Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7922B WASPS App #: 3858

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit In Progress ☐ Installation Complete ☑ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☑	No ☐	N/A ☐	
Signed permit	Yes ☐	No ☐		
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☐
GW-1 / GW-30	Yes ☐	No ☐		
Certificate of Completion	Yes ☐	No ☐		
Other related documentation	Yes ☐	No ☐	N/A ☐	

Comments: 9/8/08 - Please fax for signature

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☐
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☐	No ☐	
Appropriate comments included	Yes ☐	No ☐	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☐	No ☐	

Comments:

Application received date: 9/5/08 Well approval date: _____

Review performed by: _____ Date performed: _____

"Almost Out of Water" DT Chrm PC

79225 3858

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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

1. SEPTIC / TYPE APPLICATION: ☑ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 4233211 05
STREET ADDRESS: 10331 Beattiesford Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: n/A
LOT #: n/A LOT SIZE (acres): 2
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2425
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

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

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☑ NO
WASTE STORAGE	☐ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: Chris + Lisa Raynsford
ADDRESS: 10331 Beattiesford Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-875-7831
WORK PHONE: 704-363-4300 (c.) 704-494-8848 ext. 3419 (L)
MOBILE PHONE: 704-363-4430
FAX: 704-494-8655

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6884

mc Call Brothers

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

AWR (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Alisa W. Raymond 9/3/08

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 550.00 CC appt 015018 DATE FEE RECEIVED: 9/5/08

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 79228

APPLICATION ID NUMBER ASSIGNED: 3858

COMMENTS:

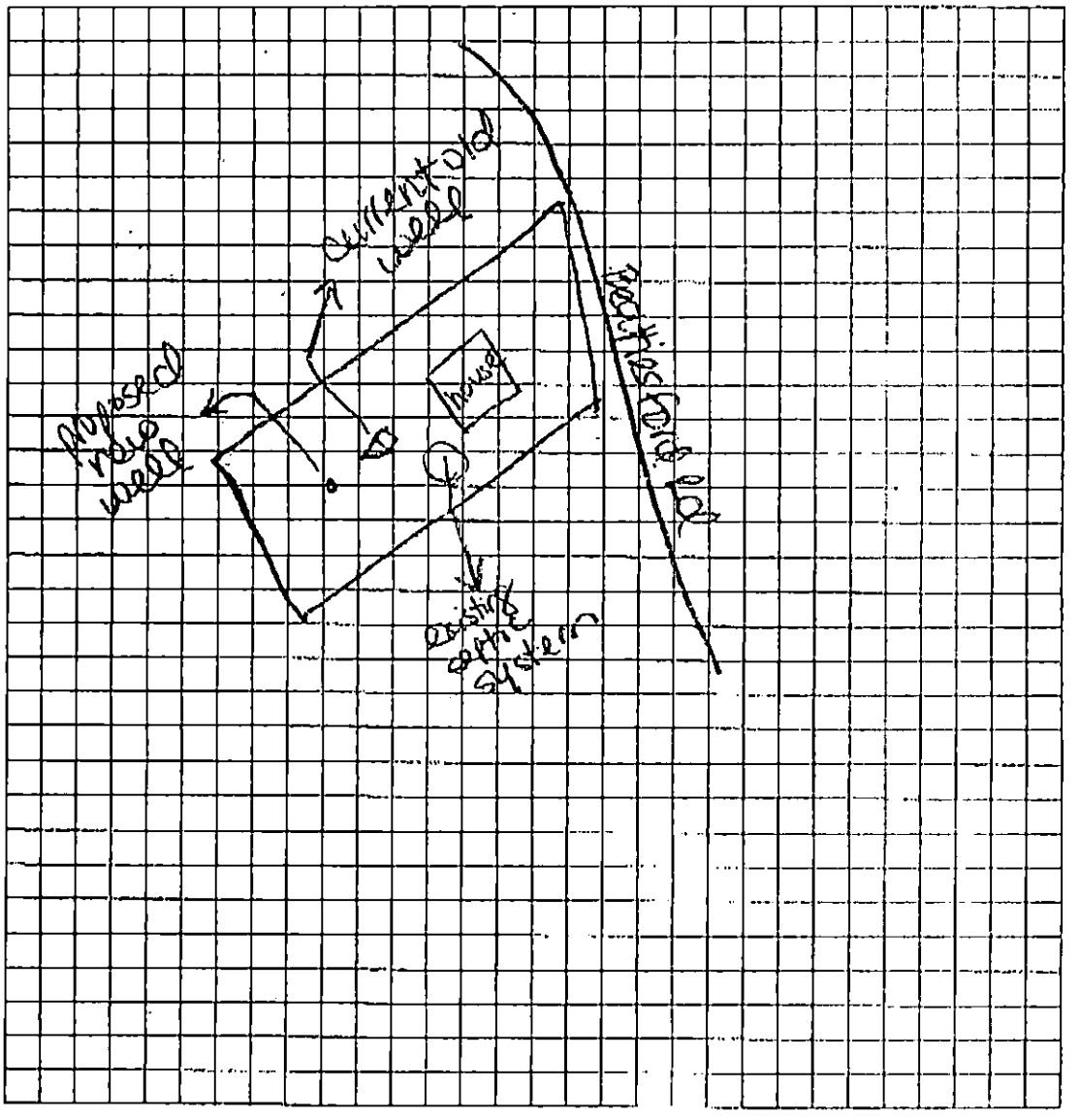
Almost out of water

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # _____
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature Neal W. Raynford

Date 9/3/08

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
· Payment Receipt

Receipt Information

Date:	09/05/08	**Amount:**	550.00
Receipt #:	58874	**Tendered:**	0.00
Check / Auth #:	VISA 01501B	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: RAYNSFORD LISA W
Attn:
Address: 10331 BEATTIES FORD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10331 BEATTIES FORD RD		1	550.00	550.00

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

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

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

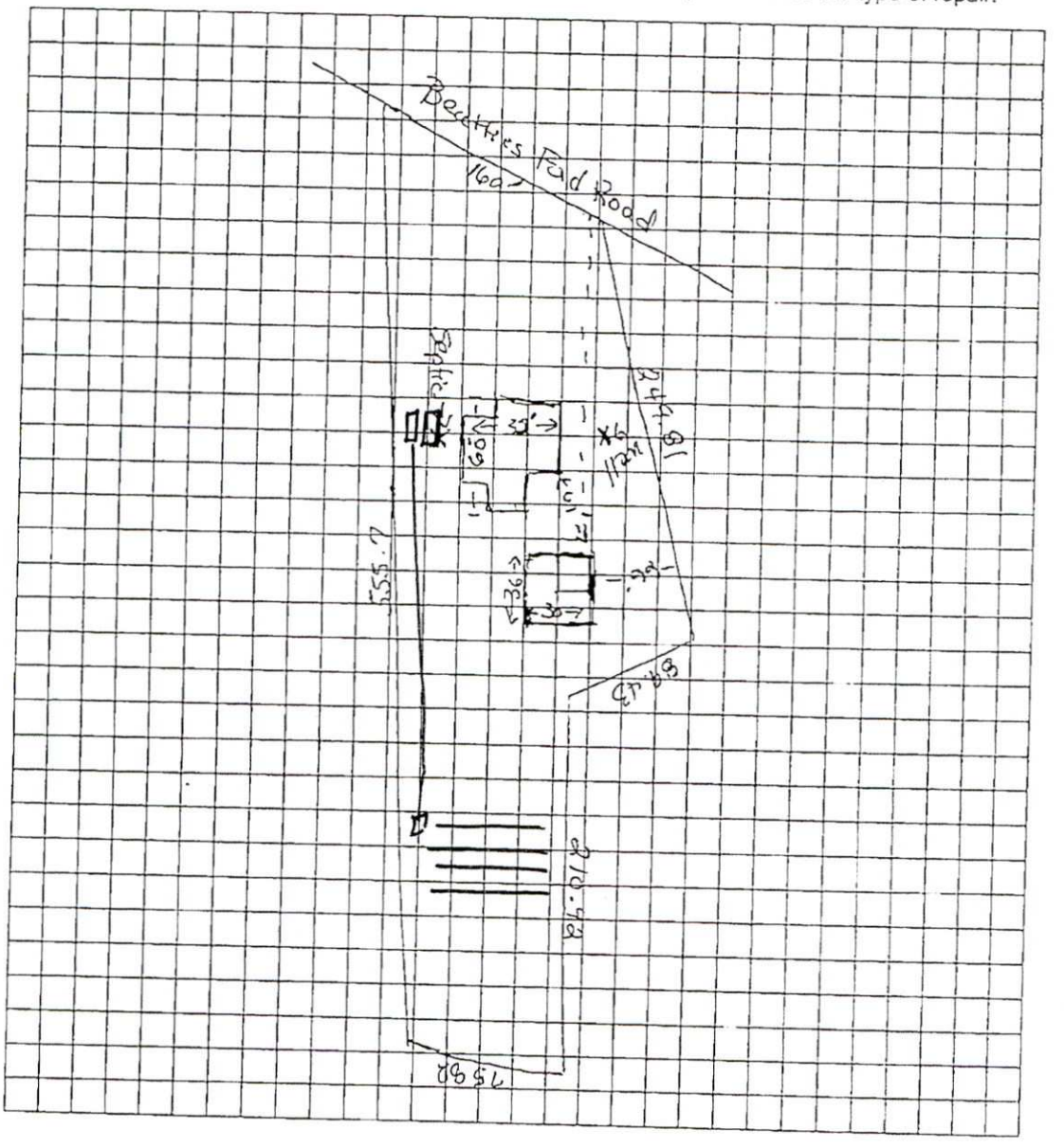
Project # 28255

File #_____
Date_____

10319 Beatties Ford
023-211-04

PROPOSED PLOT PLAN

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



Owner/Agent Signature	
Date	8-13-08

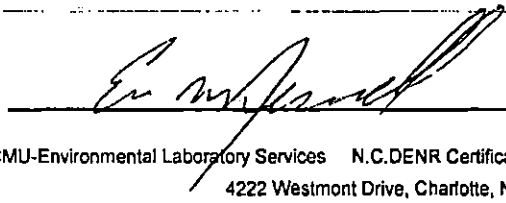
CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date/Time: 9/17/2009 09:39

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 090914155414

Sample ID	Location Code	Location Description		Collection Type	Sample Date/Time		
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*
AD24378	G-NEW	GWO-80362		Grab	9/14/2009 12:00		
Total Coliform- P/A		A	P/A		SM 9223B	9/14/2009 16:11	EKR
Comment							
AD24378	G-NEW	GWO-80362		Grab	9/14/2009 12:00		
E. COLI-PA		A	P/A		SM 9223B	9/14/2009 16:11	EKR
Comment							

Laboratory Supervisor: 

CMU-Environmental Laboratory Services N.C.DENR Certification No.192 N.C.DHHS Certification No.37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	10331 Beatties Ford Rd
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 3909141554 14

Sampled By (Print Name)
Kim Garrett

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: Total Coliform P/A	Analyses Requested: E. Coli P/A
GWO-80362 AD24378	ksg	9/14/09 12:00	N/A N/A	N	N/A	5.8				X	100 ml		1						X		X	X

Instructions:
Complete all yellow shaded sections

3 day TAT please

Blue is for lab use only.

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	9/14/09	1350

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/Time: 11/10/200808:58

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 081105141942

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time
AC88863	G-NEW	GWO-77926	Grab	11/5/2008 11:15

Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
Total Coliform- P/A	P	P/A		SM 9223B	11/5/2008 15:00	GHK

Comment

Sample ID	Location Code	Location Description	Collection Type	Sample Date/Time
AC88863	G-NEW	GWO-77926	Grab	11/5/2008 11:15

Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
E. COLI-PA	A	P/A		SM 9223B	11/5/2008 15:00	GHK

Comment

Laboratory Supervisor: _____

CMU-Environmental Laboratory Services N.C.DENR Certification No.192 N.C.DHHS Certification No.37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

COC# 08110514942

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	10331 Beatties Ford Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

Sampled By (Print Name)
Kim Garrett

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 P/A	Analyses Requested: E. Coli P/A
GWQ-77926 AC 88563	ksg	11/5/08 11:15AM	N/A N/A	N	N/A	4°C				X	100 ml		1					X			X	X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: 24 hr verbal response please

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	M Bradley	11/5/08	1414

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

GWO - 78139

K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 10/13/08

Client: Kim Garrett
Mecklenburg Health Department
700 N Tryon Street
Charlotte, NC 28202

Project: 10331 Beatties Ford Rd.

Sample Description:	Drinking Water		
Date Collected:	10/10/08	at	11:15
Date/Time analysis begun:	10/10/08	at	17:30
Date/Time analysis completed:	10/11/08	at	18:00

Contaminant	Method	Results
Total Coliform	Colilert	**Present**
Fecal Coliform	Colilert	**Absent**

Lab Log #: F6161

Certified By: G. Kraska
G. Kraska/ Lab Director

NC Certification: 37767
SC Certification: 99051

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227

Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: Kim Garrett
Address: Mecklenburg County Groundwater
Phone: 704. 432. 4259
Fax:

Project Name:
(Location Site)

Report To:

Copy To:

Fax To:

Sampled By: Kim Garrett

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3		Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead				Lab Log #
1.	14439 Henry Harrison Stillwell	10/10/08	10:55 AM	1		X				⊗							
				1	X						⊗	⊗					
2.	10331 Beatties Ford Rd	"	11:15 AM	1		X				⊗							

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Kim Garrett	10/10/08	11:50	G. Kraska	10/10/08	11:50
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:

On Ice: Y / N

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 10/2/2008 11:14 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-77624
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/29/2008 14:00 CHAIN OF CUSTODY #: 080929154814
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC84620 NITRATE	**2.2**	**mg/L**		EPA 353.2	9/30/2008	13:52	MKV
AC84620 NITRATE/NITRITE	**2.2**	**mg/L**	0.10	EPA 353.2	9/30/2008	14:36	MKV
AC84620 NITRITE	**0.05**	**mg/L**	0.05	EPA 353.2	9/30/2008	13:52	MKV
AC84620 E. COLI-PA	**ABSENT**	**P/A**		SM 9223B	9/29/2008	16:03	EKR
AC84620 Total Coliform- P/A	**PRESENT**	**P/A**		SM 9223B	9/29/2008	16:03	EKR

Comment:

Laboratory Supervisor:

CMU-Environmental Laboratory Services N.C. DENR Certification No. 192 N.C.DHHS Certification No. 37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

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:	10331 Beatties Ford Rd
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 080929154814

Sampled By (Print Name)
Kim Garrett

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	Total Coliform
GWO-77624 AC84620	KSG	9/29/08 14:00	N/A N/A	N	17.6					X	500 ml		1			X					X		
AC84620			N/A N/A	N						X	125 ml		1	X								X	
AC84620			N/A N/A	N						X	100 ml		2						X				X

Instructions:
Complete all yellow shaded sections

3 day TAT

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett	Courier	9-29-08	15:38

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

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 - PRIVATE WATER SYSTEM

Name of System: GWO - 77624
Address: 10331 Beatties Ford Rd
Huntersville, NC **Zip:** 28078
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Kim Garrett
(704) 336-5101

Source of Water: Well
Source of Sample:
Type of Sample: Raw
Type of Treatment:
Type of Analysis Private

Collected By: K GARRETT **Date:** 9/29/2008 **Time:** 2:00:00 PM
Location of sampling point: Well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	5	mg/l	10/2/2008
Silver	<0.05	mg/l	10/2/2008
Alkalinity as CaCO3	95	mg/l	10/2/2008
Arsenic	<0.001	mg/l	10/2/2008
Barium	<0.1	mg/l	10/2/2008
Calcium	28.1	mg/l	10/2/2008
Cadmium	<0.001	mg/l	10/2/2008
Chloride IC	7	mg/l	10/2/2008
Chromium	<0.01	mg/l	10/2/2008
Copper	<0.05	mg/l	10/2/2008
Fluoride	<0.20	mg/l	10/2/2008
Iron	0.10	mg/l	10/2/2008
Hardness as CaCO3 (Ca,Mg)	96	mg/l	10/2/2008
Mercury	<0.0005	mg/l	10/2/2008
Magnesium	6.3	mg/l	10/2/2008
Manganese	<0.03	mg/l	10/2/2008
Sodium	6	mg/l	10/2/2008
Lead	<0.005	mg/l	10/2/2008
pH	7.4	Std. units	10/2/2008
Selenium	<0.005	mg/l	10/2/2008
Sulfate	8	mg/l	10/2/2008
Total Dissolved Solids	192	mg/l	10/2/2008
Zinc	2.15	mg/l	10/2/2008

Date Received: 10/2/2008 **Report Date:** 10/27/2008 **Reported By:** Debbie Moncol
Today's Date: 10/27/2008 **Ref:** 13745 **Login Batch:** 08100018 **Sample Number:** AB79217

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

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

INORGANIC CHEMICAL ANALYSIS

Complete All Items – Please Print Clearly
Read Instructions on Reverse Side Prior to Sample Collection

*Indicates Required Fields

*Name: GWO-77624

* Address: 10331 Beatties Ford Rd

*City: Huntersville ZIP: 28078

County Health
Dept./State Agency: mecklenburg

(Sample results must be reported to Health Dept. or State Agency)

*Report To: Kim Garrett

*Address: 700 N Tryon St

Charlotte

NC ZIP: 28215

*Collected By: Kim Garrett

*Date Collected: 9/29/08 *Time: 2:00 AM (PM)

Location of Sampling Point: well head

Source of Water
- ☒ Well
- ☐ Community/Municipal
- ☐ Other

Type of Sample
- ☒ Raw
- ☐ Treated

Type of Treatment: n/a

Sample Category
- ☐ Regular Parameter Only
- ☐ Optional Parameters Only
- ☒ Both

FOR LAB USE ONLY

Received by:
- ☐ Mail
- ☐ Courier
- ☐ Walk In

Place a check in the box to request analyses for all parameters in the group or select individual parameters by circling the parameter(s) that is desired.

☒ **Regular Parameters Group**
- pH
- Alkalinity
- Fluoride
- Chloride
- Calcium
- Magnesium
- Total Hardness
- Manganese
- Lead
- Arsenic
- Copper
- Iron
- Zinc

☒ **Additional Metals Group**
- Cadmium
- Chromium
- Mercury
- Selenium
- Silver
- Barium

Optional Parameters
(List Optional Parameters Below*)

Sodium
TDS
Sulfate
Acidity

*Contact Environmental Inorganic Chemistry @ 919-733-7308 for information on optional parameters. Nitrate/Nitrite analysis require a separate sampling kit.

Laboratory Use Only

DHHS 1441 (Revised 11/05)
State Laboratory (Review 11/08)

10409 Beatties Ford

623·211·02e

File 20735

Date Issued 7-25-84

Serial No. 07431

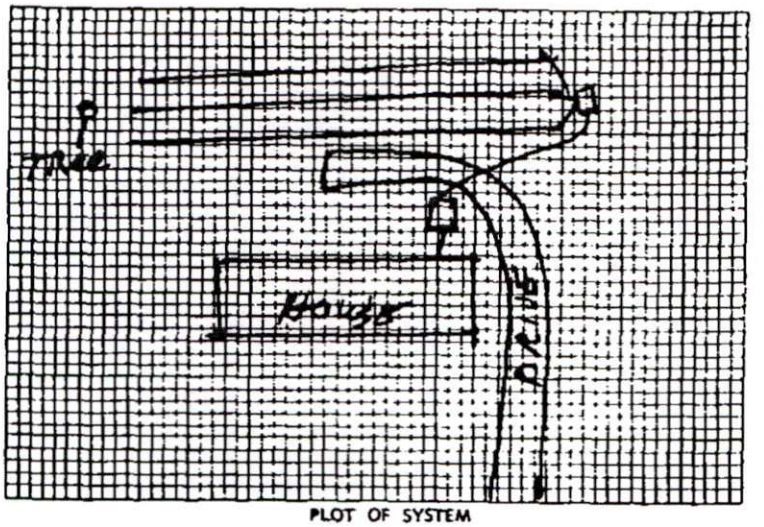
ICAR(S) Permit No. 20735

T. C. No. 023-052-32

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, __ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20735, dated 4-18-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before Aug 25 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS LVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines

Total Line Length 300 Lin FT

Number of Lines three

Distance from House 10 FT

Distance from Property Line 30 FT. Keep 100' away

Distance from Well NOT INYET

NAME OF OWNER MOSS, JOHN

LOCATION OF PROPERTY 10409 BEATTIES FORD RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: three trenches to be 100 FT x 3 FT x 12 inches, Cover - hay & straw Cover - Blade Bk

B. Hardister
Division or Section Head

Ralph Miller
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Well Permit # 10003858

Well shall be sited according to Mecklenburg County Groundwater Well Regulations (amended July 1, 2008) including but not limited to:

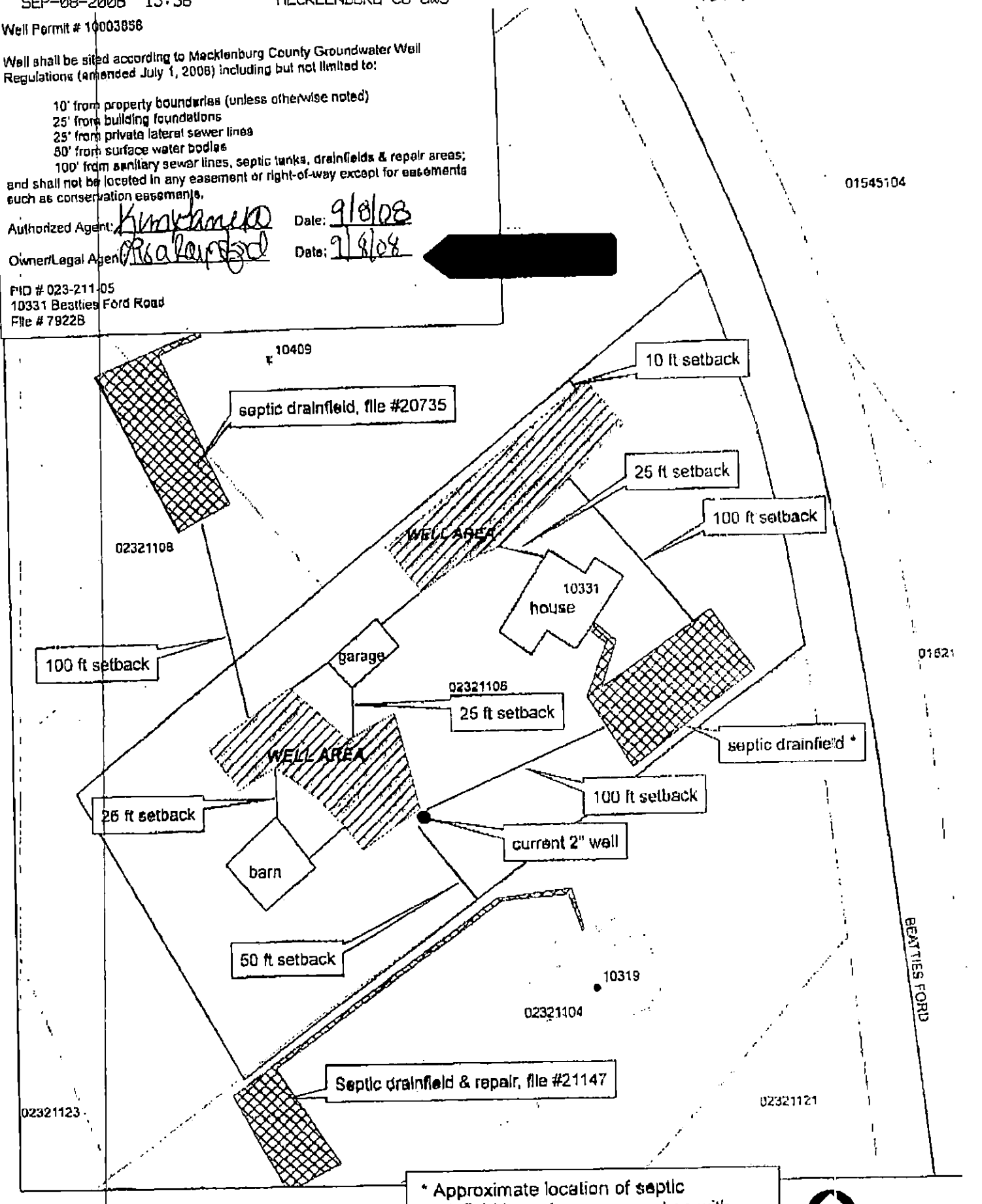
10' from property boundaries (unless otherwise noted)
25' from building foundations
25' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields & repair areas;

and shall not be located in any easement or right-of-way except for easements such as conservation easements.

Authorized Agent: [signature] Date: 9/8/08

Owner/Legal Agent: [signature] Date: 9/8/08 [redacted]

PID # 023-211-05
10331 Beatties Ford Road
File # 79228



* Approximate location of septic drainfield based on conversation with homeowner, unable to locate in file. kcg

Well Permit # 10003858

Well shall be sited according to Mecklenburg County Groundwater Well Regulations (amended July 1, 2008) including but not limited to:

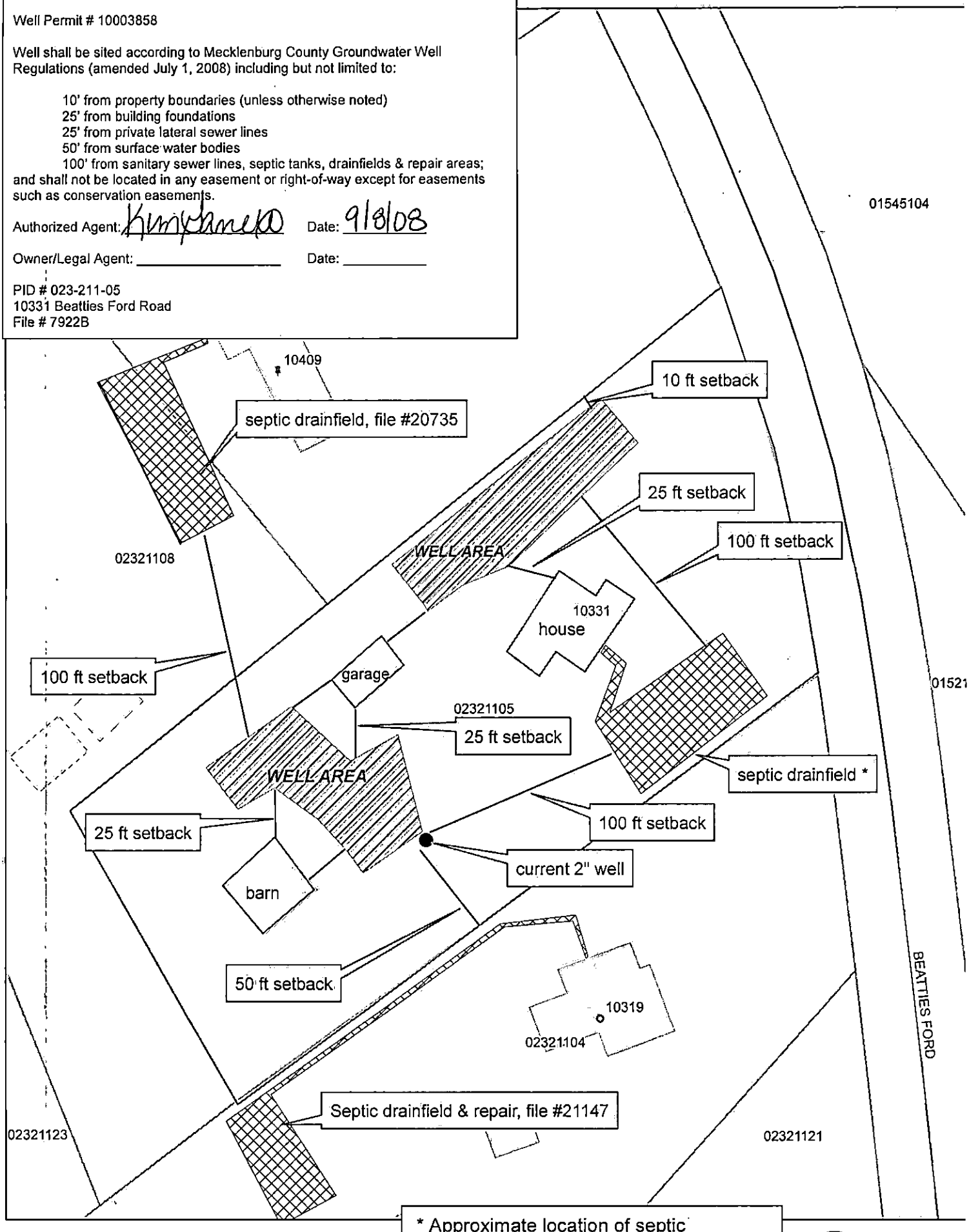
10' from property boundaries (unless otherwise noted)
25' from building foundations
25' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields & repair areas;

and shall not be located in any easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Shuler Date: 9/8/08

Owner/Legal Agent: _____ Date: _____

PID # 023-211-05
10331 Beatties Ford Road
File # 7922B



* Approximate location of septic drainfield based on conversation with homeowner, unable to locate a file. ksg

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10003858 **File #:** 7922B **Tax Parcel #:** 023-211-05
Property Owner: CHRIS & LISA RAYNSFORD
Job Location Address: 10331 BEATTIES FORD RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 9/8/2008
Use of Well: Potable
Type of Facility Served by Well: House

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 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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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:

Well approved with no ARGU restrictions.

Kim Garrett, RS
Authorized Agent: Print Name
Kim Garrett, RS
Signature:

Lisa W. Raynsford [redacted]
Owner/Legal Agent: Print Name
Lisa W. Raynsford
Signature.

Ambedkar

#4703370

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3528

1. WELL CONTRACTOR:

Shane Gosser
Well Contractor (Individual) Name

McCall Bros Inc
Well Contractor Company Name

STREET ADDRESS 6700 Brookshire Blvd

Charlotte N.C.
City or Town State Zip Code

(704) 399-1506
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) N/A

STATE WELL PERMIT#(if applicable) 10003458

DWQ or OTHER PERMIT #(if applicable) N/A

WELL USE (Check Applicable Box): Residential Water Supply ☐

DATE DRILLED 9-17-08

TIME COMPLETED 3:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Huntersville COUNTY Mecklenburg

10331 Beattie's Ford Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 2.814' N

LONGITUDE 80° 52.135' W

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☑ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME Christopher Ray Ford

STREET ADDRESS 10331 Beattie's Ford Rd.

Huntersville N.C. 28078
City or Town State Zip Code

(704) 875-7831
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 320

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

c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 7 METHOD OF TEST Blow

f. DISINFECTION: Type Chlorine Amount 1.5 lbs.

g. WATER ZONES (depth):

From 205 To 206 3gpm From ____ To ____
From 295 To 297 4gpm From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1.5	To 109.5	Ft.	6		Steel
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 23	Ft.	Portland	pump
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	25	red clay
26	90	light brown clay
91	96	light rock + sand
97	105	grey rock
106	200	grey rock
201	204	grey rock
205	206	grey rock with quartz
207	284	grey rock
285	287	grey rock with quartz
288	320	grey rock

11. REMARKS:

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

Shane Gosser 9-17-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Shane Gosser
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1a
Rev. 7/05

Mecklenburg County
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (704) 336-5103 FAX: (704) 336-6894

CERTIFICATE of COMPLETION for a WATER SUPPLY WELL

Permit #: 10003858 File #: 7922B Tax Parcel #: 02321105
Well Location Address: 10331 BEATTIES FORD RD
City: HUNTERSVILLE State: NC Zip Code: 28078

Well Information
Well Type: Drinking Water
Well Status: Active
Install Date: 9/17/2008
Well Depth: 320 feet
Casing Depth: 110 feet
Diameter: 6 inches
Yield – GPM: 7
Static Water Level: 30 feet (below land surface)
Level Date: 9/17/2008
X-Coordinate: 1434053.00(NC Grid)
Y-Coordinate: 592711.00(NC Grid)

Well Contractor Information
McCall
Well Contractor: Brothers/S.Gossett
Certification #: 3528
Registration #:

Well Inspection Dates
Permit Issued: 9/8/2008
Grout Inspection: 9/17/2008
☐ Contractor certification for grouting not witnessed by GWS
Well Head Inspection: 9/29/2008

As-Built Sketch of Well Location

☑ See attached drawing for well location

The undersigned has inspected the well described above and certifies that construction has been completed, a well construction form (GW-1a) has been received, and inspections have been completed in accordance with 15A NCAC 02C. This document is issued subject to those restrictions and conditions shown on the original permit and the provisions of 15A NCAC 02C .0300. This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would modify the required setbacks for the well.

☑ Required water samples have been collected. The lab results are included for your review.

☐ Required water samples have been collected however GWS has not received all lab results at this time. The lab results available are included for your review.

Registered Sanitarian: Kim Garrett Signature: Kim Garrett

Certificate of Completion Issuance Date: 10/10/08

CERTIFICATE OF COMPLETION

As-Built Sketch of Well Location

Permit #: 10003858 File #: 7922B Tax Parcel #: 023-211-05

Well Location: 10331 Beatties Ford Road

City: Huntersville State: NC Zip Code: 28078

WELL - ●

