

7215 ALLEN BLACK RD

19704102

1/9/2008

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency

Water & Land Resources

June 29, 2006

John McWhirter
7215 Allen Black Road
Cornelius, NC 28227

Re: Well Water Sampling Results
7215 Allen Black Road
Tax Parcel # 197-04-102

Dear Mr. McWhirter:

On May 23 and again on June 7, staff from Mecklenburg County Groundwater & Wastewater Services sampled the drinking water from the well located on the above referenced parcel. The samples were analyzed for lead. Laboratory results for both sampling events are attached.

The below legend applies to both sets of samples.

K1: sample collected from the first flush from the kitchen faucet after the faucet was not used for an 8+ hour period
K2: sample collected after the kitchen faucet was allowed to run for 10 minutes
P1: sample collected from the faucet at the pump tank from the first flush after the water was not used for an 8+ hour period
P2: sample collected from the faucet at the pump tank after the pump tank was drained
W1: sample collected from the first flush from the well faucet after the water was not used for an 8+ hour period
W2: sample collected from the well faucet after the well was allowed to run for 10 minutes

(The sampling sequence on May 23 was from the kitchen and then from the well, on June 7 the sequence was from the well to the pump house to the kitchen sink)

Based on the sampling results reported at the well (after the well was allowed to run for 10 minutes), <1ug/L, we do not feel that the lead is coming from the aquifer.

Please be advised that the drinking water standard for Lead is 15 ug/L, and lead can not be removed from water by boiling or cooking with it.

If you have any questions concerning these results, please call me at (704) 432-4259.

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services

Enclosure: Laboratory Analysis

CHARLOTTE.

Laboratory Analysis Report
Report Date/Time: 6/28/2006 12:22

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 06060150

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time				
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*	
AB75410	G-SPEC	GW-7215 W1	Grab	6/7/2006 9:25				
LEAD OUTSIDE LAB		9.4	ug/L	1.0		6/15/2006 11:05		
Comment:								
AB75411	G-SPEC	GW-7215 P1	Grab	6/7/2006 9:30				
LEAD OUTSIDE LAB		8.5	ug/L	1.0		6/15/2006 11:17		
Comment:								
AB75412	G-SPEC	GW-7215 K1	Grab	6/7/2006 9:35				
LEAD OUTSIDE LAB		25	ug/L	1.0		6/15/2006 11:21		
Comment:								
AB75413	G-SPEC	GW-7215 W2	Grab	6/7/2006 9:45				
LEAD OUTSIDE LAB		<1	ug/L	1.0		6/15/2006 11:25		
Comment:								
AB75414	G-SPEC	GW-7215 P2	Grab	6/7/2006 9:50				
LEAD OUTSIDE LAB		4.8	ug/L	1.0		6/15/2006 11:29		
Comment:								
AB75415	G-SPEC	GW-7215 K2	Grab	6/7/2006 10:03				
LEAD OUTSIDE LAB		<1	ug/L	1.0		6/15/2006 11:33		
Comment:								

Laboratory Supervisor: _____

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

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date/Time: 6/1/2006 16:10

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 06050574

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time				
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*	
AB73786	G-NEW	G-7215 k1	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		23	ug/L	1.0		5/26/2006 15:45		
Comment:								
AB73787	G-NEW	G-7215 k2	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		2.9	ug/L	1.0		5/26/2006 16:05		
Comment:								
AB73788	G-NEW	G-7215 w2	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		<1.0	ug/L	1.0		5/26/2006 16:12		
Comment:								

Laboratory Supervisor: _____

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date/Time: 6/28/2006 12:22

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 06060150

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time				
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*	
AB75410	G-SPEC	GW-7215 W1	Grab	6/7/2006 9:25				
LEAD OUTSIDE LAB		9.4	ug/L	1.0		6/15/2006 11:05		
Comment:								
AB75411	G-SPEC	GW-7215 P1	Grab	6/7/2006 9:30				
LEAD OUTSIDE LAB		8.5	ug/L	1.0		6/15/2006 11:17		
Comment:								
AB75412	G-SPEC	GW-7215 K1	Grab	6/7/2006 9:35				
LEAD OUTSIDE LAB		25	ug/L	1.0		6/15/2006 11:21		
Comment:								
AB75413	G-SPEC	GW-7215 W2	Grab	6/7/2006 9:45				
LEAD OUTSIDE LAB		<1	ug/L	1.0		6/15/2006 11:25		
Comment:								
AB75414	G-SPEC	GW-7215 P2	Grab	6/7/2006 9:50				
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Comment:								
AB75415	G-SPEC	GW-7215 K2	Grab	6/7/2006 10:03				
LEAD OUTSIDE LAB		<1	ug/L	1.0		6/15/2006 11:33		
Comment:								

Laboratory Supervisor: 

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

PAGE | OF

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7315 Allen Black
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06060150

Sampled By (Print Name)
Kim Garrett

Instructions: Indicate the Sample ID to identify the sampling site. Record sampler initials, sample collection data, sample temperature, and sample type. The Sample Containers column indicate the container to use for the parameters selected under the Analyses Requested columns. Multiple analyses can be requested from the same site on a single COC. Samples are relinquished in person to the Received By lab staff.

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	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: BOD_5	$CBOD_5$	COD	TOC	TSS	TDS	TS	Nutrients	o-Phosphate	Nitrite only	Alkalinity	Hardness	Turbidity	Metals	Fecal Coliform	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270	Chlorophyll a	Total Coliform	Chloride
GW-7315W	KSG	6/7/06 9:25		N	16.9	2.9				X	X		1	X						12														X								
GW-7315A		6/7/06 9:30											1	X						12														X								
GW-7315K		6/7/06 9:35											1	X						12														X								
GW-7315W2		6/7/06 9:45											1	X						12														X								
GW-7315P2		6/7/06 9:50											1	X						12														X								
GW-7315K2		6/7/06 10:03											1	X						12														X								
					N/A																																					

4/7/06 4/11 4/12 4/13 4/14 4/7/06 4/11

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here - LEAD
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:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	060706	1620

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

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75410
Prism Sample ID: 152994
COC Group: G0606255
Time Collected: 06/07/06 9:25
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	**9.4**	µg/L	1.0	0.10	1	200.8	06/15/06 11:05	mcampbell	Q15655

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.



Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75411
Prism Sample ID: 152995
COC Group: G0606255
Time Collected: 06/07/06 9:30
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	8.5	µg/L	1.0	0.10	1	200.8	06/15/06 11:17	mcampbell	Q15655

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Full Service Analytical & Environmental Solutions

Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75412
Prism Sample ID: 152996
COC Group: G0606255
Time Collected: 06/07/06 9:35
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	25	µg/L	1.0	0.10	1	200.8	06/15/06 11:21	mcampbell	Q15655

Sample Comment(s):

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J = Estimated value between the Reporting Limit and the MDL

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Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75413
Prism Sample ID: 152997
COC Group: G0606255
Time Collected: 06/07/06 9:45
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	BRL	µg/L	1.0	0.10	1	200.8	06/15/06 11:25	mcampbell	Q15655

Sample Comment(s):

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J = Estimated value between the Reporting Limit and the MDL

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Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75414
Prism Sample ID: 152998
COC Group: G0606255
Time Collected: 06/07/06 9:50
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	4.8	µg/L	1.0	0.10	1	200.8	06/15/06 11:29	mcampbell	Q15655

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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NC Certification No. 402
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Laboratory Report

06/27/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB75415
Prism Sample ID: 152999
COC Group: G0606255
Time Collected: 06/07/06 10:03
Time Submitted: 06/08/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	BRL	µg/L	1.0	0.10	1	200.8	06/15/06 11:33	mcampbell	Q15655

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

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PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1 QUOTE # TO ENSURE PROPER BILLING: _____

Project Name: Lucia - 6-H/FW

Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)

*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements

Invoice To: _____

Address: _____

Client Company Name: CMI - Hag Lab

Report To/Contact Name: K Ashley

Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____

Email (Yes) (No) Email Address _____

EDD Type: ___ PDF ___ Excel ___ Other

Site Location Name: _____

Site Location Physical Address: _____

Purchase Order No./Billing Reference 6210316086-01

Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☒ 5 Days

"Working Days" ☐ 6-9 Days ☐ Standard 10 days

Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp _____			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ✓
SC ___ OTHER ___ N/A ___

Water Chlorinated: YES ___ NO ✓

Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED PB	REMARKS	PRISM LAB ID NO.
LBTS4/C	060706	0925	water	P	1	500	H_2SO_4	✓		
4/1		0930			1			✓		
4/2		0935			1			✓		
4/3		0941			1			✓		
4/4		0950			1			✓		
LBTS4/F		1003			1			✓		

PRESS DOWN FIRMLY - 3 COPIES

Sampler's Signature _____ Sampled By (Print Name) K. Ashley Affiliation LWG

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

Relinquished By: (Signature) K Ashley	Received By: (Signature)	Date	Military/Hours 1500
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date	

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

Log-In Group No.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☐ Prism Field Service ☐ Other _____

Additional Comments:

PRISM USE ONLY

Site Arrival Time:
Site Departure Time:
Field Tech Fee:
Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☒ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

CUSTOMER COPY

CHARLOTTE.

Laboratory Analysis Report
Report Date/Time: 6/1/2006 16:10

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 06050574

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time				
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*	
AB73786	G-NEW	G-7215 k1	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		23	ug/L	1.0		5/26/2006 15:45		
Comment:								
AB73787	G-NEW	G-7215 k2	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		2.9	ug/L	1.0		5/26/2006 16:05		
Comment:								
AB73788	G-NEW	G-7215 w	Grab	5/23/2006 8:50				
LEAD OUTSIDE LAB		<1.0	ug/L	1.0		5/26/2006 16:12		
Comment:								

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	*7215 Allen Black*
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0605050574

Sampled By (Print Name)
Kim Garrett

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: Metals
73786 G-7215 k1	ksg	5/23/06 8:23 AM	n/a 8:50 AM	N	17.9	16				X	500 ml		1		X						(X)
787 G-7215 k2				N	17.9					X	500 ml		1		X						(X)
788 G-7215 w				N	15.8					X	500 ml		1		X						(X)

Instructions:
Complete all yellow shaded sections

Metals: LEAD

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		052306	1030
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

Case Narrative

Date: 5/31/06

Company: City of Charlotte/System Protection Div.
Contact: Myra Zabec
Address: 5100 Brookshire Blvd.
Charlotte, NC 28216

Client Project ID: LUESA-Surface Water
Client Project Name or No: 0010
Prism COC Group No: G0506669
Collection Date(s): 5/23/06
Lab Submittal Date: 5/23/06

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 4 pages. A chain-of-custody copy is also attached for the samples submitted to Prism for this project.

Data qualifiers are flagged individually on each sample. A Key Reference for the data qualifiers appears at the bottom of this page. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Please call if you have any questions relating to this analytical report.

Data Reviewed by: Cara Rusmisel
Signature: Cara Rusmisel
Review Date: 5/31/06

Project Manager: Susan Mullen
Signature: Susan Mullen
Approval Date: 5/31/06

Data Qualifier Key Reference:

- #: Result outside of QC Limits
- B: Compound also detected in the method blank
- DO: Compound diluted out.
- E: Estimated concentration, calibration range exceeded
- J: The analyte was positively identified but the value is estimated below the reporting limit
- JH: Estimated concentration with a high bias
- JL: Estimated concentration with a low bias
- M: A matrix effect is present
- T: Tentatively identified compound. The concentration is estimated.

Notes: This report should not be reproduced, except in its entirety, without the written consent of Prism Laboratories, Inc.
The results in this report relate only to the samples submitted for analysis.

449 Springbrook Road, P. O. Box 240543, Charlotte, NC 28224-0403
Phone: 704/529-6364 Toll Free: 800/529-6364 Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

05/31/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB73786
Prism Sample ID: 151641
COC Group: G0506669
Time Collected: 05/23/06 8:50
Time Submitted: 05/23/06 14:20

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	23	µg/L	1.0	0.10	1	200.8	05/26/06 15:45	mcampbell	Q15232

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

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Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

05/31/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB73787
Prism Sample ID: 151642
COC Group: G0506669
Time Collected: 05/23/06 8:50
Time Submitted: 05/23/06 14:20

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	2.9	µg/L	1.0	0.10	1	200.8	05/26/06 16:05	mcampbell	Q15232

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

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Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

05/31/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB73788
Prism Sample ID: 151643
COC Group: G0506669
Time Collected: 05/23/06 8:50
Time Submitted: 05/23/06 14:20

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Metals by ICP/MS									
Lead	BRL	µg/L	1.0	0.10	1	200.8	05/26/06 16:12	mcampbell	Q15232

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 1 QUOTE # TO ENSURE PROPER BILLING: _____

Client Company Name: _____
Report To/Contact Name: Rhonda Hutson
Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____
Email (Yes) (No) Email Address _____
EDD Type: ___PDF ___Excel ___Other
Site Location Name: _____
Site Location Physical Address: _____

Project Name: LUESA
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: CMU
Address: _____

Purchase Order No./Billing Reference 6021030523306-01
Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☒ 5 Days
"Working Days" ☐ 6-9 Days ☐ Standard 10 days
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival? 1.5°		✓	
Received ON WET ICE? Temp		✓	
PROPER PRESERVATIVES Indicated?		✓	
Received WITHIN HOLDING TIMES?		✓	
CUSTODY SEALS INTACT?			✓
VOLATILES rec'd W/OUT HEADSPACE?			✓
PROPER CONTAINERS used?		✓	

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ✓
SC ___ OTHER ___ N/A ___
Water Chlorinated: YES ___ NO ✓
Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED Pb	REMARKS	PRISM LAB ID NO.
AB73786	05/23/06	0850	drinking water	P	1	500	HNO_3	X		151641
AB73787	05/23/06	↓	↓	P	1	↓	↓	X		151642
AB73788	05/23/06	↓	↓	P	1	↓	↓	X		151643

Sampler's Signature _____ Sampled By (Print Name) KG Affiliation LUESA

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military Hours
Relinquished By: (Signature)	Received By: (Signature)	5-23-06	1345
Relinquished By: (Signature)	Received By: (Signature)	5/23/06	1420
Relinquished By: (Signature)	Received For Prism Laboratories By:	5/23/06	14:20

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other _____

Log-In Group No. G0506669

Additional Comments:

PRISM USE ONLY

Site Arrival Time:	
Site Departure Time:	
Field Tech Fee:	
Mileage:	

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☒ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh, N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: DERRY'S WELL DRILLING, INC.
WELL CONTRACTOR CERTIFICATION #: 2663
STATE WELL CONSTRUCTION PERMIT#:

1. WELL USE (Check Applicable Box): Residential [X] Municipal [ ] Industrial [ ] Agricultural [ ] Monitoring [ ]
Recovery [ ] Heat Pump Water Injection [ ] Other [ ] If Other, List Use:

2. WELL LOCATION: (Show sketch of the location below)
Nearest Town: MONROE County: UNION
7215 ALLEN BLACK RD.
(Road Name and Numbers, Community, or Subdivision and Lot No.)

3. OWNER J. B. McWHIRTER
Address 7215 ALLEN BKACK RD
(Street or Route No.)
CHARLOTTE NC 28227
City or Town State Zip Code

4. DATE DRILLED 08/29/05
5. TOTAL DEPTH 185'
6. CUTTINGS COLLECTED YES [ ] NO [X]
7. DOES WELL REPLACE EXISTING WELL? YES [ ] NO [X]
8. STATIC WATER LEVEL Below Top of Casing: 32 FT.
(Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118
10. YIELD (gpm): 17 METHOD OF TEST AIR
11. WATER ZONES (depth): 94, 99

12. CHLORINATION: Type GRANULAR Amount 1/2-LB.
13. CASING:

	Depth		Diameter	Wall Thickness or Weight/FL	Material
From 0	To 80	Ft.	6 1/8"	SDR-21	PVC
From	To	Ft.			
From	To	Ft.			

14. GROUT:

	Depth		Material	Method
From 0	To 80	Ft.	CEMENT	GRAVITY
From	To	Ft.		

15. SCREEN:

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

16. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

17. REMARKS:

DRILLING LOG From	To	Formation Description	DEPTH
0	8	RED DIRT	
8	70	BROWN DIRT	
70	185	BLUE ROCK	
SEAMS:			
85			
94			15 GPM
96			
99			2 GPM
119, 146, 158			

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)

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.

FOR OFFICE USE ONLY
Quad No:
Serial No.

SIGNATURE OF PERSON CONSTRUCTING THE WELL 08/31/2005 DATE

Submit original to Division of Water Quality, Groundwater Section within 30 days

GW-1 REV. 12/99

Derry's Well Drilling, Inc.

44283-A NC HWY 24/27/73 EAST
ALBEMARLE, NC 28001-9706
704-982-3070
FAX 704-982-2821

Fax

To: MECKLENBURG CO. GROUNDWATER & WASTEWATER SERVICES **From:** Derry L. Huneycutt

Fax: 704-336-6894 **Date:** 02/22/2006

Phone: 704-336-5103 **Pages:** (2) including cover

Re: **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments: ATTN: KIM GARRETT

FOR; J.B. McWHIRTER- WELL COMPLETION RECORD

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 #: 10000157 **Tax Parcel #:** 197-041-02
Property Owner: John B. McWhirter
Job Location Address:7215 ALLEN BLACK RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 10/6/2005
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:

Jackson A. Walker
Authorized Agent: Print Name

Drew Walker
Signature:

Owner/Legal Agent: Print Name

Signature:

App. #: 157

Septic Fee: 0

Date:

CRT[ ]

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

FILE # 6144B

Well Fee: 400.0000

Date: 9/19/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 197-041-02

STREET ADDRESS: 7215 ALLEN BLACK RD

CITY: CHARLOTTE

STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

EXISTING WASTEWATER SYSTEMS (•) Yes ( ) No

EASEMENTS OR RIGHT-OF-WAYS ( ) Yes (•) No

WELLS, SPRINGS, OR WATER LINES ( ) Yes (•) No

DESIGNATED WETLANDS ( ) Yes (•) No

GRADING/SOIL REMOVAL PERFORMED ( ) Yes (•) No

PROPERTY OWNER:

NAME: John B. McWhirter

ADDRESS: 7215 Allen Black Road

CITY: Mint Hill

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK:

MOBILE: 704-985-6135 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Derry Huneycutt

ADDRESS: 44283-A Hwy. 24/27

CITY: Albemarle

STATE: NORTH CAROLINA ZIP: 28001

HOME PHONE: WORK:

MOBILE: 704-985-6135 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

704. 545 5498

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

January 23, 2006

John McWhirter
7215 Allen Black Road
Cornelius, NC 28227

Re: Well Water Sampling Results
7215 Allen Black Road
Tax Parcel # 197-04-102

Dear Mr. McWhirter:

On January 17, 2006 staff from Mecklenburg County Groundwater & Wastewater Services sampled the drinking water from the well located on the above referenced parcel. The sample was analyzed for bacteria. Laboratory results for the analysis are attached and indicate that at the time of sampling, no Total Coliform bacteria were present.

As requested, I contacted Love Well and Pump concerning the well cap seal and the missing pump identification plate. They will be out sometime this week to install a pump inspection plate and to tighten the well lid for you. After they have completed these two items please contact me. Thank you!

If you have any questions concerning these results, please call me at (704) 432-4259.

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services

Enclosure:
Laboratory Analysis

CHARLOTTE

Laboratory Analysis Report
Report Date: 1/20/2006 01:57 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-7215
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/17/2006 13:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB60381
CHAIN OF CUSTODY #: 06010249

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB60381	E. COLI-PA	absent	P/A		SM 9223B	1/18/2006 10:10	KEK
AB60381	Total Coliform	absent	P/A		SM 9223B	1/18/2006 10:10	KEK

Comment:

Laboratory Supervisor: Kathi Ohse (MS)

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
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 1/20/2006 01:57 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-7215
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/17/2006 13:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB60381
CHAIN OF CUSTODY #: 06010249

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB60381	E. COLI-PA	absent	P/A		SM 9223B	1/18/2006 10:10	KEK
AB60381	Total Coliform	absent	P/A		SM 9223B	1/18/2006 10:10	KEK

Comment:

Laboratory Supervisor: Kathi Oliver (MS)

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

CHAIN OF CUSTODY RECORD

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

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 7215 Alleghany

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 06010249

Sampled By (Print Name): Kim Garrett

AB60381

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-7215	kg	1/17/06 1:40PM	1/17/06	N						X	100 ml		1						X		X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	01-17-06	1525
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

December 13, 2005

John McWhirter
7215 Allen Black Road
Cornelius, NC 28227

Re: Well Water Sampling Results
7215 Allen Black Road
Tax Parcel # 197-04-102

Dear Mr. McWhirter:

On November 16, 2005 staff from Mecklenburg County Groundwater & Wastewater Services sampled the drinking water from the well located on the above referenced parcel. The sample was analyzed for bacteria and nitrate. Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were present and the Nitrate-N level was 1.9 mg/L. (Nitrate-N levels are acceptable if $\leq$ 10 mg/L).

Due to the presence of Total Coliform, it will be necessary for you to have your well chlorinated. This may be done by you (I have enclosed some general instructions) or your well contractor. Please contact me after the well has been treated and the chlorine flushed out of the system. At such time I will resample your well for bacteria.

If you have any questions concerning these results, please call me at (704) 432-4259.

Sincerely,

Kim Garrett

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services

Enclosure:
Laboratory Analysis

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: McWhirter, John **County:** Mecklenburg

Address: 7215 Allen Black Charlotte, NC **ZIP:** 28227

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 11/16/2005 **Time:** 11:41 AM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Absent

Sample No: AA90701 **Date Received:** 11/17/2005 **Time Received:** 8:30:00 AM

Date Reported: 11/18/2005 **Today's Date:** 11/18/2005

Comments:

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

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: McWhirter, John
Address: 7215 Allen Black Rd
Charlotte, NC **Zip:** 28227
County: MECKLENB

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

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

Collected By: KIM GARRETT **Date:** 11/16/2005 **Time:** 11:42:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/17/2005
Nitrate as N	1.90	mg/l	11/17/2005

REPORT
North Carolina Public Health
State Laboratory of Public Health

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: 1.5 °C
Date Received: 11/17/2005 **Report Date:** 11/30/2005 **Reported By:**
Today's Date: 11/30/2005 **Reference:** 16086 **Login Batch** 05110038 **Sample Number:** AB35011

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: McWhirter, John **County:** Mecklenburg

Address: 7215 Allen Black Charlotte, NC **ZIP:** 28227

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 11/16/2005 **Time:** 11:41 AM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Absent

Sample No: AA90701 **Date Received:** 11/17/2005 **Time Received:** 8:30:00 AM

Date Reported: 11/18/2005 **Today's Date:** 11/18/2005

Comments:

NCPH
North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

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

State Laboratory of Public Health
N.C. Department of Health and Human Services
PO Box 28047- 306 N. Wilmington St.- Raleigh, NC 27611-8047

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: John McWhirter County: Mecklenburg

Street: 7215 AlvenBlack City/State: Charlotte Zip: 28227

Source: ☒ Well ☐ Spring ☐ Other Type of Sampling Point: Wellhead

Collected by: Kim Garrett Date 11/16/05 Time 1141 ☒ AM ☐ PM

Signed by: Kim Garrett EHS
Indicate MD or EHS

Address: 700 N Tryon St

City: Charlotte State NC Zip 28202

DHHS 1294 (Revised 2/98)
Laboratory (Review 3/01)

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely

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: McWhirter, John
Address: 7215 Allen Black Rd
Charlotte, NC **Zip:** 28227
County: MECKLENB

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

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

ATTN: Kim Garrett
(704) 336-5101

Collected By: KIM GARRETT **Date:** 11/16/2005 **Time:** 11:42:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/17/2005
Nitrate as N	1.90	*mg/l*	11/17/2005

NCPH

North Carolina Public Health
State Laboratory of Public Health

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: 1.5 °C
Date Received: 11/17/2005 **Report Date:** 11/30/2005 **Reported By:**
Today's Date: 11/30/2005 **Reference:** 16086 **Login Batch** 05110038 **Sample Number:** AB35011

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
306 N. Wilmington St. - P.O. Box 28047, Raleigh, NC 27611-8047

INORGANIC CHEMICAL ANALYSIS – NITRATE ONLY

Complete All Items - Please Write Legibly
(See Instructions on Reverse Side)

Name of System: John McWhirter

Address: 7215 Allen Black Rd

City: Charlotte ZIP 28227

County: Mecklenburg

Report To: Kim Garrett

Address: 700 N Tryon St
Charlotte NC
ZIP 28202

Collected By: Kim Garrett

Date Collected: 11/16/05 Time: 1142 (AM) PM

Location of Sampling Point: Wellhead

Source of Water
- [x] Ground
- [ ] Surface
- [ ] Both
- [ ] Purchased

Type of Sample
- [x] Raw
- [ ] Treated

Type of Treatment
- [x] None
- [ ] Chlorinated
- [ ] Fluoridated
- [ ] Filtered
- [ ] Alum
- [ ] Lime
- [ ] Soda Ash
- [ ] Polyphosphate
- [ ] Water Softener
- [ ] Other

Sample Category
- [ ] Foster/Therapeutic Home
- [ ] Intensive Livestock Operation
- [x] Other

Remarks

Laboratory Use Only

DHHS 4017
State Laboratory (Review 10/01)

#157

GWS – RES. APP 07/05

SEPTIC FEE: ____
DATE: ____
CRT [ ]:

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

WELL FEE: $400.00
DATE: 9/1/05
CRT: Check #4572 V.W.

FILE # 6144B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 197-041-02
STREET ADDRESS: 7215 Allen Black Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
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: John B. McWhinter
ADDRESS: 7215 Allen Black Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Derry Huneycutt
ADDRESS: 44283-A Hwy. 24/27
CITY: Albemarle
STATE: NC ZIP: 28001
HOME PHONE: 7044747852 WORK PHONE: 7049856135
MOBILE PHONE: FAX: 7049822821

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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.

Owner's/Agent's Signature 8/29/05 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/16/05	**Amount:**	400.00
Receipt #:	36980	**Tendered:**	400.00
Check / Auth #:	CHECK 4572	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: DERRY'S WELL DRILLING, INC.
Attn:
Address: 44283-A 24/27/73 HWY.
Address:
City/State/Zip: ALBEMARLE, NC 28001

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7215 ALLEN BLACK ROAD		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
