

12209 RANBURNE RD

19703138

6/6/08

marliwr

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/28/2006 09:19 AM

LABORATORY SERVICES DIVISION

LOCATION: G219
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/23/2006 10:50
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB67185
CHAIN OF CUSTODY #: 06030666

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB67185	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/23/2006 13:05	KEK
AB67185	**Total Coliform**	**absent**	**P/A**		SM 9223B	3/23/2006 13:05	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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	12209 Ranburne 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#: 060306666

Sampled By (Print Name)
Debra Howell

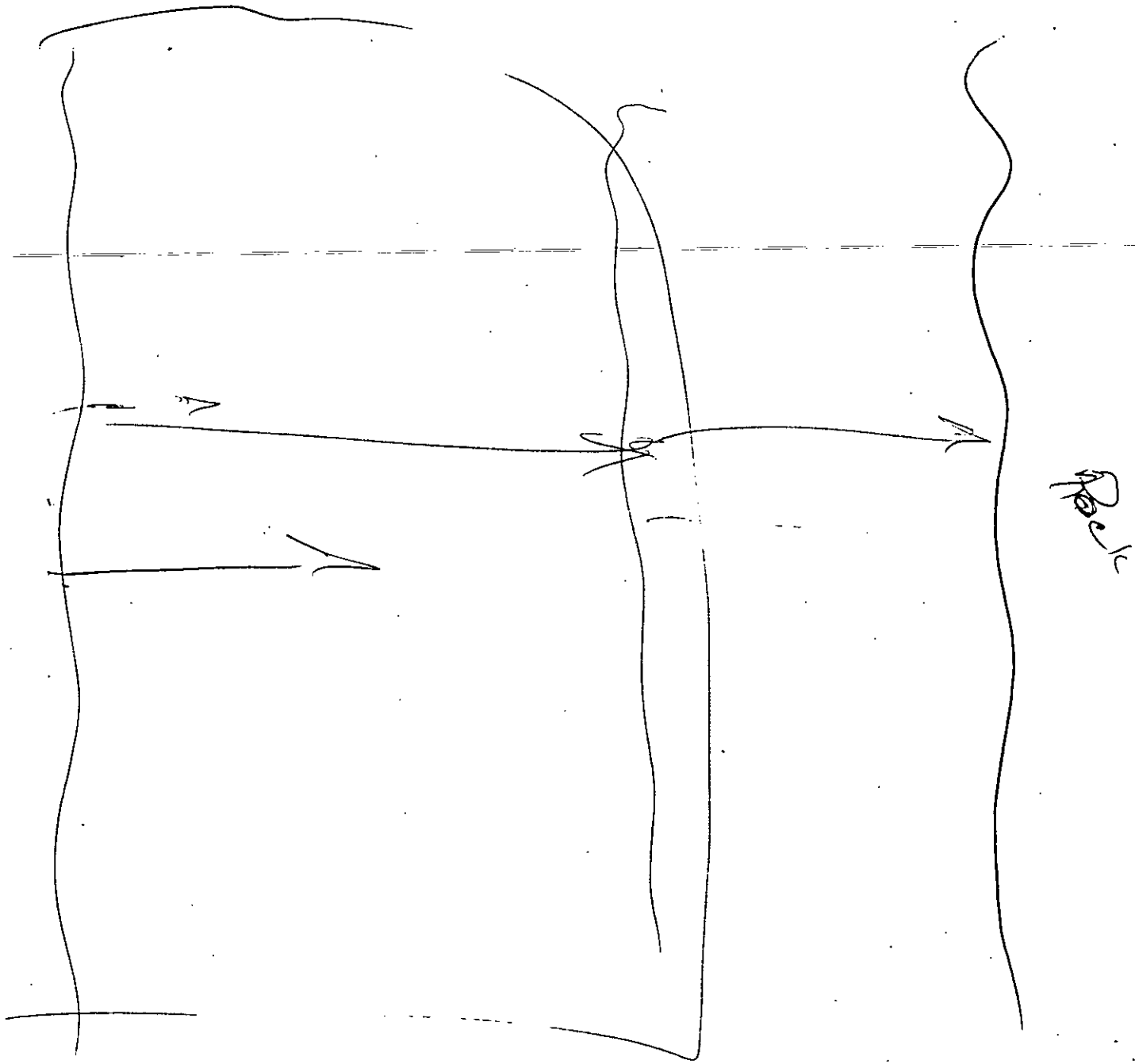
SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample 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
67185																					
G-219	DH	3-23-06 10:50am	N/A	N	N/A	n/a				X	100 ml		—					X	X	X	X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	Adam Adams	03-23-06	1256

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: 4/18/2006 10:34 AM

LABORATORY SERVICES DIVISION

LOCATION: G-219
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/23/2006 10:50
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB67184
CHAIN OF CUSTODY #: 06030665

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB67184	NITRATE/NITRITE	0.10	mg/L	0.05	EPA 353.2	3/24/2006 10:51	EWN
AB67184	NITRITE	<0.05	mg/L	0.05	EPA 353.2	3/23/2006 15:34	EWN

Comment:

Laboratory Supervisor: Keith Dixon (KDS)

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	12209 Ranburne 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#: 060306005

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
67184																						
G-219	DH	3-23-06 10:50am	N/A	N	15.3°C	1.1				X	500 ml		1			X				2	X	
G-219	DH	3-23-06 10:50am	N/A	N	15.3°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	Adrian Headen	03-23-06	1256

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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:
Homer C Honeycutt
Well Contractor (Individual) Name
Locust Pump + Well Drilling
Well Contractor Company Name
STREET ADDRESS 212 N. Central Ave
Locust NC 28097
City or Town State Zip Code
(704) 888 2415
Area code Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) _____
STATE WELL PERMIT#(if applicable) Meck County
DWQ or OTHER PERMIT #(if applicable) _____
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 12-8-05
TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Mint Hill COUNTY Meck
12209 Rankerne Rd 28227
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑Slope ☐Valley ☐Flat ☐Ridge ☐Other: _____
(check appropriate box)
LATITUDE 35 10.35 N
LONGITUDE 80 38.25 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 Donald Spiker
STREET ADDRESS 12209 Rankerne Rd
Mint Hill NC 28227
City or Town State Zip Code
( ) _____
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 240
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 33 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 14" 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): 25 METHOD OF TEST Air Pressure

f. DISINFECTION: Type Chlorine Amount 5 oz
g. WATER ZONES (depth): Table
From 0 To 235 From _____ To _____
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

6. CASING:

Depth		Diameter	Thickness/ Weight	Material
From 0	To 100 Ft.	6	80	PVC
From _____	To _____ Ft.	_____	_____	_____
From _____	To _____ Ft.	_____	_____	_____

7. GROUT:

Depth		Material	Method
From 0	To 35 Ft.	Bentonite	Pumped
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	75	dirt + rock
75	100	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.

Homer C Honeycutt 6/12/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Homer C Honeycutt
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-1b
Rev. 7/05

9386

Locust Pump & Well Drilling
212 N. Central Avenue
P.O. Box 242
Locust, NC 28097
704-888-2413

To: David Carnelius

From: Red Honeycutt

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

9386

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000219 **Tax Parcel #:** 197-031-38
Property Owner: Donald J. Spiker
Job Location Address:12209 RANBURNE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 12/9/2005
Use of Well: Potable
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 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:

DAVID CORNELIUS 12/9/05
Authorized Agent: Print Name

Signature: 12/9/05

Owner/Legal Agent: Print Name

Signature:

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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 # 93860

WELL FEE: $400.00
DATE: 12/7/05
CRT [ ] VISA AP 070185

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 197-031-38
STREET ADDRESS: 12209 Rawburne Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 24
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: 1900
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6

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: Donald J Spikes
ADDRESS: 12209 Rawburne Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: 704-573-1090 WORK PHONE:
MOBILE PHONE: 704-301-4179 FAX: 704-536-2059

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?

*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.

Donald J Spikes 12/6/05
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.

Donald J Spikes 12/6/05
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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/07/05	**Amount:**	400.00
Receipt #:	38568	**Tendered:**	0.00
Check / Auth #:	VISA 070185	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	200000
Contractor:	SPIKER D.J.
Attn:	
Address:	12209 RANBURNE ROAD
Address:	
City/State/Zip:	MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 12209 RANBURNE ROAD		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	30.00				

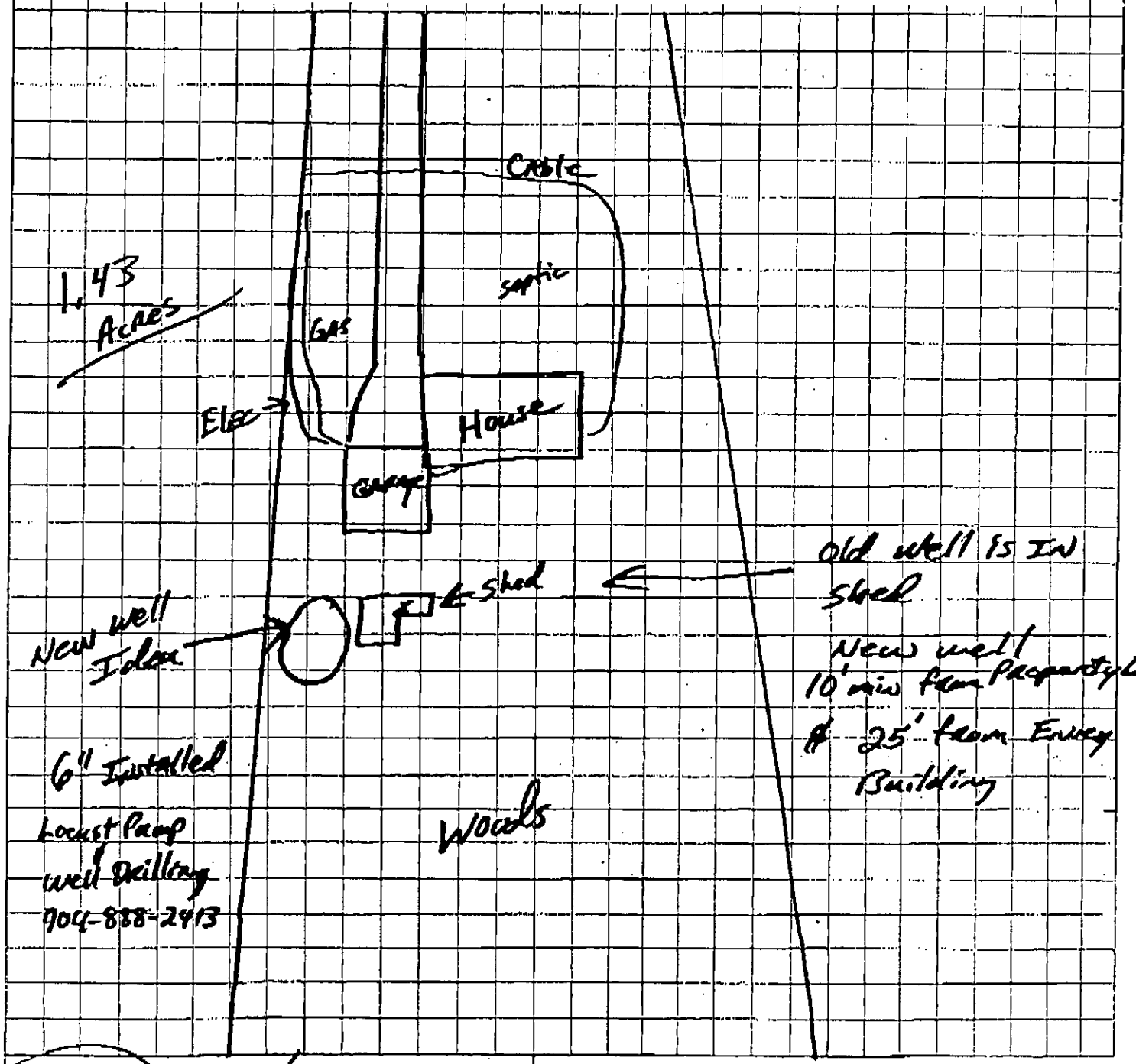
PROPOSED PLOT PLAN

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

FILE: 9386 Lot #24

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.



OWNER/AGENT SIGNATURE

DATE 12/6/05

APPROVAL DATE _____

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