

8525 VAGABOND RD

13927126

6/27/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 12214 WASPS App #: 1560

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

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

Items requiring correction/modification: 0

Comments:

II. WASPS Review:

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

Items requiring correction/modification: 0

Comments:

Application received date: 10/13/06 ES assigned date: 10/13/06 Permit issued date: 10/13/06

Well approval date: 12/7/06 Number of days to complete project: 40

Review performed by: J. L. Stotts Date performed: 12/14/07

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/21/2006 09:49 AM

LABORATORY SERVICES DIVISION

LOCATION: gws-8525
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/14/2006 14:30 CHAIN OF CUSTODY #: 061114154215
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB93619	**NITRATE**	**0.88**	**mg/L**	0.05	EPA 353.2	11/16/2006	13:10	EWN
AB93619	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	11/16/2006	12:26	EWN

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 8525 Vagabond Dr

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#: 0611 1415 4215

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Analyses Requested: Nitrate **SEE NOTE**	Analyses Requested: Nitrite	Analyses Requested: Nitrate + Nitrite	Analyses Requested: Fluoride	Analyses Requested: Hardness	Analyses Requested: Metals	Analyses Requested: Fecal Coliform	Analyses Requested: Fecal Strep	Analyses Requested: Pest/PCB, EPA 608	Analyses Requested: Herb, EPA 8151	Analyses Requested: VOA, EPA 8260	Analyses Requested: Semis, EPA 8270
GWS-8525	ksg	11/14/06 1430		N	17.9	3.0				X	500 ML		1			X						X											
GWS-8525	ksg	11/14/06 1430		N	17.9					X	125 ml		1	X									X										
				N																													
				N																													
				N																													

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

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		11/14/06	1430
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 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/21/2006 09:49 AM

LABORATORY SERVICES DIVISION

LOCATION: gws-8525
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/14/2006 14:30 CHAIN OF CUSTODY #: 061114154115
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB93618	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	11/15/2006	8:25	MKV
AB93618	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	11/15/2006	8:25	MKV

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 8525 Vagabond Dr

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#: 0611 M15 415

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
GWS-8525	ksg	11/14/06 14:20		N	17.9					X	100 ml		2						X		X

a193018

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
Kim Garrett		11/15/06	1540
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)

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 7, 2006

Cynthia Grimland
8525 Vagabond Rd
Charlotte, NC 28227

Re: Well Water Sampling Results
8525 Vagabond Rd
Tax Parcel # 139-271-26

Dear Cynthia:

On November 14, 2006 staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform, Nitrate and 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 0.88 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
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

App# 1560

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038 - 2036

1. WELL CONTRACTOR:
John Mullis
Well Contractor (Individual) Name

MULLIS WELL DRILLING
Well Contractor Company Name

STREET ADDRESS 9200 SURFACE HILL RD.
CHARLOTTE N.C. 28227
City or Town State Zip Code

(704) 5455694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000156
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 10-17-06
TIME COMPLETED 4:00 AM ☐ PM ☒

3. WELL LOCATION:
CITY: MINT HILL COUNTY MECKLENBURG
8525 Vagabond DR
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 11.615'
LONGITUDE 80° 35.624'
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 CYNTHIA GRUMLAND
STREET ADDRESS 8525 VAGABOND DR.
CHARLOTTE N.C. 28227
City or Town State Zip Code

(704) 545-2705
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 60' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½' 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): 12 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1 pt

g. WATER ZONES (depth):
From ____ To 100' From ____ To ____
From ____ To 150' From ____ To ____
From ____ To 165' From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1½	To 92'	Ft.	6⅛"	.25"	pvc
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft.	portland	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'-	35'	red clay
35'-	92'	yellow clay (saprolite)
92'-	200'	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.

D.L. Mullis 10-18-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

MIKE MULLIS - KELVIN BELK
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) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001560 **File #:** 12214 **Tax Parcel #:** 139-271-26
Property Owner: CYNTHIA L. GRIMLAND
Job Location Address: 8525 VAGABOND RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 10/13/2006
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:

Authorized Agent: Print Name
Signature:

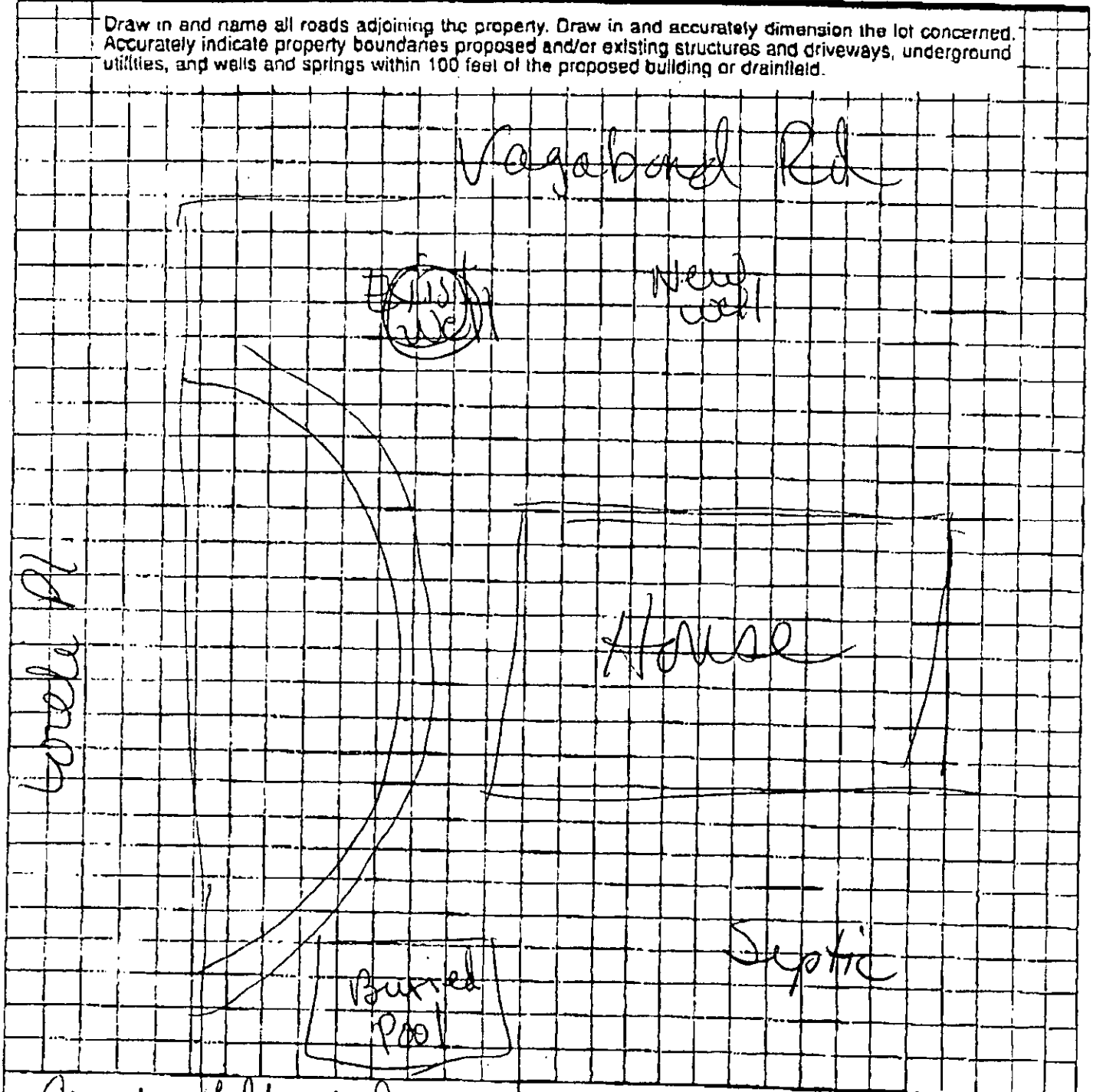
Owner/Legal Agent: DAVE L Mullis Print Name
Signature: Dave L Mullis

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

FILE: 12214

TC: 139-271-6626

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.



Cynthia L Humlard
OWNER/AGENT SIGNATURE

DATE 10/13/06

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

* Out of Water

1560

VISA

GWS – RES. APP 12/04

400.00

10/13/06

JKA

[redacted]

[redacted]

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 # 12214

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 #: 139-271-6001

STREET ADDRESS: 8525 Vagabond Rd

CITY: Charlotte

STATE: NC NC ZIP: 28227

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: 1200

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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: Cynthia L Grunland

ADDRESS: 8525 Vagabond Rd

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: 704 545 [illegible] WORK PHONE: 845-5538

MOBILE PHONE: 704-277-1299 FAX: 5452705

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: 9209 Surface Hill Rd

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 7045455694

MOBILE PHONE: FAX: 7045459449

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.

Cynthia L Grunland 10/13/06

Owner's/Agent's Signature Date

*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.

DL Mullis 10/13/06

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

* Call for Credit Card number

OCT-13-2006 11:12A FROM:DL MULLIS WELL DRILL 704 545 9449 TO:7043356894 P.2