

8338 ARLINGTON CHURCH RD

13930204

10/5/09

thomatc

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

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: GWO - 75238
Address: 8338 Arlington Church Rd
Mint Hill, 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: (704) 336-5101

Collected By: J SELLERS **Date:** 1/23/2008 **Time:** 9:00:00 AM
Location of sampling point: Well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	1/25/2008
Nitrate as N	<1.0	mg/l	1/25/2008

NCPHL ®
North Carolina 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

5681

Sample Temperature on Receipt: 2.5 °C
Date Received: 1/25/2008 **Report Date:** 2/12/2008 **Reported By:** M Kim
Today's Date: 2/12/2008 **Reference:** 1217 **Login Batch** 08010040 **Sample Number:** AB67675

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/10/2008 10:58 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75238
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/7/2008 10:30 CHAIN OF CUSTODY #: 080107140510
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC51704 E. COLI-PA	**Absent**	**P/A**		SM 9223B	1/7/2008	14:53	SLT
AC51704 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	1/7/2008	14:53	SLT

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

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 & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	8338 Arlington Church Rd.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

GOC#: 0701714C51C
Sampled By (Print Name): Joshua R. Sellers R.S.

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
GWO-75238 AC51704	JRS	1/7/08 10:30 A.M.	N/A N/A	N	N/A	0°				X	X 100ml		1						X		X

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers		01-07-8	1:25P

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

File 5861 J Sellers

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2036 **PID#** 139.302.04

1. WELL CONTRACTOR:
Kelvin Belk
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455184
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 10002728
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 12-14-07
TIME COMPLETED 4:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: MINT HILL COUNTY MECK
8338 ARLINGTON CH. Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 11.433'
LONGITUDE 80° 36.256'
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 John BLACK
STREET ADDRESS 8338 Arlington Church Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455186
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 45' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½' FT. Above Land Surface*
*Top of casing terminated above below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 9 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1 lb
g. WATER ZONES (depth):
From ___ To 120' From ___ To ___
From ___ To 170' From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1½'	To 104'	Ft.	6"/8"	.25"	PVC
From ___	To ___	Ft.			
From ___	To ___	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 30	Ft.	Bentonite	pumped
From ___	To ___	Ft.		
From ___	To ___	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

Depth			Size	Material
From ___	To ___	Ft.		
From ___	To ___	Ft.		
From ___	To ___	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	35'	clay
35'	80'	sand
80'	104'	pit gravel - granite
104'	200'	granite - quartz

11. REMARKS:

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

D. L. Mullis 12-14-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

KELVIN BELK
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b

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 #: 10002728 **File #:** 5681 **Tax Parcel #:** 139-302-04
Property Owner: JOHN BLACK
Job Location Address: 8338 ARLINGTON CHURCH RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 10/12/2007
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 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 be 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:

DAVID CORNELIUS, RS
Authorized Agent: Print Name
Signature:

Allison Price DL Mullis Well
Owner/Legal Agent: Print Name
Allison Price DL Mullis
Signature:

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 #: 10002728 **File #:** 5681 **Tax Parcel #:** 139-302-04
Property Owner: JOHN BLACK
Job Location Address: 8338 ARLINGTON CHURCH RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 10/12/2007
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 North Carolina Certified Well Contractor must perform the well construction activities.
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☐ 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:

DAVID CORNELIUS, RS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

1"=60'

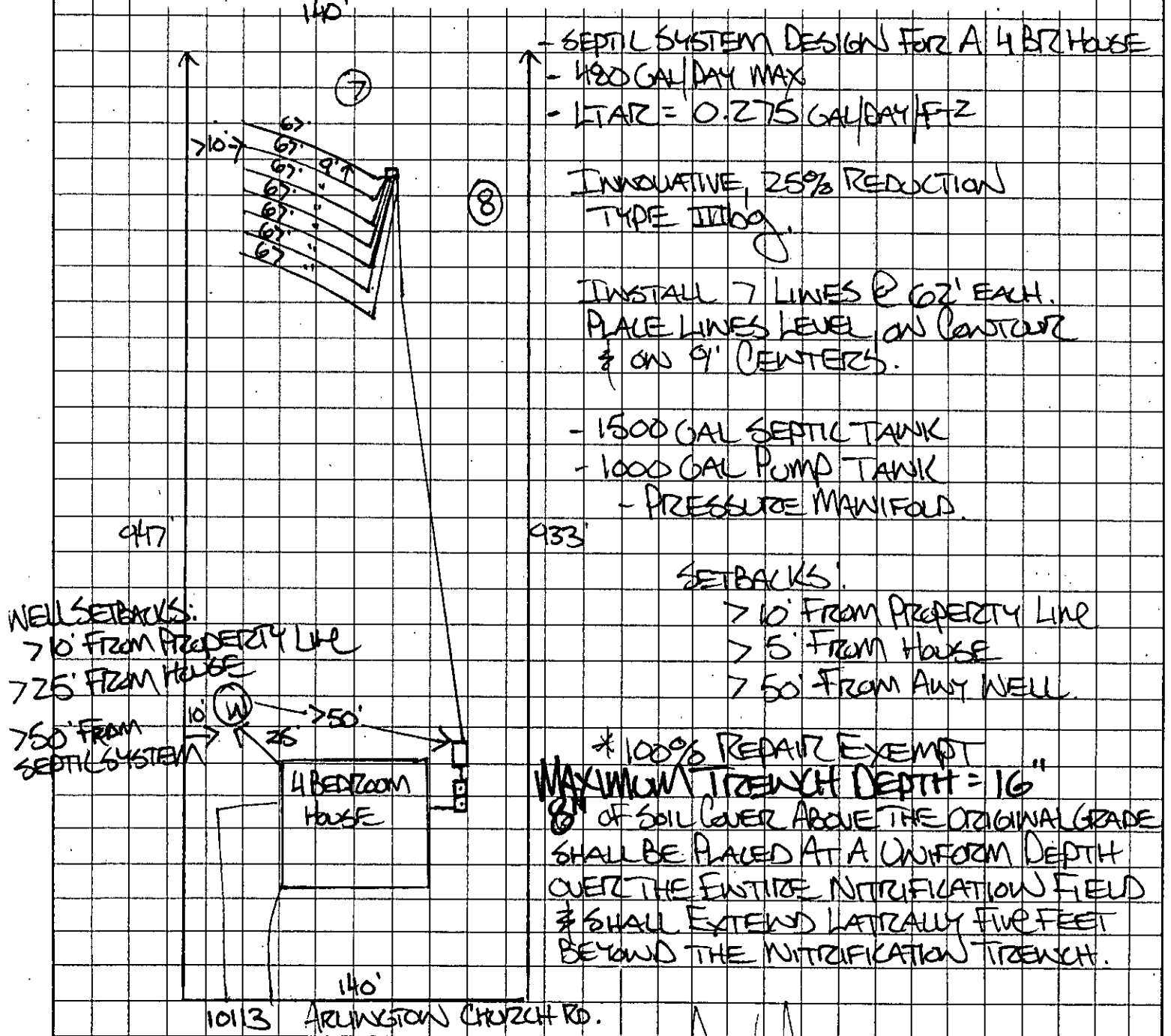
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7014B

TC: 139-101-27

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.



- SEPTIC SYSTEM DESIGN FOR A 4 BR HOUSE
- 480 GAL/DAY MAX
- LTAR = 0.275 GAL/DAY/FT²

INNOVATIVE, 25% REDUCTION
TYPE III .0607.

INSTALL 7 LINES @ 62' EACH.
PLACE LINES LEVEL ON CONTOUR
& ON 9' CENTERS.

- 1500 GAL SEPTIC TANK
- 1000 GAL PUMP TANK
- PRESSURE MANIFOLD.

SETBACKS:
>10' FROM PROPERTY LINE
>5' FROM HOUSE
>50' FROM ANY WELL

*100% REPAIR EXEMPT

MAXIMUM TRENCH DEPTH = 16"

.0607 (8) OF SOIL COVER ABOVE THE ORIGINAL GRADE SHALL BE PLACED AT A UNIFORM DEPTH OVER THE ENTIRE NITRIFICATION FIELD & SHALL EXTEND LATERALLY FIVE FEET BEYOND THE NITRIFICATION TRENCH.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

Residential

D Cornelius

FILE NUMBER: 5681

Revised On: January 3, 2007

APPLICATION NUMBER: 2728

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 9/19/07 g y c

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN c c gyp 83746 2

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 139-302-04
STREET ADDRESS: 8338 Arlington Church Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP: 1973

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

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

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER: John Black
NAME:
ADDRESS: P.O. Box 23086
CITY: Charlotte, NC
STATE: ZIP: 28227
HOME PHONE: (704) 545-5186 WORK PHONE: -0-
MOBILE PHONE: -0- FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 7045455694
MOBILE PHONE: FAX: 7045459449

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1973
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

John M. Black 9/17/07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☒ UN-SCALED SITE PLAN SUBMITTED

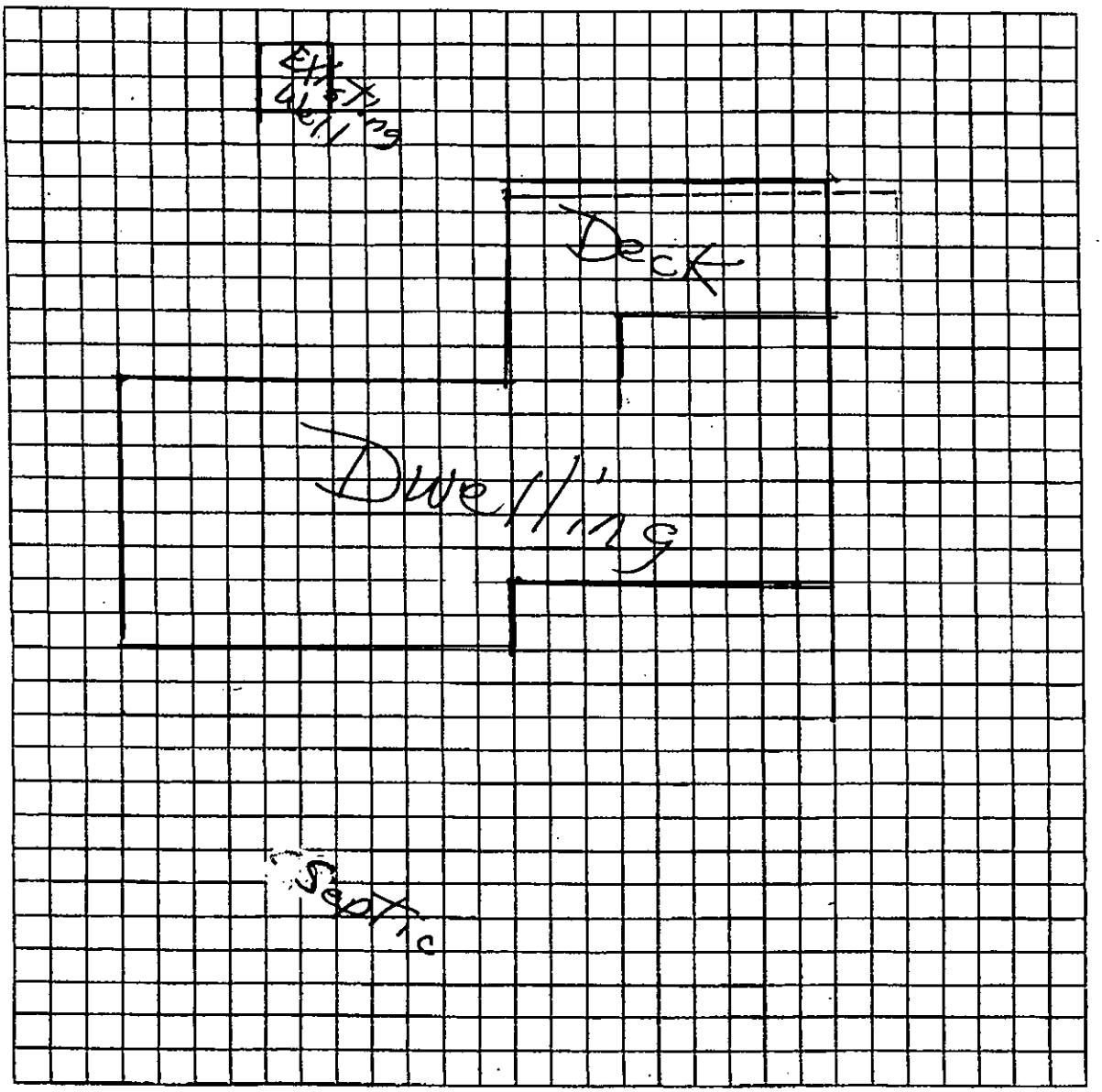
MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6884

File #_____
Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature John M. Black	Staff Signature
Date 9/17/07	Date

LBC 12/15/04