

5425 PROSPERITY CHURCH RD

02707220

1/9/2008

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

February 7, 2006

Joel Gilland
Prosperity Medical I, LLC
9823 White Cascade Drive
Charlotte, NC 28269

Re: Well Water Sampling Results
5425 Properity Church Road
Tax Parcel # 027-072-15

Dear Mr. Gilland:

On February 2, 2006 staff with Mecklenburg County Groundwater & Wastewater Services sampled water from the irrigation well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform, and Nitrate/Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent, the Nitrate level was 1.4 mg/L. (Nitrate-N levels are acceptable if $\leq$ 10 mg/L) and the Nitrite level was <0.05 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
garreks@co.mecklenburg.nc.us
704-432-4259

Enclosure:
Laboratory Analysis

CHARLOTTE.

Laboratory Analysis Report

Report Date: 2/6/2006 01:21 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-208
LOC ID: G-NEW
SAMPLE DATE-TIME: 2/2/2006 8:42
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB61640
CHAIN OF CUSTODY #: 06020026

Parameter		Result	Units	RL	Method	Start Date/ Time		Analyst
AB61640	**NITRATE**	**1.4**	**mg/L**	0.05	EPA 353.2	2/3/2006	14:01	EWN
AB61640	**NITRITE**	**<0.05**	**mg/L**	0.05	SM4500-NO2B	2/3/2006	14:01	EWN
AB61640	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	2/2/2006	9:45	KEK
AB61640	**Total Coliform**	**absent**	**P/A**		SM 9223B	2/2/2006	9:45	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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 5425 Prosperity Church Road

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 060200726

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	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-208	KG	2/2/06 0942AM		N		7.6				X	100 ml		1						X	X	X											
(A) <2 pH	KG	2/2/06 0:42		N	16.5	5.4				X	500		1			X				X		X											
	KG	2/2/06 0:42		N	16.5	8.9				X	125		1	X									X										
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	2/2/06	0940
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B + K Well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 632 Mt. Mourne Dr
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4696
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 10000208
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☑ Other ☐ (list use)
DATE DRILLED 12/7-8/05
TIME COMPLETED 3:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck.
5435 Prosperity Ch. 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. FACILITY- is the name of the business where the well is located.
FACILITY ID #(if applicable)
NAME OF FACILITY Prosperity Medical
STREET ADDRESS 5435 Prosperity Ch Rd
Charlotte, NC
City or Town State Zip Code
CONTACT PERSON Joel Gilland
MAILING ADDRESS
City or Town State Zip Code
(704) 548-0900
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 365
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 50 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): 40 METHOD OF TEST Open Flow
f. DISINFECTION: Type Chlo. Tab Amount 7 1/2 lb
g. WATER ZONES (depth):
From 110 To 115 From To
From 280 To 285 From To
From 335 To 340 From To

6. CASING:

From	To	Ft.	Diameter	Thickness/ Weight	Material
0	100	Ft.	6"	SDR21	PVC
		Ft.			
		Ft.			

7. GROUT:

From	To	Ft.	Material	Method
0	40	Ft.	Sand/mix	Hand Mix
		Ft.		
		Ft.		

8. SCREEN:

From	To	Ft.	Dia.	Slot Size	Material
		Ft.	In.	In.	
		Ft.	In.	In.	
		Ft.	In.	In.	

9. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
		Ft.		
		Ft.		
		Ft.		

10. DRILLING LOG

From	To	Formation Description
0	30	Red Clay
30	100	Brown Sand & Fine Gravel
101	160	Black Shale
161	365	Grey Granite

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.

Ralph E. Bailey 12/8/05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
Ralph E. Bailey
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

Date:11/17/2005
Reviewed By:_DFT___

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 027-073-13 File # 6227B

Street Address: 5425 Prosperity Church Road, Charlotte

Contamination Site Information

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

Tax Parcel ID #: 029-311-07 MPL#1147 Johnston Residence

Street Address: 4414 Johnston Oehler Road, Charlotte

DENR Incident #: Not determined

Current Status: Unknown Why? Unable to locate in NCDENR incident management databese

Home heating oil UST removed 2003. Potable well located approx. 20-feet from UST sampled 12/2003 and determined not impacted.

Responsible Party: Johnson

Responsible Party Contact Info: 4414 Johnston-Oehler Road , Charlotte

File Review

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

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

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

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

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

If No, is the source area defined?

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

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

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

Reviewer Comments: Proposed well site is in excess of 1500 feet from any known contamination sites and is therefore not subject to the requirements outlined in Chapter VII Areas of Regulated Groundwater Usage. No additional sampling or construction requirements are prescribed per this review.

EPIC Report for ARGU Review
5425 Prosperity Church Road
Tax Parcel ID # 027-072-13
File # 6147B

Public water supplied by CMU IS available at this site.

11/17/2005 Initiated ARGU review for a new irrigation well at the proposed Prosperity Medical office, 5425 Prosperity Church Road.

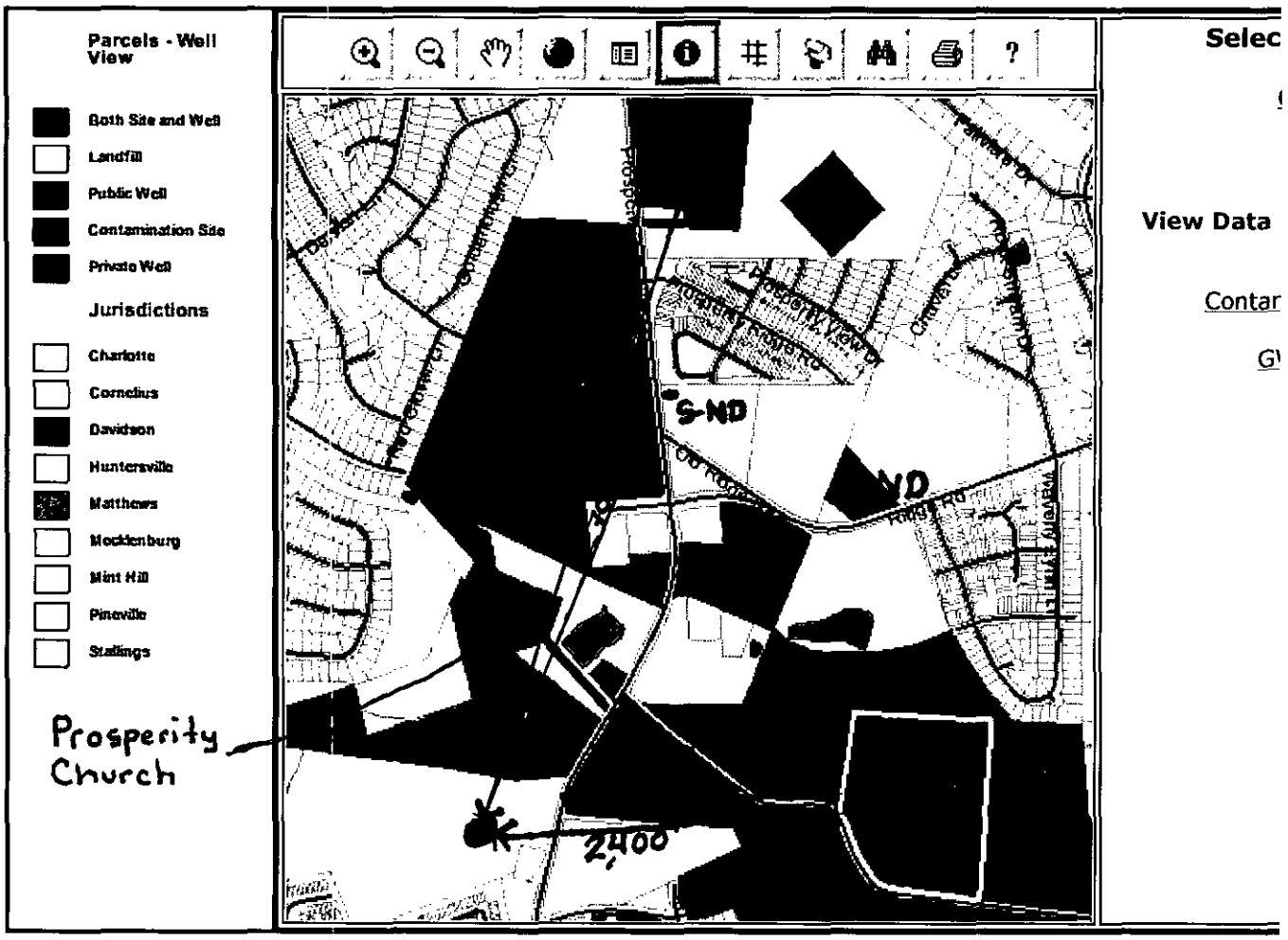
02/18/2005 – One MPL site identified within 2,000 feet of the subject parcel:

MPL# 1147 Johnston Residence
4414 Johnston Road
Home Heating Oil UST removed 2003
Well at this residence located approximately 20 feet from the UST was sampled 12/2003.
No contaminants detected in sample.

Measured distance from proposed well property to closest Johnston Residence contamination site property line. Approximate distance from contamination site to proposed well property is 1,800 feet. Since the proposed well property is greater than 1,500 feet from the contamination site property line ARGU requirements do not apply.

Based on this review this permit application is approved with NO ARGU review conditions.

END.



S = Sampled
ND = Not Detected
● = Proposed well

1. MPL# 1093
E.P. Nisbett Co.
6101 Prosperity Church Rd.
027-561-08
NC#27659 N 2,700' to Proposed well

2. MPL# (No # Assigned in GIC) #754 in File
Klein Property
6400 Prosperity Church Rd.
029-291-20 N 3,800' to proposed well

MPL# 1147
3. Johnston Residence
4414 Johnston Oehler Rd.
029-311-07 ~ 2,400' to proposed well

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 #: 10000208 5435 **Tax Parcel #:** 027-072-14
Property Owner: PROSPERITY CHURCH ROAD
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 11/18/2005
Use of Well: Irrigation
Type of Facility Served by Well:
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

Grout must be placed the full extent of the casing.

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

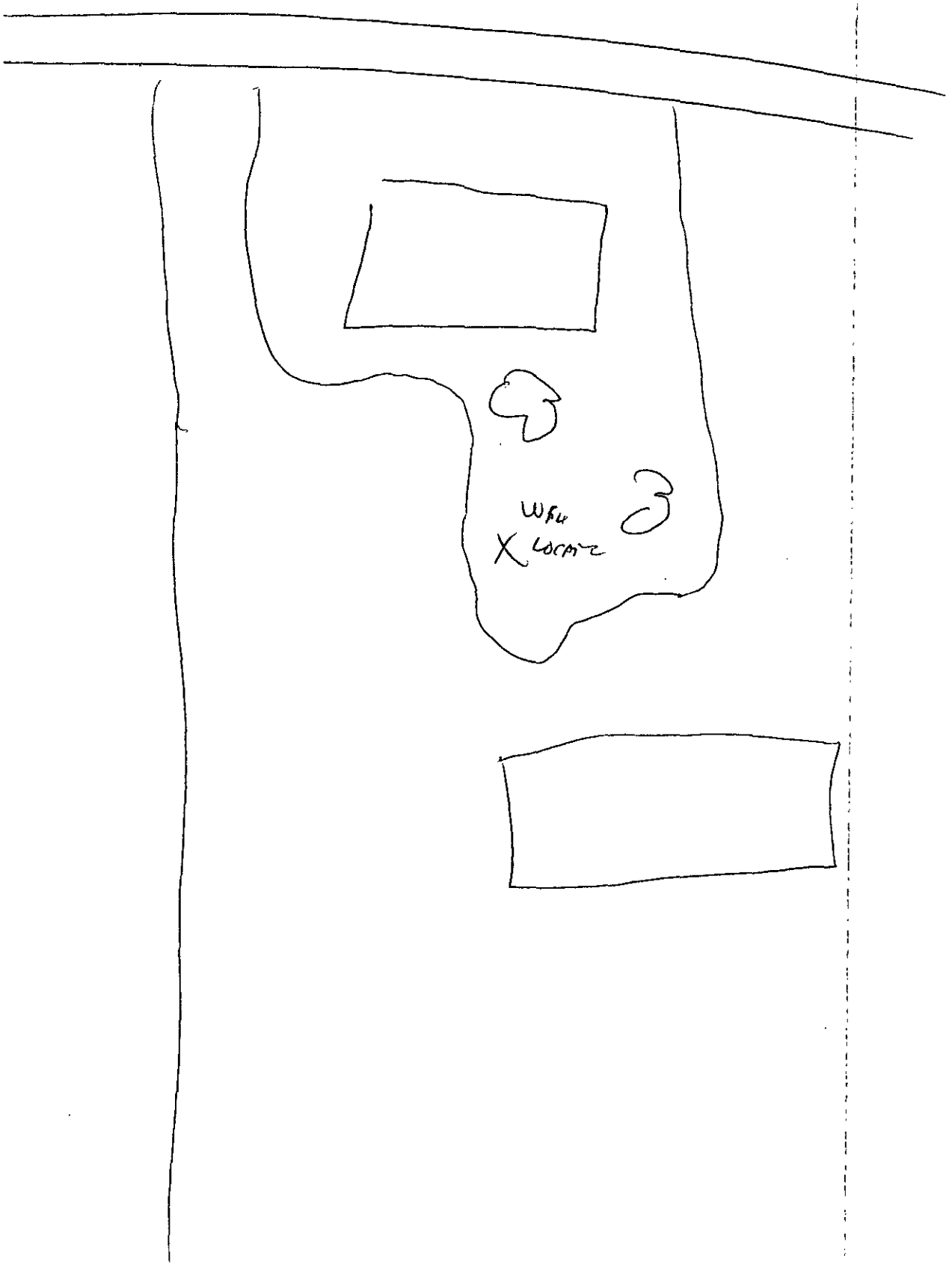
Volatile Organic Compounds (VOC's)	Semi-volatile Compounds	Metals (Specify in Other Conditions)
Pesticides	Herbicides	Other (See Below)

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

Other Conditions of This Permit:

JACKSON WAIKER
Authorized Agent: Print Name
Signature:

Joel A. Gilland
Owner/Legal Agent: Print Name
Signature:


3
X

1755 #208

GWS- COM. APP 07/05

PERMIT APPLICATION FOR A COMMERCIAL SITE 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: _____
CRT [ ]

FILE # 62276

WELL FEE: 400.00
DATE: 11/10/05
CRT [ ] Check 5336 SKA

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #: 027-07~~2~~35-13
TAX/PARCEL #: 02707215
STREET ADDRESS: 5425 Prosperity Church Rd
CITY: Charlotte
STATE: NC **ZIP:** 28269
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: Prosperity Medical I, LLC
ADDRESS: 9823 White Cascade Dr
CITY: Charlotte
STATE: NC ZIP: 28269
HOME PHONE: WORK PHONE: 704-548-0900
MOBILE PHONE: 704-236-4644 FAX: 704-548-0907

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Joel A. Gilland
ADDRESS: SAME
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? September 22, 2005
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Complete

*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 11-9-05 Date

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