


15915 DAVIDSON-CONCORD RD

01109204

1/10/2008

duponbj

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

Nasp Application #308

PERMIT APPLICATION FOR A RESIDENTIAL SEPTIC 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:
CK#:

FILE # 6335B

WELL FEE: $400.00
DATE: 2/8/06
CK#: Visa Payment
Y.W.

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

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

**JOB LOCATION INFORMATION:**

TAX PARCEL # 011-092-04
STREET ADDRESS 15915 Davidson-Concord Rd.
CITY Huntersville
STATE: NC ZIP 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ CALVIN ERWIN ☐ PINEVILLE
☐ CHARLOTTE ☐ ST MATTHEWS
☐ DAVIDSON ☒ MOUNT REVERE
☐ MORNINGSIDE ☐ MINT HILL

**BUILDING INFORMATION:**

TYPE OF BUILDING:
☐ SINGLE STORY RESIDENCE ☐ [illegible]
☐ DOUBLE WIDE ☐ [illegible]
☐ HOUSE (O) ☐ [illegible]
HEATED SQUARE FOOTAGE
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE
☐ CONCRETE SLAB ☐ PARTIAL BASEMENT
☐ CRAWLSPACE ☐ BASEMENT

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES
NUMBER OF BEDROOMS TO BE ADDED
NUMBER OF ADDITIONAL OCCUPANTS TO BE SERVED
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY**

☐ [illegible] ☐ [illegible] ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ [illegible]

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**

SURFACE WATERS / LANDFILLS / STUMP HOLES ☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☒ NO
WELLS / SPRINGS / WATER LINES ☐ YES ☒ NO
DESIGNATED WETLANDS ☐ YES ☒ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☒ NO

**PROPERTY OWNER:**

NAME: Grier Bradford
ADDRESS: 16418 McAuley Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 975 7799 FAX:

**LEGAL AGENT FOR PROPERTY OWNER IF APPLICABLE:**

NAME:
ADDRESS:
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?

[illegible] I understand I shall be subject to suspension or revocation of this permit if the intended use changes or if information submitted in this application is changed. The undersigned owner or legal agent of the property described above as the "Job Location" hereby applies for the permit(s) indicated above and acknowledges that the contents of this application and all pages of the Mecklenburg County Health Department Permit are true and correct to the best of my knowledge. I hereby grant permission to the Mecklenburg County Health Department to enter the property for the purpose of processing this request.

Michael Francis 2-7-06
Signature of Applicant or Agent Date

*As a Well Permit is subject to suspension or revocation if the intended use changes or if information submitted in this application is changed. The undersigned owner or legal agent of the owner of the property described above as the "Job Location" hereby applies for the permit(s) indicated above and acknowledges that the contents of this application and all pages of the Mecklenburg County Health Department Permit are true and correct to the best of my knowledge. I hereby grant permission to the Mecklenburg County Health Department to enter the property for the purpose of processing this request.

*As a Well Permit is subject to [illegible]

[illegible]

704 336 6894

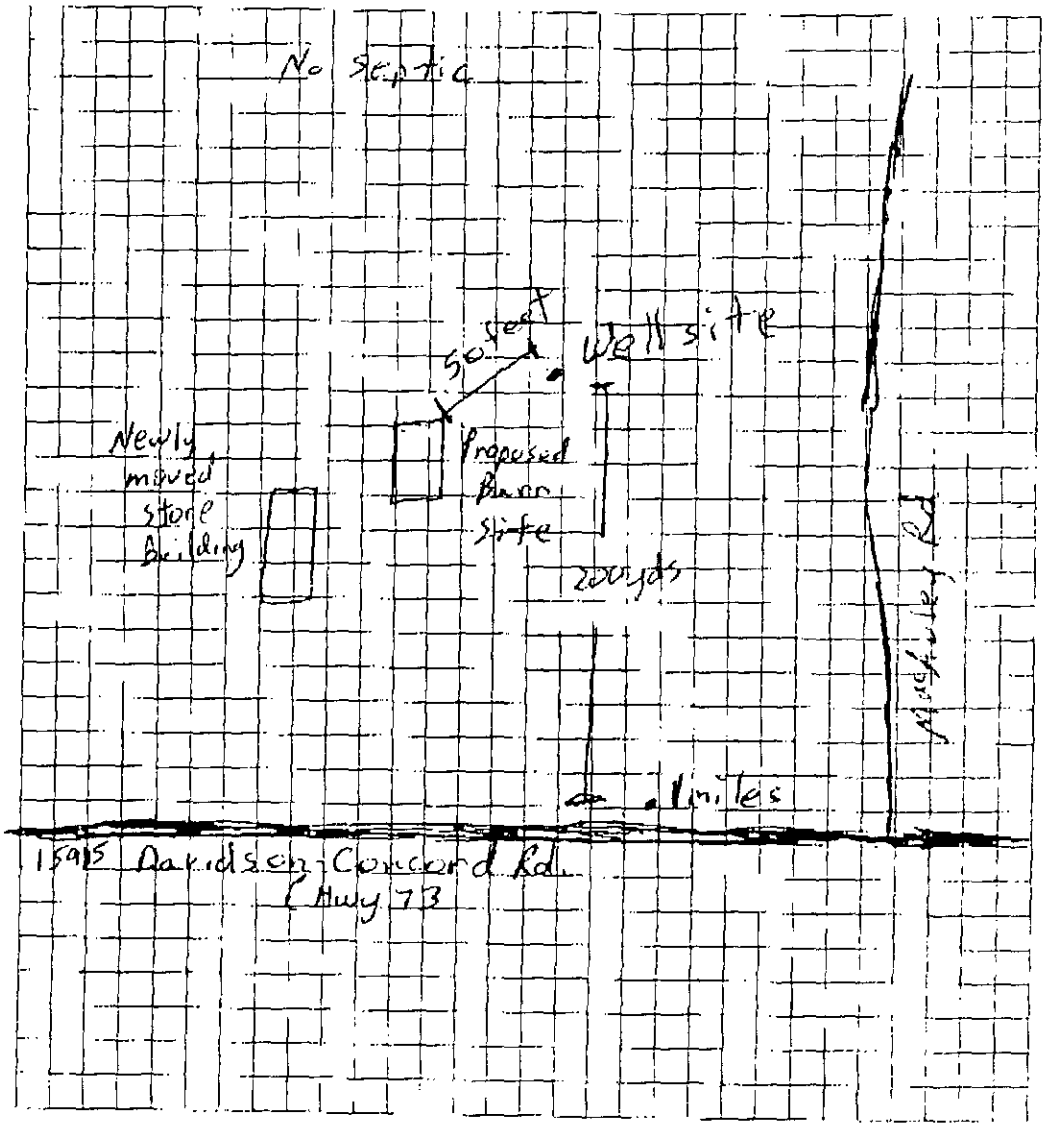
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5163
Fax: (704) 336-6894

File # 63358
Date 2/8/06

Attention: Cina

## 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 Michael Francis
Date 2-7-06

Attention: Cina

LBC 12/15/04

Plot plan for 15915 Davidson-Concord Rd.

**App. #:** 308

Septic Fee: 0.00

Date: CRT[ ]

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

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 6335B

Well Fee: 400.00

Date: 2/8/2006 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 011-092-04 [ ] PO

STREET ADDRESS: 15915 DAVIDSON-CONCORD RD

CITY: DAVIDSON

STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: MECKLENBURG

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

( ) HOUSE (H) (•) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No

TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [✓] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A (•) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ( ) Yes (•) No | WELLS, SPRINGS, OR WATER LINES | ( ) Yes (•) No |
| EXISTING WASTEWATER SYSTEMS | ( ) Yes (•) No | DESIGNATED WETLANDS | ( ) Yes (•) No |
| EASEMENTS OR RIGHT-OF-WAYS | ( ) Yes (•) No | GRADING/SOIL REMOVAL PERFORMED | ( ) Yes (•) No |

**PROPERTY OWNER:**

NAME: Grier Bradford

ADDRESS: 16418 McAuley Road

CITY: Huntersville

STATE: NORTH CAROLINA ZIP: 28078

HOME PHONE: WORK:

MOBILE: 704-975-7799 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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date: 4/18/2006 10:31 AM

## LABORATORY SERVICES DIVISION

LOCATION: G-308
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/21/2006 13:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB66888
CHAIN OF CUSTODY #: 06030581

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB66888** | **NITRATE/NITRITE** | **2.8** | **mg/L** | *0.05* | EPA 353.2 | *3/22/2006 15:16* | EWN |
| **AB66888** | **NITRITE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 3/23/2006 9:38 | EWN |

Comment:

Laboratory Supervisor: Kevin O'Neal (MPS)

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: | *15915 Davidson-Concord Rd., Davidson, NC 28036* |
| 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#: 06030581
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 66888 G-308 | DH | 3-21-06 1:20 pm | N/A N/A | N | 16.1°C | 4.2° | | | | X | 500 ml | | 1 | | | X | | | | X | X | |
| G-308 | DH | 3-21-06 1:20 pm | N/A N/A | N | 16.1°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 | | 032106 | 1500 |
| | | | |
| | | | |
| | | | |
| | | | |

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

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 #:** 10000308 **File #:** 6335B **Tax Parcel #:** 011-092-04
**Property Owner:** Grier Bradford
**Job Location Address:** 15915 DAVIDSON-CONCORD RD
**City/ETJ:** DAVIDSON **State:** NC **Zip Code:** 28036
**Permit Issuance Date:** 2/10/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** Other Residential
**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 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 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:**

NO ARGU review is required for this site. The parcel identified within 2000 feet of this proposed well site is a PME septic site not a contamination site

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

2/10/06

Owner/Legal Agent: Print Name

Signature:

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 #:** 10000308 **File #:** 6335B **Tax Parcel #:** 011-092-04
**Property Owner:** Gnor Bradford
**Job Location Address:** 15915 DAVIDSON-CONCORD RD
**City/ETJ:** DAVIDSON **State:** NC **Zip Code:** 28036
**Permit Issuance Date:** 2/10/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** *Other Residential*
**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.
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**Other Conditions of This Permit:**

NO ARGU review is required for this site. The parcel identified within 2000 feet of this proposed well site is a PME septic site not a contamination site

Cina Buchanan, RS
Authorized Agent Print Name

Cina Buchanan, RS
Signature

2/10/06

Michael Francis
Owner/Legal Agent Print Name

Signature: Michael Francis

# RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2715

1. WELL CONTRACTOR:
James Beggs (James Darby Weld)
Well Contractor (Individual) Name
~~Mid-South Well Company Inc~~
Well Contractor Company Name
STREET ADDRESS 859 Sloans Mill Road
Olin NC 28660
City or Town State Zip Code
704-539-5515
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 2-22-06
TIME COMPLETED 11:40 AM ☑ PM ☐

3. WELL LOCATION:
CITY: Davidson COUNTY Mecklenburg
15915 Davidson-Concord Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3 __ __
LONGITUDE __ __ __
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 Grier Bradford
STREET ADDRESS 15915 Davidson-Concord Rd
Davidson NC 28036
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 245
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 30 METHOD OF TEST B&W

f. DISINFECTION: Type Granular Bleach Amount 1 LLP

g. WATER ZONES (depth):
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

| | Depth | | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|---|
| From | 0 To 127 | Ft. | 6" | Hairl | PVC |
| From | To | Ft. | | | |
| From | To | Ft. | | | |

7. GROUT:

| | Depth | | Material | Method |
|---|---|---|---|---|
| From | 0 To 26 | Ft. | Cement | Pour |
| 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 | 84 | Dirt |
| 84 | 120 | Soft Rock |
| 120 | 127 | Hard 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.

[signature] 2-22-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James Beggs
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
## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

September 12, 2006

Grier Bradford
15915 Davidson-Concord Road
Davidson, NC 28036

Re: Well Water Sampling Results
15915 Davidson-Concord Road
Tax Parcel # 011-09-04

Dear Grier:

On March 21, 2006 Mecklenburg County Groundwater & Wastewater Services staff sampled the drinking water from the well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform, E. Coli, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, no Total Coliform/E. Coli bacteria were present, the Nitrate-N level was 2.8 mg/L (Nitrate-N levels are acceptable if $\leq$ 10 mg/L) and the Nitrite level was <0.05 mg/L (Nitrite levels are acceptable if <1.0 mg/L).

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
*kim.garrett@mecklenburgcountync.gov*
704-432-4259

Enclosure:
Laboratory Analysis

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date: 3/24/2006 03:17 PM

## LABORATORY SERVICES DIVISION

LOCATION: G-308
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/21/2006 13:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB66887
CHAIN OF CUSTODY #: 06030580

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB66887** | **E. COLI-PA** | **absent** | **P/A** | | SM 9223B | 3/22/2006 9:44 | KEK |
| **AB66887** | **Total Coliform** | **absent** | **P/A** | | SM 9223B | 3/22/2006 9:44 | 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: | 15915 Davidson-Concord Rd., Davidson, NC 28036 |
| 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#:** 060305 80

*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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 66887 G-308 | DH | 3-21-06 1:20 pm | N/A N/A | N | N/A | 4.2 | | | | X | 100 ml | | 2 | | | | | | X | | X |
| | | 3-21-06 1:20 pm | | | 16.1 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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**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 | | 032106 | 1530 |
| | | | |
| | | | |
| | | | |
| | | | |

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

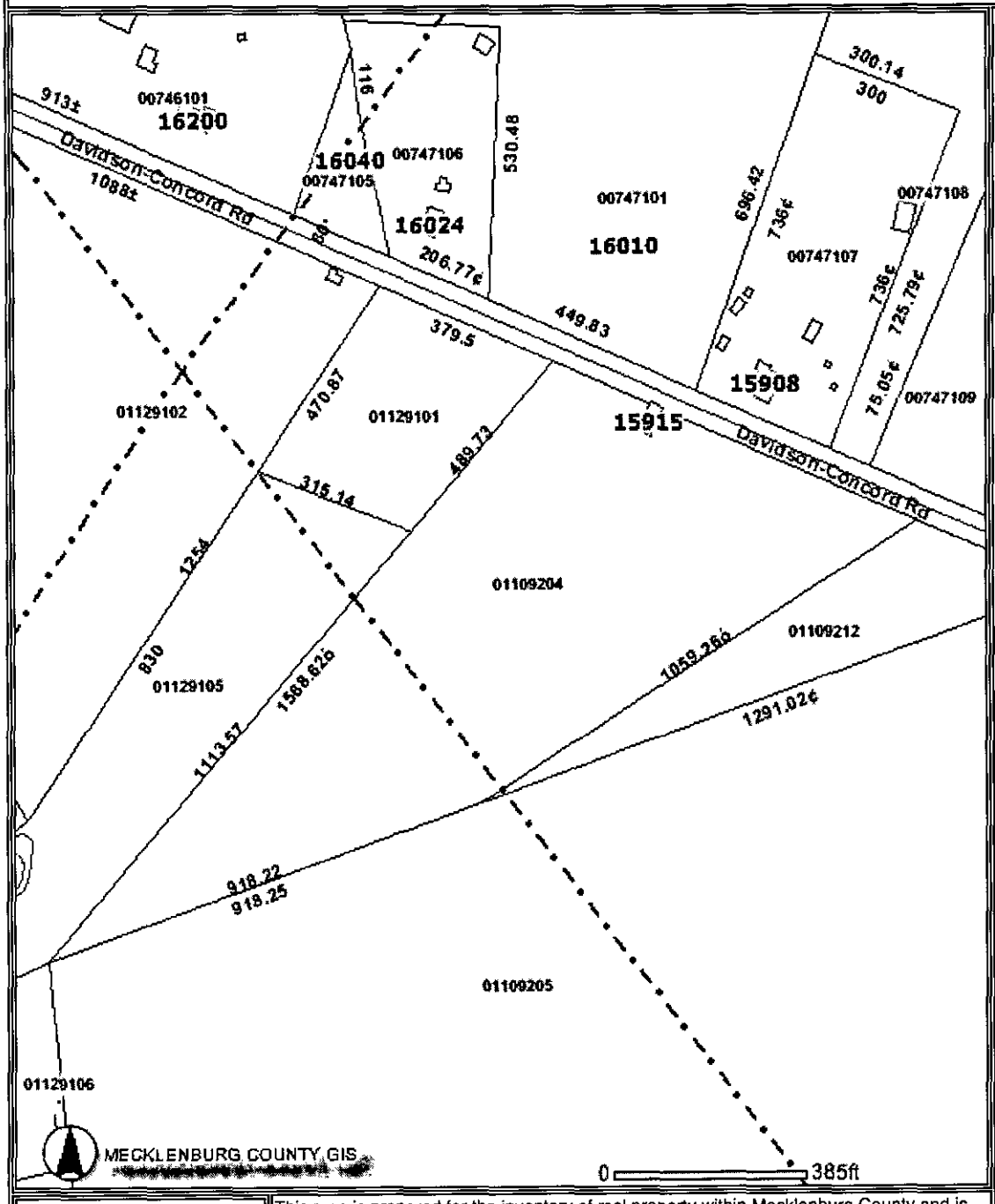
*Mecklenburg County, North Carolina*

# *POLARIS*

***Property Ownership Land Records Information System***

Date Printed: Wed Feb 8 09:06:15 EST 2006

## 15915 Davidson-Concord Road




### Legend

- Selected Features
- Parcel Number Labels
- Lot Dimensions
- Utility ROW
- Railroad ROW
- Tax Parcel Easements
- Miscellaneous Parcel Lines
- Original Lot Lines
- Private Roads
- Pipelines
- Condo Outlines
- Parcel Lines in other county
- Rights of Way in other county
- Streets
- Interstates
- Major Roads
- Minor Roads
- Streams
- Water Bodies
- Building Footprints
- Tax Parcels



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.

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

**Date:** 02/08/06
**Receipt #:** 41018
**Check / Auth #:** VISA 02546A
**Received By:** WALKEVA

**Amount:** 400.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** MICHAEL FRANCIS
**Attn:**
**Address:** 1501 MT. ZION CHURCH ROAD
**Address:**
**City/State/Zip:** IRON STATION, NC 28080

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>15915 DAVIDSON CONCORD ROAD | | 1 | 400.00 | 400.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 7.00 | | | | | |

Jeremy,

This well is on a farm for irrigation. Please call for meeting if necessary. Please call for credit card number to pay for permit.

Michael Francis
mobile 704 506-4373
office 704 394-9952
fax 704 736-1929

Please fax permit to 704-736-1929 as soon as possible.

P.S. This well is in a 30 acre field with nothing around. (15915 Davidson Concord Rd Huntersville NC. 28078)