

10505 RUSSET PL

13927199

8/15/08

marliwr

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/4/2006 02:52 PM

LABORATORY SERVICES DIVISION

LOCATION: G-63
LOC ID: G-SPEC
SAMPLE DATE-TIME: 3/30/2006 10:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB67990
CHAIN OF CUSTODY #: 06030811

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB67990	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/30/2006 12:50	KEK
AB67990	**Total Coliform**	**absent**	**P/A**		SM 9223B	3/30/2006 12:50	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (KEK)

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:	10505 Russet Place, Charlotte NC 28227
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#: 060308-1

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
G-63	DA	3-30-06 10:20am	N/A N/A	N	N/A	18				X	100 ml		2						X		X

4567990

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	W/Reed	033006	1245

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: 4/18/2006 01:00 PM

LABORATORY SERVICES DIVISION

LOCATION: G-63
LOC ID: G-SPEC
SAMPLE DATE-TIME: 3/30/2006 10:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB67989
CHAIN OF CUSTODY #: 06030810

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB67989	NITRATE	1.2	mg/L	0.05	EPA 353.2	3/30/2006 14:20	EWN
AB67989	NITRITE	<0.05	mg/L	0.05	EPA 353.2	3/31/2006 10:12	EWN

Comment:

Laboratory Supervisor: Keith O'Neal (KO)

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:	10505 Russet Place, Charlotte NC 28227
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#: 060208 10

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
G-63	DH	3-30-06 10:20am	N/A N/A	N	17.2	15				X	500 ml		1			X				X	X	
G-63	DH	3-30-06 10:20am	N/A N/A	N	17.2					X	125 ml		1	X								X

4661889

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	WKWell	033006	1241

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

18331

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) John M. Mullis CERTIFICATION # 2038

WELL CONTRACTOR COMPANY NAME DL Mullis Well Drilling PHONE # (704) 545-5694

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: Mint Hill County Meck
10505 Russett Place
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☑ Ridge ☐ Slope ☐ Valley ☐ Flat
(check appropriate box)
Latitude/longitude of well location
_____
(degrees/minutes/seconds)
Latitude/longitude source: ☐ GPS ☐ Topographic map
(check box)

3. OWNER: Angelo Curcio
Address 1407 Longleaf Court
(Street or Route No.)
Weddington NC 28104
City or Town State Zip Code
(Aw) 846-5521
Area code- Phone number

4. DATE DRILLED 8-24-05
5. TOTAL DEPTH: 200'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" If Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 9 METHOD OF TEST Air
10. WATER ZONES (depth): 130 - 150
11. DISINFECTION: Type HTH Amount 1-PT

DEPTH From	To	DRILLING LOG Formation Description
0	90	Red Clay
90	122	Brown Shale
122	200'	Blue Granite

12. CASING:

	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
From 0	122' Ft.	6"	Sch-40	PVC
From ____	To ____ Ft.			
From ____	To ____ Ft.			

13. GROUT:

	Depth To	Material	Method
From 0	20' Ft.	Cement	pumped
From ____	To ____ Ft.		

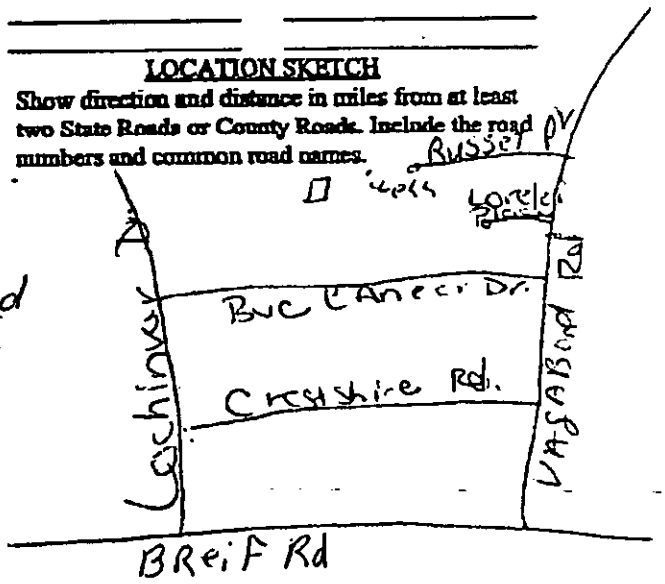
14. SCREEN:

	Depth To	Diameter	Slot Size	Material
From ____	To ____ Ft.	____ in.	____ in.	
From ____	To ____ Ft.	____ in.	____ in.	

15. SAND/GRAVEL PACK:

	Depth To	Size	Material
From ____	To ____ Ft.		
From ____	To ____ Ft.		

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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

John M. Mullis 8-24-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Curcio, Angelo
Address: 10505 Russet Place
Charlotte, NC **Zip:** 28227
County: MECKLENB

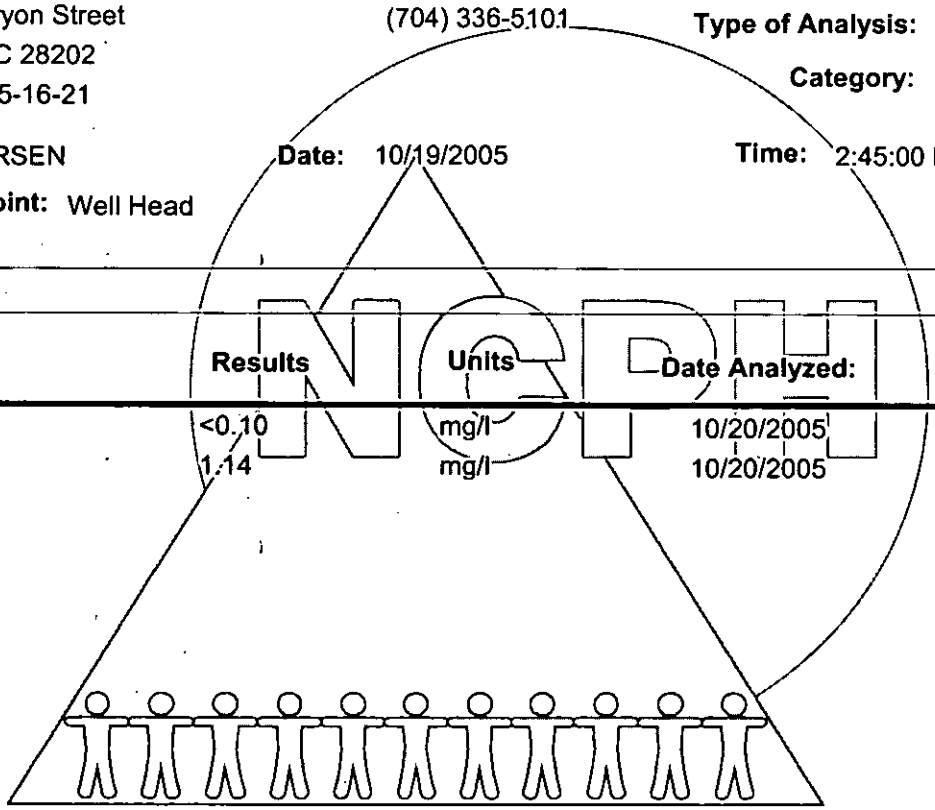
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Z. Petersen
(704) 336-5101

Collected By: Z. PETERSEN **Date:** 10/19/2005 **Time:** 2:45:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/20/2005
Nitrate as N	1.14	mg/l	10/20/2005



North Carolina Public Health
State Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 2.0 °C
Date Received: 10/20/2005 **Report Date:** 11/2/2005
Today's Date: 11/2/2005 **Reference:** 14437 **Login Batch** 05100057 **Sample Number:** AB33831

Reported By: Debbie Herrod

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

New Well Construction Tracking

Permit #: 10000063

1. Application & Well Siting

☑ Well siting visit completed.		8/5/200
☑ Registered Well Driller. Certification Number:	2036	8/5/200
☑ Proposed well location meets setbacks.		8/5/200
☑ ARGU restrictions satisfied.		8/5/200
☑ Well permit Issued.		8/5/200
☑ Septic System permit issued.		8/5/200

2. Onsite Inspection

☐ Observed	☑ Driller	Valid permit on site with registered driller.	9/13/20
☐ Observed	☑ Driller	Required setbacks satisfied, approved per permit.	9/13/20

Appropriate Materials Used for Construction:

☐ Observed	☑ Driller	Drilling fluids/additives	9/13/20
☐ Observed	☑ Driller	Casing material/Joint compounds	9/13/20

Source of Water:

☐ Observed	☑ Driller	Greater than 40 ft. below land surface.	9/13/20
☐ Observed	☑ Driller	Water NOT from a known contamination zone.	9/13/20

Well Casing:

☐ Observed	☑ Driller	Casing > than 40 ft. below land surface.	9/13/20
☐ Observed	☑ Driller	Non-potable zones effectively sealed.	9/13/20
☐ Observed	☑ Driller	Casing properly sealed.	9/13/20
☑ Observed	☐ Driller	Casing terminated at least 12 inches above land surface	9/13/20
☑ Observed	☐ Driller	All ASTM/NSF standards met.	9/13/20

Grouting:

☑ Observed	☐ Driller	Approved grouting materials used.	9/13/20
☑ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.	9/13/20
☑ Observed	☐ Driller	Grouted with 5 days of casing being set.	9/13/20
☑ Observed	☐ Driller	Proper depth to seal non-potable zones.	9/13/20
☐ Observed	☑ Driller	Drive shoe used.	9/13/20

Well Head:

☐ Well casing extended at least 12 inches above the land surface.

☐ Vented, sanitary well cover in place.

☐ Access port in place.

☐ Sample tap between pump and pressure tank properly constructed.

Well Disinfection:

☑ Notification of disinfection 9/13/20

Well Contractor Identification Plate

☑ Plate installed securely 9/13/20

☑ Information not obscured. 9/13/20

☑ Information accurately completed. 9/13/20

Pump Installer Identification Plate:

☐ Plate installed securely.

☐ Information not obscured.

☐ Information accurately completed.

3. Well Sampling

☐ Appropriate water samples collected as required by permit.

4. Approval

☐ Well construction form (GW-1) on file

☐ Construction approval granted.

☐ Construction approval denied.

5. Additional Comments / Observations

Submit

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: ANGELO CURCIO
ADDRESS: 1407 LONGLEAF CT
CITY: WEDDINGTON
STATE: NC ZIP: 28104
HOME PHONE: WORK PHONE: 704 8465521
MOBILE PHONE: 704 6227580 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
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 5/24 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

0753

B97615

GWS – RES. APP 12/04

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: $480.00
DATE: 5/23/05
CRT [1]

Cash B97615

Early App 4/63

FILE # 18331

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 #: 139-271-99
STREET ADDRESS: 10505 Russet Place
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 72
TOWNSHIP:

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

BUILDING INFORMATION: Drew

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1190
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:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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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 Date

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

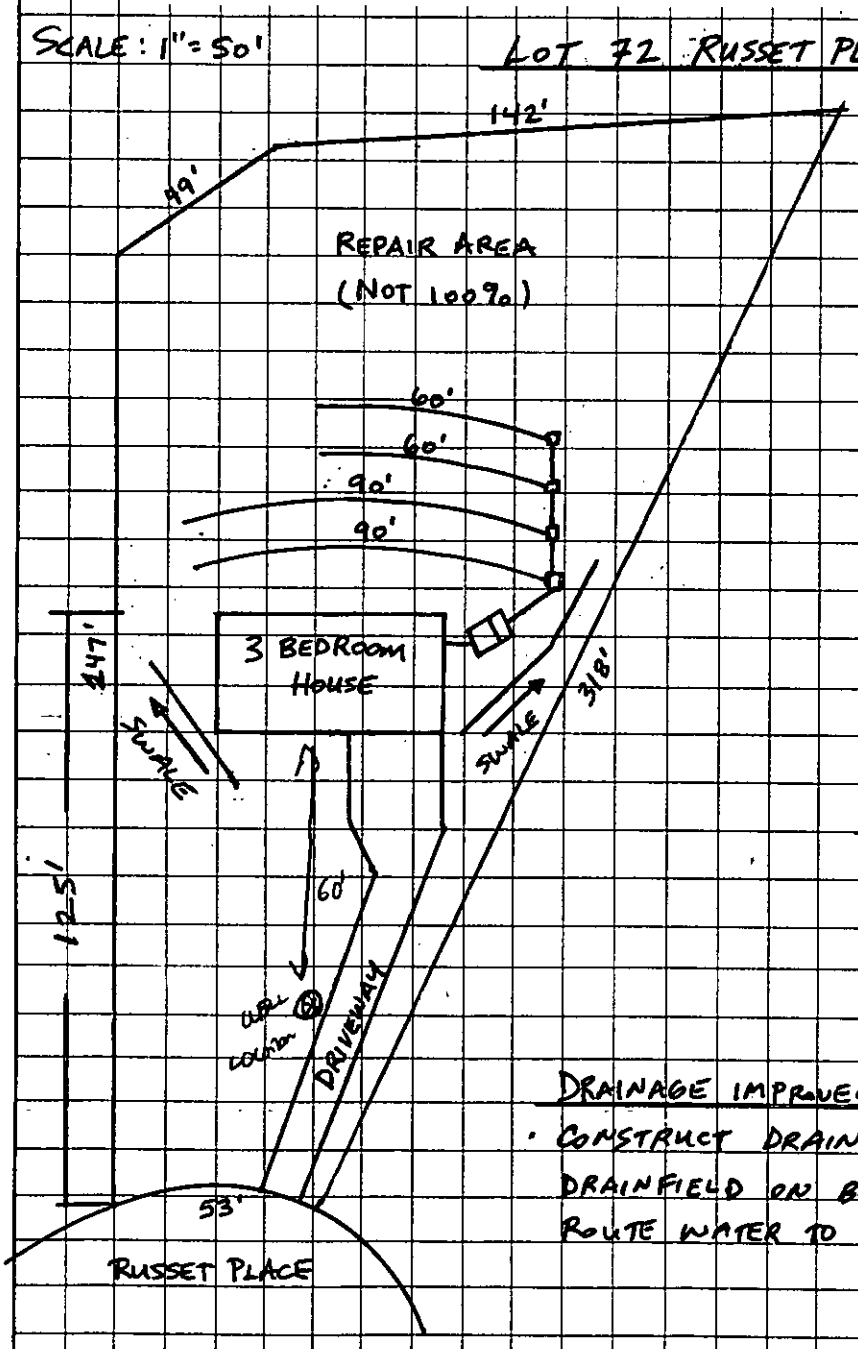
PROPOSED PLOT PLAN

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

FILE: 18331

TC: 139-271-99

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:

- DESIGN FLOW = 360 GPD
- LTAR = 0.3 GPD/FT²
- TYPE IIIg SEPTIC SYSTEM
- INSTALL 4 LINES FOR A TOTAL OF 300' OF DRAINLINE.
- TRENCH WIDTH = 3'
- INSTALL DRAINLINES ON 9' CENTERS, LEVEL, AND ON CONTOUR
- USE DROP BOXES (4) FOR SERIAL DISTRIBUTION.
- 1500 GAL SEPTIC TANK
- TYPE IIIg REPAIR SYSTEM (NOT 100% REPAIR)

SETBACKS:

- 5' FROM HOUSE FOUNDATION
- 10' FROM ALL PROPERTY LINES
- 100' (50' MINIMUM) FROM ALL RESIDENTIAL WELLS.

DRAINAGE IMPROVEMENTS:

- CONSTRUCT DRAINAGE SWALES AROUND SEPTIC DRAINFIELD ON BOTH SIDES OF PROPERTY. ROUTE WATER TO EXISTING GULLIES ON PROPERTY

OWNER/AGENT SIGNATURE

DATE 5/24/05

APPROVAL DATE 8/5/04, RES

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

9-20-05
READY FOR SAMPLING - Mullin

CALL BEFORE GOING TO

S/A POWER ACCESS

485 to Fairview (L) ⇒ Off Back Rd. (L) ⇒ Vagabond Rd.

(L) on Russet Place

DO SOON - Power will need completed 10/18/05

Temp Power

Turn on @ Temp Pole.

Power On -

18331

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 #: 10000063 **Tax Parcel #:** 139-271-99
Property Owner: Angelo Curcio
Job Location Address: 10505 RUSSET PL
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 8/5/2005
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 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 A. WALKER
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/25/05	**Amount:**	400.00
Receipt #:	34784	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B97615
Contractor: COMPLETE CARPENTRY & LEISURE
Attn:
Address: 1407 LONG LEAF COURT
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10505 Russet Place/File #18331		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
700.00					