

9427 HARRISBURG RD

11103108

1/9/2008

duponbj

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/23/05
Receipt #: 36544
Check / Auth #: CHECK 2512
Received By: WALKEVA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CASEY R. FRANKLIN
Attn:
Address: 1005 SNOWFLAKE CT.
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9431 HARRISBURG ROAD LOT #B		1	200.00	200.00

5427

Outstanding Balances

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

Lot B AF635

GWS – RES. APP 07/05

SEPTIC FEE: $200.00
DATE: 8/23/05
CRT #: CK# 2512 Y. Walka

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 # 6101B

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 #: 11103108 94 Lot B 1
STREET ADDRESS: 9435 Harrisburg Rd
CITY: Charlotte 9427
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1
TOWNSHIP:
☒ 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:

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: Frank Casey
ADDRESS: 10005 Snow Flake Ct
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: 704-537-1596 WORK PHONE:
MOBILE PHONE: 704-575-6695 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 — Date 9/14/05

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

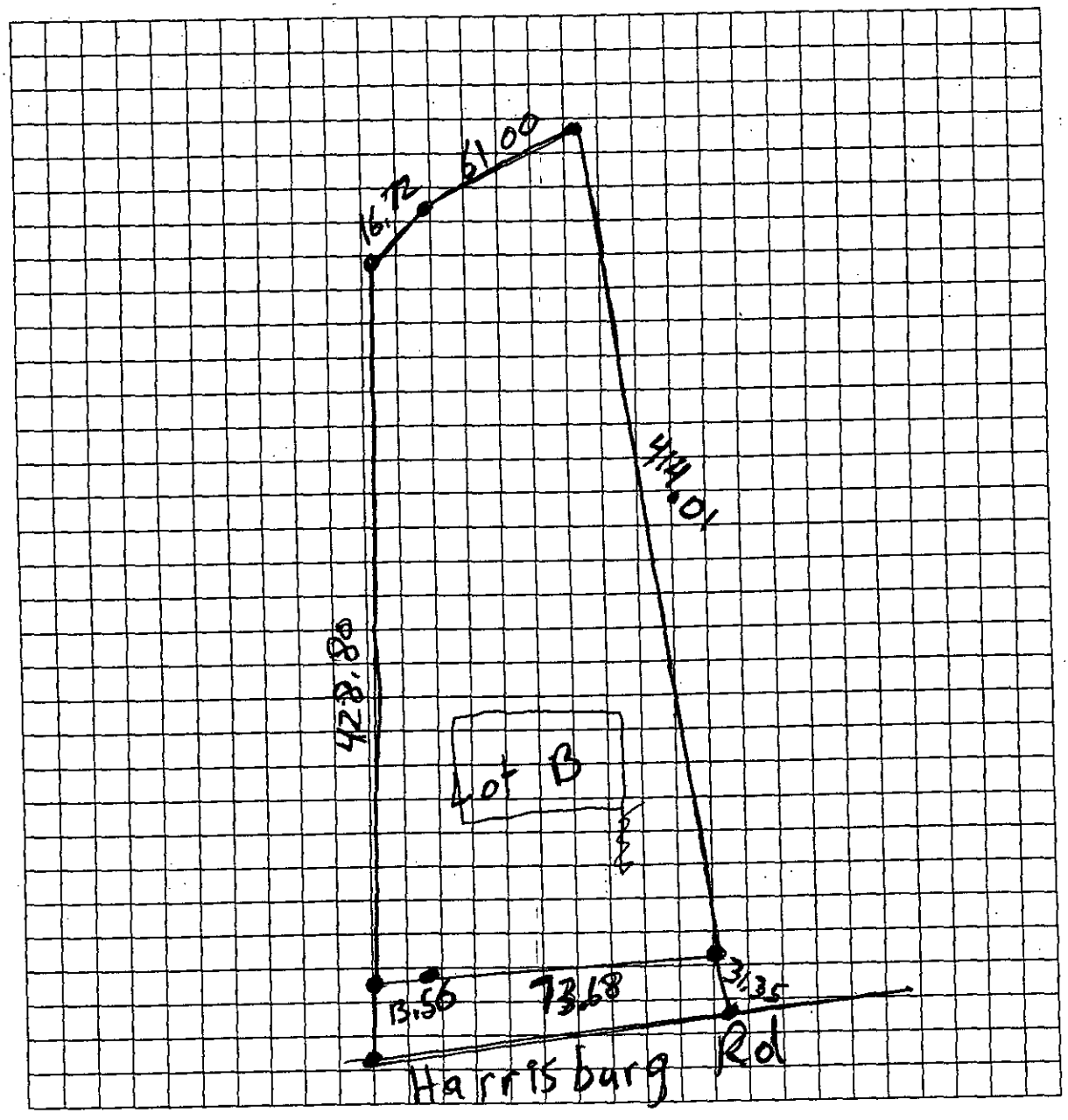
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

File #_____
Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature	Staff Signature
Date 9/14/05	Date

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID # PO 111-031-08
Lot #: B
File #: 6101B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Frank Casey
Applicant:
Address: 1005 Snow Flake Court, Charlotte, N. C. 28215
Date Evaluated: 9/1/05
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .75a
Location of Site: 9431 Harrisburg Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-9	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		9-45	SBK/C	FI/SEXP/S/P					
		45-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-10	GR/CL	"	"	"	"	"	"
		10-48	SBK/C	FI/SEXP/S/P					
3	"	0-9	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					
4	"	0-13	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		13-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

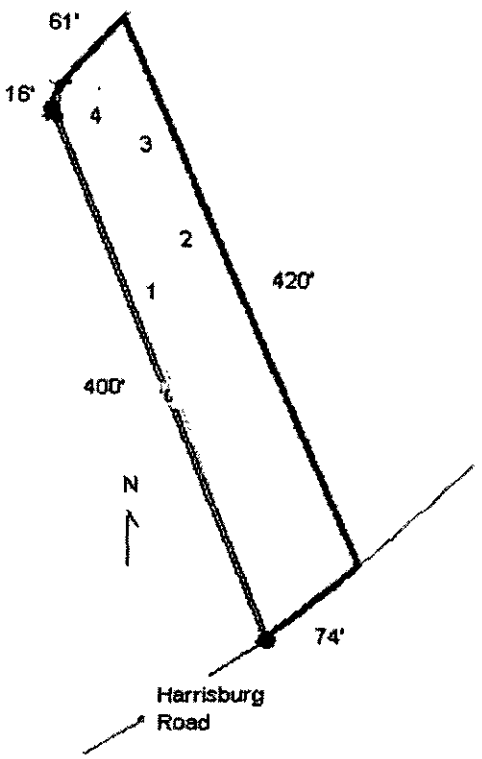
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/2/2005, W. R. Marlin
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations

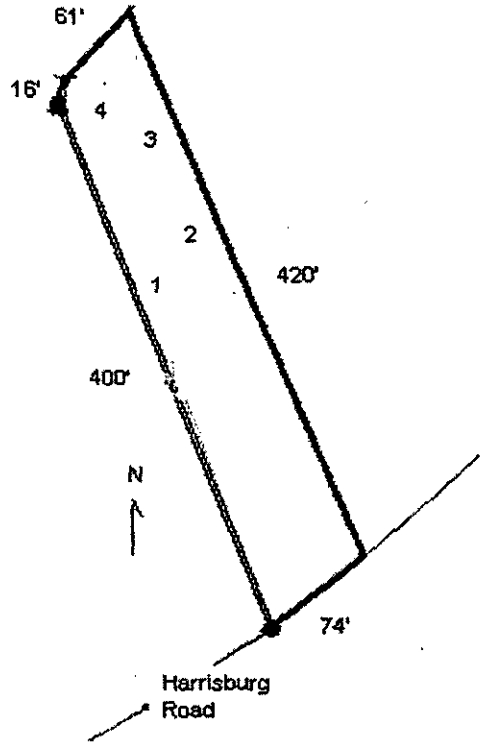


COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6101B** Tax Number: **111-031-08**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. *There* is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No *industrial process* wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	400 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	na Gallon pump tank	12 Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **Use drop boxes for serial distribution**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1200 Absorption Area (ft^2) 300 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent — Date 9-19-05

Owner/Agent Signature — Date 9/14/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

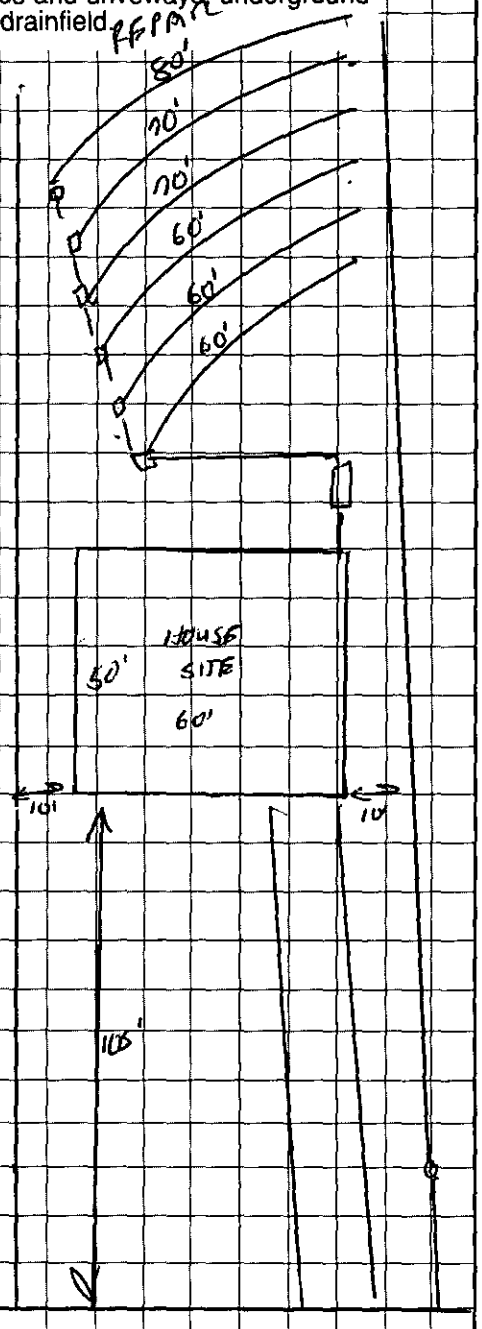
FILE: 6101 B

TC: 111-031-08

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.

PERMIT FOR
LOT B @ 943 HARRISBURG ROAD.

SCALE 1" = 40'



(1) PERMIT FOR A 3 BEDROOM RESIDENCE WITH A 1500 gal SEPTIC TANK, 400' OF DRAINLINE, UTILIZING ARCH BOXES FOR SERIAL DISTRIBUTION.

(2) INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR.

(3) REPAIR AREA TO BE TYPE II-G ENGINEERED.

(4) KEEP ALL PARTS OF SEPTIC TANK SYSTEM AT LEAST 100' FROM ALL WELLS.

OWNER/AGENT SIGNATURE

DATE 9/14/05

APPROVAL DATE 9/4/05

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

FEE: 0.00

DATE: 4/7/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6101B

PERMIT NUMBER: 30000635

PARCEL NUMBER: 11103108

JOB LOCATION INFORMATION

ADDRESS: 9427 HARRISBURG

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: TARA PROPERTIES, INC.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 4/6/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000635, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 9/14/2010

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6101B Permit #: 6101B Tax Parcel #: 111-031-~~08~~ 94 08

Property Owner: FRANK CASEY

Job Location Address: ~~9427~~ 9431 HARRISBURG RD. LOT B

City: CHARLOTTE State: NC Zip Code: 28215

Installation Approval Issuance Date: 4/6/06

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 approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/20/06, after which date this approval shall be null and void. 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: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 6 @ _____ feet (3X60', 70'X2, 1X80')

Depth of Media: 12 inches (Type) GRAVEL

Distribution Device: DROP BOX

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 _____

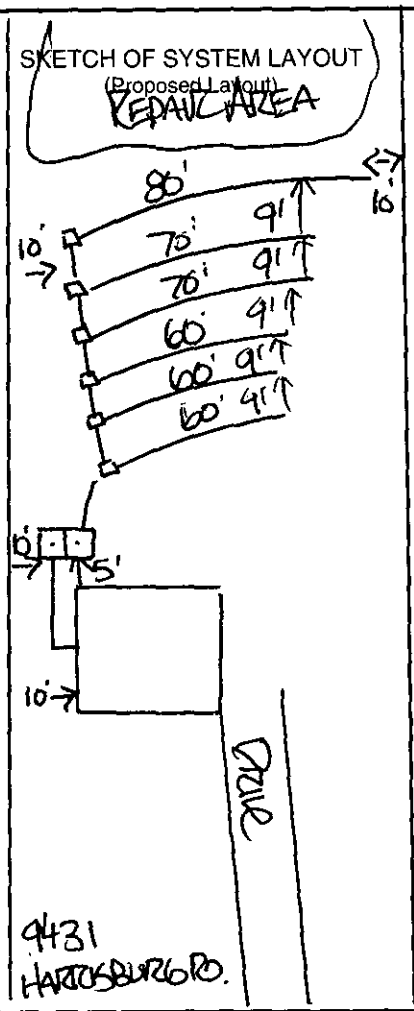
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 7100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: TYPE II CONVENTIONAL, INSTALL 6 LINES @ 60', 60', 60' 70', 70' & 80', 1500ST, DROP BOX DISTRIBUTION. REPAIR TYPE III g.

DENR Authorized Agent: DAVID COTTRELL, RS Signature: DAVID COTTRELL, RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6101B Permit #: 6101B Tax Parcel #: 111-031-94

Property Owner: FRANK CASEY

Job Location Address: 9427 HARRISBURG RD., LOT B

City: CHARLOTTE State: NC Zip Code: 28215

Operation Permit Issuance Date: 4/21/06 Contractor Name: W.T. NORWOOD

Permitted Design Flow: 360 GPD
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: N/A gallons
Effluent Pump Model: N/A

Drainfield Installation ☐ N/A
Trench Depth: 30 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 400 feet
# of Lines: 4 @ 100 feet
Depth of Media: 12 inches (Type) TIRE CHIPS
Depth of Cover: 12 inches
Distribution Device: D-BOX

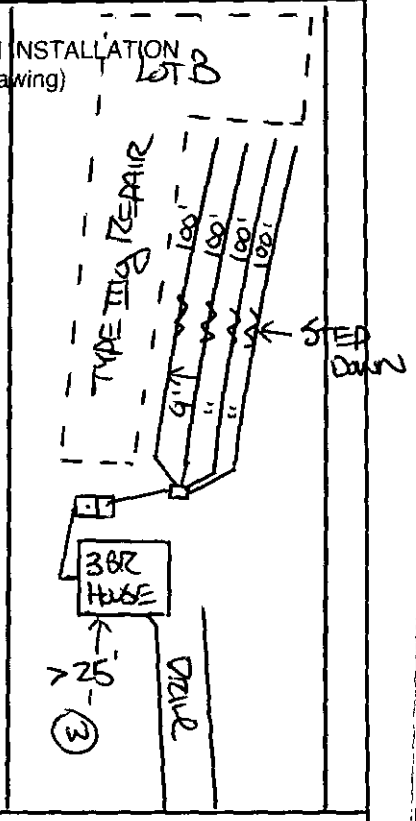
Bed Installation *(For Repair Installations ONLY.)* ☐ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

Water Supply Source
☐ Municipal ☑ Private Well ☐ Community Well
☐ Other _____

System Installation Setbacks
Distance from Building Foundation: 5 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 50 feet

Inspection Dates
Tank(s) Inspected: 4/21/06
Excavation Inspected: 4/21/06
Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



9431 HARRISBURG RD.

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: TYPE II CONVENTIONAL, TIRE CHIPS 12", 4 LINES @ 100' + 1 STEP DOWN PER LINE, 1500ST, D-BOX DISTRIBUTION, TYPE II REPAIR AREA

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, RS

#515

GWS – RES. APP 07/05

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

FILE # .6101B

WELL FEE: $400.00
DATE: 3/10/06
CRT [IMC 0001]

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 #: ~~111-03108~~ 111-031-08
STREET ADDRESS: 9427 Harrisburg Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☑ 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: 1912
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

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: TARA PROPERTIES INC
ADDRESS: 4400 Suite A Morrow Pk Dr
CITY: Charlotte
STATE: NC ZIP: 28207
HOME PHONE: 704-289-7928 WORK PHONE: SAME
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: ALAN CONNER
ADDRESS:
CITY: SAME
STATE: ZIP:
HOME PHONE: 704-289-7928 WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/1/05
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4/1/06

*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 3-7-06 Date

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

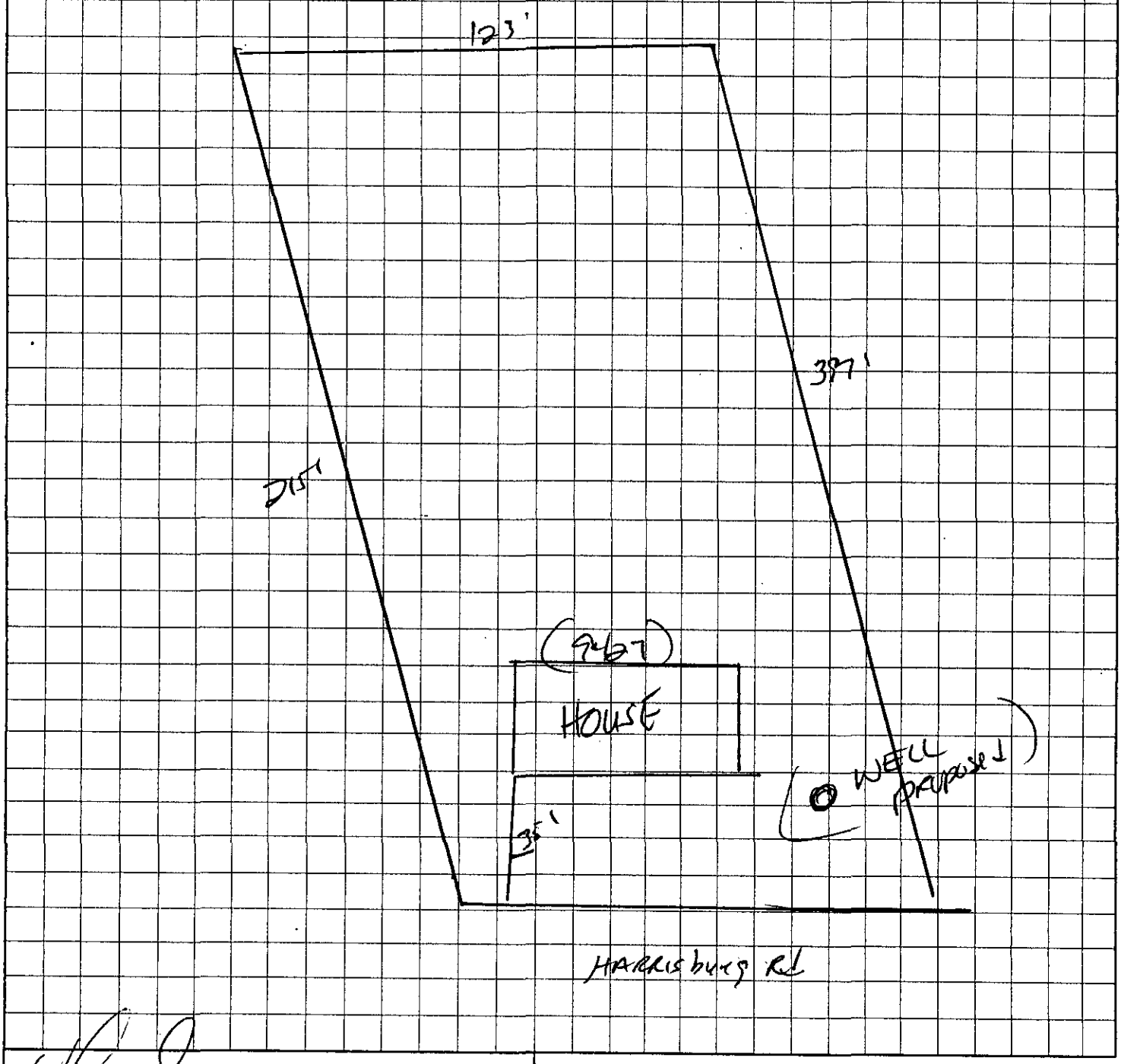
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6101B ~~6031B~~

TC: 111-031-08

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.



OWNER/AGENT SIGNATURE

DATE 3-10-06

APPROVAL DATE _____

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

Date:3/14/2006
Reviewed By: DFT

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 111-031-08 File # ~~6391B~~ 6101B

Street Address: 9427 Harrisburg Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 111-031-16 MPL #733 Estes Property

Street Address: 9805 Harrisburg Road, Charlotte

DENR Incident #: None Located

Current Status: Closed Why? Heat Oil UST excavated 4-21-98. Contaminated soils removed then.

Responsible Party: Ms. Starr C. Estes

Responsible Party Contact Info: 1207 Matthews Plantation Drive
Matthews, NC 28105

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map. Yes
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? Yes

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

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location? NO

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Well allowed with following requirement: Full grouting of casing.
No additional sampling is prescribed since no contamination from the heating oil UST has been detected in the potable well at the contamination site (MPL#733 Estes Property 9805 Harrisburg Road). This proposed will is approximately 1,200 away from contamination site.

EPIC Report for ARGU Review
9427 Harrisburg Road
Tax Parcel ID # 111-031-08
File #~~6391B~~ 6101B

Public water supplied by CMU is NOT available at this site.

03/14/2006 (Tuesday) – Received e-mail notification for ARGU review for new water supply well located at 9427 Harrisburg Road.

3/14/2006 (Tuesday) – Conducted ARGU review:

Contacted Charlotte Mecklenburg Utilities - municipally supplied water is NOT available to 9427 Harrisburg Road.

Identified one MPL site within 1,500 feet of the subject parcel:

MPL# 733 Estes Property
9805 Harrisburg Road
Contamination site is located approximately 1,200 feet from proposed new well location.

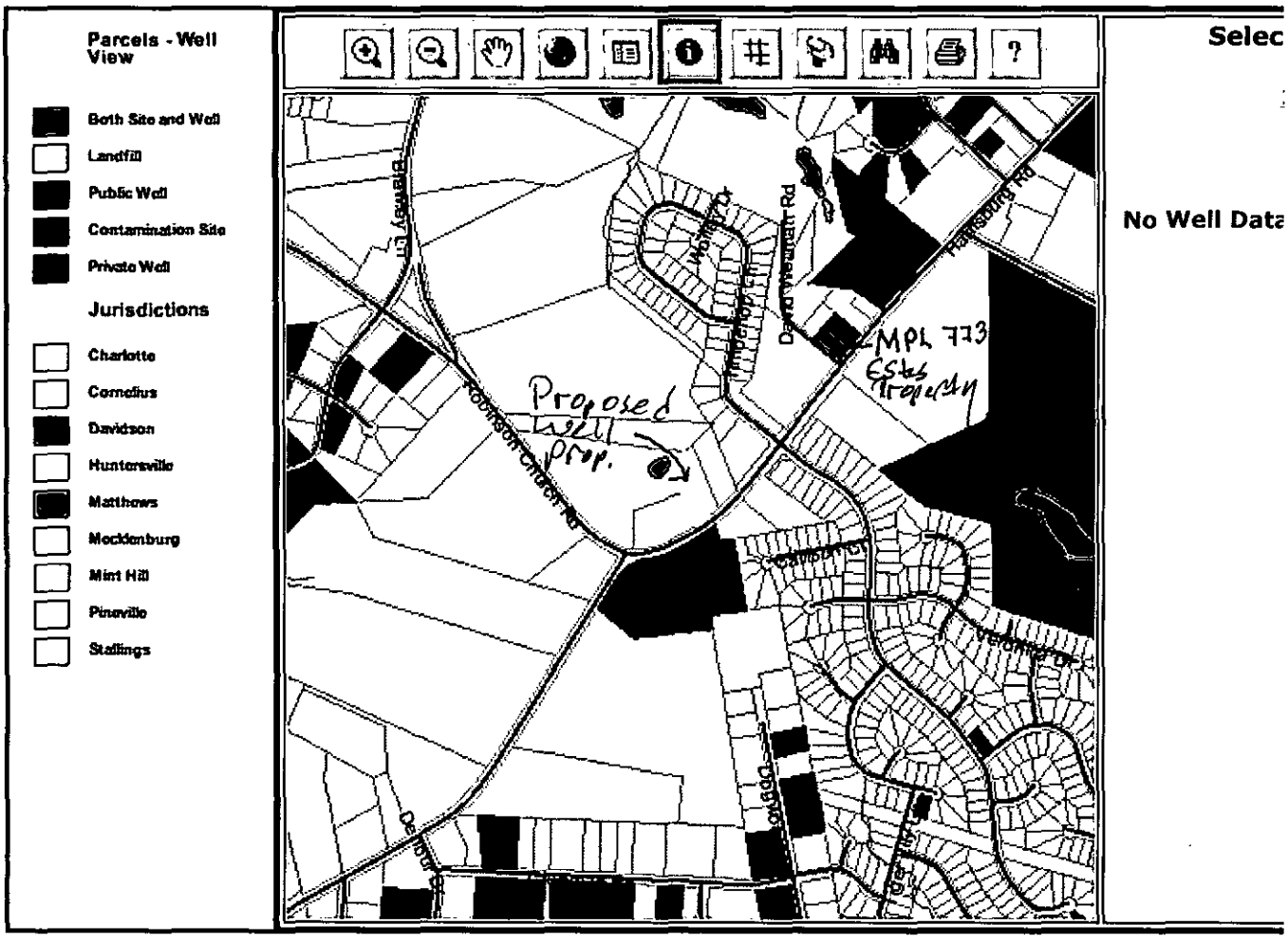
File review of Estes Property file indicates:

- Home heating OIL UST removed 4-21-98 by CCA Environmental.
- Contaminated soil removed at time of UST removal.
- Potable wells at 9805 and 9813 Harrisburg Road were sampled by County staff on 4/17/98. No contamination detected in either sample.
- Well at 9805 Harrisburg Road was sampled again on 5/4/2004 for VOCs and Semi-Volatile Organics. No contaminants detected in that sample.

Based on this review this permit application is approved with the following conditions:

Full grouting of well casing. No sampling required since the potable well at 9805 Harrisburg Road (contamination site) has tested clean both times sampled.

END.


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Selec
No Well Data
Proposed well prop.
MPL 773
Estes Property
Robinson Church Rd
Harrisburg Rd
Deerfield Rd
Hunter Ct
Hunterton Ln
Cambridge Ct
Veronica Ct

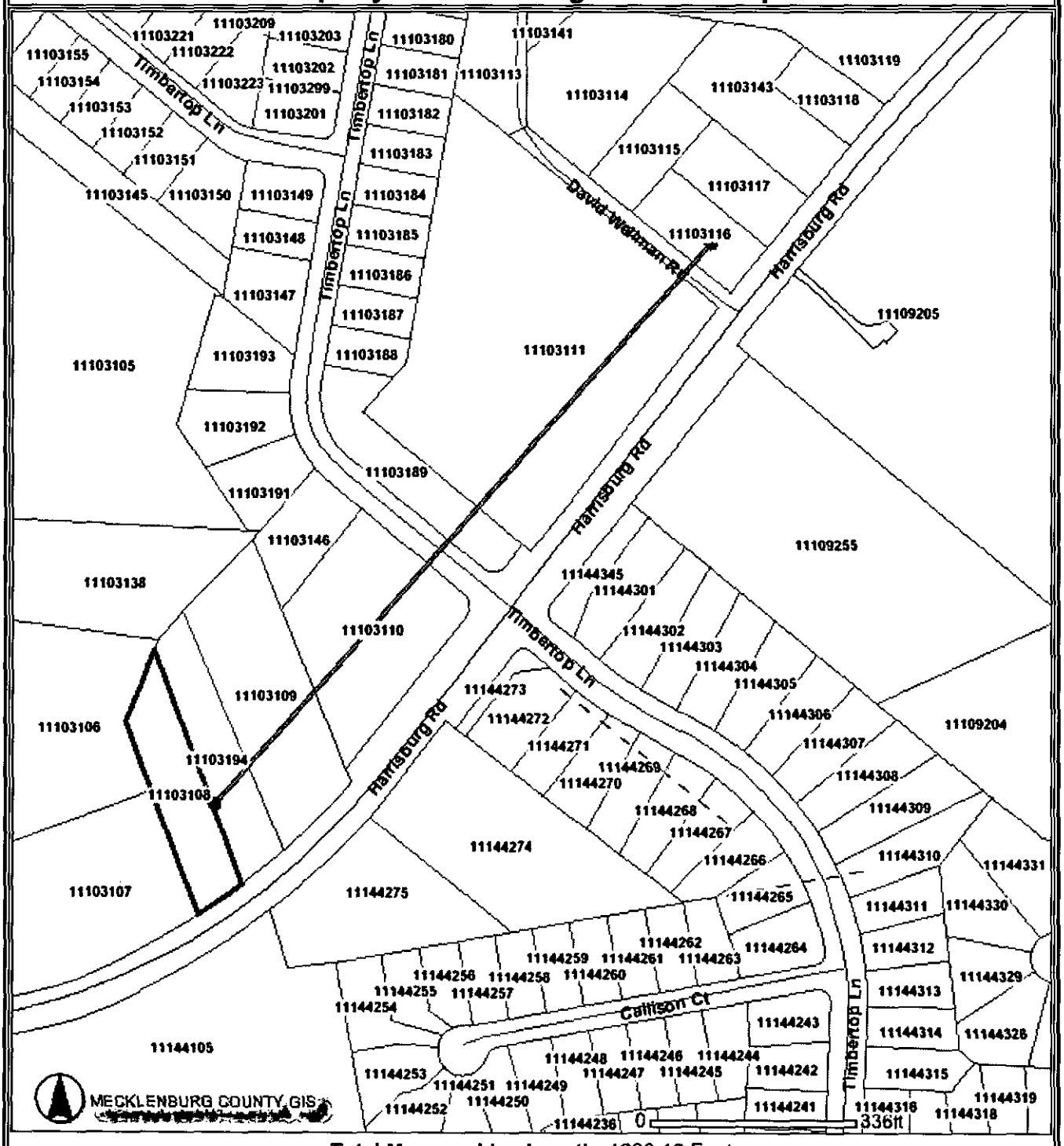
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Mar 14 13:45:46 EST 2006

ARGU Review FILE 6391B: Distance from proposed well parcel 111-031-08 to MPL#773 Estes Property Home Heating Oil UST site parcel 111-031-16.



Total Measure Line Length: 1200.12 Feet

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.

ACTIVITY REPORT

LOG NUMBER: 2006-00147 **ACTIVITY DATE:**03/14/2006
TYPE OF ACTIVITY: Office Report
FILE DESCRIPTOR: GW-G- ESTES PROPERTY

SITE INFO

SITE: ESTES PROPERTY **PARCEL ID:**11103116
ADDRESS: 9805 HARRISBURG RD
CHARLOTTE NC 28215- -

CONTACT: MS. STARR C. ESTES
BUSINESS PHONE NO: (704) 847-7497

ACTIVITY

EPIC Report for ARGU Review
9427 Harrisburg Road
Tax Parcel ID # 111-031-08
File # ~~63918~~ 61018

Public water supplied by CMU is NOT available at this site.

03/14/2006 (Tuesday) - Received e-mail notification for ARGU review for new water supply well located at 9427 Harrisburg Road.

3/14/2006 (Tuesday) - Conducted ARGU review:

Contacted Charlotte Mecklenburg Utilities - municipally supplied water is NOT available to 9427 Harrisburg Road.

Identified one MPL site within 1,500 feet of the subject parcel:

MPL# 733 Estes Property
9805 Harrisburg Road
Contamination site is located approximately 1,200 feet from proposed new well location.

File review of Estes Property file indicates:
" Home heating OIL UST removed 4-21-98 by CCA Environmental.
" Contaminated soil removed at time of UST removal.
" Potable wells at 9805 and 9813 Harrisburg Road were sampled by County staff on 4/17/98. No contamination detected in either sample.
" Well at 9805 Harrisburg Road was sampled again on 5/4/2004 for VOCs and Semi-Volatile Organics. No contaminants detected in that sample.

Based on this review this permit application is approved with the following conditions:

Full grouting of well casing. No sampling required since the potable well at 9805 Harrisburg Road (contamination site) has tested clean both times sampled.

END.

VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

SAMPLES

SUMMARY

STATUS: CLOSED
DATE CLOSED: 04/11/2006
MISC EXPENSES: 0.00

TIME ON SITE: 0:00
TRAVEL TIME: 0:00
ADMIN TIME: 2:00
MILEAGE:

STATE REPORT FORM:
SUMMARY:

SIGNATURES

ENVIRONMENTALIST: _____ **DATE** 03/14/2006
Dennis Tyndall

REVIEWED BY: _____ **DATE** 04/11/2006
Kelly Randall

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 #: 10000515 **File #:** ~~6391B~~ 6101B **Tax Parcel #:** 111-031-08
Property Owner: Tara Properties, Inc.
Job Location Address: 9427 HARRISBURG RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 3/15/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

[X] Grout must be placed the full extent of the casing. [ ] Casing to bedrock

[ ] 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:

Additional sampling requirements waived by the Department.

DAVID CORNELIUS
Authorized Agent: Print Name

Signature:

Tara Properties by Alan Conner
Owner/Legal Agent: Print Name

Signature:

~~6091B~~ 6101B

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038 - 2036

1. WELL CONTRACTOR:
John M Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9300 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704 545 5194
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT #(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 4-10-06
TIME COMPLETED 4-10-06 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Mecklenburg
9427 Harrisburg Rd
(Street Number, Nearest Intersection, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other:
(check appropriate box)
LATITUDE 35° 14.263
LONGITUDE 80° 40.106
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 TARA PROPERTIES
STREET ADDRESS 6036 Concord Hwy
Monroe NC 28110
City or Town State Zip Code
704 753-9247
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 190'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS / 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): 50 METHOD OF TEST AIR

6. DISINFECTION: Type HTH Amount 1 QT

8. WATER ZONES (depth):
From 155 To 165 From ____ To ____
From 170 To 175 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 100'	Ft.	6"	SCH 40	PVC
From ____	To ____	Ft.	____	____	____
From ____	To ____	Ft.	____	____	____

7. GROUT:

	Depth		Material	Method
From 0	To 100'	Ft.	Cement	Pumped
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	40	Red Clay
40	70'	Brown Sand Stone
70	100'	Gray Stone
100	190'	Blue & White & Black Diamond

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 M Mullis 4-11-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
John M. Mullis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1b
Rev. 7/05

CHARLOTTE

Laboratory Analysis Report
Report Date: 7/14/2006 03:42 PM

LABORATORY SERVICES DIVISION

LOCATION: G-515 9427 HARRISBURG RD
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/12/2006 12:50 CHAIN OF CUSTODY #: 06070211
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB79305	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	7/13/2006 8:45	KEK
AB79305	**Total Coliform**	**absent**	**P/A**		SM 9223B	7/13/2006 8:45	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

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:	9427 Harrisburg Rd., Charlotte, NC 28215
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#: 06070211

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
A679305 G-515	DH	7-12-06 12:50pm	N/A N/A	N	NA	10.8				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		7/12/06	1618

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: 7/18/2006 04:08 PM

LABORATORY SERVICES DIVISION

LOCATION: G-515 9427 HARRISBURG RD
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/12/2006 12:50 CHAIN OF CUSTODY #: 06070212
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB79306	**NITRATE**	**0.63**	**mg/L**	0.05	EPA 353.2	7/14/2006 10:12	EWN
AB79306	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	7/13/2006 16:43	EWN

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:	9427 Harrisburg Rd., Charlotte, NC 28215
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#: 06070212
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
AB79316 G-515	DH	7-12-06 12:50pm	N/A N/A	N	18°C	5.5				X	500 ml		1			X				~2 V	X	
G-515	DH	7-12-06 12:50pm	N/A N/A	N	18°C	4.8				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		7/12/06	1620
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