

12627 MAYES RD

00755108

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6007B DATE: 3/29/06
TC: 00755108 ☑ L ☐ CRT
SERIAL Nº 20207

Name of Owner Tony Dattah Juris.:
Address of Property 12627 Mayes Rd, Huntersville, NC

Inspection Data:

Tank Material PCC
Total Length of Drainfield 500'
Number of Lines 4 @ 125'
Cover Depth 18" ~ 24"
Water Supply Source Private well
Distance to Water Source 7100'
Excavation Inspected 3/29/06
Tank(s) Inspected 3/29/06
Wash Line Inspected NA
High Water Alarm Inspected NA

See Installation permit for accurate layout.

PLOT

Design Type III g innovative chamber CTR# Orbison

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☑ as detailed in the plot above
and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this
☐ Certificate of Completion ☑ Operation Permit
does not in any way guarantee that the system 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. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "COMMENTS." 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 increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System design for 5 bedroom residence
Type III g innovative chamber system.

Cina Buchanan, R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

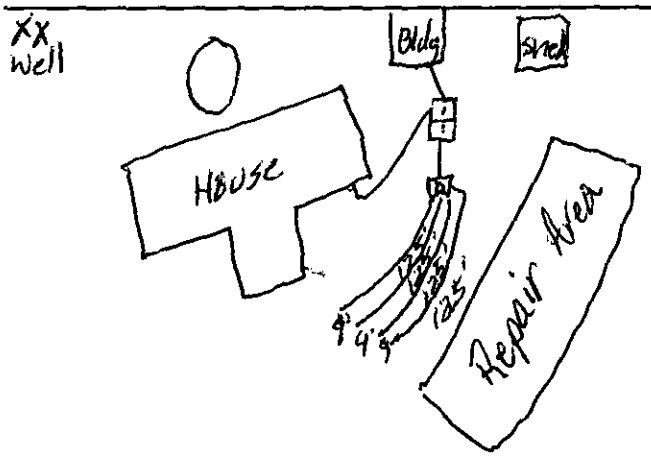
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 60078 DATE: 3/16/06

TC: 007-551-08 ☐ L

SERIAL Nº 20405

Permission is hereby given to _____ (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 the application dated 5/9/05. All work shall be completed on or before April 17, 06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous _____

Total Line Length 501' feet

Number of Lines 4 @ 125'

Depth of Stone NA inches

Distance from House 30' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Tony Battah

LOCATION OF PROPERTY 12627 Mayes Road, Huntersville, NC

Comments: Type III g Infiltrator w/25% reduction, design system for 5 bdrm residence.

Cina Buchanan, RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 300.00

DATE: 4/6/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6007B

PERMIT NUMBER: 30000623

PARCEL NUMBER: 00755108

JOB LOCATION INFORMATION

ADDRESS: 12627 MAYES RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: Tony Battah

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/25/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000623, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 5/25/2010

B33330

FEE: 300.00
DATE: 5/4/05
JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

05
Not on WS LD 142843

PERMIT NUMBER: 6007B
PARCEL NUMBER: 00755108

JOB LOCATION ADDRESS: 12627 Mayes Road
PROPERTY OWNER: Tony Battah
BUILDING CONTRACTOR: Silver Hammer, Inc.
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 05/25/05

Jeremy Michelone R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6007B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6007B** Tax Number: **00755108**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**2000** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**667** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

2000 Absorption Area (ft^2) **667** Total trench length (ft)	**12** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mullin, R.S. 5/25/05
DENR Authorized Agent Date

5/31/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

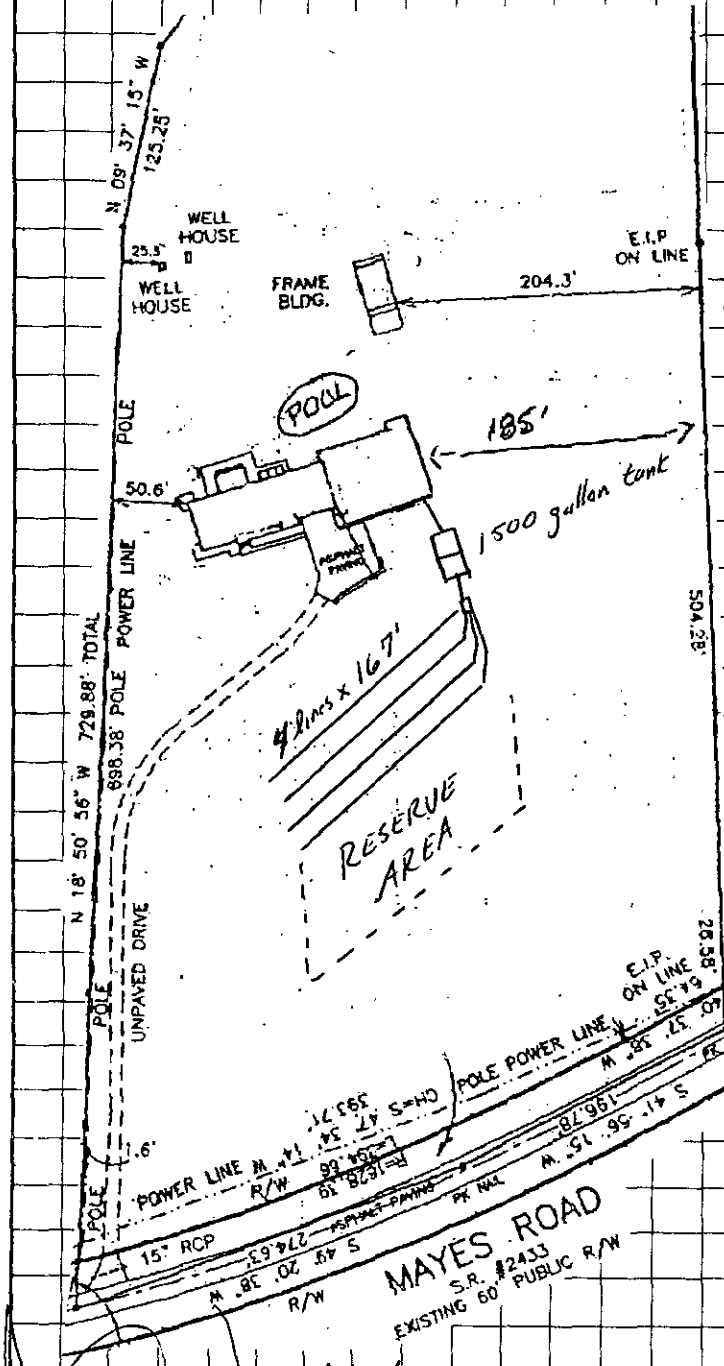
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 60078

TC: 007-551-08

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.



COMMENTS

→ System designed for a 5 Bedroom house
→ 1500 gallon septic tank
→ Install 4 lines x 167' x 3' x 12" Stone
→ Installer has option to install 5 lines x 133'
→ 667 Total Linear footage
→ Type II Conventional System

OWNER/AGENT SIGNATURE

DATE 5/31/05

APPROVAL DATE Tommy Mabe, R.S. 5/25/05

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
Property ID # 007-551-08
Lot #:
File #: 6007B
Code: 1 ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tony Battah
Applicant: Silver Hammer, Inc.
Address: 12532 Willingdon Road, Huntersville, N. C. 28078
Date Evaluated: 5/17/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: 12627 Mayes Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-8	GR/SCL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	N/A	NONE	PS, IV
		8-40	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		40-50	SBK/CL	FR/SEXP/SS/SP					
2	"	0-10	GR/SCL	"	"	"	"	"	"
		10-40	SBK/C	FI/SEXP/S/P					
		40-50	SBK/CL	FR/SEXP/SS/SP					
3	"	0-11	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		11-48	SBK/C	FI/SEXP/S/P					
4	LS, 8	0-17	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	"
		17-48	SBK/C	FI/SEXP/S/P					
5	"	0-15	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		15-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3GPD/FT^2	

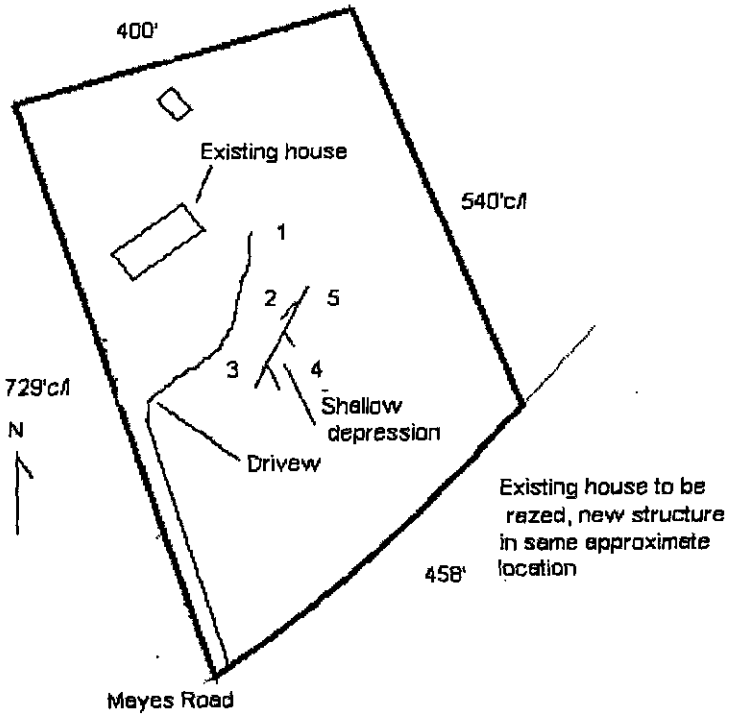
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Martin, LSS, 5/19/2005. W. R. Martin
Others Present:

COMMENTS:
Does not appear to be 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



GWS – RES. APP 12/04

SEPTIC FEE: $300.00
DATE: 5.10.05
CRT [ ]
rec't # B33330

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 # 16007B

WELL FEE:
DATE:
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 #: 00755108
STREET ADDRESS: 12627 MAYES ROAD
CITY: HUNTERSVILLE
STATE: NC **ZIP:** 28
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☑ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 5000 +
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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: Tony Bath
ADDRESS: 12532 Willingdon Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 948-2840 WORK PHONE: 704 596-2444
MOBILE PHONE: 704 904 8858 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Silver Hammer INC.
ADDRESS: PO Box 37229
CITY: Charlotte
STATE: NC ZIP: 28237
HOME PHONE: WORK PHONE: 598-780
MOBILE PHONE: 704 619 3980 (LARRY) 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.

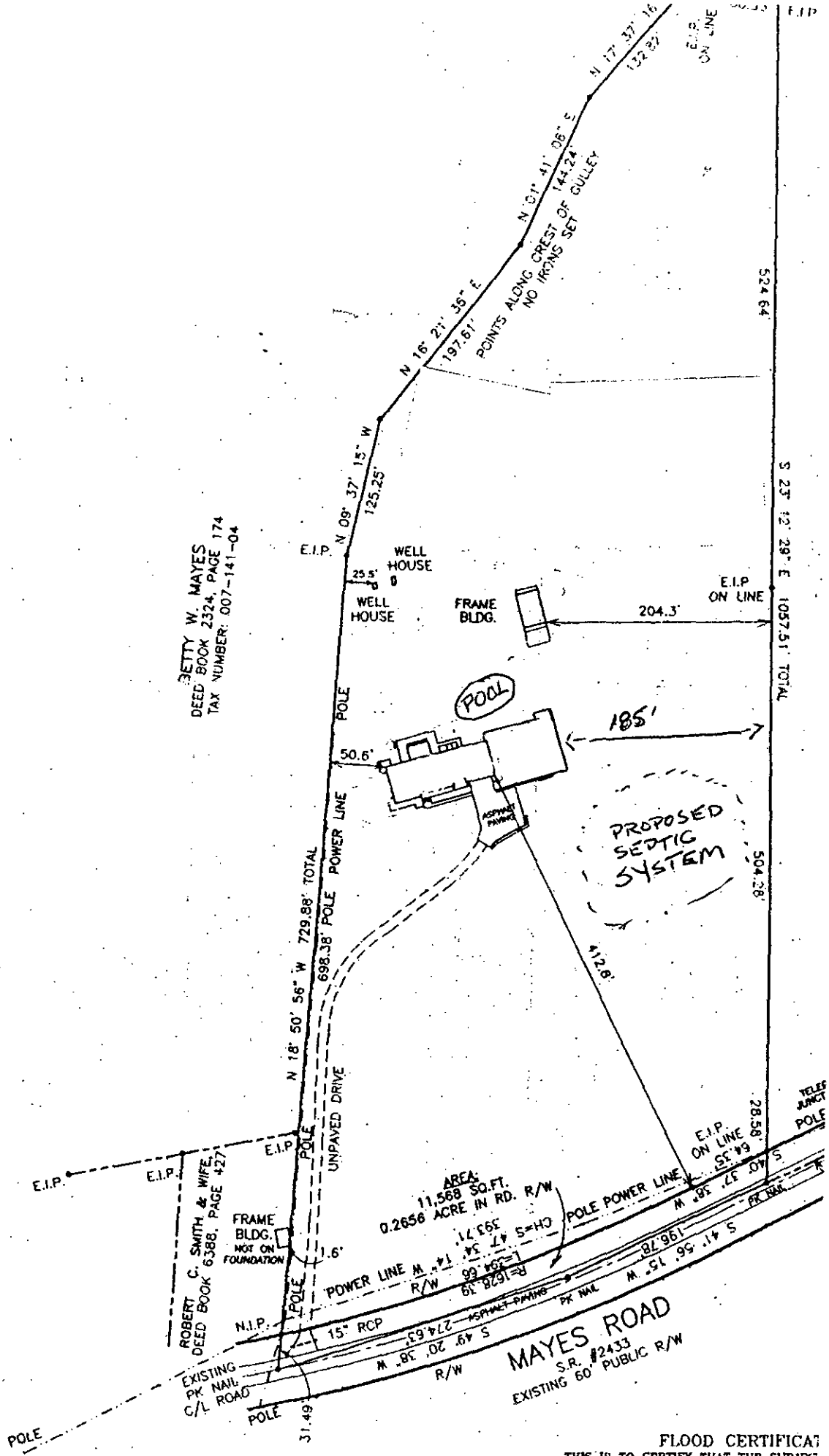
Owner's/Agent's Signature 5/9/05 Date

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.

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



FLOOD CERTIFICAT

THIS IS TO CERTIFY THAT THE SUBJEC
LOCATED IN A SPECIAL FLOOD HAZARD
MAPS PREPARED BY THE FEDERAL EME
AGENCY, FEDERAL INSURANCE ADMINIST
FEBRUARY 3, 1993

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/10/05	**Amount:**	200.00
Receipt #:	34508	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: B33330
Contractor: SILVER HAMMER CONSTR
Attn:
Address: PO BOX 37229
Address:
City/State/Zip: CHARLOTTE, NC 28237

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 12627 MAYES RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00	0.01	0.69			

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5193
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000782 **File #:** 6007B **Tax Parcel #:** 007-551-10
Property Owner: Tony Dattah
Job Location Address: 12627 MAYES RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 5/15/2006
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 North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☒ Grout must be placed the full extent of the casing. ☐ Casing to bedrock
☒ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Silver Hammer LLC
Owner/Legal Agent: Print Name

Signature:

Lawrence W. Mashburn - President

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2230

1. WELL CONTRACTOR:
Gary C. Honeycutt
Well Contractor (Individual) Name
Locust Pump & Well Drilling
Well Contractor Company Name
STREET ADDRESS 212 N. Central Ave.
Locust N.C. 28097
City or Town State Zip Code
704- 888-2413
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) 12627 Mayes Rd
STATE WELL PERMIT#(if applicable) 10000782
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☒
DATE DRILLED 5-15-06
TIME COMPLETED 5:00 AM ☐ PM ☒

3. WELL LOCATION:
CITY: Huntersville COUNTY Mecklenburg
Mayes Rd. 12627
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 27.41
LONGITUDE 80° 49.53
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 Tony Dattah
STREET ADDRESS 12627 Mayes Rd.
Huntersville N.C. 28078
City or Town State Zip Code
( )-
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 760'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 12" 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): 2 METHOD OF TEST AIR

f. DISINFECTION: Type Chlorine Tablets Amount 6 Cups
g. WATER ZONES (depth):
From 130 To 760' From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 130	Ft.	6¼	88	
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	100	Sand - Soil
100	120	Rock - Seams
120	130	Solid Rock - Granite -
	Cased 130'	
130'	760'	Granite

11. REMARKS:
Well Cased out Good
Water Zones Little

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.

Gary C. Honeycutt 6-2-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Gary Clayton 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-1a
Rev. 7/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5163
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000782 **File #:** 6007B **Tax Parcel #:** 007-551-10
Property Owner: Tony Dattah
Job Location Address: 12627 MAYES RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 5/15/2006
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 North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Silver Hammer LLC.
Owner/Legal Agent: Print Name

Signature:

Lawrence W. Washburn - President

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

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Permit #: 10000782 **File #:** 6007B **Tax Parcel #:** 007-551-10
Property Owner: Tony Dattah
Job Location Address: 12627 MAYES RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 5/15/2006
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 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.
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☐ 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:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Owner/Legal Agent: Print Name

Signature:

#1802

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

WELL FEE: 400.00
DATE: 5/15/06
CRT [ ] 8 C

FILE # 60078

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00755108
STREET ADDRESS: 12627 MAYES RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 2
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 5252
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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: Tony Dattah
ADDRESS: 12627 Mayes Rd.
CITY: Huntersville
STATE: NC ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Silver Hammer INC.
ADDRESS: PO Box 37229
CITY: Charlotte
STATE: NC ZIP: 28237
HOME PHONE: WORK PHONE: 704 548 7801
MOBILE PHONE: 704 619 3980 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

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.

Owner's/Agent's Signature 5/15/06 Date

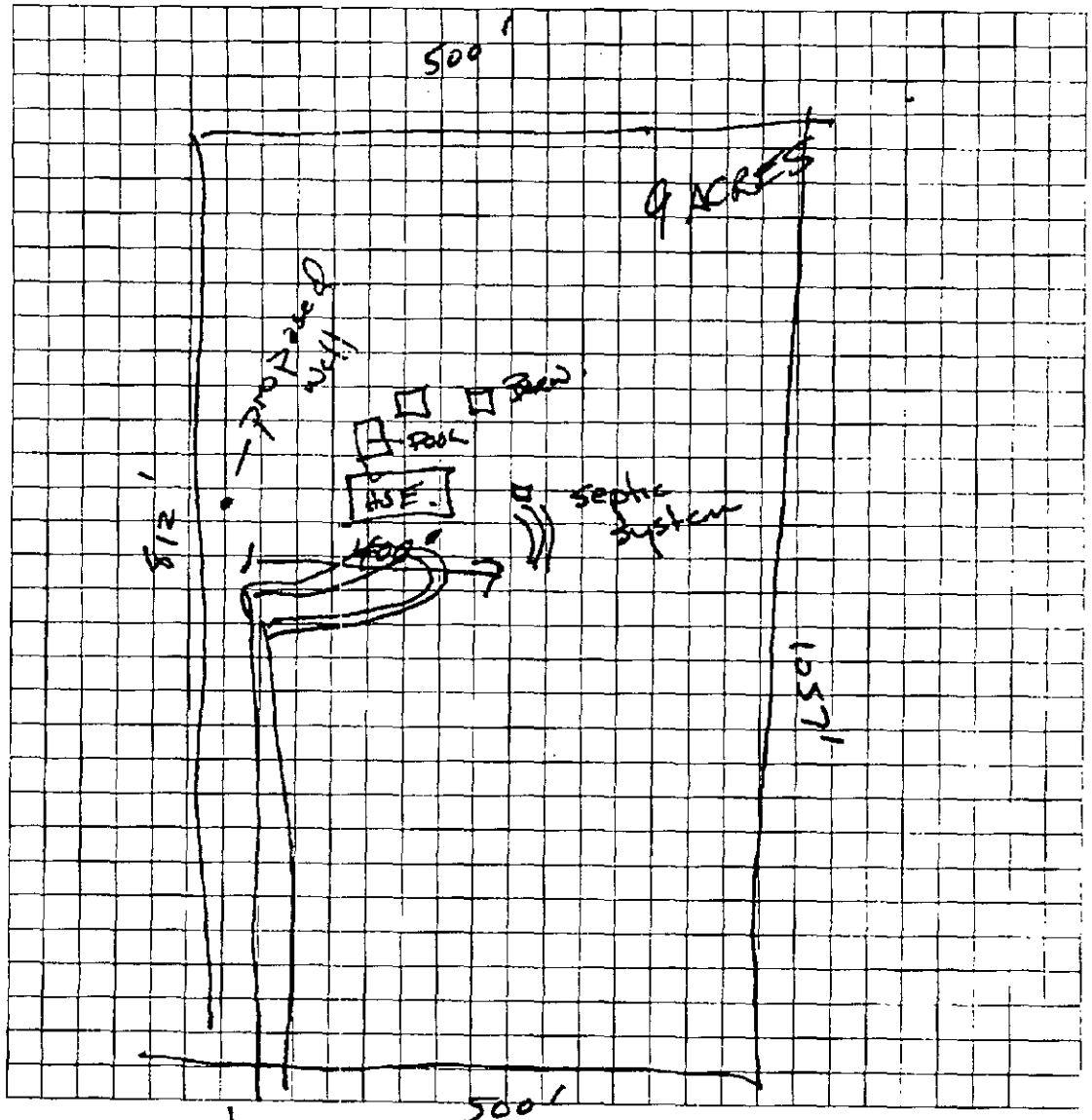
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & 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

Date 5/15/06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/15/06	**Amount:**	400.00
Receipt #:	43889	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B33330
Contractor: SILVER HAMMER CONSTR
Attn:
Address: PO BOX 37229
Address:
City/State/Zip: CHARLOTTE, NC 28237

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 12627 Mayes Road		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					

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

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # _____

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #:
STREET ADDRESS: 12627 MAYES RD
CITY: HUNTERSVILLE
STATE: NC **ZIP:** 2
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 5252
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Silver Hammer INC.
ADDRESS: PO Box 37229
CITY: Charlotte
STATE: NC ZIP: 28237
HOME PHONE: WORK PHONE: 704 598 7801
MOBILE PHONE: 704 619 3980 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

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.

Owner/Agent's Signature 5/15/06 Date

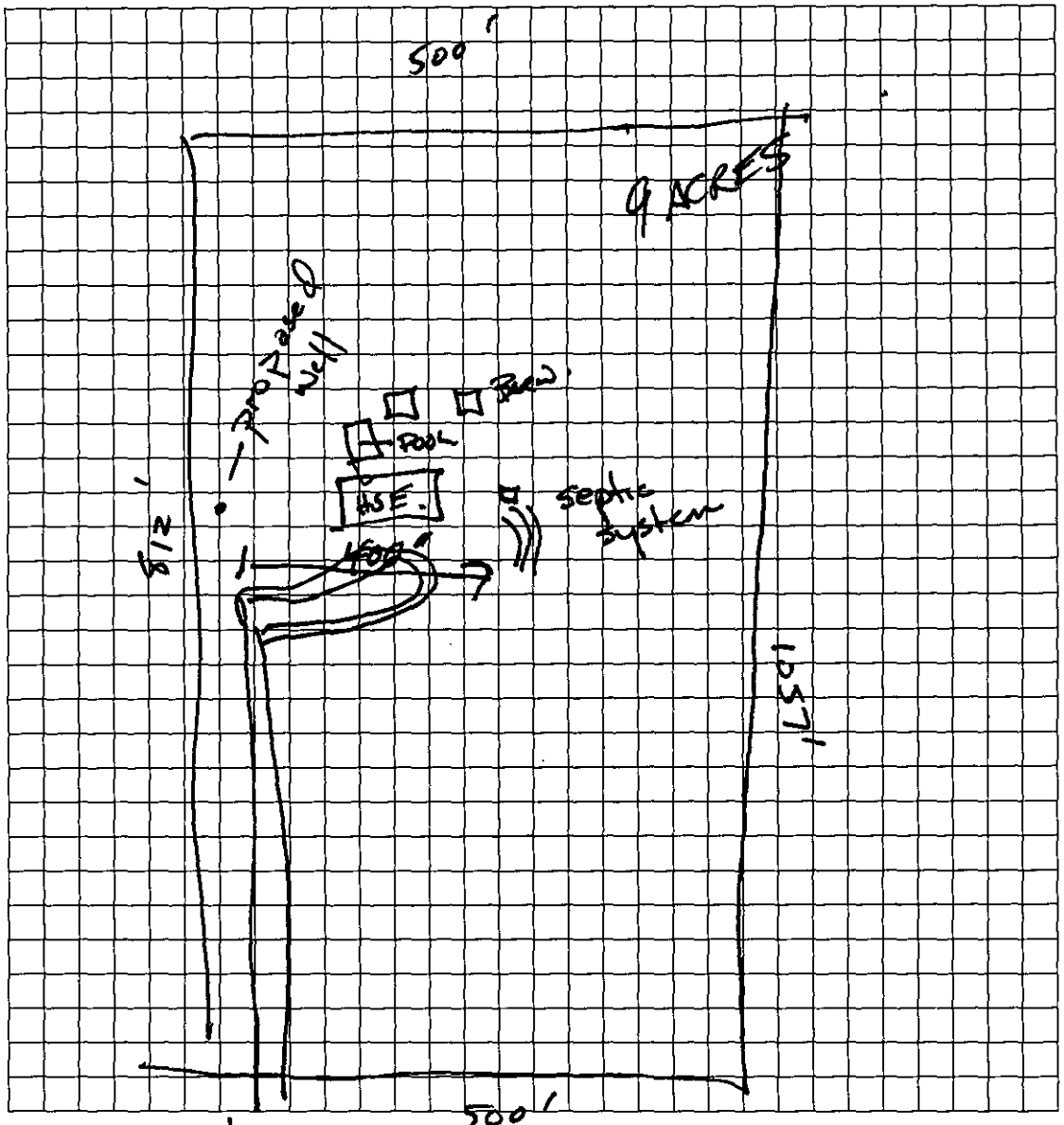
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & 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

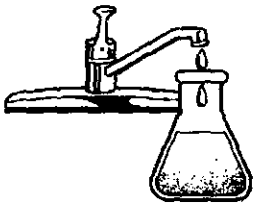
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal 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

Date 5/15/06

LBC 12/15/04



K & W Laboratories

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

Date: 05/31/06

Client: Mecklenburg County Health Department
Cina Buchanan
700 N. Tryon St. Ste. 211
Charlotte, NC 28202

Project: 12527 Mayes Rd.
12627

Sample Description: Drinking Water
Sample Number: E1119
Sample Date: 05/30/06
Sample Time: 09:30

Date Analysis Begun:	05/30/06	Time Analysis Begun:	10:30
Date Analysis Completed:	05/31/06	Time Analysis Completed:	10:30

Parameter	Results	Method
Total Coliform	**Absent**	Colilert
Fecal Coliform	**Absent**	Colilert

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	SM4500-NO3-D	05/30/06
Nitrite	**<0.05**	mg/l	SM4500-NO2-B	05/30/06

EPA Maximum Contaminant Level
Nitrate 10 mg/l
Nitrite 1.0 mg/l

Certified By: G. Kroska

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: Cina Buchanan
Address: 700 N. Tryon St - Ste 211
MCHD - Charlotte, NC 28202
Phone: 704 336-8993
Fax:

Project Name: 12527 Mayes Rd
(Location Site)

Report To: Cina Buchanan
704 201-7950
Copy To:
Fax To:

Sampled By: Cina Buchanan, RS

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	Total Coliform	5/30/06	~~10:20A~~ 9:30A	1		✓				✓							E1119
				1	✓						✓	✓					J
																	APS
																	10:30/10:30

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Cina Buchanan	5/30/06		G. Knauer	05/30/06	10:20
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:
On Ice: Y / N