

5916 CASHION RD

01321104

1/9/2008

duponbj

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

6000B 14

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print): Joseph A. Bailey CERTIFICATION #: 3271

WELL CONTRACTOR COMPANY NAME: B + K Well Drilling Inc. PHONE # (704) 872-4696

STATE WELL CONSTRUCTION PERMITS (if applicable) _____ ASSOCIATED WQ PERMITS (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: Huntersville County: Mck
5916 Cashion 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: Erick Hahne
Address: P.O. Box 2081 (Street or Route No.)
Cornelius, NC 28031 (City or Town, State, Zip Code)
(704) 896-5542 (Area code- Phone number)

4. DATE DRILLED 6/30/05

5. TOTAL DEPTH: 205

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑

7. STATIC WATER LEVEL Below Top of Casing: 60 FT. (Use "+" if Above Top of Casing)

8. TOP OF CASING IS 12" FT. Above Land Surface*
*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 30 METHOD OF TEST Open Flow

10. WATER ZONES (depth): 112/200

11. DISINFECTION: Type: Chlor. Tabs Amount: 4 oz.

12. CASING:

	Depth From	To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	30 Ft.	6¼	40	PVC
		Ft.			
		Ft.			

13. GROUT:

	Depth From	To	Material	Method
	0	20 Ft.	Sand Mix	Hand Mix
		Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth From	To	Size	Material
		Ft.		
		Ft.		

DRILLING LOG

Depth From	To	Formation Description

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

Joseph Bailey 6/29/05

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

COPY

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/17/2006 01:01 PM

LABORATORY SERVICES DIVISION

LOCATION: G-47
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/13/2006 12:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65899
CHAIN OF CUSTODY #: 06030362

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65899	E. COLI-PA	absent	P/A		SM 9223B	3/14/2006 8:51	KEK
AB65899	Total Coliform	present	P/A		SM 9223B	3/14/2006 8:51	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:	5916 Cashion Rd.
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#: 06030362
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- 47	DH	3-13-06 12:30 pm	N/A N/A	N	N/A	4/4				X	100 ml		1						X	X	X

4365899

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		3/13/06	1541
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=*Transient Non-Community*, AMB=*Ambient*, LM=*Landfill*

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/30/2006 04:49 PM

LABORATORY SERVICES DIVISION

LOCATION: G-47
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/13/2006 12:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65901
CHAIN OF CUSTODY #: 06030364

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65901	NITRATE	0.78	mg/L	0.05	EPA 353.2	3/15/2006 10:03	EWN
AB65901	NITRITE	<0.05	mg/L	0.05	EPA 353.2	3/14/2006 14:38	EWN

Comment: Nitrite: Sample exhibited severe matrix interference due to excess chlorine, results may not be valid.

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 OF

CLIENT:	**Mecklenburg County, LUESA - *Groundwater & Wastewater Services***
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	5916 Cashion Rd.
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#: 06030364
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-47	DH	3-13-06 12:30 pm	N/A N/A	N	18.4°C	N/R				X	500 ml		1			X				12	X	
G-47	DH	3-13-06 12:30 pm	N/A N/A	N	18.4°C					X	125 ml		1	X								X

A8 65901

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	[illegible]	03/13/06	1630

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

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	H?, Erick K.	**Source of Sample:**	Well
Address:	5916 Cashion Rd. Huntersville, NC 28078	**Type of Sampling Point:**	Well head
		Type of Analysis:	Private

County:	MECKLENB		
Report To:	Mecklenburg Co. Env. Health 700 North Tryon St., Suite 208 Charlotte, NC 28202	**Attn:**	Petersen, Zach (704) 336-5101
		Courier:	05-16-21

Signed By: Petersen, Zach
Collected By: ZP **Date:** 9/14/2005 **Time:** 12:45:00 PM
Comments:

Bacteriologic Analysis

Contaminants	**Result**
Fecal/E. coli	Absent
Total Coliform (ColilertRoutine)	Present

Date Received:	9/15/2005	**Report Date:**	9/16/2005	**Reported By:**	
Today's Date:	11/15/2005	**Login Batch:**	05090014	**Sample Number:**	AA89418

Re-Do Sample, Good on the Wire - Too much Chlorine

Called + Left Message

704 876 5542
Spoke to wife + Advised her to Chlorinate

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Hahne, Erich K.
Address: 5916 Cashion Rd
Huntersville, NC **Zip:** 28078
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Z. Petersen
(704) 336-5101

Collected By: Z. PETERSEN **Date:** 9/14/2005 **Time:** 12:45:00 PM

Location of sampling point: Well Head

Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	9/15/2005
Nitrate as N	<1.0	mg/l	9/15/2005

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 8.5 °C

Date Received: 9/15/2005 **Report Date:** 9/30/2005 **Reported By:**

Today's Date: 9/30/2005 **Reference:** 12062 **Login Batch** 05090032 **Sample Number:** AB32220

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	H?, Erick K.	**Source of Sample:**	Well
Address:	5916 Cashion Rd.	**Type of Sampling Point:**	Well head
	Huntersville, NC 28078	**Type of Analysis:**	Private

County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202

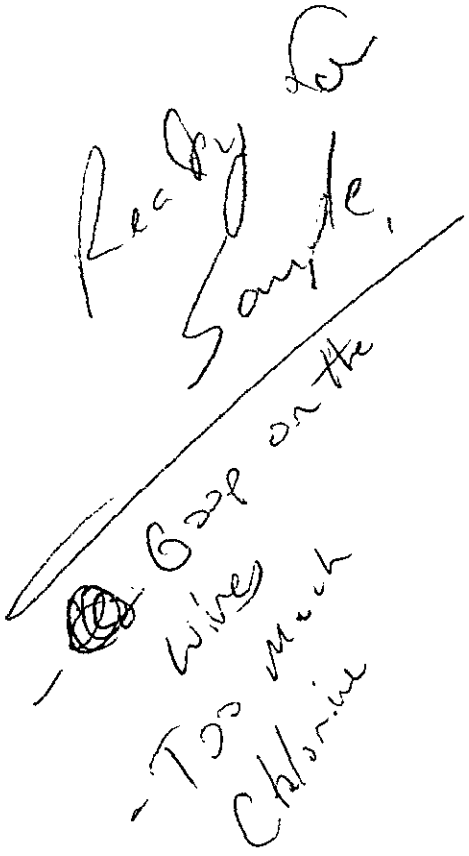
Attn: Petersen, Zach
(704) 336-5101
Courier: 05-16-21

Signed By: Petersen, Zach
Collected By: ZP **Date:** 9/14/2005 **Time:** 12:45:00 PM
Comments:

Bacteriologic Analysis

Contaminants	Result
Fecal/E. coli	Absent
Total Coliform (ColilertRoutine)	Present

Date Received: 9/15/2005 **Report Date:** 9/16/2005 **Reported By:**
Today's Date: 11/15/2005 **Login Batch:** 05090014 **Sample Number:** AA89418



6000B

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: H?, Erick K. **County:** Mecklenburg

Address: 5916 Cashion Rd. Huntersville, NC **ZIP:** 28078

Source: Well **Type of Sampling Point:** Well head

Collected By: ZP **Date:** 9/14/2005 **Time:** 12:45 PM

Signed By: Petersen, Zach **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Absent

Sample No: AA89418 **Date Received:** 9/15/2005 **Time Received:** 8:40:00 AM

Date Reported: 9/16/2005 **Today's Date:** 9/16/2005

Comments:

Mecklenburg Co. Env. Health
ATTN: Petersen, Zach
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier 05-16-21

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

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 #: 10000047 **Tax Parcel #:** 013-211-04
Property Owner: Shoreline - Erich K. Hahne
Job Location Address:5916 CASHION RD
City/ETJ:HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 5/9/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
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:

Jeremy Micholove
Authorized Agent: Print Name

Jeremy Micholove, R.S.
Signature:

ERICH K. HAHNE VP FOR SHORELINE
Owner/Legal Agent: Print Name

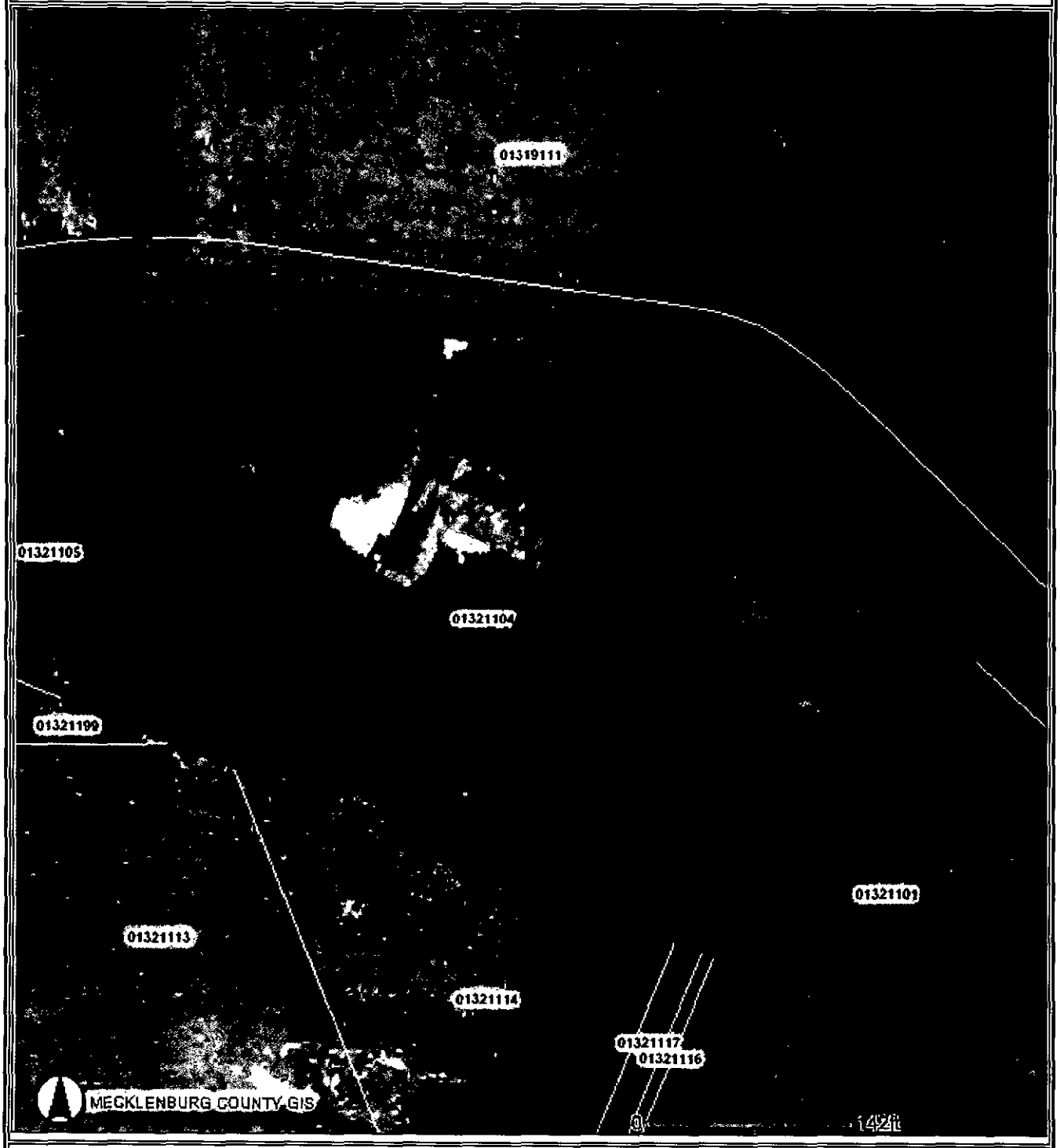
Signature:

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon May 16 13:59:17 EDT 2005



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tommy Mickle, R.S. 5/9/05

JEREMY MICHELONK

PROPOSED PLOT PLAN

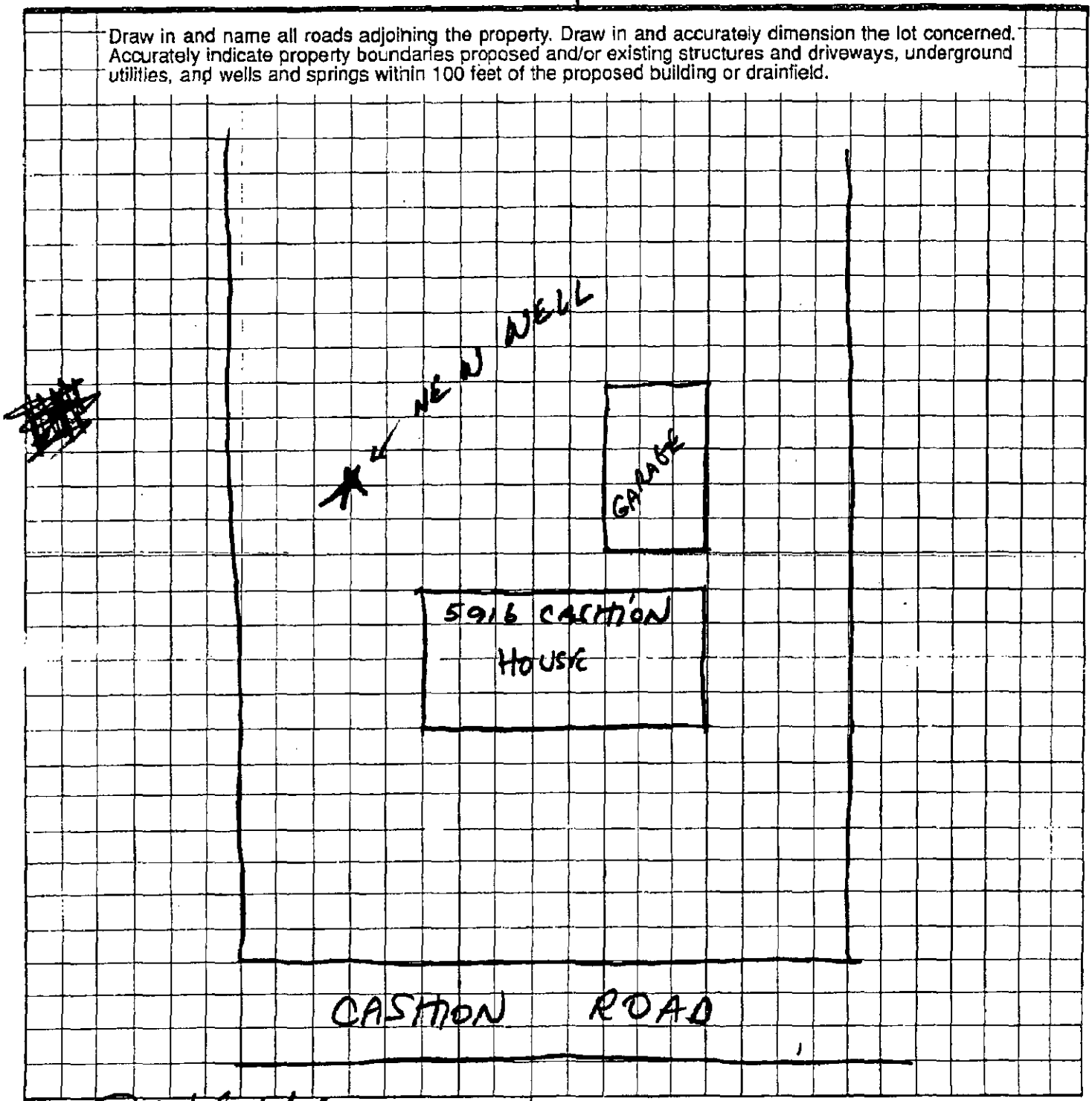
2/2

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

FILE: 6600B

TC: 013-21-04

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.



OWNER/AGENT SIGNATURE

DATE 5-9-05

APPROVAL DATE _____

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

May 09 2005 10:39AM LUESA NORTH 704 432 2523 p.2

JEREMY MICHELONE 1/2

GWS – RES. APP 12/04

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

FILE # 60008

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 013-211-04
STREET ADDRESS: 5916 CASTON ROAD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1988
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: 4500sf
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: NO
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. OLD WELL

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: SHORELINE - ERICH K. HAHNE
ADDRESS: P.O. BOX 2001
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: 704.400.7560 WORK PHONE: 704.400.7560
MOBILE PHONE: " FAX: 704.896.5512

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS: SAME
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
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

*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's/Agent's Signature 5-9-05 Date

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

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

May 09 2005 10:39AM LUESA NORTH 704 432 2523 p.1

Date: 05/16/05
Reviewed By: JLS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 013-211-04 File # 6000B

Street Address: 5916 Cashion Rd

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 013151-02 MPL # 884

Street Address: 13568 NC 73

DENR Incident #: None

Current Status: None Why? Lined landfill – not a groundwater incident.

Responsible Party: Duke Power

Responsible Party Contact Info: Allen Stowe
12700 Hagers Ferry Rd.
Charlotte, NC 28078

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If **Yes**	Permit denied.

Reviewer Comments: Permit granted. No construction restrictions or additional sampling required. The job location is greater than 1,500 feet for the landfill cell.

App. #: 47

Septic Fee: 0

Date:

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6000B

Well Fee: 400.0000

Date: 5/9/2005

CRT[ ]

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 #: 013-211-04

STREET ADDRESS: 5916 CASHION RD

CITY: HUNTERSVILLE

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 4500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

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: Shoreline - Erich K. Hahne

ADDRESS: P O Box 2001

CITY: Cornelius

STATE: NORTH CAROLINA ZIP: 28031

HOME PHONE: 704-400-7560 WORK:

MOBILE: 704-400-7560 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT Update Go to Front Counter

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

5916 Cashion Rd ARGU / File # 6000B



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Created Fri May 13 14:57:18 EDT 2005

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon May 16 10:13:21 EDT 2005

5916 Cashion Rd ARGU Review / File # 6000B



Total Measure Line Length: 1500.01 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

JEREMY MICHELONK

PROPOSED PLOT PLAN

2/2

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

FILE: 6000B

TC: 013-21-04

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.



NEW WELL

GARAGE

5916 CASTON HOUSE

CASTON ROAD

ERIK

OWNER/AGENT SIGNATURE

DATE 5-9-05

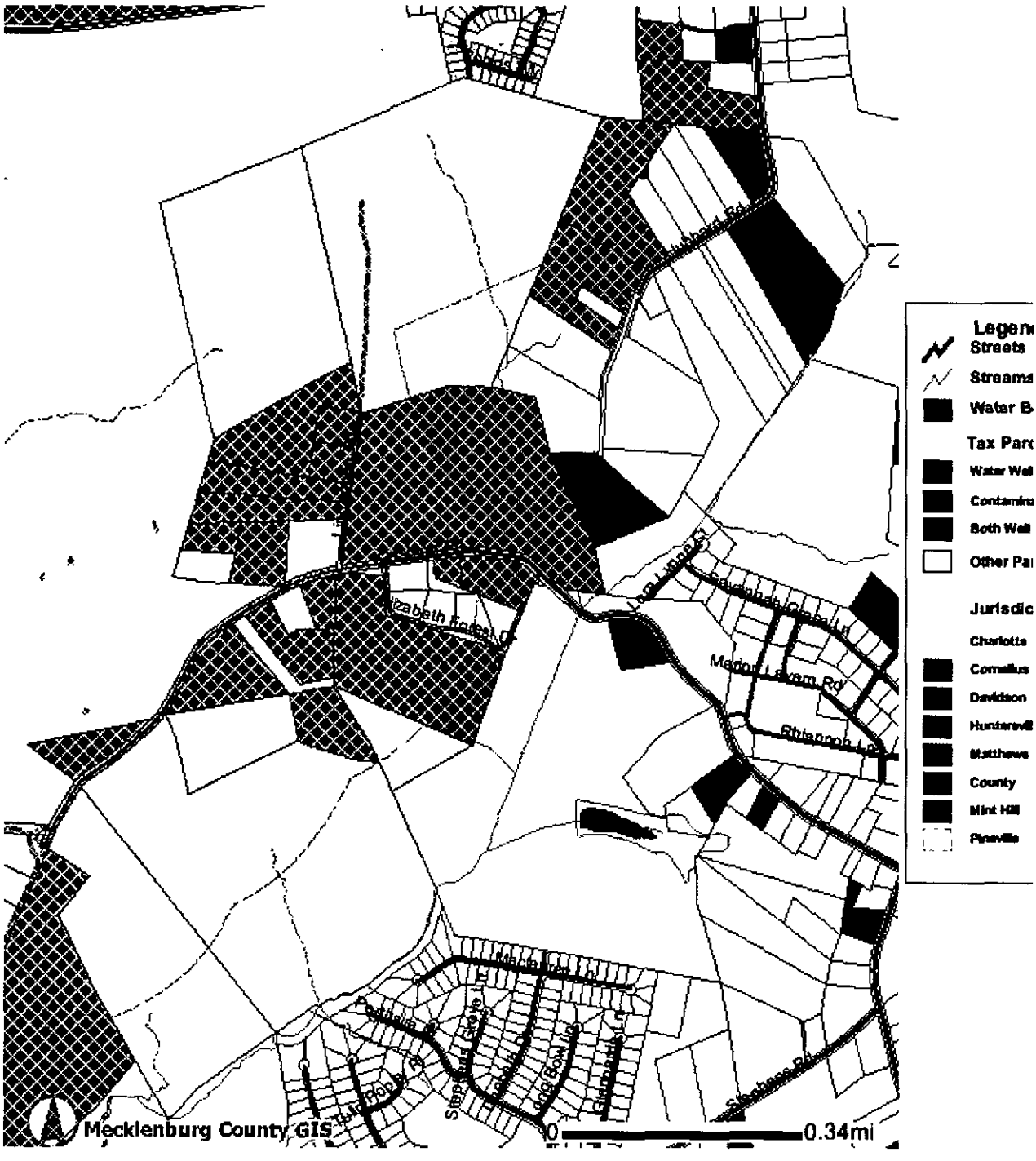
APPROVAL DATE _____

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

MAY 09 2005 10:39AM LUESA NORTH 704 432 2523 P.2

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

Put your title here



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