?~~

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO Unknown
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Trunk (FIRST) John (MI) C	NAME: (LAST) (FIRST) (MI)
ADDRESS: 3037 Silver Birch Dr.	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: ( ) - 547-1514	Realtor Ed Mooney 398-1278

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 12-18-95

Purchaser

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

12/27/95 Rec'd from B. Mari — 12/28 PCW/ Darren Crosby, buyer. - Scheduled

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Soil & Site Report for a Ground Absorbtion Waste Water System.
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 2167B/933BA TAX NUMBER 017-142-27

PROPERTY ADDRESS 15024 Ranson Road, Huntersville, NC 28078

NAME OF ORIGINAL APPLICANT John Trunk

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR J. Darren Crosby

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

John F Trunk DATE 7-13-97

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

DATE 7-11-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20221

File: 2167B/9738A Action 1

Parcel: 017-142-27

☐ PC

Location: off Ranson Road

Subdivision:

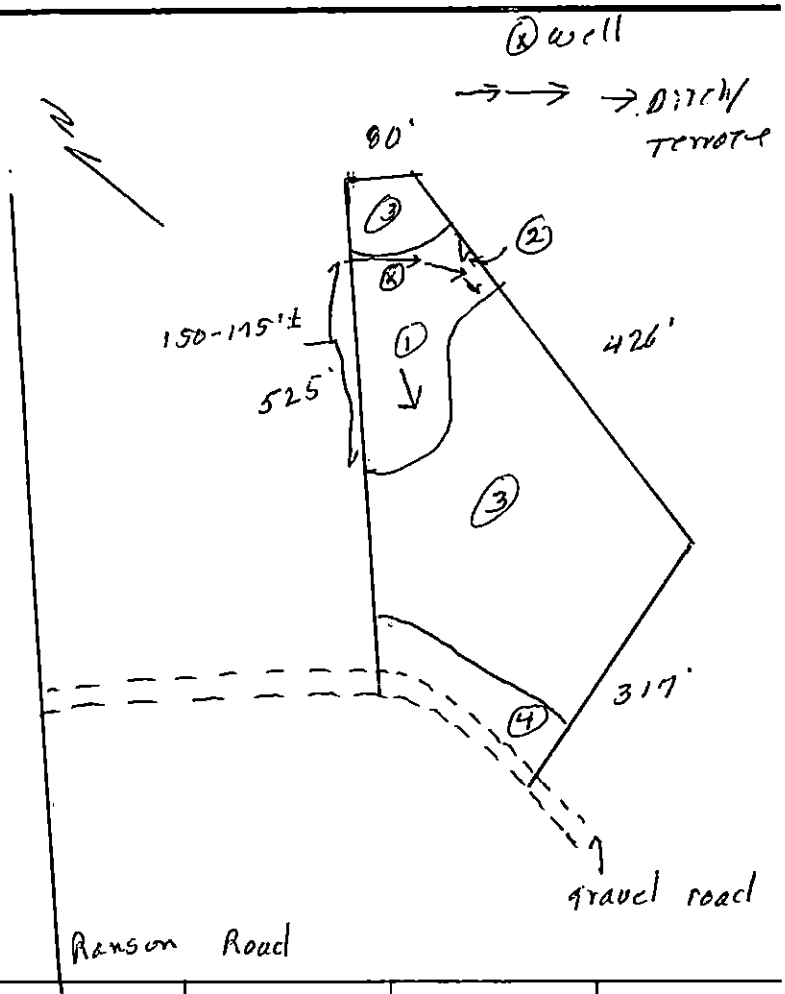
Lot: Block: Acres: 3.0

Owner: John C. Trunk
Address: 3037 Silver Branch Dr.
Charlotte, N.C. 28269

Comments: .3 gal/ft2/day LTAR
System will probably need
pump, do not know if 100%
repair is required

Described by: William R. Marlin

Date: 3-14-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Ditch/Terrace	(S) PS U 2-6%	S PS (U) Depression	S PS U	S PS U
Texture Slightly Expansive	S (PS) U clay	S PS U —	S (PS) U clay	S PS U —	S PS U	S PS U
Structure Sabl	S (PS) U Blocky	S PS U	S PS (U) compacted	S PS U —	S PS U	S PS U
Drainage	S (PS) U 40" to water	S PS U	S (PS) U 36"	S PS U —	S PS U	S PS U
Depth	S (PS) U 40"	S PS U —	S PS (U) 36"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U —	S PS U	S PS U —	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U —	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lie	Ditch/ Terrace	Cut/ Fill Area	Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

March 15, 1994

John C. Trunk
3037 Silver Birch Drive
Charlotte, NC 28269

RE: Property located on off Ranson Road
FILE: 2167B/9338A
PARCEL: 017-142-27

Dear Mr. Trunk:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20221) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

July 20, 1994

John C. Trunk
3037 Silver Birch Drive
Charlotte, NC 28269

Re: Ranson Road
File: 2167B
Parcel: 017-142-27

Dear Mr. Trunk:

Enclosed is a copy of the report from Joe Lynn regarding the above mentioned property located off Ranson Road.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WM:gf

Permit Number: 2167B

Tax Number 017-142-27

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
13 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	Keep well 100' away from any portion of the septic system and repair area.			

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	28" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Larry B. Thompson, J.R.S. 3-20-97
DEHNR Authorized Agent Date

3-20-97
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

$100.00 pd 100.00 chk# 1652

400#

FEE: $100.00
DATE: 3/18/97 gc

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 3-20-97

PERMIT NO: 2167B
PARCEL NO: 017-142-27

JOB LOCATION ADDRESS: Larson Road
PROPERTY OWNER: Darren Crosby
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Ronny B. Thompson Jr. LS DATE: 3-20-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2167B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 3-20-97

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

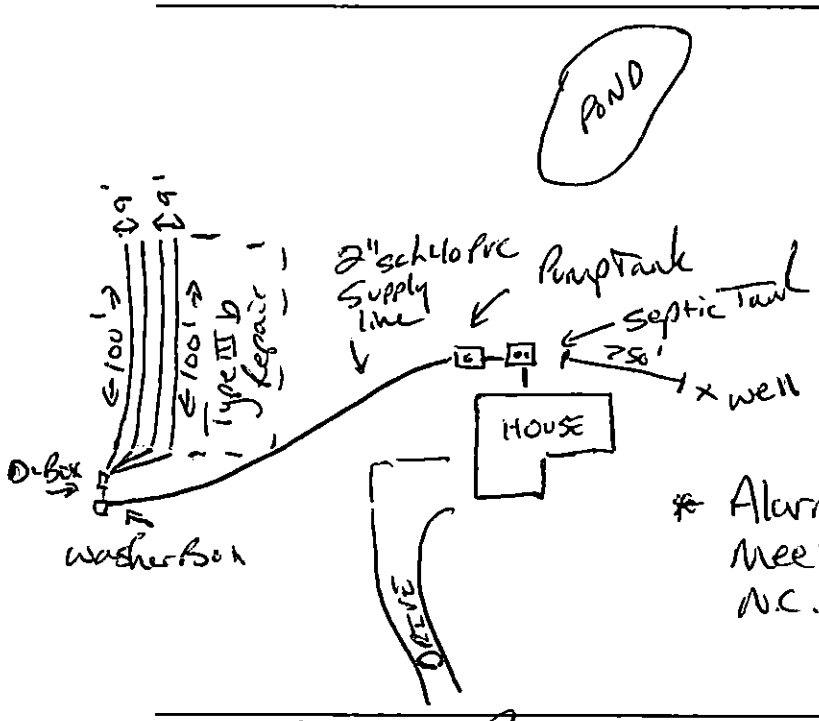
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21675 DATE: 9-22-97

TC: 017-142-27 ☒ L

SERIAL Nº 17461

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 12-18-95. All work shall be completed on or before 10-22-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Ranson Road

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 28"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER J. Darren Crosby

LOCATION OF PROPERTY 15024 Ranson Road

Comments: Type III b 3 bedrooms
(4) 3'w x 100' L x 12" stone

Larry B. Thompson, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2167B DATE: 11-21-97

TC: 017-142-27 ☒ L ☐ CRT

SERIAL No. 17424

Name of Owner J. Darren Crosby Juris.: _____

Address of Property 15024 Ranson Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12-16"

Water Supply Source priv. well

Distance to Water Source >50'

Excavation Inspected 10-31

Tank(s) Inspected 10-31 Tanks

Wash Line Inspected —

High Water Alarm Inspected 11.21

* 10-31 drainlines installed filled with H_2O from recent rains. Leaving open until system dries out

PLOT

Design 1997, 1500ST, 1000DT, P1, CON, 1200SF, T, 12G, cecil-like CTR# 172 White kidd

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: III b 3 bedrooms

(4) 3'w x 100'l x 12" stone

Larry B. Thompson, Jr. R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

2167B193384

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. # 150 2/7/94 Ck. # 30 39

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: TRUNK (last) JOHN (first) C. (mi)
ADDRESS: 3037 Silver Birch Dr PHONE: (704) 547-1514
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28269

Date: 2-5-94

PROPERTY OWNER:
NAME: TRUNK (last) JOHN (first) C. (mi)
ADDRESS: 3037 Silver Birch Dr. PHONE: (704) 547-1514
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-142-21
STREET ADDRESS: 3 ACRES OFF RANSON RD.
HUNTERSVILLE, N.C. 28075
ZONING:

Township (check one):
[x] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 3

TYPE APPLICATION (check one):

[x] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [x] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John C. Trunk Date: 2-7-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

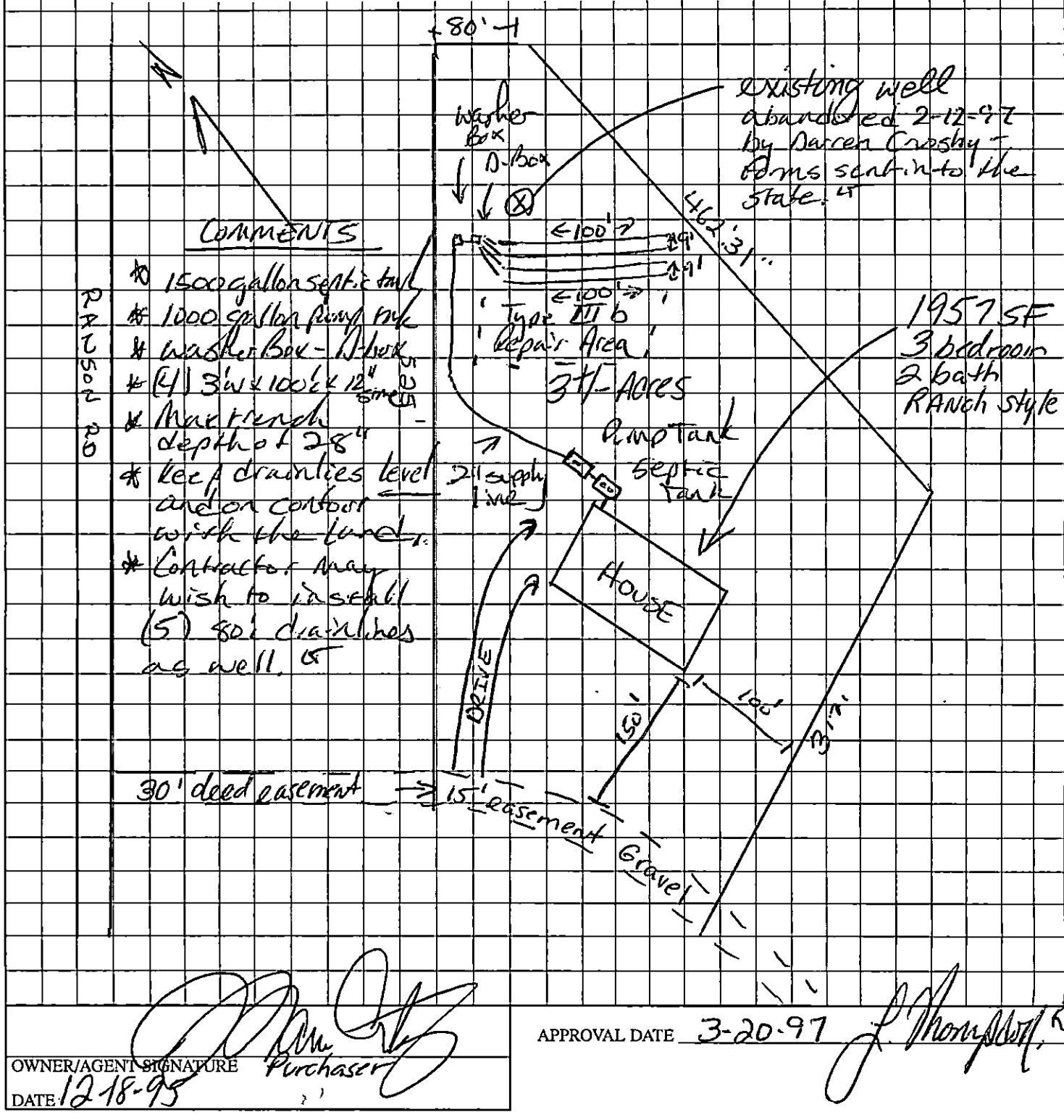
See previous soil assessment.

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21678

TC: 017-142-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE Purchaser

DATE 12-18-96

APPROVAL DATE 3-20-97 R.S.

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

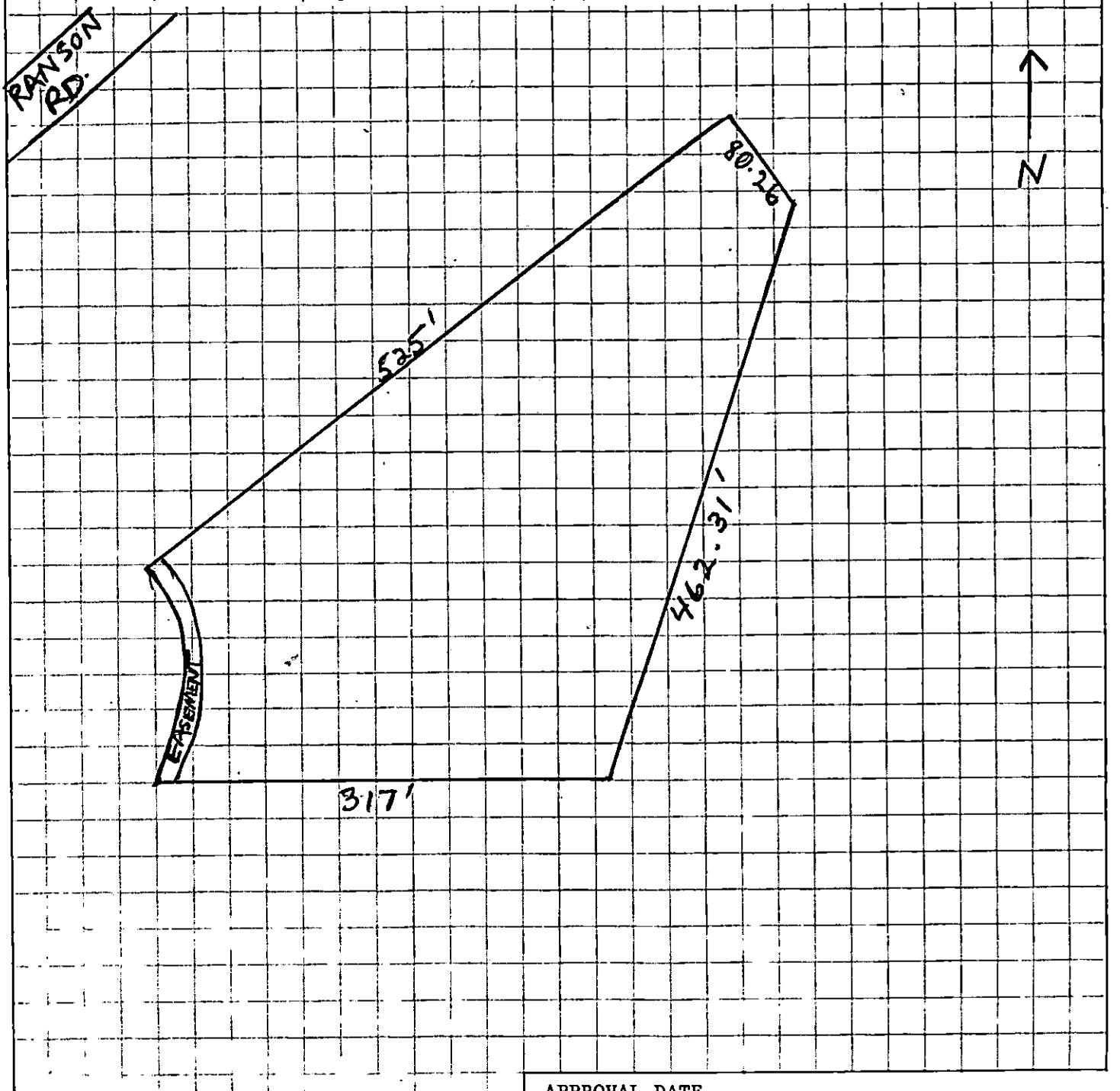
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2167B/9338A

TC: 017-142-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

SOIL AND SITE REPORT FOR A GROUND ABSORPTION WASTEWATER SYSTEM

by

JOE LYNN, REGIONAL SOIL SPECIALIST
ON-SITE WASTEWATER SECTION
DIVISION OF ENVIRONMENTAL HEALTH

Submitted to:

BILL MARLIN, SOIL SCIENTIST
MECKLENBURG COUNTY HEALTH DEPARTMENT

JULY 18, 1994

Joe Lynn
Regional Soil Specialist

SUMMARY

This site is **PROVISIONALLY SUITABLE** for some types of ground absorption wastewater treatment and disposal systems under current laws and rules 15A NCAC 18A .1900. **A ground absorption wastewater (septic tank) system can be permitted on this site.**

Conventional systems	YES if pumped
Shallow conventional systems	Yes but not needed
Large Diameter Pipe systems	Yes if pumped
Prefabricated Porous Block Panel systems	NO
Low Pressure Pipe Systems	YES
Fill Systems	NOT RECOMMENDED
Aerobic Treatment Systems	NOT RECOMMENDED

This report gives a brief summary of the findings, conclusions, and recommendations.

If you have any questions or I can be of assistance contact me at the Mooresville Regional Office (704) 663-1699.

INTRODUCTION

COUNTY: Mecklenburg

OWNER/APPLICANT: John Trunk

LOCATION: Off Ranson Road

TYPE OF FACILITY: Residence

DESIGN UNIT: 480 gpd

PROPOSED WATER SUPPLY: On-site well

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: June 8, 1994

OTHER(S) PRESENT: None

SITE INFORMATION

AREA/PRESENT USE: 3 acres / open field

TOPOGRAPHY: 2 to 10 percent

LANDSCAPE POSITION: Linear slopes

SITE LIMITATIONS: Fill area / well / well next lot

SOIL INFORMATION

SOIL TEXTURE: (surface) Fill / clay / little loam
(subsoil) Clay

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Slightly expansive / little expansive at 22 inches

SOIL DEPTH: 18 to 42 inches to saprolite, rock, or parent material

SAPROLITE: 34 to 42 inches to unsuitable saprolite

SOIL WETNESS: N/A

RESTRICTIVE HORIZONS: None

AREA of S or PS SOIL: At least 3,000 sq. ft.

CONCLUSIONS

Part of this site is provisionally suitable for the installation of a conventional ground absorption wastewater system, if a pump is used. Part of the site is unsuitable for the installation of a conventional system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage features (gullies) and depressions
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches

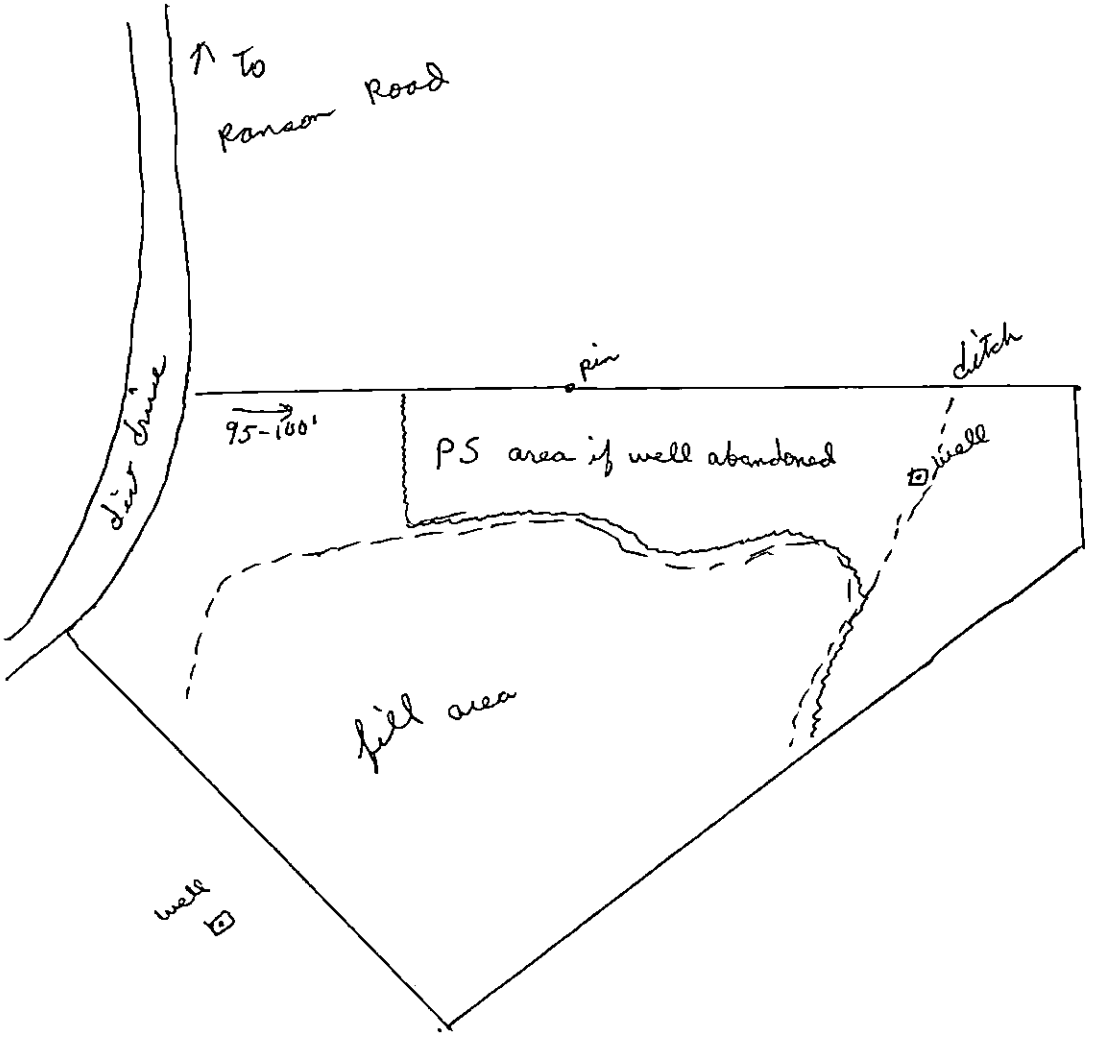
The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems, for porous block panel systems. Shallow trenches and large diameter pipe are options for this site. The saprolite is unsuitable by this rule (mafic rock and > 20 percent clay). Drainage will be helpful in reclassify the site to Provisionally Suitable.

The site is Provisionally Suitable under Rule .1957 Alternative Sewage Systems. A low pressure pipe system would be an option for the site. A fill system and an aerobic treatment unit are not appropriate options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. The applicant may install a pump conventional system in the East and North East part of the lot. There will be enough area for a conventional repair if the old well is properly abandoned.
2. The applicant may install a low pressure pipe system in the same area as above for both the initial system and the repair.


To Ransom Road
dirt drive
pin
ditch
95-100'
PS area if well abandoned
well
fill area
well

Fax 336-6894
Larry

Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box ~~27687~~ 29578 - Raleigh, N.C. ~~27611~~ 27626-0578

WELL ABANDONMENT RECORD

CONTRACTOR REG. NO.

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Huntersville County Mecklenburg

Property off Ranson Rd., Huntersville, NC
(Road, Community, Subdivision, Lot. No.) Quadrangle No.

2. OWNER: J. Darren Crosby & wife, Sharon A Crosby

3. ADDRESS: 8600 Cantor Post Drive, Charlotte, NC 28216

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: garden DATE: unknown

6. TOTAL DEPTH: 20' DIAMETER: 2"

7. CASING REMOVED:

feet	diameter
3'	

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement 1	bags of cement
gals. of water	yds. of sand
	gals. of water

Other
Type material capped with PVC/Chlorinated

Amount

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
capped at 2" PVC with PVC cap glued with bag on cement. well chlorinated.

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent [signature] Date 2-13-97

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.
GW-30

SUNLIFE SYSTEMS INTERNATIONAL, INC.

FAX Transmission

To:	Larry	Date:	3-19-97
Company:		Pages:	2
From:	Dawn Crosby	FAX #:	336-6894

Message:

TELEPHONE: 1-800-328-5885/1-704-527-2480 FAX: 1-704-527-0534

7630 National Cousins Road, Glenbuie, NC 28217/PO Box 12308, Charlotte, NC 28220

Paid

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 100 5/17/00 open Cobb ☒ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 2167B

Date: 5-18-00

PERSON FILING APPLICATION:
NAME: Crosby (last) J. Darren (first) (mi)
ADDRESS: 15024 Ranson Rd PHONE: 704 947-1027
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 01714227
STREET ADDRESS: 15024 Ranson Rd
Huntersville NC 28078
ZONING: R3

PROPERTY OWNER:
NAME: Crosby (last) J. Darren (first) (mi)
ADDRESS: 15024 Ranson Rd PHONE: 704 947-1027
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: NA

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [☒] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] [redacted] 1997
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[☒] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[☒] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SUNROOM
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [☒] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[☒] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 5-18-00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Approval granted for a sunroom addition use existing system

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Thelma S. Walker RS 5/18/2000
Environmentalist Date

WATER : 122791

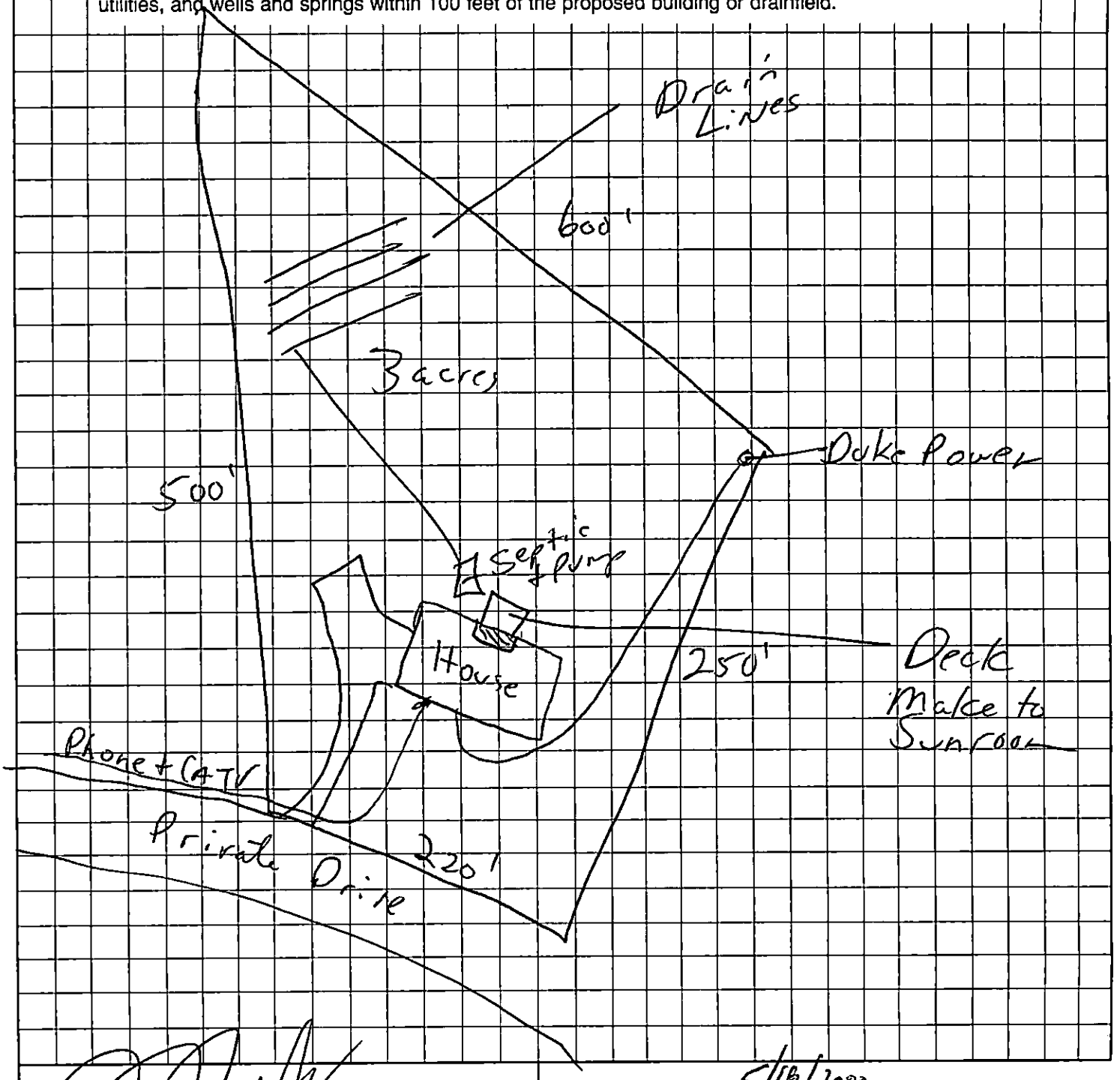
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2167B

TC: 017-142-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5/18/2000

White - Health Department's Copy · Canary - E.H.S. Copy · Pink - Owner's Copy

MECKLENBURG COUNTY
Health Department

May 21, 2003

Michael and Elsie Labate
15024 Ranson Rd.
Huntersville, NC 28078

Dear Mr. and Mrs. Labate:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 15024 Ranson Rd., Huntersville, North Carolina, was completed on 4/23/03. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic analysis were within the acceptable range for private wells.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Bacteriological/Inorganic Water Analysis
Septic System Owner's Guide .

N.C Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County **Health Department**	**Name of Establishment**	2167B **Permit/Project No.**
15024 Ranson Rd. **Location**	Residence **Type of Establishment**	360 GPD **Design Flow**
Michael and Elsie Labate **Owner/Agent**	15024 Ranson Rd., Huntersville, NC 28078 **Address**	**Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **Type System**	April, 2008 **Next Inspection Due**	

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☒	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	N/A
Free of blockages/solids buildup in lines or manholes?	☐	☐	N/A
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☒	☐	
Tanks and access manholes structurally sound, watertight?	☒	☐	
Sanitary tee(s) in good working condition?.....	☐	☐	
Tanks pumped, cleaned out as needed?.....	☐	☐	We recommend pumping out tanks every 3-5 yrs.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	N/A
Floats/pipe/valves/disconnects in good condition?	☐	☐	N/A
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	Could not remove pump tank riser lid,
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	Could not access to inspect.
High-water alarm present and operating properly?	☐	☐	Could not access to inspect.
Floats/pipe/valves/disconnects in good working condition?	☐	☐	Could not access to inspect.
Control panel enclosure/components in good condition?	☒	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	N/A
Siphon(s) appear to be working/alternating properly?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	N/A
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☒	☐	
Minimal ponding in subsurface trenches?	☒	☐	
Surface water being effectively diverted away?	☒	☐	
Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	
Line cover/vegetation adequate/maintained as needed?	☒	☐	
Protected from traffic, destructive uses?	☒	☐	
Distribution devices in good condition, working properly?	☒	☐	
Repair area properly reserved, maintained?	☒	☐	
LOW PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	N/A
Pressure head is properly adjusted?	☐	☐	N/A

OVERALL CONDITION AND OPERATION OF SYSTEM No effluent surfacing

Improvement **SUMMARY OF IMPROVEMENTS NEEDED:** **Repair Within (Days)**

Remove pump tank lid for reinspection.

DATE: 4/23/03 SIGNED: David Cornelius, RSI AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98) On-Site Wastewater Section (Review 12/98)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 210863 Dept.: INWS
Project: PME
Site Sampled: 15024 RANSON RD.
Address: "
Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable
Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown
Sample Temperature: _____ °C

Sample Collected On:
Date: 4/23/03 Time: 1412 ☐AM ☒PM
Collected By: [signature] (Signature)

Relinquished to Lab On:
Date: 4/24/03 Time: 8:00 ☒AM ☐PM
Relinquished By: [signature] (Signature)

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID CORNELIUS

Data Entry: ☐No ☐Yes
Identifier _____

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA
Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192

Lab I.D. #: 9275
Rec'd By: [signature] (Signature)
Date Rec'd: 4-24-03
Time: 840
Sample Condition: 5
Temperature: _____ °C
Remarks _____
Data Qualifiers N

Analytical Data Qualifiers (Indicates data may not be valid):
A-Quality Control Measure for Method Blank failed
B-Quality Control Measure for Method Detection Limit Standard failed
C-Quality Control Measure for External Standard failed
D-Quality Control Measure for Method Precision failed
E-Quality Control Measure for Method Accuracy failed
F-Daily Seed Blank did not recover within method limits
G-Daily GGA Standard did not recover within method limits
H-Quality Control Measure for Surrogate Standards failed
J-Analysis conducted outside of Parameter holding time
K-Lab Equipment Failure

Chain of Custody Data Qualifiers (Indicates data may not be valid):
N-Field temperature of sample not documented
O-Chain of custody incomplete
P-Sample containers incomplete
R-Parameter holding time exceeded upon receipt
S-Sample submitted with headspace
T-Preservative flushed from container
U-Sample not dechlorinated in field
V-Sample Rejected
W-Insufficient Sample volume
X-Sample container not sealed

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☒ Absent In 100 mL Sample
E. Coli Absent In 100 mL Sample
Fecal coliform ☐ _____ Colonies /100 mL
Fecal strep ☐ _____ Colonies /100 mL
E. Coli ☐ _____ MPN/100 mL
Enterococci ☐ _____ MPN/100 mL
E = Estimated

Miscellaneous
Asbestos ☐ _____ %
Chlorophyll a ☐ _____ ppb

Aggregate Organics
BOD_5 ☐ _____ ppm
COD ☐ _____ ppm
Oil and Grease ☐ _____ ppm
Phenol ☐ _____ ppm
Surfactant ☐ _____ ppm
TOC ☐ _____ ppm
TOX ☐ _____ ppb

Organics
Acid Herbicide ☐ See Report
PCB ☐ See Report
Pesticide ☐ See Report
Semivolatile ☐ See Report
TPH:
Diesel ☐ _____ ppm
Gas ☐ _____ ppm
VOC ☐ See Report

Inorganic Non Metals
Acidity ☐ _____ ppm
Alkalinity ☐ _____ ppm
Chloride ☐ _____ ppm
Color ☐ _____ units
Cyanide, Total ☐ _____ ppm
Fluoride ☐ _____ ppm
Hardness ☐ _____ ppm
Nitrogen, Ammonia ☐ _____ ppm
Nitrogen, Nitrate + Nitrite ☐ _____ ppm
Nitrogen, Nitrate ☐ _____ ppm
Nitrogen, Nitrite ☐ _____ ppm
Nitrogen, Total Kjeldahl ☐ _____ ppm
pH ☐ _____ units
Phosphorus, Ortho ☐ _____ ppm
Phosphorus, Total ☐ _____ ppm
Residue, Filterable ☐ _____ ppm
Residue, Suspended ☐ _____ ppm
Residue, Total ☐ _____ ppm
Specific Conductance ☐ _____ µS/cm
Sulfate ☐ _____ ppm
Sulfide ☐ _____ ppm
Turbidity ☐ _____ NTU

Mineral Metals
Al ☐ _____ ppb
Ca ☐ _____ ppb
Cu ☐ _____ ppb
Fe ☐ _____ ppb
Mg ☐ _____ ppb
Mn ☐ _____ ppb
K ☐ _____ ppb
Si ☐ _____ ppb
Na ☐ _____ ppb
Zn ☐ _____ ppb

Toxic Metals
TCLP Metals ☐
Sb ☐ _____ ppb
As ☐ _____ ppb
Ba ☐ _____ ppb
Be ☐ _____ ppb
Cd ☐ _____ ppb
Cr ☐ _____ ppb
Co ☐ _____ ppb
Pb ☐ _____ ppb
Hg ☐ _____ ppb
Ni ☐ _____ ppb
Se ☐ _____ ppb
Ag ☐ _____ ppb
Tl ☐ _____ ppb
V ☐ _____ ppb

Remarks: _____
Date Completed: APR 28 2003
Laboratory Director [signature]

SAMPLE COLLECTION AND DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR and N.C. DHHS we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* (the unshaded area) on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full. Do not overfill containers and do not pre-rinse containers before filling, this will flush the acid preservatives from the containers and invalidate the samples.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	☞ CONTAINER TYPE
ACIDITY	100 ML	14 DAYS	1000 ML
ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
ALKALINITY	100 ML	14 DAYS	1000 ML
BACTERIOLOGICALS:			
FECAL COLIFORM-C	125 ML	5 HOURS	100 ML SNAP CAP
FECAL STREP-C	125 ML	5 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	125ML	28 HOURS	100 Ml SNAP CAP
E. COLI-C	125 ML	5 HOURS	100 MLSNAP CAP
ENTEROCOCCI-C	125 ML	5 HOURS	100 ML SNAP CAP
BOD	1000 ML	48 HOURS	1000 ML
CHLORIDE	35 ML	28 DAYS	1000 ML
CHLOROPHYLL A	25 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML
COLOR	50 ML	48 HOURS	1000 ML
CONDUCTIVITY	250 ML	28 DAYS	1000 ML
CYANIDE	1000 ML	14 DAYS	1000 ML
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML
HARDNESS	30 ML	28 DAYS	500 ML
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML
ARSENIC	20 ML	6 MONTHS	500 ML
BARIUM	20 ML	6 MONTHS	500 ML
CADMIUM	20 ML	6 MONTHS	500 ML
CHROMIUM	20 ML	6 MONTHS	500 ML
COPPER	20 ML	6 MONTHS	500 ML
IRON	20 ML	6 MONTHS	500 ML
LEAD	20 ML	6 MONTHS	500 ML
MAGNESIUM	20 ML	6 MONTHS	500 ML
MANGANESE	20 ML	6 MONTHS	500 ML
MERCURY	100 ML	28 DAYS	500 ML
NICKEL	20 ML	6 MONTHS	500 ML
POTASSIUM	20 ML	6 MONTHS	500 ML
SELENIUM	20 ML	6 MONTHS	500 ML
SILVER	20 ML	6 MONTHS	500 ML
SODIUM	20 ML	6 MONTHS	500 ML
ZINC	20 ML	6 MONTHS	500 ML
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML
NITROGEN, NITRATE	30 ML	48 HOURS	125 ML
NITROGEN, NITRITE	30 ML	48 HOURS	125 ML
NITROGEN, NITRATE+NITRITE	30 ML	28 DAYS	250 ML
NITROGEN, KJELDAHL	30 ML	28 DAYS	250 ML
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	125 ML
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS, DISSOLVED	100 ML	7 DAYS	1000 ML
SOLIDS, SUSPENDED	250 ML	7 DAYS	1000 ML
SOLIDS, TOTAL	100 ML	7 DAYS	1000 ML
SULFATE	100 ML	28 DAYS	1000 ML
SULFIDE	100 ML	7 DAYS	1000 ML
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B FRACTION	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 Ml
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A= For this parameter, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B= VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C= Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC= Labeled Container. Use only the containers specifically prepared for these analyses.

☞ The 250 mL bottles contain 1.0 mL of 1:1 sulfuric acid; the 500 mL bottles contain 2.0 ML of 1:1 Nitric acid; and the 40 mL VOC vials contain 0.5 mL of 1:1 Hydrochloric acid. Use caution and handle appropriately. MSDS sheets for these chemicals are available from the lab.

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Labate, Michael
Address: 15024 Ranson Rd.
Huntersville, NC **Zip:** 28078

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** David Cornelius
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D. CORNELIUS **Date:** 4/23/03 **Time:** 1:12:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	9	mg/l	4/25/03
Silver	<0.05	mg/l	4/25/03
Alkalinity as CaCO3	38	mg/l	4/25/03
Arsenic	<0.001	mg/l	4/25/03
Barium	<0.1	mg/l	4/25/03
Calcium	8.3	mg/l	4/25/03
Cadmium	<0.005	mg/l	4/25/03
Chloride	<5.0	mg/l	4/25/03
Chromium	<0.01	mg/l	4/25/03
Copper	<0.05	mg/l	4/25/03
Fluoride	<0.20	mg/l	4/25/03
Iron	<0.05	mg/l	4/25/03
Hardness as CaCO3 (Ca,Mg)	31	mg/l	4/25/03
Mercury	<0.0005	mg/l	4/25/03
Magnesium	2.6	mg/l	4/25/03
Manganese	<0.03	mg/l	4/25/03
Sodium	5	mg/l	4/25/03
Lead	<0.005	mg/l	4/25/03
pH	7.2	Std. unit	4/25/03
Selenium	<0.005	mg/l	4/25/03
Zinc	1.68	mg/l	4/25/03

NCSLPH
North Carolina Public Health
State Laboratory of Public Health

Date Received: 4/25/03 **Report Date:** 5/7/03 **Reported By:**
Today's Date: 5/7/03 **Ref:** 5556 **Login Batch:** 03040077 **Sample Number:** AA93129

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Labate, Michael
Address: 15024 Ranson Rd.
Huntersville, NC **Zip:** 28078
County: MECKLENB

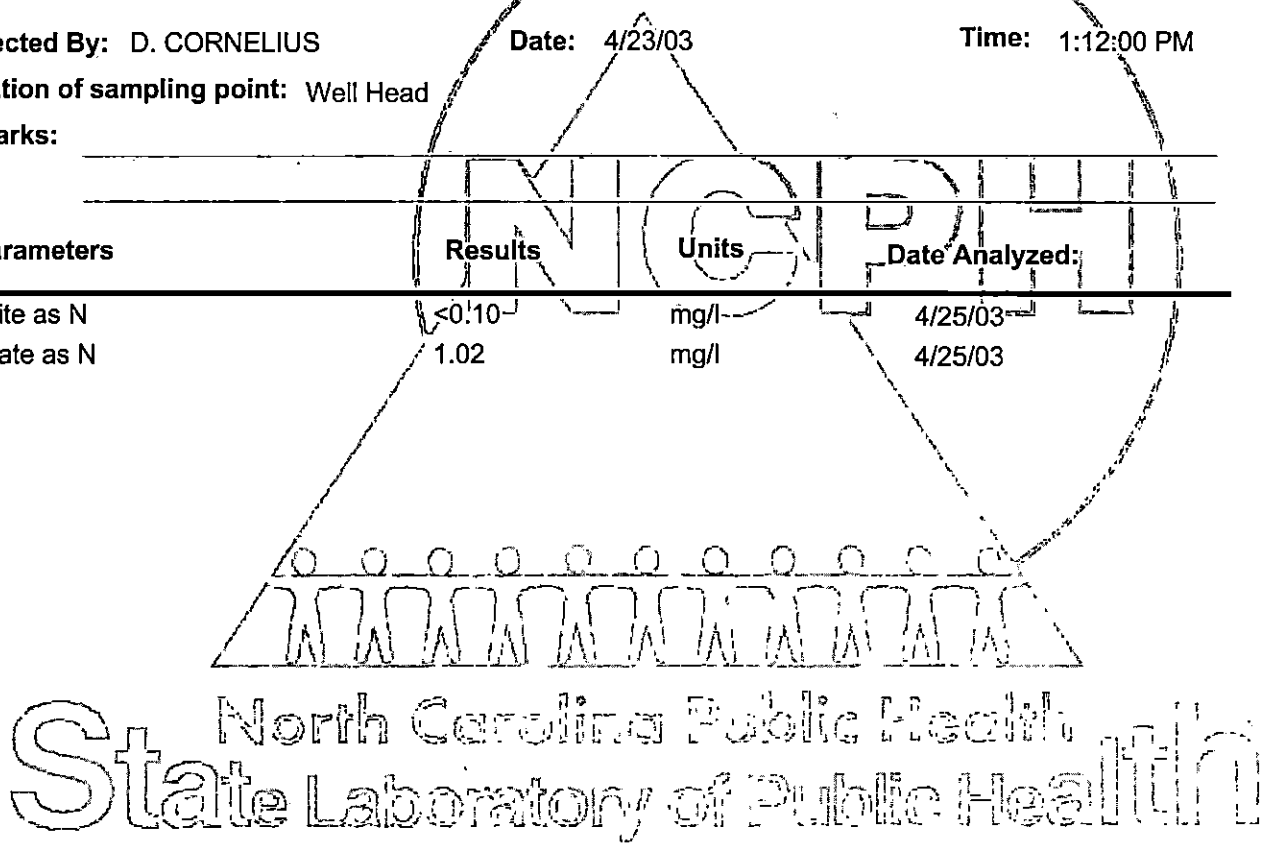
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David Cornelius
(704) 336-5101

Collected By: D. CORNELIUS **Date:** 4/23/03 **Time:** 1:12:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	4/25/03
Nitrate as N	1.02	mg/l	4/25/03



EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 6.5 °C
Date Received: 4/25/03 **Report Date:** 5/7/03 **Reported By:** DMoncel
Today's Date: 5/7/03 **Reference:** 5561 **Login Batch** 03040077 **Sample Number:** AA93134

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l