

7831 ALLEN BLACK RD

19720102

1/10/2008

duponbj

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

~~197-041-16~~ #852

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

SEPTIC FEE: _____
DATE: _____
CRT [ ]

FILE # 6523B

WELL FEE: 400.00
DATE: 5/22/06
CRT [ ] VISA JKA

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

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

JOB LOCATION INFORMATION:
TAX/PARCEL #: 197-201-02
STREET ADDRESS: 7831 Allen Black Rd
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 1200 ft.
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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: James McWhirter
ADDRESS: 7831 Allen Black Rd.
CITY: Charlotte
STATE: NC ZIP:
HOME PHONE: [illegible] WORK PHONE: 545 4115
MOBILE PHONE: 704-506-6660 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Love Well + Pump Supply
ADDRESS: 9415 Old Ferry Rd.
CITY: Monroe
STATE: NC ZIP: 28110-7085
HOME PHONE: 704-753-4717 WORK PHONE: 753-1712
MOBILE PHONE: 704-292-8117 FAX: 753-1712

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.

Lanard Love 5/22/06
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

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 #: 10000852 **File #:** 6523B **Tax Parcel #:** 197-201-02
Property Owner: JAMES MCWHIRTER
Job Location Address: 7831 ALLEN BLACK RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 5/22/2006
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 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:

Lanard Love
Owner/Legal Agent: Print Name

Signature: Lanard Love

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/29/2006 10:29 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-852
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/30/2006 10:45 CHAIN OF CUSTODY #: 06080675
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB84644	**NITRATE OUTSIDE LAB**	**0.93**		0.050		9/5/2006 12:39	
AB84644	**NITRITE OUTSIDE LAB**	**<0.10**		0.10		8/31/2006 17:40	

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

SEP 25 2006

Case Narrative

PRISM LABORATORIES, INC.

Date:	09/21/06	**Client Project ID:**	LUESA - Surface Water
Company:	City of Charlotte/System Protection Div	**Prism COC Group No:**	G0806924
Contact:	Myra Zabec	**Collection Date(s):**	08/30/06
Address:	5100 Brookshire Blvd.	**Lab Submittal Date(s):**	08/31/06
	Charlotte, NC 28216	**Client Project Name Or No:**	Surface Water 0010

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 2 pages. A chain-of-custody is also attached for the samples submitted to Prism for this project.

Data qualifiers are flagged individually on each sample. A key reference for the data qualifiers appears at the end of this case narrative. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Semi Volatile Analysis

NA

Volatile Analysis

NA

Metals Analysis

NA

Wet Lab and Micro Analysis

No Anomalies Reported

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

Date Reviewed by:	Cara C. Rusmisell	**Project Manager:**	Susan M. Mullen
Signature:	C. Rusmisell	**Signature:**	Susan M. Mullen
Review Date:	09/21/06	**Approval Date:**	09/21/06

Data Qualifiers Key Reference:

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

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

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

PRISM LABORATORIES, INC.
Full Service Analytical & Environmental Solutions

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

Laboratory Report

09/07/06

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

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

Client Sample ID: AB84644 GWO-852
Prism Sample ID: 160027
COC Group: G0806924
Time Collected: 08/30/06 10:45
Time Submitted: 08/31/06 15:40

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrate by Automated Cadmium Reduction									
Nitrate	**0.93**	mg/L	0.050	0.0042	1	SM4500-NO3 F	09/05/06 12:39	celfaki	Q17519
Nitrite by Manual Spectrophotometric Method									
Nitrite	**BRL**	mg/L	0.10	0.0008	1	354.1	08/31/06 17:40	cmatthews	Q17505

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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

Angela D. Overcash, V.P. Laboratory Services

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

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

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

PAGE ___ OF ___ QUOTE # TO ENSURE PROPER BILLING: ___

Project Name: LUESA - GWO

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

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

Invoice To: CMU

Address: ___

Client Company Name: CMU

Report To/Contact Name: Rhonda Hutson

Reporting Address: 5100 Brookshire Blvd Charlotte NC 28216

Phone: 704-391-4710 Fax (Yes) (No): ___

Email (Yes) (No) Email Address ___

EDD Type: ___ PDF ___ Excel ___ Other

Site Location Name: ___

Site Location Physical Address: ___

Purchase Order No./Billing Reference 6210308 3/06-01

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

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

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

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?	✓		
Received ON WET ICE? Temp 4.3	✓		
PROPER PRESERVATIVES indicated?	✓		
Received WITHIN HOLDING TIMES?	✓		
CUSTODY SEALS INTACT?			✓
VOLATILES rec'd W/OUT HEADSPACE?			✓
PROPER CONTAINERS used?	✓		

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

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

Water Chlorinated: YES ___ NO ✓

Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED: Nitrate NO3-N	Nitrite NO2-N					REMARKS	PRISM LAB ID NO.
AB84644	8/30/06	1045	Water	P	1	100ml	none	X						GWO-852	160927
AB84644	8/30/06	1045	water	P	1	500	H_2SO_4		X					GWO-852	1

PRESS DOWN FIRMLY - 3 COPIES

Sampler's Signature ___ Sampled By (Print Name) ___ Affiliation LUESA.

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

		Date	Military/Hours
Relinquished By: (Signature)	Received By: (Signature)	8/31/06	1510
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date 8/31/06	1540

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

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

Log-In Group No. GP806924

Additional Comments:

PRISM USE ONLY

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

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

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

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

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:	7831 Allen Black Rd., 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#: 06080675

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-852	DH	8-30-06 10:45am	N/A N/A	N	18.1°C	9.3				X	500 ml		1			X				X	X	
G-852	DH	8-30-06 10:45am	N/A N/A	N	18.1°C	9.3				X	125 ml		1	X								X

AB5746 4/4

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	N.J. Williams	8/30/06	11:45

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: 9/1/2006 03:35 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-852
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/30/2006 10:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06080673

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB84643	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	8/30/2006 12:45	KEK
AB84643	**Total Coliform**	**absent**	**P/A**		SM 9223B	8/30/2006 12:45	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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7831 Allen Black Rd., 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#: 060806 73

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-852		8-30-06	N/A	N	NA	~~RNC~~				X	100 ml		2						X		X
AB84643	DH	10:45am	N/A			4															

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	N. V. Medlock	8/30/06	11:45

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

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) DERRY L. HUNEYCUTT CERTIFICATION # 2663

WELL CONTRACTOR COMPANY NAME DERRY'S WELL DRILLING, INC. PHONE # 704-982-3070

ECKLENBURG COUNTY PERMIT #

STATE WELL CONSTRUCTION PERMIT# 10000852 ASSOCIATED WQ PERMIT# (if applicable) (if applicable)

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

2. WELL LOCATION:
Nearest Town: CHARLOTTE County: MECKLENBURG
7831 ALLEN-BLACK RD.
(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: JAMES . McWHIRTER
Address
(Street or Route no.)
City or Town State Zip Code
( )-
Area code- Phone number

4. DATE DRILLED 05/26/06
5. TOTAL DEPTH: 185'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 43 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 10 METHOD OF TEST AIR
10. WATER ZONES (depth): 152-154, 167

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	24	RED DIRT
24	120	BROWN DIRT/ROCK
120	120	BROWN ROCK
128	185	GRANITE
SEAMS:		
130-134, 149		
152-154		5 GPM
167		5 GPM
174		

11. DISINFECTION: Type GRANULAR Amount 1/2-LB.
12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	0	128		6 1/8"	SDR-21	PVC

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	128		CEMENT	GRAVITY

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

SIGNATURE OF PERSON CONSTRUCTING THE WELL 05/30/2006 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

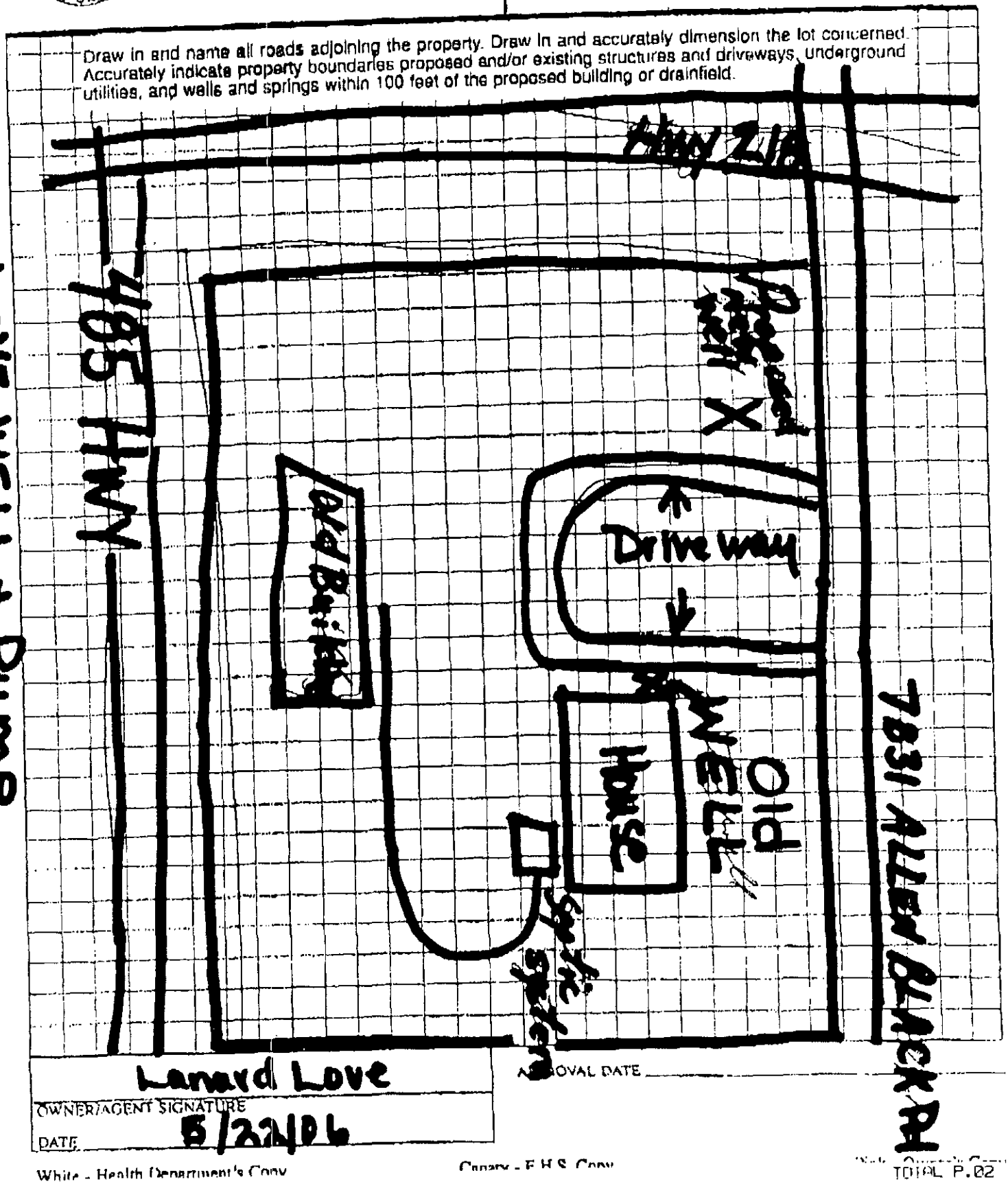
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

McWhirter

FILE: _____

TC: _____

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.



Lenard Love
OWNER/AGENT SIGNATURE

DATE 5/22/06

APPROVAL DATE _____

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

5/22/06

To: David Cornelius

From: Lanard Love
Penny Love
Love Well + Pump Supply

Subject: Purchase a permit for:
James McWhirter
7831 Allen Black Rd

Customer had a 2" well / the well is not fix able / Need to drill another well.

Please contact Lanard at 704-292-8117 or call Penny at 704-634-8571 or office 704-753-1712

Customer has been without water since Friday.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/22/06	**Amount:**	400.00
Receipt #:	44058	**Tendered:**	0.00
Check / Auth #:	VISA 547362	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: LOVE WELL & PUMP SUPPLY
Attn:
Address: 9415 OLD FERRY ROAD
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7831 ALLEN BLACK ROAD		1	400.00	400.00

Outstanding Balances

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