

11743 TRAILS END LN

01934118

9/13/07

smithbl

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4799A WASPS App #: 2663

Primary ES assigned to project: Kim Gaunett

Secondary ES assigned to project: _____

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: _____

Comments: Location within 1500' of North Mesa LCID.
ARGU not triggered by WASPS but hydro reviewed anyway.

9-14-07 - Please fax to applicant for signature

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: _____

Comments:

Application received date: 9/4/07 ES assigned date: _____ Permit issued date: _____

Well approval date: 9/8/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 6/1/09

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4799A WASPS App #: 2949

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

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: 11/16/07 - Please Fix to applicant for signature

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: 11/5/07 ES assigned date: _____ Permit issued date: 11/12/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: 6/1/07

FILE NUMBER: 4799A

Revised On: August 31, 2007

APPLICATION NUMBER: 2663

SEPTIC FEE: _____
DATE: _____

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

PW

WELL FEE: 400
DATE: 9/4/07

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

MTE
CHC
9845

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 019-341-06
STREET ADDRESS: 11743 TRAILS END LANE
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 7.665
TOWNSHIP: TAX I.D. 019-341-06

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 4000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ 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

10. **PROPERTY OWNER:**

NAME: RONALD C. GILKERSON
ADDRESS: 11743 TRAILS END LANE
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704-9475046 WORK PHONE: 704-947-6652
MOBILE PHONE: 980-721-3088 FAX: 704-947-6653

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:** N/A

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

5185
4919

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____

13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**

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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature Date

Attorney - CMUD @10

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**

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 12 months from the date of issuance.

Ronald C. Gilkerson 9/2/07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

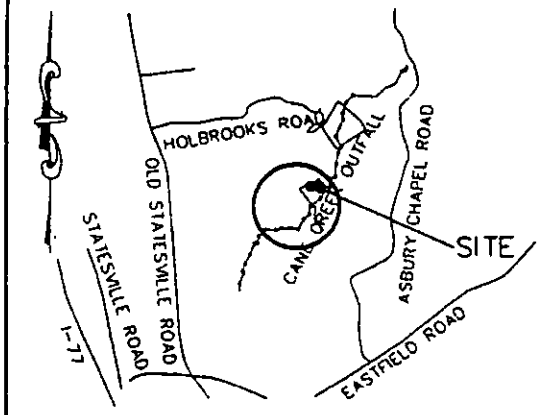
Denis McCall Denis

Step to both McCall &

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

1154446.47
600751.55

VICINITY MAP NOT TO SCALE



THIS MAP IS NOT A BOUNDARY SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

SURVEY NOTES:
1.) NORTH ORIENTATION BASED ON RTK GPS, USING BENCHMARKS SHOWN HEREON. HORIZONTAL DISTANCES ARE BASED ON NORTH CAROLINA STATE PLANE NORTH AMERICAN DATUM (NAD 83) POSITIONS.
2.) ALL IMPROVEMENTS NOT SHOWN.
3.) THIS PARCEL SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.
4.) THIS MAP IS FOR SANITARY SEWER RIGHT OF WAY ACQUISITION ONLY AND IS NOT A BOUNDARY SURVEY.
5.) ALL COORDINATES ARE PROJECT COORDINATES AND NOT GRID COORDINATES.
6.) THIS MAP IS PART OF A MULTI-PAGE DOCUMENT AND IS NOT CONSIDERED COMPLETE WITHOUT ALL THE PAGES.

LEGEND:
- EXISTING IRON ROD (EIR)
- COMPUTED POINT
- DB/PG DEED BOOK/PAGE
- C1 CURVE DATA
- L1 LINE DATA
- BENCHMARK
- SANITARY SEWER EASEMENT
- —e— TEMPORARY CONSTRUCTION EASEMENT

FORESITE ENGINEERING & LAND SURVEYING
5950 Fairview Road
Suite 100
Charlotte, NC 28210
(704) 553-8171
(704) 553-8860 Fax

200 0 200 400 600
GRAPHIC SCALE
1"=400'

REFER TO SHEET 2 OF 3 FOR EASEMENT DETAIL
REFER TO SHEET 3 OF 3 FOR CURVE AND LINE DATA

BASED ON RTK GPS (SEE NOTE 1)

TAX ID: 019-341-07
RONALD C. GILKERSON & TAMMY S. GILKERSON
11743 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 11936/PG 800
ZONED: TR

PROP. ACCESS ROAD FOR WELL

12 TAX ID: 019-341-06
RONALD C. GILKERSON & TAMMY S. GILKERSON
11741 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 14846/PG 985
ZONED: TR

13 TAX ID: 019-341-99
RONALD C. GILKERSON & TAMMY S GILKERSON
TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 16792/PG 562
ZONED: TR

PROPOSED WELL

17.5' TCE

11 TAX ID: 019-341-05
MICHAEL L. TINSLEY & TRACY W. TINSLEY
11737 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 07693/PG 262
ZONED: TR

10 TAX ID: 019-341-08
RAYMOND C. MULLIGAN & JENNIFER P. MULLIGAN
11745 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 10395/PG 721
ZONED: TR

UNCOMPENSATED TCE

TCE VARIES

20' SANITARY SEWER
25' PERMANENT EASEMENT

14 5' TCE

TAX ID: 019-341-04
JOHNSIE H. BAUCOM
11735 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 02203/PG 175
ZONED: TR

7.5' TCE

TAX ID: 019-341-
RONALD C. GILKERS
AND
TAMMY S. GILKERS
11743 TRAILS END L
HUNTERSVILLE, NC 28
DB 11936/PG 80
ZONED: TR

TAX ID: 019-341-12
WILLIAM RICHARD HUFFMAN AND RUTH S. HUFFMAN
11749 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 04337/PG 578
ZONED: TR

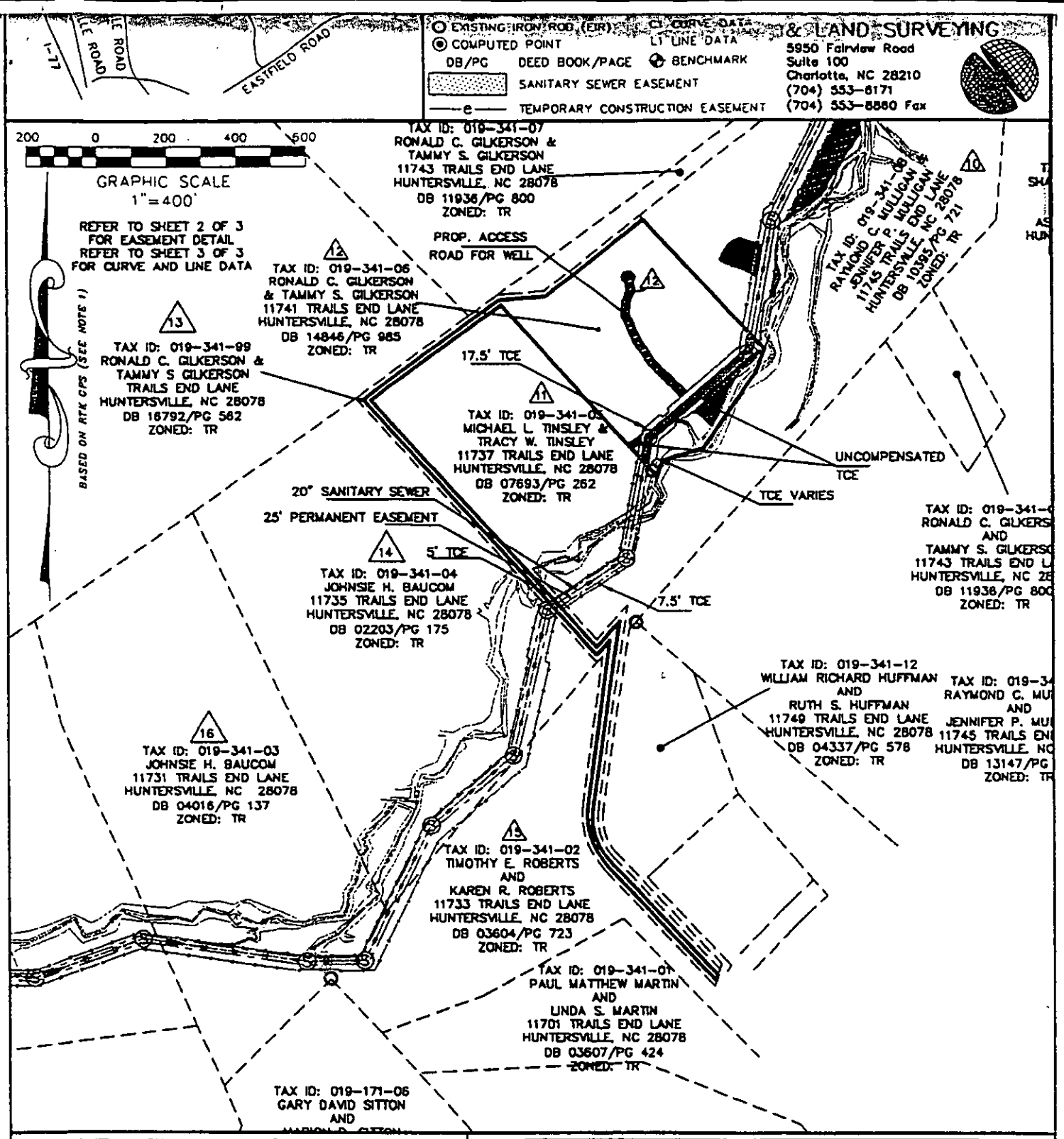
TAX ID: 019-3
RAYMOND C. MU
AND
JENNIFER P. MU
11745 TRAILS EN
HUNTERSVILLE, NC
DB 13147/PG
ZONED: TR

16 TAX ID: 019-341-03
JOHNSIE H. BAUCOM
11731 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 04016/PG 137
ZONED: TR

15 TAX ID: 019-341-02
TIMOTHY E. ROBERTS AND KAREN R. ROBERTS
11733 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 03604/PG 723
ZONED: TR

TAX ID: 019-341-01
PAUL MATTHEW MARTIN AND LINDA S. MARTIN
11701 TRAILS END LANE
HUNTERSVILLE, NC 28078
DB 03607/PG 424
ZONED: TR

TAX ID: 019-171-06
GARY DAVID SITTON



NO.	DATE	BY	REV
5	03-07-07	LKJ	REV. ALIGNMENT
6	03-15-07	LKJ	REV. ALIGNMENT
7	03-23-07	LKJ	REV. ALIGNMENT

I, _____ REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER _____ DATE 6/21/07

THIS MAP WAS PREPARED IN ACCORDANCE WITH THE MINIMUM TECHNICAL REQUIREMENTS FOR MAPPING IN NORTH CAROLINA FROM A SURVEY COMPLETED FOR OTHERS BY ME ON 3-26-07 AND IS INTENDED FOR USE IN SEWER RIGHT OF WAY ACQUISITION ONLY.

TIM E. WILLIAMS, PROFESSIONAL L-3691 DATE 3-26-07

NORTH CAROLINA PROFESSIONAL ENGINEERING & SURVEYING

SQ.FT.	ACRE(S)	DESCRIPTION
333,887±	7.665±	PARCEL BOUNDARY PER TAX RECORDS
13,061±	0.299±	SANITARY SEWER EASEMENT
15,346±	0.352±	TEMPORARY CONSTRUCTION EASEMENT
17,587±	0.403±	UNCOMPENSATED TCE

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

CHARLOTTE, NORTH CAROLINA

SANITARY SEWER EASEMENT TO SERVE
CANE CREEK OUTFALL

PROPERTY OF (see owner information below)
LOCATED IN HUNTERSVILLE TOWNSHIP,
NEAR THE CITY OF CHARLOTTE, STATE OF NORTH CAROLINA

SURVEYED BY: FORESITE SURVEYING

OWNER INFORMATION: 12

CMUD JOB NO.: 300-05-604

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 #: 10002663 **File #:** 4799A **Tax Parcel #:** 019-341-18
Property Owner: RONALD C. GILKERSON
Job Location Address: 11743 TRAILS END LN
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 9/13/2007
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)

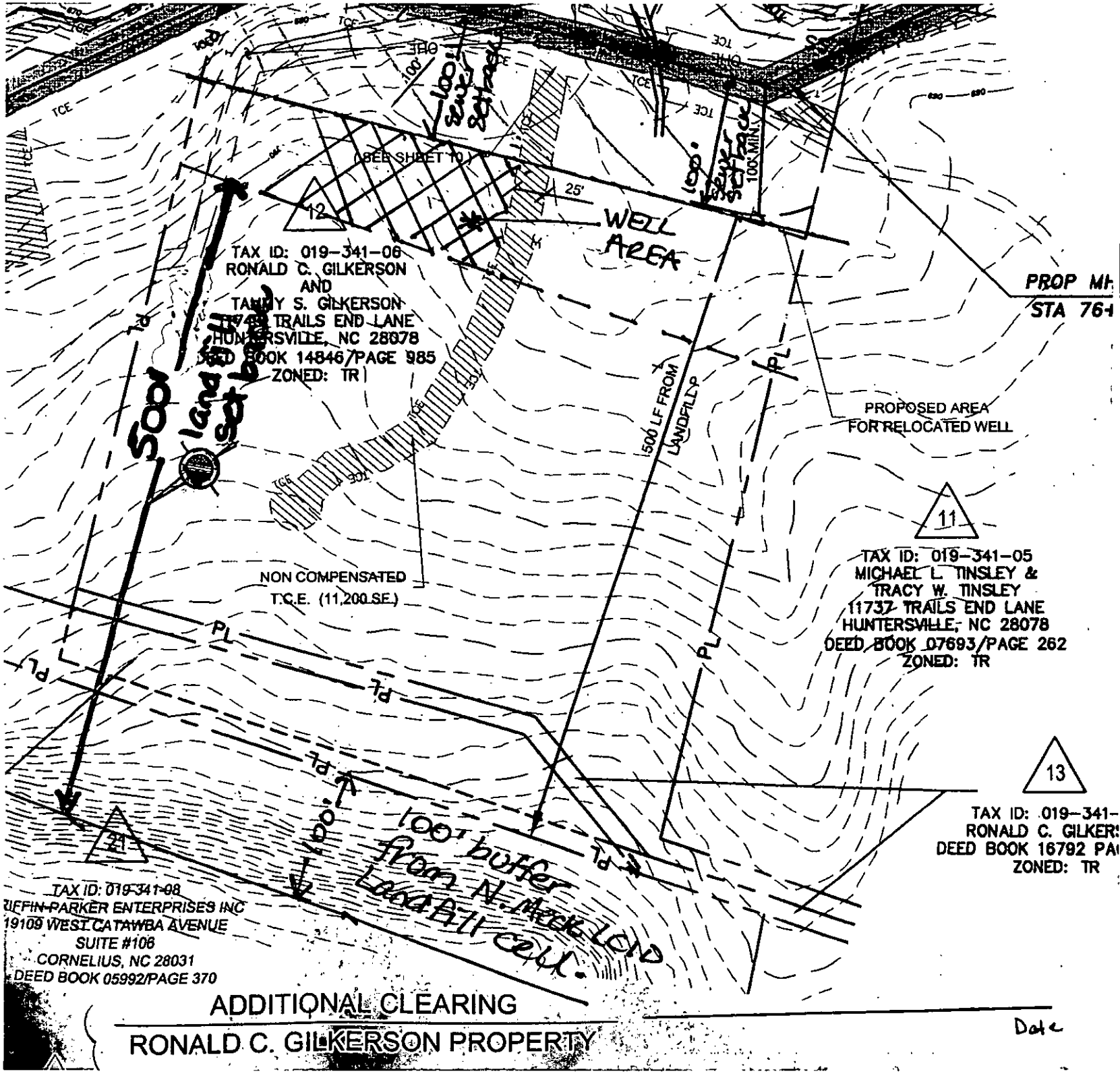
The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name
Kim Garrett, RSI
Signature:

McCall Brothers, Inc
Owner/Legal Agent: Print Name
Joe McAfee
Signature:

File # 4799A



ADDITIONAL CLEARING

RONALD C. GILKERSON PROPERTY

Date

Well Permit # 10002663

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

- 10' from property boundary
- 25' from building foundations
- 100' from water-tight public sewer line
- 50' from surface water bodies,

and shall not be located in any easement or right-of-way except for easements such as conservation easements.

RESIDENTIAL WELL CONSTRUCTION RECORD

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

41633086 WELL CONTRACTOR CERTIFICATION # 2214

1. WELL CONTRACTOR:

John V Kuykendall
Well Contractor (Individual) Name

McCall Bros Inc
Well Contractor Company Name

STREET ADDRESS 6700 Brookshire Blvd

Charlotte NC 28216
City or Town State Zip Code

(704) 399-1506
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) NA

STATE WELL PERMIT#(if applicable) NA

DWQ or OTHER PERMIT #(if applicable) 1000 2663

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 10-2-07

TIME COMPLETED 3:20 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Huntersville COUNTY Meck

11743 Trailsend Ln 28078
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐Slope ☐Valley ☑Flat ☐Ridge ☐Other
(check appropriate box)

LATITUDE 35° 23.531'

LONGITUDE 80° 48.864

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 Ron Gilkerson

STREET ADDRESS 11743 Trailsend Ln

Huntersville N.C. 28078
City or Town State Zip Code

(980) 721-3088
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 250'

b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐

c. WATER LEVEL Below Top of Casing: 15 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): 6 METHOD OF TEST Air lift

f. DISINFECTION: Type Chlorine Amount _____

g. WATER ZONES (depth):

From 60 To _____ From _____ To _____
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	1½ To	43½ Ft.	6		PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From	0 To	32 Ft.	portland	Tremie
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	5	Tan Clay
5	15	Sandstone
15	35	Brown Ft Gravel
35	50	Gray Granite
50	150	"
150	200	"
200	250	"

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.

John V Kuykendall 10-2-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John V. Kuykendall
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 668.

Form GW-1a
Rev. 7/05

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 2/4/2008 02:56 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO- 75353
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/28/2008 14:10
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 080128153613

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC54655 E. COLI-PA	**Absent**	**P/A**		SM 9223B	1/28/2008	16:08	SLT
AC54655 Total Coliform- P/A	**Present**	**P/A**		SM 9223B	1/28/2008	16:08	SLT

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

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

COC# 080128153613

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	11743 Trails End
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

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: 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
AC54655																					
GWO-75353	ksg	1/28/08 14:10	N/A N/A	N	N/A	2.5°C				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[illegible] Kim Garrett	[illegible]	01-28-08	1521
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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 2/4/2008 02:58 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO- 75353
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/28/2008 14:10 CHAIN OF CUSTODY #: 080128153949
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC54658 NITRATE	**<0.05**	**mg/L**	0.05	EPA 353.2	1/29/2008	13:08	MKV
AC54658 NITRATE/NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	1/29/2008	10:46	MKV
AC54658 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	1/29/2008	13:08	MKV

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	11743 Trails End
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 08012815394 9

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: 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
AC54658																						
GWO-75353	ksg	~~1/24~~/08 14:10	N/A N/A	N	15.2	6.0				X	500 ml		1			X					X	
	↓	↓	N/A N/A	N	↓					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
Kim Garrett	Laurie Hawkes	01-28-08	1521
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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date/Time: 2/29/2008 10:07

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 080221165209

Sample ID	Location Code	Location Description		Collection Type	Sample Date/Time		
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*
AC58493	**G-NEW**	**GWO-75630**		**Grab**	**2/21/2008 14:55**		
	Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	2/21/2008 16:17	SLT
Comment							
AC58493	**G-NEW**	**GWO-75630**		**Grab**	**2/21/2008 14:55**		
	E. COLI-PA	**Absent**	**P/A**		SM 9223B	2/21/2008 16:17	SLT
Comment							

Laboratory Supervisor: _____

Laboratory Certifications:McAlpine N.C.DENR Cert No.148; Brookshire N.C.DENR Cert No.162; Hal Marshall N.C.DENR Cert 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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	11743 Trails End
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 08022[illegible]5209

Sampled By (Print Name):
Kim Garrett

AC58493

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
GWO-75630	ksg	2/21/08 2:55PM	N/A N/A	N	N/A	[illegible]				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	2/21/08	1610
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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

February 29, 2008

Ron Gilkerson
11743 Trails End Lane
Huntersville, NC 28078

RE: Water Sampling Results
11743 Trails End Lane
PID #019-341-18

Dear Ron:

On January 28 and February 21, 2008, staff with Mecklenburg County Groundwater & Wastewater Services sampled your drinking water well.

Laboratory results for the analysis are attached and indicate that at the time of sampling, total coliform bacteria were absent (2/21/08), nitrate level was <0.05 mg/l, (Nitrate-N levels are acceptable if ≤ 10 mg/l), and the nitrite level was <0.05 mg/l, (Nitrite levels are acceptable if <1.0 mg/l).

A copy of the laboratory results is enclosed for your review. If you have any questions concerning these results, please contact me at 704-432-4259.

Sincerely,

Kim Garrett
Environmental Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov

Enclosure: Laboratory Analysis

D Tyndall

FILE NUMBER: 4799A

Revised On: January 3, 2007

APPLICATION NUMBER: 2949

SEPTIC FEE: _____
DATE: _____

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

WELL FEE:
DATE: 11/5/07

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 019-341-18
STREET ADDRESS: 11743 Trails End Lane
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

8A. RANK: ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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 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	

10. PROPERTY OWNER:

NAME: Ron Gilkerson
ADDRESS: 11743 Trails End Ln.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 399-1506
MOBILE PHONE: 309-0071 FAX: 398-2605

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

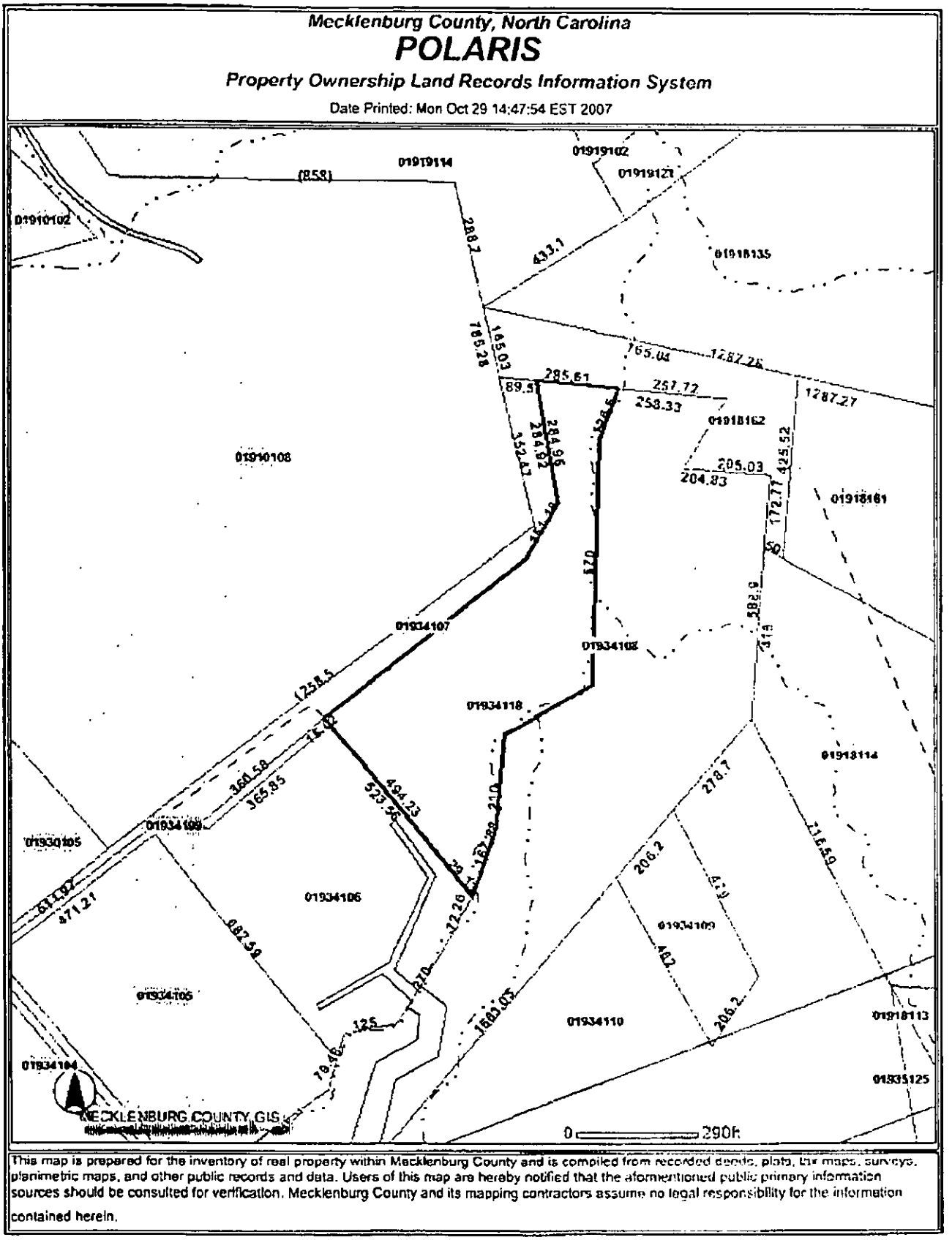
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring..

_____
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

Joe Mcalpine 10-29-07
Property Owner's or Owner's Legal Representative Signature Date

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



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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#: 10002949 **File #:** 4799A **Tax Parcel #:** 019-341-18
Property Owner: RON GIKERSON
Job Location Address: 11743 TRAILS END LN
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 11/12/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

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 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)

Other Conditions of This Permit:

Kim Garrett, REHS
Authorized Agent: Print Name

McCall Brothers, Inc.
Owner/Legal Agent: Print Name

Kim Garrett, REHS
Signature:

Joe McAlpine
Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

1. WELL CONTRACTOR:
Pete FLOREA
Well Contractor (Individual) Name
McCALL BROS. INC.
Well Contractor Company Name
STREET ADDRESS 10700 BROOKSHIRE BLVD.
CHARLOTTE NC 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)
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY MECK QUADRANGLE NAME
NEAREST TOWN: Huntersville
11743 TRAILS END LN.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 23.521
LONGITUDE 80° 48.883
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)

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME RON GILKERSON
STREET ADDRESS 11743 TRAILS END
HUNTERSVILLE NC 28078
City or Town State Zip Code
(980) - 721-3088
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 150 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 40 ft.
Measuring point is 0 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ____ ft. ____ in.
b. Casing Removed: ____ ft. ____ in.

7. DISINFECTION: 6 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement ____ lb. Water ____ gal.
Sand Cement: Cement ____ lb. Water ____ gal.
Bentonite: Bentonite 2,300 lb. Type: Slurry__ Pellets V Water ____ gal.
Other: Type material ____ Amount ____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED Bentonite Down CASING

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, unit depths and types of fill materials used.

11. DATE WELL ABANDONED 12-9-07

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

Pete Florea 12-15-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL
Ashley Crompton

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 566.

Form GW-30
Rev. 5/06