

1930 LIGHT BRIGADE DR

21513254

7/29/08

marliwr

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/28/2006 09:34 AM

LABORATORY SERVICES DIVISION

LOCATION: 1930 LIGHT BRIGADE DR
LOC ID: G-SPEC
SAMPLE DATE-TIME: 6/13/2006 13:30 CHAIN OF CUSTODY #: 06060295
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76095	**NITRATE**	**2.7**	**mg/L**	0.10	EPA 353.2	6/15/2006 8:42	EWN
AB76095	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/14/2006 15:23	EWN
AB76095	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK
AB76095	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	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

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	1930 Light Brigade Drive, Matthews, NC 28105
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#: 06066295

Sampled By (Print Name):
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AB76095																					
G-582	DH	6-13-06 1130 pm	N/A N/A	N	NA	3.8				X	100 ml		1						X		X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only.

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/13/06	1640

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-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

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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#: 06060295

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
AB76095																						
G-582	DH	6-13-06 1:30 pm	N/A N/A	N	18.5°C	23				X	500 ml		1			X				X	X	
G-582	DH	6-13-06 1:30 pm	N/A N/A	N	18.5°C	23				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		6/13/06	16:40

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 - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

PRELIMINARY ANALYSIS REPORT

REPORT DATE: 6/16/2006 04:57 PM
LOCATION: 1930 LIGHT BRIGADE DR
LOC ID: G-SPEC
SAMPLE DATE-TIME: 6/13/2006 13:30
SAMPLE ID: AB76095
SAMPLE DESCRIPTION: Grab
CHAIN OF CUSTODY #: 06060295

PRELIMINARY REPORT

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB76095	**NITRITE**	**PENDING**	**mg/L**		EPA 353.2	1/1/1981 0:00	
AB76095	**NITRATE**	**PENDING**	**mg/L**		EPA 353.2	1/1/1981 0:00	
AB76095	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK
AB76095	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/14/2006 10:11	KEK

Comment:

PRELIMINARY REPORT: The data presented in this report has not been reviewed for completeness nor has it been validated. Final report will be sent when it becomes available.

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:	1930 Light Brigade Drive, Matthews, NC 28105
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#: 06068295

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
A0576095																					
G-582	DH	6-13-06 1:30 pm	N/A N/A	N	NA	3.9				X	100 ml		1						X	X	X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/13/06	(640)

Form Revision 07; effective 02/16/2006

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CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

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700 N. Tryon St., Suite 211
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COC#: 06060295

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Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Nitrite
AB76095																						
G-582	DH	6-13-06 1:30 pm	N/A N/A	N	18.5°C	23				X	500 ml		1			X					X	
G-582	DH	6-13-06 1:30 pm	N/A N/A	N	18.5°C	23				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		6/14/06	1640
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
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 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

File # 16447
APP ID 582

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 CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10000582 **Tax Parcel #:** 215-132-54
Property Owner: MICHAEL MATYS
Job Location Address: 1930 LIGHT BRIGADE DR
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 3/24/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Type of Repair/Abandonment

- (•) Major Repair Before Placing the Well In Service
- ( ) Major Repair Before Temporary Abandonment
- ( ) Temporary Abandonment
- ( ) Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: YES

If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment 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.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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 extant of the casing.
- [ ] Initial water sample to taken and analyzed for (check all that apply):
  - [ ] Volatile Organic Compounds (VOC's)
  - [x] Semi-volatile Compounds
  - [ ] Metals (Specify in Other Conditions)
  - [ ] Pesticides
  - [ ] Herbicides
  - [ ] Other (See Below)

Other Conditions of This Permit:

Philo S. Walker RS — Authorized Agent: Print Name
Philo S. Walker RS — Signature:

Sue Scanland — Owner/Legal Agent: Print Name
Sue E Scanland — Signature:

Philo # 582

- GWS – RES. APP 07/05

SEPTIC FEE: 100 (2)
DATE: 3/24/06
CRT [ ] Check 1321
JKA

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 # 164417

WELL FEE: _____
DATE: _____
CRT [ ]

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 #: 21513254
STREET ADDRESS: 1930 LIGHT BRIGADE DRIVE
CITY: MATTHEWS
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME: WINDROW II
LOT #: 13
TOWNSHIP: 1

☐ 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:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: MICHAEL MATYS
ADDRESS: 1930 LIGHT BRIGADE DRIVE
CITY: MATTHEWS
STATE: NC ZIP: 28105
HOME PHONE: 704-708-4527 WORK PHONE: 704-336-8720
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CAROLINA WELL
ADDRESS: 6614 MEDLIN ROAD
CITY: MONROE
STATE: NC ZIP: 28110
HOME PHONE: WORK PHONE: 704-764-8085
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.

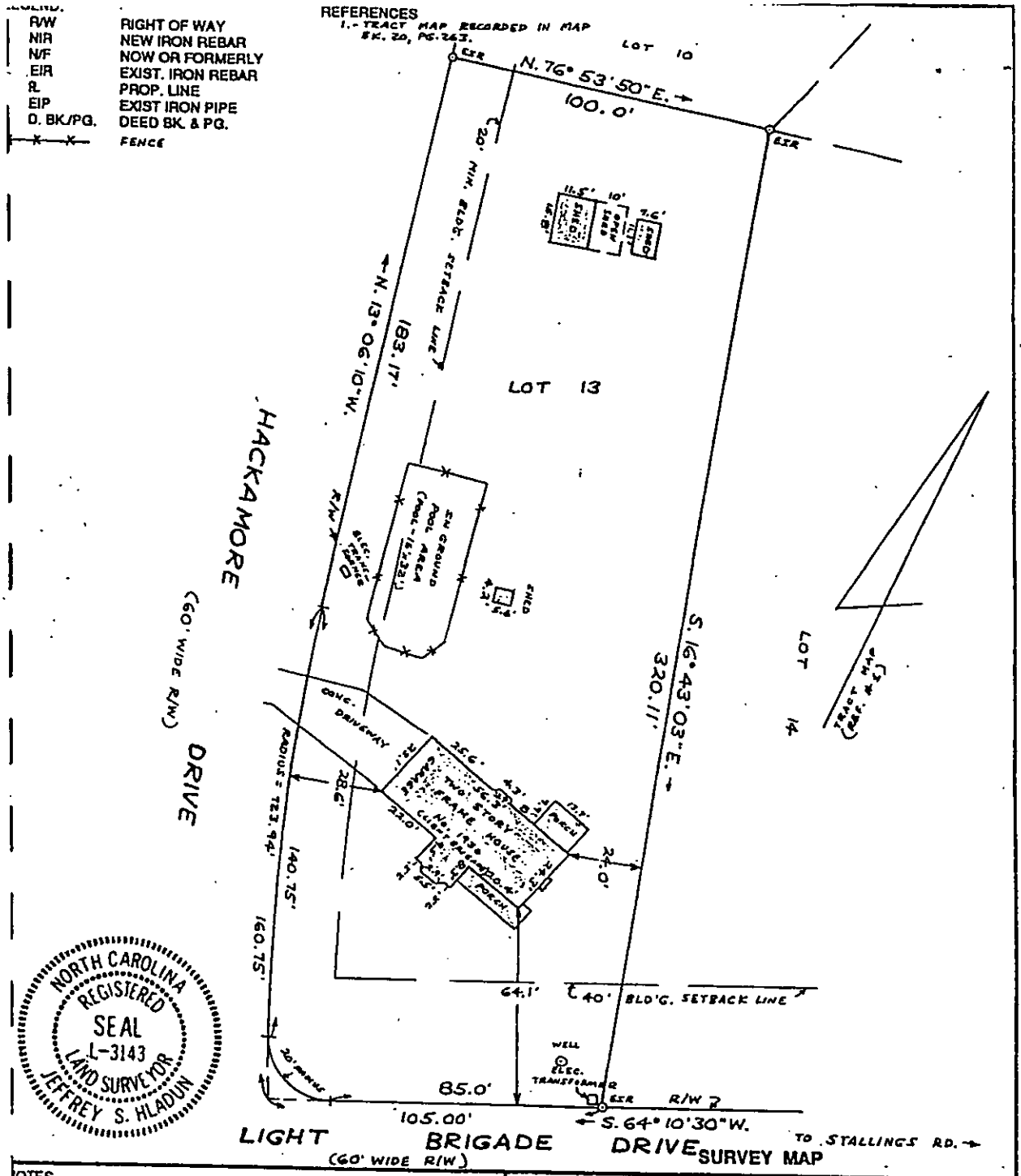
Owner's/Agent's Signature 03/22/06 Date

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

Plicks
file # 16447
Tax 215-132-54

R/W	RIGHT OF WAY
NIR	NEW IRON REBAR
N/F	NOW OR FORMERLY
EIR	EXIST. IRON REBAR
℄	PROP. LINE
EIP	EXIST IRON PIPE
D. BK/PG.	DEED BK. & PG.
-x-x-	FENCE

REFERENCES
1.- TRACT MAP RECORDED IN MAP BK. 20, PG. 243.



SURVEY MAP

NORTH CAROLINA REGISTERED SEAL L-3143 LAND SURVEYOR JEFFREY S. HLADUN

NOTES -
1. - AREAS SHOWN HAVE BEEN CALCULATED FROM COORDINATE METHOD OF COMPUTATION.
2.- PARCEL IS NOT SITUATED IN ANY FLOOD HAZARD ZONE.

I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 19TH DAY OF NOV., 1993; THAT THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY IS 1: 20,500 AND THAT THIS SURVEY AND PLAT COMPLIES WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

Jeff S. Hladun — 11-22-93

JEFF S. HLADUN — N C R L S #3143 — DATE

NOTE: THIS PLAT DOES NOT MEET N C G S 47-30 STANDARDS AND IS NOT TO BE USED FOR RECORDING PURPOSES.

1"= 40' — 40 0 40 80 — scale — feet

FOR ROBERT E. JACKSON SR.
JULIA K. JACKSON (WIFE)

LOCATION
LOT No. 13 - BLOCK Q
"WINDROW II
CITY OF. MATTHEWS
MECK. Co., NORTH CAROLINA

OWNER (SAME)

JEFF HLADUN
REG. LAND SURVEYOR
5848 LEBANON RD.
MINT HILL, N.C. 28227
PHONE: 545-8583

SCALE 1 INCH = 40 FT.
FILE # 89009.01
TAX PARCEL NO. 215-132-54