

10119 BLAKENEY PRESERVE DR

22940345

1/9/2008

duponbj

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 6/28/2006 09:34 AM

LABORATORY SERVICES DIVISION

LOCATION: 10119 BLAKENEY DR
LOC ID: G-SPEC
SAMPLE DATE-TIME: 6/13/2006 15:00
CHAIN OF CUSTODY #: 06060295
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76096	**NITRATE**	**1.03**	**mg/L**	0.05	EPA 353.2	6/15/2006 8:42	EWN
AB76096	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/14/2006 15:23	EWN
AB76096	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK
AB76096	**Total Coliform**	**present**	**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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10119 Blakeney Preserve Drive, 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#: 06066295

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
AB76096																					
G-179	DH	6-13-06 3:00 p.m.	N/A	N	NA	69				X	100 ml		1						X	X	X
			N/A																		

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

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

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:	10119 Blakeney Preserve Drive, 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#: 0606295

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	Nitrite
AB76096																						
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	13.5°C	3.3				X	500 ml		1			X					X	
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	13.5°C	3.3				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

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
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 7/13/2006 04:50 PM

LABORATORY SERVICES DIVISION

LOCATION: G-179,10119 bLAKENEY pRESERVE
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/10/2006 15:20 CHAIN OF CUSTODY #: 06070117
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB78881	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	7/11/2006 8:36	KEK
AB78881	**Total Coliform**	**absent**	**P/A**		SM 9223B	7/11/2006 8:36	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:	10119 Blakeney Preserve Dr., Charlotte, NC 28227
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#: 6907017
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
G-179 AB78881	DH	7-10-06 3:20 pm	N/A N/A	N	NA	9.4				(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		7/10/06	1625

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10119 Blakeney Preserve Drive, 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#:

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
G-179	DH	6-13-06 3:00 p.m	N/A N/A	N	NA					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 -

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Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
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

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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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10119 Blakeney Preserve Drive, 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#:

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
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	19.2°C					X	500 ml		1			X					X	
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	19.2°C					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			
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

WELL CONSTRUCTION RECORD # 47037588

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 327-1806

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☒ If Other, List Use Irrigation

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
10119 Blakeney Preserve
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

3. OWNER: North American Lawn & Landscape
Address 9200 Performance rd
(Street or Route No.)
Charlotte NC 28214
City or Town State Zip Code
(704)- 202-0323
Area code- Phone number

4. DATE DRILLED 9-23-05
5. TOTAL DEPTH: 200'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): +150 METHOD OF TEST blow
10. WATER ZONES (depth): 140' 150gpm

Topographic/Land setting:
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
_____ _____
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

DEPTH From	To	DRILLING LOG Formation Description
0'	92'	overburden
92'	140'	grey rock
140'	145'	green rock
145'	200'	mixed grey rock

11. DISINFECTION: Type HTH Amount 2 lbs
12. CASING:

	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
From +1.50	96	Ft. 6 5/8	.188	Galv steel
From	To	Ft.		
From	To	Ft.		

13. GROUT:

	Depth To	Material	Method
From 0	78'	Ft. neat cement	grout
From	To	Ft.	

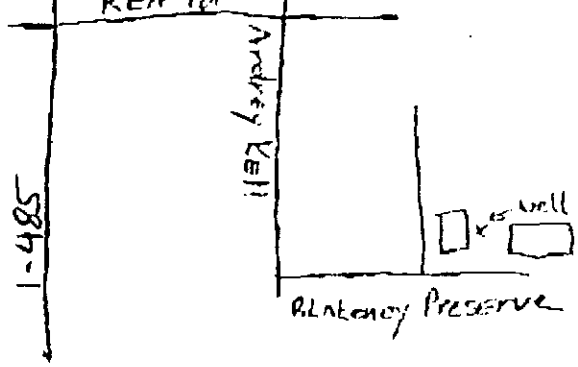
14. SCREEN:

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

15. SAND/GRAVEL PACK:

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

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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.

Matt Edens
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

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 #: 10000179 **Tax Parcel #:** 229-403-45
Property Owner: North American Lawn & Landscape
Job Location Address:10119 BLAKENEY PRESERVE DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 10/13/2005
Use of Well: Irrigation
Type of Facility Served by Well:
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:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Need signatures
from Joe McAlpine

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 #: 10000179 **Tax Parcel #:** 229-403-45
Property Owner: North American Lawn & Landscape
Job Location Address:10119 BLAKENEY PRESERVE DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 10/13/2005
Use of Well: Irrigation
Type of Facility Served by Well:
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.
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☐ 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:

08/29/2005 14:20 MCCALL BROTHERS → 7043366894 NO. 291 D002

McCall Brothers, Inc. - Account # X27070 App# 142 143

GWS- COM. APP 12/04

704-336-6894 FAX

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

SEPTIC FEE PAID DATE CHECK #

WELL FEE PAID DATE CHECK #

FILE # 611B Septic #141 Permit #79

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

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

COPY

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 229-403-44
STREET ADDRESS: 10119 BLAKENEY PRESERVE Dr
CITY: CHARLOTTE
STATE: NC ZIP: 28226
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 788
NUMBER OF EMPLOYEES PER SHIFT: 141
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: North American Lawn & Landscape
ADDRESS: 4200 Performance Rd
CITY: Charlotte 704-598-0540
STATE: N.C. ZIP: 28214
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-201-0323 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros Inc.
ADDRESS: P.O. Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 704 399-1506
MOBILE PHONE: FAX:

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.

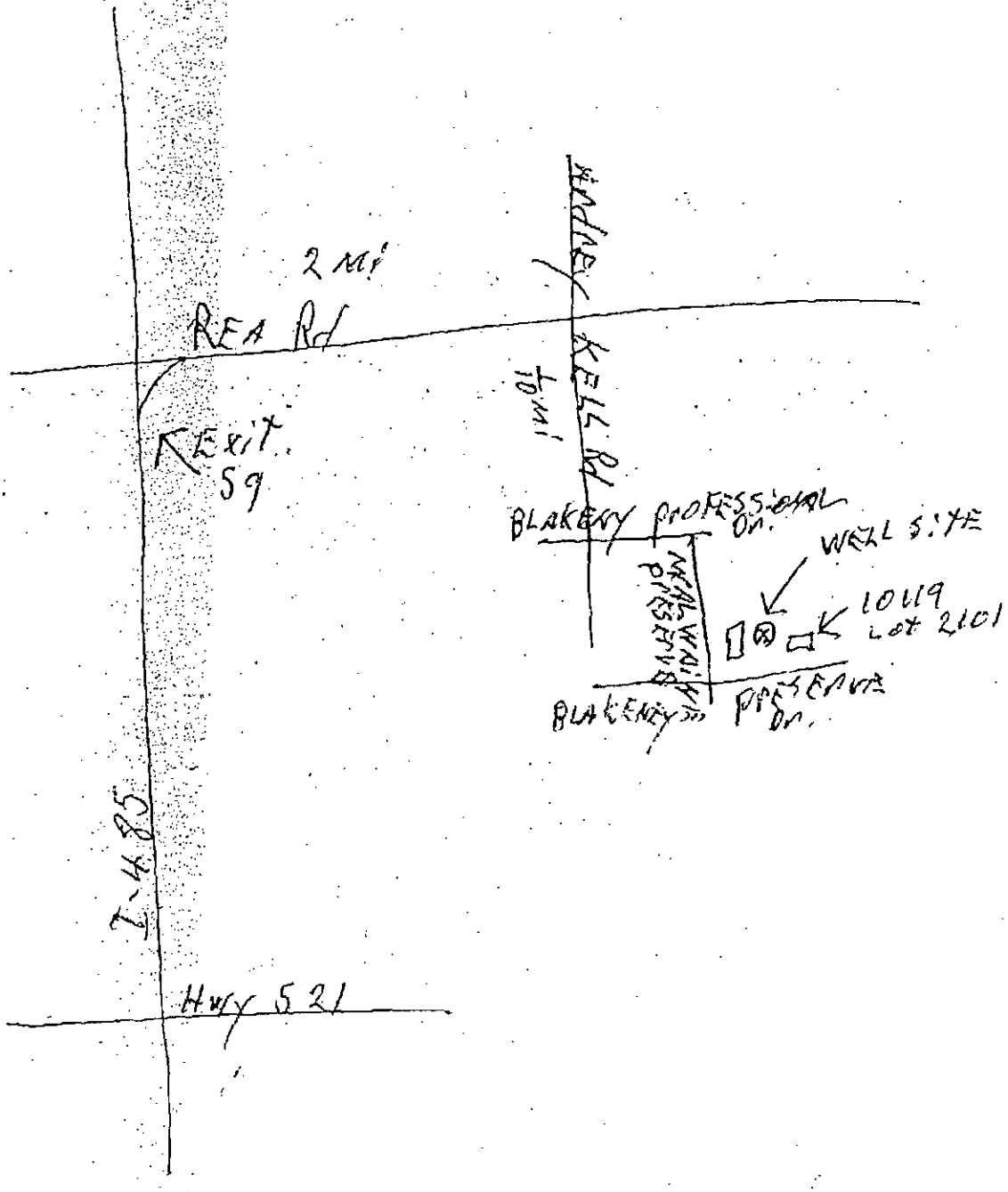
Joe McCall
Owner's/Agent's Signature Date

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.____

COPY

Name North American
Address
Location Lawn & Landscape



WELL CONSTRUCTION RECORD # 92032588

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☑ If Other, List Use Irrigation

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
10119 Blakeney Preserve
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
_____
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: North American Lawn & Landscape
Address: 4200 Performance rd
(Street or Route No.)
Charlotte NC 28214
City or Town State Zip Code
(704)- 207-0323
Area code- Phone number

4. DATE DRILLED 9-23-05
5. TOTAL DEPTH: 200'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): +150 METHOD OF TEST blow
10. WATER ZONES (depth): 140' 150gpl

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0'	92'	overburden
92'	140'	grey rock
140'	145'	green rock
145'	200'	white & grey rock

11. DISINFECTION: Type HTH Amount 2lbs
12. CASING:

	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
From +1.50	To 96 Ft.	6 5/8	.188	Galv steel
From	To Ft.			
From	To Ft.			

13. GROUT:

	Depth To	Material	Method
From 0	To 78' Ft.	neat cement	vinnie
From	To Ft.		

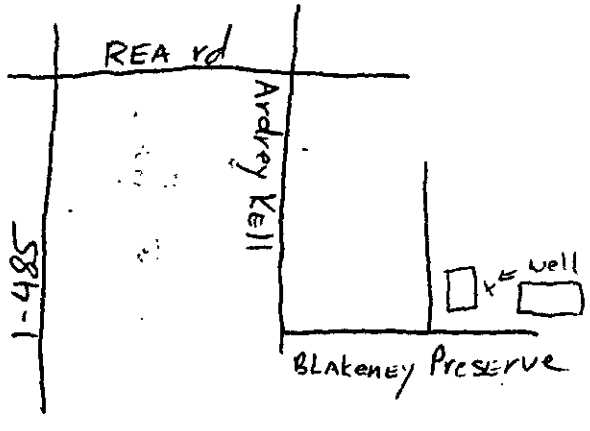
14. SCREEN:

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

15. SAND/GRAVEL PACK:

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

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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

Matt Eden
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Philo

WELL CONSTRUCTION RECORD #92032588

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☑ If Other, List Use: Irrigation

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
10119 Blakeney Preserve
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
_____
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: North American Lawn & Landscape
Address 4200 Performance rd
(Street or Route No.)
Charlotte NC 28214
City or Town State Zip Code
(704)- 202-0323
Area code- Phone number

4. DATE DRILLED 9-23-05
5. TOTAL DEPTH: 200'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): +150 METHOD OF TEST blow
10. WATER ZONES (depth): 140' 150gpm

DEPTH From	To	DRILLING LOG Formation Description
0'	92'	overburden.
92'	140'	grey rock,
140'	145'	green rock,
145'	200'	white & grey rock,

11. DISINFECTION: Type HTH Amount 2lbs
12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	+1.50	96		6 5/8	.188	Galv steel

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	78'		neat cement	trimie

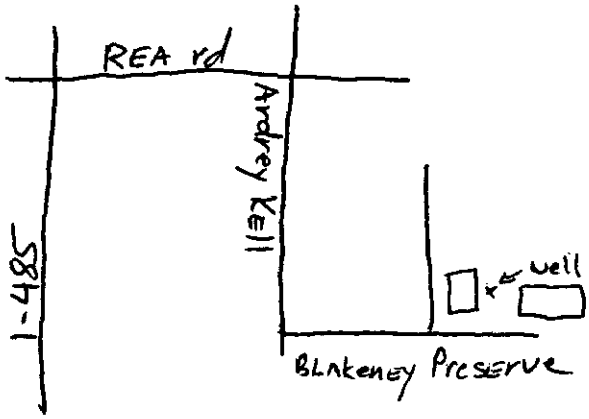
14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth From	To	Ft.	Size	Material

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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

Matt Eden
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Philo

WELL CONSTRUCTION RECORD # 47032592

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) 5894B ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☑ If Other, List Use Irrigation

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
3747 Moorland Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Greg Collins
Address 3747 Moorland Dr
(Street or Route No.)
Charlotte NC 28226
City or Town State Zip Code
(704)- 541-6622
Area code- Phone number

4. DATE DRILLED 9-22-05
5. TOTAL DEPTH: 440'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: +7' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 20 METHOD OF TEST blow
10. WATER ZONES (depth): 3gpl - 65 3gpl - 240 14gpl - 425'
11. DISINFECTION: Type HTH Amount 2½ lbs
12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From +1.50'	To 45½ Ft.	6¼	SRD 21	PVC
From ____	To ____ Ft.	____	____	____
From ____	To ____ Ft.	____	____	____

13. GROUT:

	Depth	Material	Method
From 0'	To 23' Ft.	neat cement	trimie
From ____	To ____ Ft.	____	____

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth	Size	Material
From ____	To ____ Ft.	____	____
From ____	To ____ Ft.	____	____

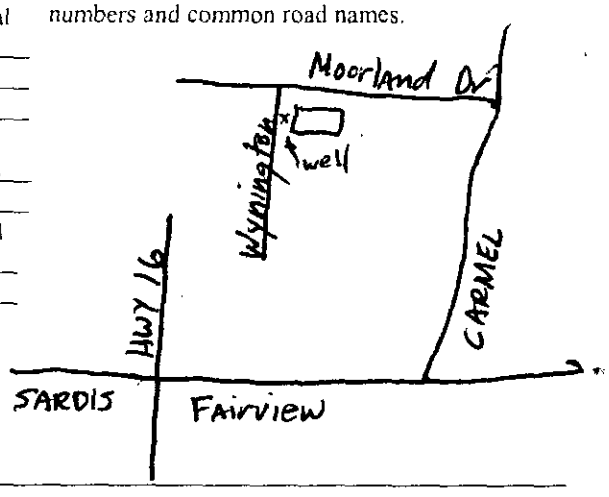
DEPTH

From	To
0'	40'
40'	440'

DRILLING LOG

Formation Description
overburden.
dark grey rock

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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

Matt Eden 9-22-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10119 Blakeney Preserve Drive, 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
AB76096																					
G-179	DH	6-13-06 3:00 p.m.	N/A N/A	N	NA	6.9				X	100 ml		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 -
- 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

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10119 Blakeney Preserve Drive, 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#: 0606295
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
AB76096																						
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	19.2°C	3.3				X	500 ml		1			X					X	
G-179	DH	6-13-06 3:00 pm	N/A N/A	N	19.2°C	3.3				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

08/29/2005 14:20 MCCALL BROTHERS → 7043366894 ND.291 D002

McCall Brothers, Inc. - Account # X27070 App #42 #43

GWS- COM. APP 12/04

704-336-6894 FAX

SEPTIC FEE

WELL FEE

DATE

CHK #

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

FILE # 6111B

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:

TAX/PARCEL #: 229-403-44

STREET ADDRESS: 10119 BLAKENEY PRESERVE Dr

CITY: CHARLOTTE

STATE: NC ZIP: 28226

LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE

☑ 1-CHARLOTTE ☐ 5-MATTHEWS

☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE

☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS:

TYPE OF WASTEWATER:

☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: North American Lawn & Landscap

ADDRESS: 4200 Performance Rd

CITY: Charlotte 704-598-0540

STATE: NC ZIP: 28214

HOME PHONE: WORK PHONE:

MOBILE PHONE: 704-202-0323 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROS INC.

ADDRESS: P.O. Box 668710

CITY: Charlotte

STATE: NC ZIP: 28266

HOME PHONE: WORK PHONE: 704 399-1506

MOBILE PHONE: FAX:

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.

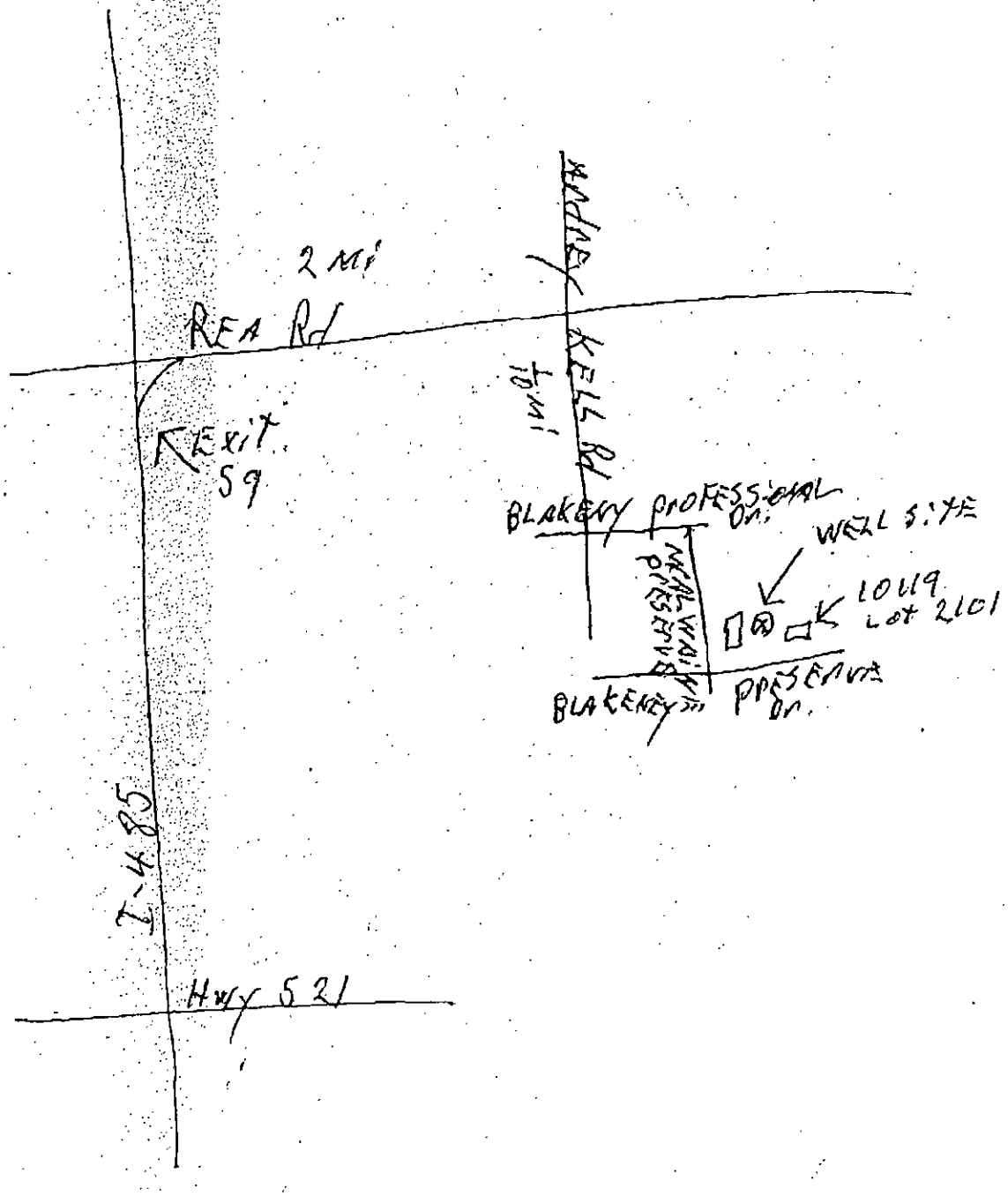
Jan McAlpine

Owner's/Agent's Signature Date

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 NORTH AMERICAN
Address
Location LAWN & LANDSCAPE



McCALL BROTHERS INC.
Founded 1938

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 398-2505

FACSIMILE TRANSMITTAL

DATE: 8/29/05 FAX NO. 704-336-6894

TO:

ATTENTION:

FROM: JOE McALPINE / MCCALL BROTHERS, INC.

NO. PAGES (Including This One)

MESSAGE: PERMIT APPLICATION

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/30/05	**Amount:**	400.00
Receipt #:	36691	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10119 Blakeney Preserve Dr./file 6111B		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
814.86					

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 #: 10000179 **File #:** 6111B **Tax Parcel #:** 229-403-45
Property Owner: North American Lawn & Landscape
Job Location Address: 10119 BLAKENEY PRESERVE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 10/13/2005
Use of Well: Irrigation
Type of Facility Served by Well:
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:

Authorized Agent: *Print Name*

Signature:

Owner/Legal Agent: *Print Name*

Signature: