

7510 WATERFORD SQUARE DR

1/9/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6257B WASPS App #: 220

Primary ES assigned to project: Phil Walker

Secondary ES assigned to project: Debra Howell

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 ☐			

Comments: # Items requiring correction/modification: _____

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 ☐	

Comments: # Items requiring correction/modification: _____

Application received date: 12/7/05 ES assigned date: _____ Permit issued date: 1/5/06

Well approval date: 9/26/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 9/26/07

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/24/2007 02:58 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74418
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/12/2007 10:05 CHAIN OF CUSTODY #: 070912120723
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC35361 E. COLI-PA	**Absent**	**P/A**		SM 9223B	9/12/2007	13:58	SLT
AC35361 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	9/12/2007	13:58	SLT

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7601 Waterford Square Drive, Charlotte, NC 28226
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

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform
GWO-74418		9-12-07	N/A	N	NA	[redacted]				X	100-ml		2						X		X
A35361	DEH	10:05am	N/A																		

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.
[redacted]
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	D Mull	9/12/07	11:45

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: 9/25/2007 03:36 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74418
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/12/2007 10:05
CHAIN OF CUSTODY #: 070912121028
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC35363 Chloromethane	Less Than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Vinyl Chloride	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Bromomethane	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Chloroethane	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Trichlorofluoromethane	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1-Dichloroethene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Carbon Disulfide	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Iodomethane	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Acrolein	Less than	ug/L	50	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Methylene Chloride	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Acetone	Less than	ug/L	10	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 trans-1,2-Dichloroethene	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Methyl-tert-butyl-ether (MTBE)	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Acrylonitrile	Less than	ug/L	50	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Vinyl acetate	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 cis-1,2- Dichloroethene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Bromochloromethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Chloroform	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Carbon Tetrachloride	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1,1-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 2-Butanone (MEK)	Less than	ug/L	10	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Benzene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Trichloroethene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Dibromemethane	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2-Dichlorpropane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Bromodichloromethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 2-Chloroethyl vinyl ether	Less than	ug/L	10	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 cis-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Toluene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 4-Methyl-2-pentanone	Less than	ug/L	10	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 trans-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Tetrachloroethene	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1,2-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	9/14/2007	11:33	SDA

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/25/2007 03:36 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74418
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/12/2007 10:05 CHAIN OF CUSTODY #: 070912121028
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC35363 Dibromochloromethane	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2-Dibromoethane	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 2-Hexanone	**Less than**	**ug/L**	10	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Ethylbenzene	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Chlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1,1,2-Tetrachloroethane	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Total Xylenes	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Styrene	**Less than**	**ug/L**	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 Bromoform	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 trans-1,4-Dichloro-2-butene	**Less than**	**ug/L**	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,1,2,2-Tetrachloroethane	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2,3-Trichloropropane	**Less than**	**ug/L**	5	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,3-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,4-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	9/14/2007	11:33	SDA
AC35363 1,2-Dibromo-3-chloropropane	**Less than**	**ug/L**	10	SW846 / 8260B	9/14/2007	11:33	SDA

Comment:

Laboratory Supervisor: Rhonda Lahitou

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

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE OF

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7601 Waterford Square Drive, Charlotte, NC 28226
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#: 070912121028

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: VOA, EPA 8260
GWO-74418	DEH	9-12-07	N/A	N	15.2	5.2				X		40 ml	2					X			X
AC35363		10:05am	N/A																		

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:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	Tommie Miller	9/12/07	11:45

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.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/25/2007 03:35 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74418
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/12/2007 10:05 CHAIN OF CUSTODY #: 070912120834
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC35362 NITRATE	**0.10**	**mg/L**	0.05	EPA 353.2	9/12/2007	14:34	MKV
AC35362 NITRATE/NITRITE	**0.10**	**mg/L**	0.05	EPA 353.2	9/12/2007	14:15	MKV
AC35362 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	9/12/2007	14:34	MKV

Comment:

Laboratory Supervisor: Rhonda Hutson

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:	7601 Waterford Square Drive, Charlotte, NC 28226
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#: 07091212084

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
GWO-74418 AC35362	DEH	9-12-07 10:05am	N/A N/A	N	15.7°C	5.4				X	500 ml		1			X					X	
GWO-74418 AC35362	DEH	9-12-07 10:05am	N/A N/A	N	15.7°C	5.4				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		9/12/07	11:45

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

7601 Waterford Square Dr.

G257B

#47032661 Jeremy

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3155

1. WELL CONTRACTOR:
Charlie Nichols
Well Contractor (individual) Name
McCall Bros.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Fwy
Charlotte N.C. 28216
City or Town State Zip Code
(704) - 399 - 1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10000220
WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☑ Other ☐ (list use)
DATE DRILLED 2-14-06
TIME COMPLETED 8:00 AM ☑ PM ☐

3. WELL LOCATION:
CITY: Pineville COUNTY Mecklenburg
Waterford apartments Pineville N.C.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 5.430
LONGITUDE 80° 50.898
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 Waterford apartments
STREET ADDRESS
Pineville N.C.
City or Town State Zip Code
CONTACT PERSON Jeff Willingham
MAILING ADDRESS P.O. 15367
Asheville N.C. 28813
City or Town State Zip Code
(828) - 443-1893
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 520 ft
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: -24 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 30 METHOD OF TEST Blow
f. DISINFECTION: Type HTH Amount 2lbs.
g. WATER ZONES (depth):
From 120 To 121 From To
From 505 To 506 From To
From To From To

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From 0	To 42 Ft.	6"	188	Galv.
From	To Ft.			
From	To Ft.			

7. GROUT:

	Depth	Material	Method
From 0	To 42 Ft.	Neat cement	Trimmie Grout
From	To Ft.		
From	To Ft.		

8. SCREEN:

	Depth	Diameter	Slot Size	Material
From N/A	To Ft.	in.	in.	
From	To Ft.	in.	in.	
From	To Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth	Size	Material
From N/A	To Ft.		
From	To Ft.		
From	To Ft.		

10. DRILLING LOG

From	To	Formation Description
0	35	Over burden
35	520	Grey Rock

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 2-14-06

Charlie Nichols
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

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 #: 10000220 **Tax Parcel #:** 209-241-02
Property Owner: Waterford Square Apartments
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 1/25/2006
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 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):

X Grout must be placed the full extent of the casing.

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

X 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:

Philo S. Walker Philo S. Walker
Authorized Agent: Print Name
Philo S. Walker PS 1/25/06
Signature:

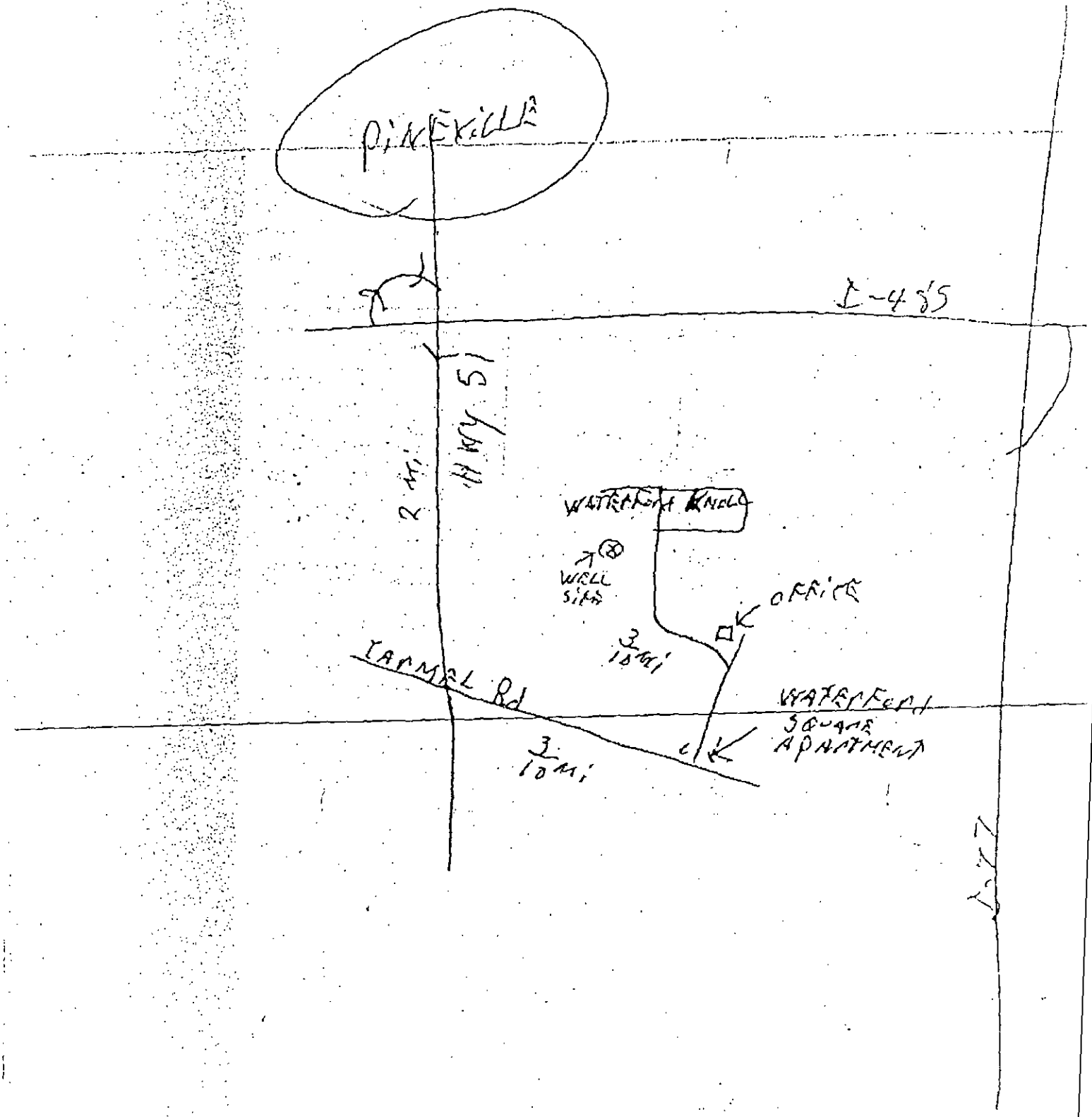
Owner/Legal Agent: Print Name
Signature:

WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.____

Name JEFF Willingham Landscaping

Address

Location



704-309-0071

Permit # 220

X27070

SEPTIC FEE: _____
DATE: _____
PERMIT #: _____

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

FILE # 62578

WELL FEE: 400.00
DATE: 12/7/05
PMT #: X27070
V.W.

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 #: 209-241-02
TAX/PARCEL #: WATERFORD SQUARE APARTMENTS
STREET ADDRESS: 7601 WATERFORD SQUARE DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28226
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: WATERFORD SQUARE APARTMENTS
ADDRESS: 7601 WATERFORD SQUARE DR
CITY: CHARLOTTE
STATE: NC ZIP: 28226
HOME PHONE: JEFF WELLINGHAM 828-443-1893 62661
WORK PHONE: Joe 864-444-
MOBILE PHONE: Waterford Sq. 704-542-3332
FAX: Larry 803-431-3690

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROS INC.
ADDRESS: PO Box 668710
CITY: CHARLOTTE
STATE: NC ZIP: 28266
HOME PHONE:
WORK PHONE: 379-1506
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.

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.

Joe McAlpine
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

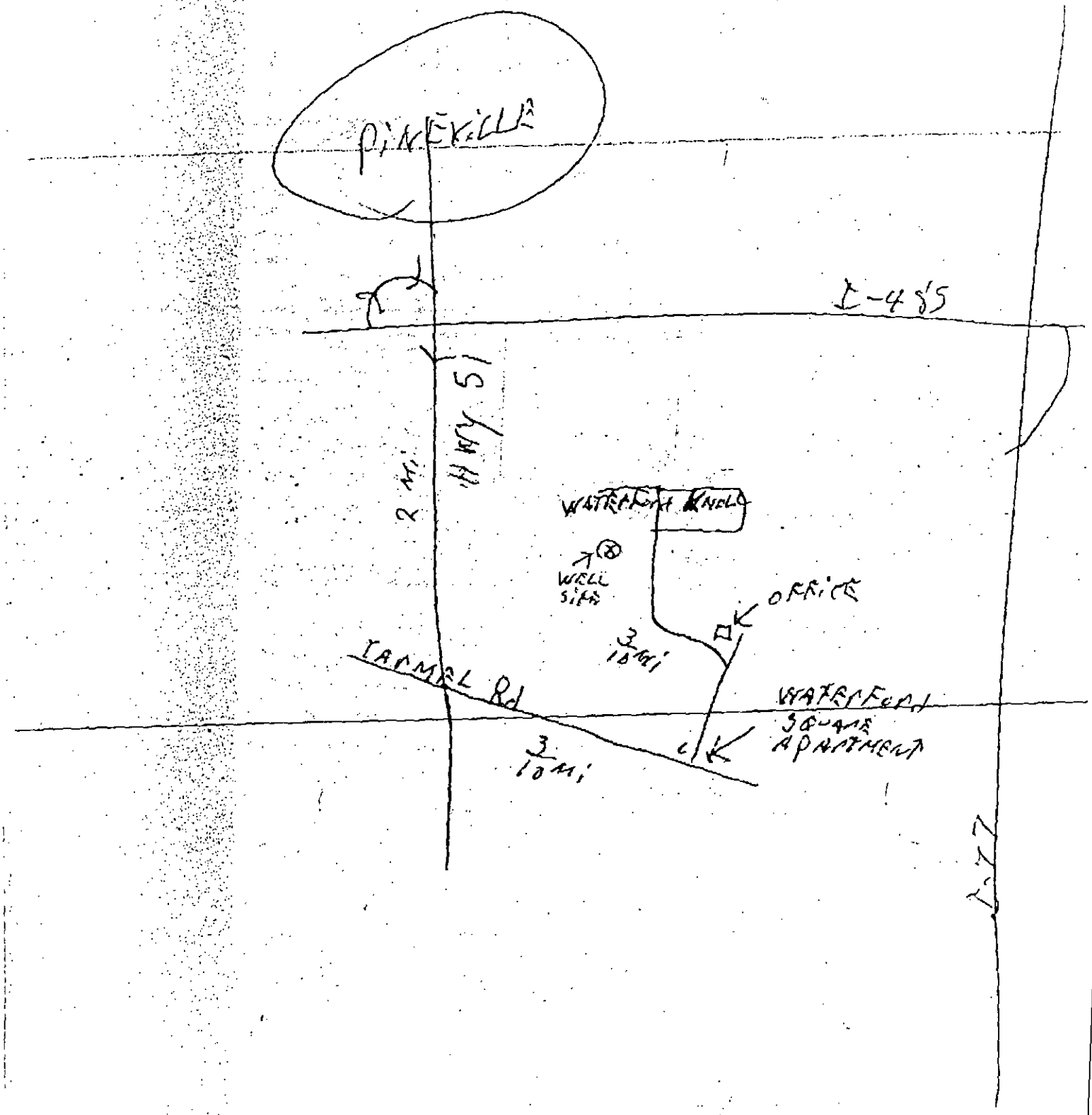
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO_____

Jeff Willingham Landscaping

Name

Address

Location



N.M.

Date: 12/8/05
Reviewed By: SWC

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 209-241-02 File # 6257B

Street Address: 7601 Waterford Dr., Charlotte, NC 28278

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 #: 221-191-48 MPL # 486

Street Address: 10222 Johnston Rd.., Pineville, NC 28134

DENR Incident #: 12488

Current Status: Intermediate Risk Why? GW contaminants exceed GCls.

Responsible Party: Ray Thomas, Thomas Petroleum, Inc.

Responsible Party Contact Info: 16295 Lafayette St., Shelby, NC 28151

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.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? No

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

If No, is the source area defined? Yes

If Yes	ARGU is a 1500-foot buffer around the source area
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? Yes

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: Because the proposed well location is outside of the most stringent ARGU buffer of 1500 feet from the property boundary for the Phillips 66, the permit would be approved with relationship to this incident with no special construction conditions.