

8605 TODD RD

05538129

1/10/2008

duponbj

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 3/14/2006 04:51 PM

LABORATORY SERVICES DIVISION

LOCATION: G-6364
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/7/2006 11:43
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65217
CHAIN OF CUSTODY #: 06030204

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB65217	**NITRATE**	**1.2**	**mg/L**	0.05	EPA 353.2	3/8/2006	15:38	EWN
AB65217	**NITRITE**	**<0.05**	**mg/L**	0.05	SM4500-NO2B	3/8/2006	13:58	EWN

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8605 Todd Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Zach Peterson
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0603 0204

Sampled By (Print Name)
Kim Garrett

AB 65217

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-6364[illegible]	kg	3/7/06 11:43AM	N/A	N	16.2					X	500 ml		1			X				✓	X	
	kg	3/7/06 11:43AM	N/A	N	16.2					X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	03-07-06	1355
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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/10/2006 04:52 PM

LABORATORY SERVICES DIVISION

LOCATION: G-6364
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/7/2006 11:43
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65213
CHAIN OF CUSTODY #: 06030200

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65213	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/8/2006 8:47	KEK
AB65213	***Total Coliform***	**present**	**P/A**		SM 9223B	3/8/2006 8:47	KEK

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8605 Todd Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Zach Peterson
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06 030205

Sampled By (Print Name)
Kim Garrett

A3 65213

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: Total Coliform
G-6364	kg	3/7/06 11:43AM	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	03-07-06	1355
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

Zach

RESIDENTIAL WELL CONSTRUCTION RECORD

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

4032683 WELL CONTRACTOR CERTIFICATION # 2220

1. WELL CONTRACTOR:
Gary N. Sherrill
Well Contractor (Individual) Name
McCall Bros. INC
Well Contractor Company Name
STREET ADDRESS P.O. Box 668710
Charlotte NC. 28216
City or Town State Zip Code
704 399 1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) NA
STATE WELL PERMIT#(if applicable) NA
DWQ or OTHER PERMIT #(if applicable) NA
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 2-22-06
TIME COMPLETED 13-0 AM ☐ PM ☑

3. WELL LOCATION:
CITY Charlotte COUNTY Meck.
8605 Todd Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 14.234
LONGITUDE 080° 52.933
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Mrs. Ray Elliot
STREET ADDRESS 8605 Todd Rd.
Charlotte NC. 28214
City or Town State Zip Code
704 393 0086
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 250'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 6 METHOD OF TEST Air lift

f. DISINFECTION: Type HTH Amount 2 oz.
g. WATER ZONES (depth):
From 29pm To 95 From 115pm To 190
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth From	To	Ft.	Diameter	Thickness/ Weight	Material
	0	85		6"	SDR21	PVC

7. GROUT:

	Depth From	To	Ft	Material	Method
	0	28		Portland	Positive Displacement

8. SCREEN:

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

9. SAND/GRAVEL PACK: NA

Depth From	To	Ft	Size	Material

10. DRILLING LOG

From	To	Formation Description
0	13	Red Clay
13	24	Yellow Clay
24	28	Boulder
28	56	Yellow, brown Clay
56	70	Sand Stone
70	80	Gravel Stone
80	82	Hard fractive, Red Water
82	250	Blue granite

11. REMARKS:
Good Well, After sealing off Red Water!

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.

Gary N. Sherrill 2-22-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
Gary N. Sherrill
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,

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 #: 10000371 **File #:** 6364B **Tax Parcel #:** 055-381-29
Property Owner: MRS RAY ELLIOTT JR
Job Location Address: 8605 TODD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 2/21/2006
Use of Well:
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 North Carolina Certified Well Contractor 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. ☐ Casing to bedrock

☐ 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:

Zach Peterson EHS/RS
Authorized Agent Print Name

Mark J. Fehn EHS/RS
Signature:

Owner/Legal Agent: Print Name

Signature:

391

GWS – RES. APP 12/04
704-336-6894 FAX

SEPTIC FEE: 4
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

FILE # 63648

WELL FEE: 400
DATE: 2/20/06
CRT #: Check #8351
JKA

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 055-381-29
STREET ADDRESS: 8605 Todd Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP: BERRY HILL

☑ 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: 1821
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

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: Mrs. Ray Elliot Jr.
ADDRESS: 8605 Todd Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: 704 393 0086 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: 668710 (PO Box)
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: (704) 399-1500 WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/20/86
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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

*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.

McCall Brothers, Inc 2/17/06
Owner's/Agent's Signature Date

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

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

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

Name Mrs. Ray Elliot

Address

Location

