

16424 MARVIN RD

22308133

1/9/2008

duponbj

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

L0127B

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 #: 10000146 **Tax Parcel #:** 223-081-33
Property Owner: Jas-Am, Inc.
Job Location Address:16424 MARVIN RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 9/29/2005
Use of Well: Irrigation
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:

Philo S. Walker RS 9/29/05
Authorized Agent: Print Name
Phil Walker RS
Signature:

Chad Mucci
Owner/Legal Agent: Print Name
Signature:

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 6/28/2006 09:33 AM

LABORATORY SERVICES DIVISION

LOCATION: 16424 MARVIN RD
LOC ID: G-SPEC
SAMPLE DATE-TIME: 6/13/2006 15:30
CHAIN OF CUSTODY #: 06060295
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76092	**NITRATE**	**0.24**	**mg/L**	0.05	EPA 353.2	6/15/2006 8:42	EWN
AB76092	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/14/2006 15:23	EWN
AB76092	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK
AB76092	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	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

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:	16424 Marvin Road, Charlotte, NC 28277
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

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

COC#: 06060295
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
76092 ~~AB76051~~																					
G-146	DH	6-13-06 3:30 p.m.	N/A N/A	N	NA	6.5				X	100 ml		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
Debra Howell		6/13/06	1640
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-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)**
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LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

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

COC#: 06060295
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
AB76092																						
G-146	DH	6-13-06 3:32pm	N/A N/A	N	19°C	6.4				X	500 ml		1			X				✓	X	
G-146	DH	6-13-06 3:30pm	N/A N/A	N	19°C	6.4				X	125 ml		1	X								X

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

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/14/06	1640
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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

COPY

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John M Mullis
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
704 545-5694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10000146
WELL USE (Check Applicable Box): Residential Water Supply ☐ IRRIGATION
DATE DRILLED 10-26-05
TIME COMPLETED 5:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
11628 Marvin Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35 01.687
LONGITUDE 80 50.485
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 JAS-AM INC
STREET ADDRESS P.O. Box 473340
Charlotte NC 28247
City or Town State Zip Code
704 400-9503
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 350'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 15 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): 15 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1-PT

g. WATER ZONES (depth):
From 90 To 95 From To
From 270 To 285 From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0 To	60' Ft.	6"	.25	PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From	0 To	20 Ft.	Cement	pumped
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	N/A To	N/A Ft.	In.	In.	
From	To	Ft.	In.	In.	
From	To	Ft.	In.	In.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	N/A To	N/A Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	30	Red Clay
30	60	Fine Gravel
60	125	Same
125	260	Blue White Granite
260	350	Same

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 10-21-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

Irrigation well

App. #: 146

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM,
NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

Septic Fee: 0.00 ☐ Well Fee: 400.00

Date: CRT[ ]

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

Date: 8/31/2005 CRT[ ]

FILE # 6127B

SEPTIC / TYPE APPLICATION: ◉ NONE ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ○ NONE ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 223-081-33 ☐ PO

STREET ADDRESS: 16424 MARVIN RD

CITY: CHARLOTTE

STATE: NC ZIP: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: CHARLOTTE

General Comments:

5/10/06 well drilled, no power on well pump installed in Feb

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	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: Jas-Am, Inc.

ADDRESS: P.O. Box 473340

CITY: Charlotte

STATE: NORTH CAROLINA ☐ ZIP: 28247

HOME PHONE: WORK: 704-541-0350

Sajjad Dhadwal 704 400 9503

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: D.L. Mullis Well Drilling, Inc.

ADDRESS: P.O. Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ☐ ZIP: 28227

HOME PHONE: WORK:

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John M Mullis
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
704 545-5694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10000146
WELL USE (Check Applicable Box): Residential Water Supply ☐ IRR. Station
DATE DRILLED 10-20-05
TIME COMPLETED 5:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
16424 Marvin Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35 01.687
LONGITUDE 80 50.485
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 JAS-AM INC
STREET ADDRESS P.O. Box 473340
Charlotte NC 28247
City or Town State Zip Code
704 400-9503
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 350'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 15 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): 15 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1-PT
g. WATER ZONES (depth):
From 96 To 97.5 From ____ To ____
From 270 To 285 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 60'	Ft.	6"	.125	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Cement	Pumped
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From N/A	To N/A	Ft. ____ In.	____	____ in.	
From ____	To ____	Ft. ____ In.	____	____ in.	
From ____	To ____	Ft. ____ In.	____	____ in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From N/A	To N/A	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	30	Red CLAY
30	60	Fill Gravels
60	125	Same
125	260	Blue White
260	350	Granite
		Same

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 10-21-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
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Property Owner: Jas-Am, Inc.
Job Location Address: 16424 MARVIN RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 9/29/2005
Use of Well: Irrigation
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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- 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:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

PRELIMINARY ANALYSIS REPORT

REPORT DATE: 6/16/2006 04:54 PM
LOCATION: 16424 MARVIN RD
LOC ID: G-SPEC
SAMPLE DATE-TIME: 6/13/2006 15:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB76092
CHAIN OF CUSTODY #: 06060295

PRELIMINARY REPORT

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB76092	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK
AB76092	**NITRITE**	**PENDING**	**mg/L**		EPA 353.2	1/1/1981 0:00	
AB76092	**NITRATE**	**PENDING**	**mg/L**		EPA 353.2	1/1/1981 0:00	
AB76092	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK

Comment:

PRELIMINARY REPORT: The data presented in this report has not been reviewed for completeness nor has it been validated. Final report will be sent when it becomes available.

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

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Send Report To:
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COC#: 06060295

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
~~AB76092~~											100 ml										
G-146	DH	6/13/06 3:30 pm	N/A N/A	N	NA	6.5				X			1						X	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 -

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Debra Howell		6/13/06	1640
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Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

COC#: 06060295

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
AB76092																						
G-146	DH	6-13-06 3:30pm	N/A N/A	N	19.1°C	6.4				X	500 ml		1			X				✓	X	
G-146	DH	6-13-06 3:30pm	N/A N/A	N	19.1°C	6.0				X	125 ml		1	X								X

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/13/06	1640

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

8/30/05

GWS - RES. APP 12/04

400 ⁰⁰ VISA JKA

[redacted]

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

[redacted]

FILE # 6128

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 #: 223-081-33

STREET ADDRESS: 16424 Marin Road

CITY Charlotte

STATE: NC ZIP: 28277

SUBDIVISION OR MOBILE HOME PARK NAME: Evermay

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: JAS-AM, INC

ADDRESS: PO Box 473340

CITY: Charlotte

STATE: NC ZIP: 28247

HOME PHONE: WORK PHONE: 541-0350

MOBILE PHONE: 400-9503 FAX: 541-1547

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling, Inc

ADDRESS: PO Box 691446

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: FAX: 545-9449

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

*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/Agent's Signature 8-25-05 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

THIS IS TO CERTIFY THAT ON THE 6th DAY OF FEBRUARY 2004 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

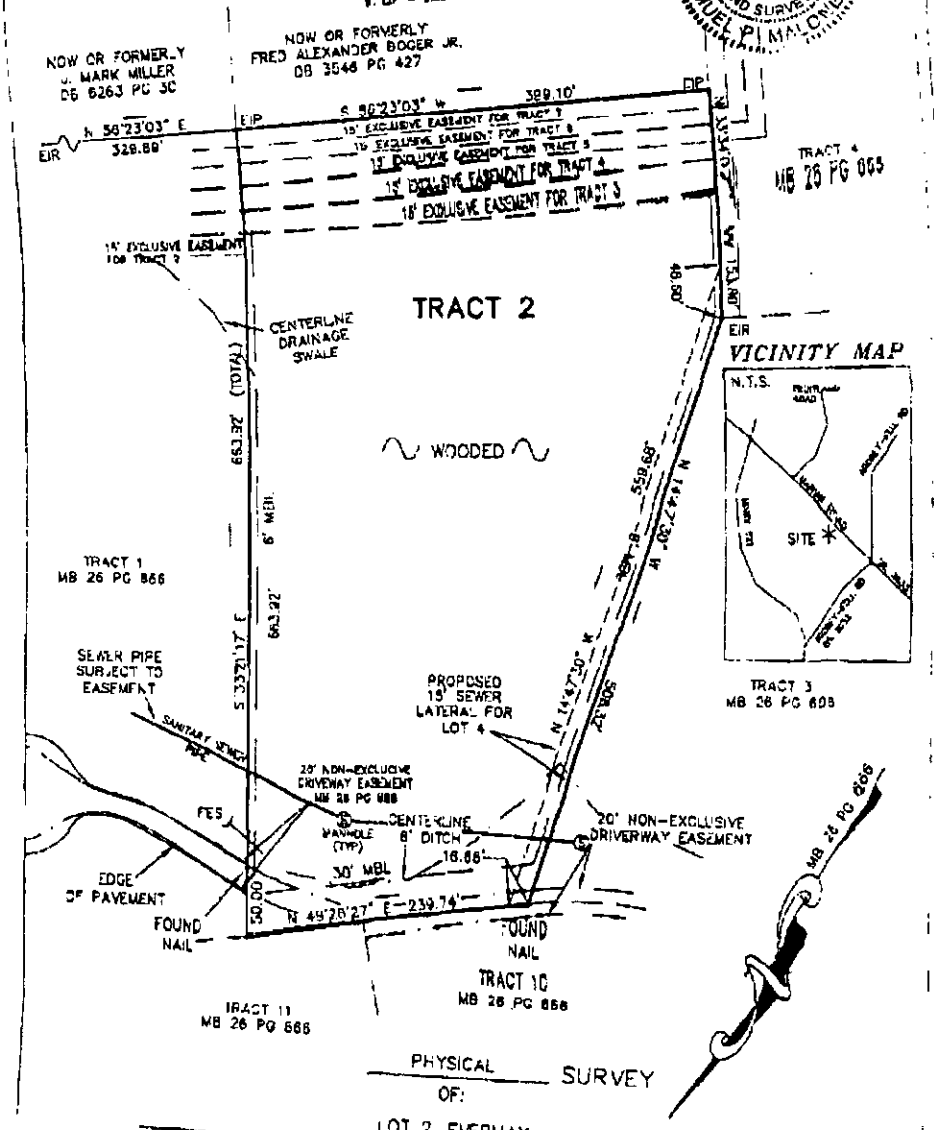
SAM MALONE & ASSOCIATES
Surveying - Design - Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

SIGNED

PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2610

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR
3. NIR = NEW IRON REBAR
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO RIGHT-OF-WAY, RESTRICTIONS AND/OR EASEMENTS EITHER RECORDED OR IMPLIED
7. FES = FLARED END SECTION
8. RCP = REINFORCED CONCRETE PIPE
9. EIP = EXISTING IRON PIPE
10. ATTORNEY TO VERIFY 15' SEWER LATERAL EASEMENT FOR TRACT 4.

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE JR.



PHYSICAL SURVEY OF:

LOT 2, EVERMAY

SCALE: 1"=100' PROVIDENCE TOWNSHIP, MECKLENBURG CO., N.C.

FOR THE BENEFIT OF JAS-AM

MAP REFERENCE IN BOOK 26 PAGE 666 DEED REFERENCE IN BOOK _____ PAGE _____

ACAD FILE: C:\D\2003\16424MR.DWG FOLDER: 4 MARCH 2003

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/30/05	**Amount:**	400.00
Receipt #:	36679	**Tendered:**	0.00
Check / Auth #:	VISA 076435	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: DL MULLIS WELL DRILLING
Attn:
Address: P.O. BOX 691446
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 16424 MARVIN ROAD		1	400.00	400.00

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

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