Mecklenburg County Health Department

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Barry & Michelle Campbell

Mailing Address: 8225 Curico Ln
Charlotte , NC 28227

Occupant: Owner

Location: 8225 Curico Ln
Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance with applicable laws and rules.

On March 29, 2016 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation(s)

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

Observed a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(C)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☒ Other Repairs *(Specify):* Will require to install drop boxes on each line

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **April 30, 2016** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22(c)], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

Mecklenburg County – Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6700. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or download it from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

For questions regarding this notice you may contact Bradley W Hallman at 704-336-5575.

Notice Issued: 3/29/16 (Date)

Signed _____ (DHHS/DPH/EHS) Agent

Compliance: 4/29/16 (Date)

Signed _____ (DHHS/DPH/EHS) Agent

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6500B Permit #: 8065 Tax Parcel #: 197-131-35

Property Owner: Barry Campbell

Job Location Address: 9225 Carico Ln

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 3/2/16 **Construction Authorization Issuance Date** 3/2/16

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 600 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: / inches

Trench Width: / feet

Line Spacing: / feet (O.C.)

Total line length: / feet

# of Lines: / @ / feet

Depth of Media: / inches (Type) /

Distribution Device: Drop Boxes (Serial)

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 7' feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: Community Well feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Remove existing D-Boxes and replace with Drop Boxes at each line. Distribution will be serial for entire system

Comments: System Classification & Type:

Authorized Agent: Bradley W. Hallman Signature: [signature]

Owner Signature: [signature] Date: 8/3/16

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6500B Permit #: 8065 Tax Parcel #: 197-131-35

Property Owner: Barry Campbell

Job Location Address: 8225 Curico Ln

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 3/2/16 **Construction Authorization Issuance Date** 3/2/16

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***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 600 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 Existing gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: / inches

Trench Width: / feet

Line Spacing: / feet (O.C.)

Total line length: / feet

# of Lines: / @ / feet

Depth of Media: / inches (Type) /

Distribution Device: Drop Boxes (Serial)

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 7' feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: Community Well feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Remove existing D-Boxes and replace with Drop Boxes at each line. Distribution will be serial for entire system

Comments: System Classification & Type: _____

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6500 B Permit #: 8065 Tax Parcel #: 197-131-38

Property Owner: Barry Campbell

Job Location Address: 9325 Cwrico Ln

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 4/29/16 Contractor Name: Stanley Env. Sol.

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Existing Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: / inches

Trench Width: / feet

Line Spacing: / feet (O.C.)

Total line length: / feet

# of Lines: / @ / feet

Depth of Media: / inches (Type) IIIg

Depth of Cover: / inches

Distribution Device: Drop Box (Serial)

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 7 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: comm. well feet

Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 4/29/16

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

- All Dist. Boxes were replaced with Drop Boxes. System has serial distribution. Throughout (9) nine Drop Boxes utilized

- Noted: Excessive solids build up in tank.: Minimum bacteria activity in tank.
- Lines were saturated and Bio-matting observed while line were being pumped out.

Ref: WO (WOV) 93046

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg Attc 36/6/NA/NA

DENR Authorized Agent: _____ Signature: Bradley W. Hallman

File# 65003
8065

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 197-131-38
STREET ADDRESS: 8225 Curico Ln.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Iron Gate
LOT #: 19 LOT SIZE (acres): _____
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ◉ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ○ PRIVATE WELL ◉ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: BARRY CAMPBELL
ADDRESS: 8225 CURICO LN.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
WORK PHONE: 704-583-4088
MOBILE PHONE: 704-562-8844
FAX: _____
E-MAIL: BCAMPBELLSTUDIO@GMAIL.COM
MACAMPBELL968@GMAIL.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

BC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

2/29/10
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 12/15/10

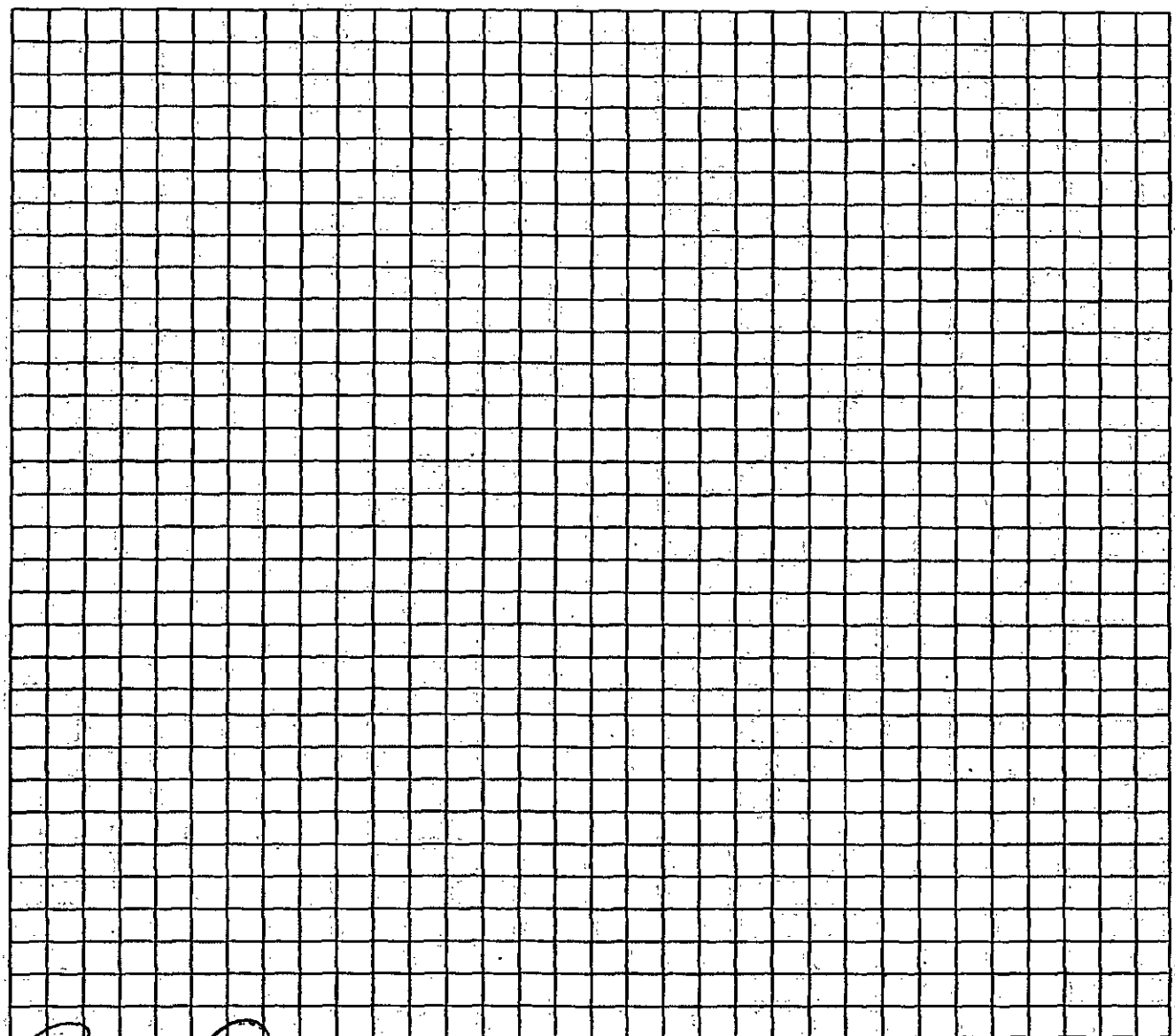
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 8225 CURICO LANE, CHARLOTTE, NC 28227 Tax Parcel #: 19713138

Subdivision Name: IRON GATE Lot #: _____



Property Owner's or Owner's Legal Representative Signature

2/29/12
Date

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

Revised on: 12/15/10

CHARLOTTE WATER

Laboratory Analysis Report
Report Date: 06/10/2016 9:45

Environmental Laboratory Services

LOCATION: GWO-5232016
LOC ID: G-OTHER
SAMPLE DATE-TIME: 05/23/2016 13:00
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 160523028

	Parameter	Result	Units	RL	Method	Start Date	/ Time	Analyst
Sample ID:	**AF79053**							
AF79053	Chemical Oxygen Demand	470	mg/L	50	HACH 8000	05/27/2016	13:09	CRB
AF79053	Biochemical Oxygen Demand	283	mg/L	24	SM5210B-11	05/24/2016	13:07	BAW
AF79053	Total Dissolved Solids	480	mg/L	25	SM2540C-11	05/24/2016	13:45	CKL
AF79053	Total Suspended Solids - Balance 1	80.7	mg/L	16.7	SM2540D-11	05/24/2016	11:02	KNB
AF79053	Total Kjeldahl Nitrogen Digestion	Completed			EPA 351.2	05/31/2016	09:35	TCV
AF79053	Total Kjeldahl Nitrogen	65	mg/L	2.5	EPA351.2-93	06/01/2016	07:45	TCV

Comment:

Laboratory Supervisor: _____

The results contained on this report are specific to the samples listed above.

Charlotte Water-Environmental Laboratory Services N.C.
Certification No. 192 N.C.DHHS Certification No. 37417 EPA Certification No. 01215
4222 Westmont Drive, Charlotte, North Carolina 28217

Charlotte-Mecklenburg Utility Department
Environmental Laboratory Services
4222 Westmont Drive
Charlotte, North Carolina 28217

Sample Receipt Checklist

Completed by: Initials: JSB Date/Time: 5-23-16 1430 COC#: 160523028

Sample Matrix: [X] Wastewater [ ] Drinking Water [ ] *Crypto/Giardia* (LT2) [ ] Other: _____

Customer Name:
[ ] WWTP: (Write Plant Name Below) _____
[ ] Industrial Samples
[ ] LUESA-Water Quality
[ ] CMUD-Water Treatment
[ ] LUESA-GWS
[ ] Water Distribution
[ ] LUESA-SWP
[ ] LT2: (Write Customer Name Below) _____
[X] Other: (Write Customer Name Below) Septic Effluent

Courier: [ ] CourierNet [X] Customer [ ] CMUD-Laboratory [ ] FedEx [ ] UPS [ ] Other: _____

Custody Seals on Cooler/Box Present: [ ] Yes [ ] No [X] N/A
Custody Seal(s) Intact?: [ ] Yes [ ] No [X] N/A
Shipping Container Intact: [ ] Yes [ ] No [X] N/A
Type of Ice Used: [X] Wet [ ] Blue [ ] None
Packing Material Used: [X] Bubble Wrap/Bags [ ] Peanuts [ ] None [ ] Other: _____

Thermal Preservation:
*Measure sample temperature immediately; Apply the Daily IR Correction Factor.
*Notify management immediately of any samples that do not meet temperature requirements or are frozen.
*If multiple parameters, in additional to BacT are collected for a site, two receipt temperatures must be measured. A receipt temperature for the BacT plus another bottle must be measured and recorded on the COC.

Requirements: DW: < 6.0°C WW: < 6°C BacT: < 10°C LT2 Crypto/Giardia: < 20°C LT2 E. coli: < 10°C

Have all samples requiring a receipt temperature been measured and recorded? [X] Yes [ ] No If no, explain below.

Do all sample receipt temperatures meet requirements? JSB 5-23-16 [X] Yes [X] No If no, explain below.

Samples above temp, but demonstrated a ↓ trend. JSB 5-23-16

* At time of receipt into the laboratory, if a sample does not meet the temperature requirement, a downward trend is required. Initial temperature from the sample collector becomes critical. If samples are received next day, receipt temperatures must meet requirements listed above.

Chemical Preservation: Note: *If samples are not preserved correctly, notify Personnel. **Do not check BacT, TOC, VOA, THM and HAA.**

All containers needing preservation have been checked? [X] Yes [ ] No [ ] N/A

All containers needing preservation are found to be in EPA compliance? [X] Yes [ ] No [ ] N/A

If no, explain. _____

*If the pH of a metals (not including Hg) is incorrect, follow these steps.
1. On the COC, document sample pH prior to adding additional preservative.
2. On the COC and sample bottle, document the date/time additional preservative is added to the sample.
3. No comment is needed in LIMS.

*If the pH of any other chemically preserved sample is incorrect (not including metals), follow these steps:
1. Any samples not properly preserved must be qualified with a comment on the COC and in LIMS.
2. Notify personnel immediately of samples not correctly preserved.

If possible, substitute a correctly preserved bottle. Document on the COC and notify personnel. Write "DO NOT USE" on the incorrectly preserved bottle.

COC Properly Filled Out? [X] Yes [ ] No If no, explain. _____

COC Correction sent to Customer? [ ] Yes [ ] No [X] N/A

Do sample labels agree with the COC? [X] Yes [ ] No If no, explain. _____

All sample bottles accounted for? [X] Yes [ ] No **Samples Arrived within Hold Time?** [X] Yes [ ] No (If no, notify Project Mgr)

Correct Bottles Used? [X] Yes [ ] No **CMUD Containers Used?** [X] Yes [ ] No

VOA Vials have Zero Headspace (< 6 mm)? [ ] Yes [ ] No [X] N/A *Bubbles should be no larger than:

Short Hold Analyses (< 48 hrs)? [X] Yes [ ] No If yes, notify Laboratory Section(s).

Rush Turn Around Time (TAT)? [ ] Yes [X] No If yes, notify Project Manager.

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

ENVIRONMENTAL LABORATORY SERVICES

4222 Westmont Drive, Charlotte, NC 28217 (704) 336 - 2854 or (704) 622 - 7280
NC DENR Certification No. 192; NC DHHS Certification No. 37417; US EPA Certification No. 01215

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

CHAIN OF CUSTODY RECORD

COC #: 160523028 1

CLIENT: Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY: ~~Groundwater (POTABLE WATER)~~ Septic Effluent
ADDRESS: 8225 Curico Ln, Charlotte, NC
LAB CODE: (circle one) REAL PRIV NEW TNC MPL PME AMB LM (OTHER)

Send REPORT To: Bradley W Hallman, 700 North Tryon Street, Charlotte, NC 28202

Send INVOICE To: Lisa Corbitt, 700 North Tryon Street, Charlotte, NC 28202

Sampled By (Print Name): Bradley W Hallman

Witnessed By (Print & Sign Name - If Applicable):

Sample ID	Sampe Collector's Initials	Sample Collection: Begin Date / Time	Sample Collection: End Date / Time	Chlorinated System: (Y/N)	Sample Temperature: Collection Temp, °C	Sample Temperature: Receipt Temp, °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Composite	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # of Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: Indicate pH of Preserved Sample	Analyses: TKN	Analyses: COD	Analyses: BOD	Analyses: TSS	Analyses: TDS	LAB USE ONLY LABORATORY SAMPLE ID
GWO-5232016	BWH	5/23/2016 1:00	NA	N	23.0	8.6				X	250ML		2			X				<2	X					AF79053 A1 A2
	BWH	5/23/2016 1:00		N	23.0	7.0				X	250ML		2			X				<2		X				B1, B2
	BWH	5/23/2016 1:00		N	23.0					X		1000ML	1	X									X			C
	BWH	5/23/2016 1:00		N	23.0					X		1000ML	1	X										X		D
	BWH	5/23/2016 1:00		N	23.0					X		1000ML	1	X											X	E

Instructions: Complete all yellow shaded areas. Blue areas are for LAB USE ONLY.
For each parameter requested, circle the "x" to verify your request.
Nutrients include: Nitrate/Nitrite, TKN, Total Phosphours, Ammonia
Itemize Metals Here:
For Composite samples, record the autosampler BEGIN and END date/time.
For Grab samples, record the collection time as the BEGIN date/time only.
Comments: pH + DO were taken as Field analyis

Relinquished by: (Signature)	Received by: (Signature)	Date:	Military Time:
	Jonte S Bell	5-23-16	1430
Relinquished by: (Signature)	Received by: (Signature)	Date:	Military Time:
Relinquished by: (Signature)	Received by: (Signature)	Date:	Military Time:
Relinquished by: (Signature)	Received by: (Signature)	Date:	Military Time:

Form Revision 08; Effective April 1, 2012

Lab Codes: REAL = Real Estate; PRIV = Private Well; NEW = New Permitted Well; TNC = Transient Non-Community; AMB = Ambient; LM = Landfill

pH - 6.85
DO - .37

Samples above temp., but demonstrated a ↓ trend.
JSB 5-23-16