


5740 SIMPSON RD

03323108

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

CHARLOTTE.

**Laboratory Analysis Report**
Report Date: 4/25/2006 12:24 PM

## LABORATORY SERVICES DIVISION

LOCATION: G-120
LOC ID: G-SPEC
SAMPLE DATE-TIME: 4/3/2006 15:05
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB68310
CHAIN OF CUSTODY #: 06040028

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB68310** | **NITRATE** | **0.41** | **mg/L** | 0.05 | EPA 353.2 | 4/4/2006 13:02 | EWN |
| **AB68310** | **NITRITE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 4/5/2006 10:57 | 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: | 5732 Simpson Rd., Charlotte, NC 28216 |
| 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#:** 06040028
Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | Chemical Preservative: HNO3 | Chemical Preservative: H2SO4 | Chemical Preservative: NaOH | Chemical Preservative: HCl | Chemical Preservative: Na2S2O3 | Chemical Preservative: pH Correct | Analyses Requested: Nitrate | Analyses Requested: Nitrite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G- 120 | DH | 4-3-06 3:05 pm | N/A N/A | N | 17.1 | 30 | | | | X | 500 ml | | 1 | | | X | | | | | X | |
| G- 120 | DH | 4-3-06 3:05 pm | N/A N/A | N | | | | | | X | 125 ml | | 1 | X | | | | | | | | X |
| | | | | | | | | | | | | | | | | | | | | | | |
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4/4/06

**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 | | 4-3-06 | 1640 |
| | | | |
| | | | |
| | | | |
| | | | |

Form Revision 07; effective 02/16/2006

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

CHARLOTTE.

**Laboratory Analysis Report**
Report Date: 4/6/2006 04:19 PM

## LABORATORY SERVICES DIVISION

*LOCATION: G-120*
LOC ID: G-SPEC
SAMPLE DATE-TIME: 4/3/2006 15:05
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB68311
CHAIN OF CUSTODY #: 06040029

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| AB68311 | E. COLI-PA | absent | P/A | | SM 9223B | 4/4/2006 9:45 | KEK |
| AB68311 | Total Coliform | absent | P/A | | SM 9223B | 4/4/2006 9:45 | KEK |

Comment:

Laboratory Supervisor: Keith Neal (MDC)

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: | 5732 Simpson Rd., Charlotte, NC 28216 |
| 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#:** 0604029

Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G- 120 | DH | 4-3-06 3:05PM | N/A N/A | N | N/A | | | | | X | 100ml | | 1 | | | | | | X | X | X |
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**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 | | 4-3-06 | 16:40 |
| | | | |
| | | | |
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| | | | |

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

## COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

**Name of Owner or Tenant:** Cranford, Nancy/Fraser, James **County:** Mecklenburg

**Address:** 5732 Simpson Rd. Charlotte, NC **ZIP:** 28216

**Source:** Well **Type of Sampling Point:** Well head

**Collected By:** ZP **Date:** 9/14/2005 **Time:** 1:30 PM

**Signed By:** Petersen, Zach **Analysis Type:** Private

**Report To:** Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

### BACTERIOLOGIC ANALYSIS

| CONTAMINANTS | RESULT |
|---|---|
| Total Coliform (ColilertRoutine) | Present |
| Fecal/E. coli | Absent |

**Sample No:** AA89417 **Date Received:** 9/15/2005 **Time Received:** 8:40:00 AM

**Date Reported:** 9/16/2005 **Today's Date:** 9/16/2005

**Comments:**

NCPH

North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Petersen, Zach
700 North Tryon St., Suite 208
Charlotte, NC 28202

**Courier** **05-16-21**

## Explanations

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

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

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

## COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

**Name of Owner or Tenant:** Crawford, James & Nancy **County:** Mecklenburg

**Address:** 5732 Simpson Rd Charlotte **ZIP:** 28216

**Source:** Well **Type of Sampling Point:** Well head tap

**Collected By:** CB **Date:** 8/23/2005 **Time:** 12:00 PM

**Signed By:** Buchanan, Cina **Analysis Type:** Private

**Report To:** Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

### BACTERIOLOGIC ANALYSIS

| CONTAMINANTS | RESULT |
|---|---|
| Total Coliform (ColilertRoutine) | Absent |

**Sample No:** AA89042 **Date Received:** 8/24/2005 **Time Received:** 9:00:00 AM

**Date Reported:** 8/25/2005 **Today's Date:** 8/25/2005

**Comments:**

NCPH

North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Buchanan, Cina
700 North Tryon St., Suite 208
Charlotte, NC 28202

**Courier 05-16-21**

## Explanations

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

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

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

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

## INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

**Name of System:** Fraser, Jams & Crawford, Nancy H.
**Address:** 5732 Simpson Rd.
Charlotte, NC **Zip:** 28216
**County:** MECKLENB

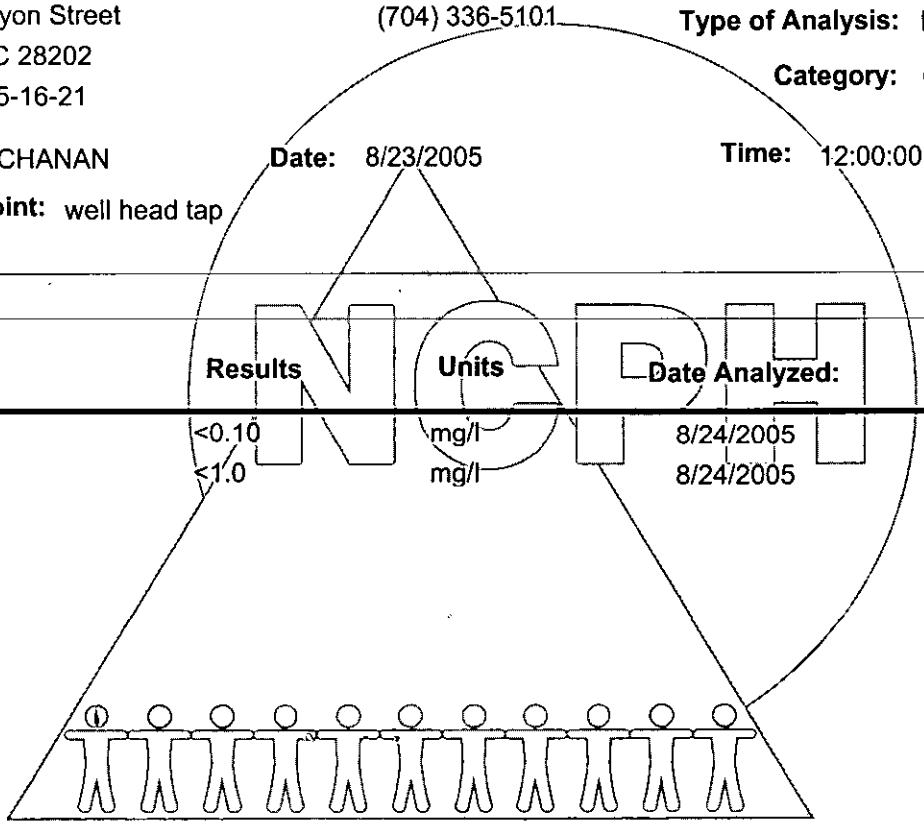
**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis:** Nitrate
**Category:** Other

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

**ATTN:** Cina Buchanan
(704) 336-5101

**Collected By:** CINA BUCHANAN **Date:** 8/23/2005 **Time:** 12:00:00 PM
**Location of sampling point:** well head tap
**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Nitrite as N | <0.10 | mg/l | 8/24/2005 |
| Nitrate as N | <1.0 | mg/l | 8/24/2005 |




North Carolina Public Health
State Laboratory of Public Health

**EXPLANATION OF RESULTS:**

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

**Sample Temperature on Receipt:** 7.0 °C
**Date Received:** 8/24/2005 **Report Date:** 9/7/2005 **Reported By:**
**Today's Date:** 9/7/2005 **Reference:** 10483 **Login Batch** 05080053 **Sample Number:** AB31284

## Explanations

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

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

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

6082B

Sent w/ Cmt 8-8-05

# WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print): KELVIN BELK - CHARLES BRIDGES CERTIFICATION #: 3336

WELL CONTRACTOR COMPANY NAME: D.L. MULLIS WELL DRLG. PHONE #: (704) 545-5694

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

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

2. WELL LOCATION:
Nearest Town: CHARLOTTE County: MECKLENBURG
5740 Simpson Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting: ☒ Ridge ☐ Slope ☐ Valley ☐ Flat (check appropriate box)

Latitude/longitude of well location: _____ (degrees/minutes/seconds)

Latitude/longitude source: ☐ GPS ☐ Topographic map (check box)

3. OWNER: JIM + NANCY CRAWFORD
Address: 5740 Simpson Road (Street or Route No.)
CHARLOTTE N.C. 28216 (City or Town, State, Zip Code)
(704) 392-0859 (Area code- Phone number)

| DEPTH From | DEPTH To | DRILLING LOG Formation Description |
|---|---|---|
| 0' | 20' | red clay |
| 20' | 76' | gray sandy loam |
| 76' | 99' | pit gravel |
| 99' | 300' | black + white sparkled granite |

4. DATE DRILLED: 8-5-05
5. TOTAL DEPTH: 300'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 30' FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1'E FT. Above Land Surface* (*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.)
9. YIELD (gpm): 4 METHOD OF TEST: AIR
10. WATER ZONES (depth): 150'
11. DISINFECTION: Type: HTH Amount: 1lb.
12. CASING:

| | Depth | | Diameter | Wall Thickness or Weight/Ft. | Material |
|---|---|---|---|---|---|
| From +1/2' | To | 99' Ft. | 6"/8" | .25" | PVC |
| From | To | Ft. | | | |
| From | To | Ft. | | | |

13. GROUT:

| | Depth | | Material | Method |
|---|---|---|---|---|
| From | 0 | To 20 Ft. | Concrete | Pumped |
| From | | To Ft. | | |

14. SCREEN:

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From | | To Ft. | in. | in. | |
| From | | To Ft. | in. | in. | |

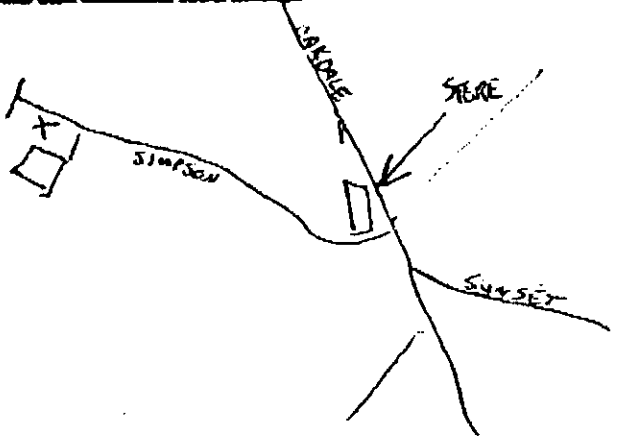
15. SAND/GRAVEL PACK:

| | Depth | | Size | Material |
|---|---|---|---|---|
| From | | To Ft. | | |
| From | | To Ft. | | |

16. REMARKS: _____

LOCATION SKETCH

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




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

Kelvin Belk 8-5-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

GW-1 REV. 07/2001

Date: 7/28/2005
Reviewed By: DFT

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 033-231-09 File # 6082B

Street Address: 5732 SIMPSON RD Charlotte

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 #: 033-081-03 MPL # 644

Street Address: 3015 Kelly Road (Ronald Brewer LCID Landfill)

DENR Incident #: NONE

Current Status: Open Landfill Why? Permit Valid

Responsible Party: NONE (no incident at this address) Site added to MPL List with all other LCID Landfills in county.

Responsible Party Contact Info:

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.
Based on this information, answer the following questions:

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

| | |
|---|---|
| If 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: This proposed well is greater than 1500-ft from the closest MPL site Ronald Brewer LCID Landfill and greater than 2000-ft to 3 other landfills (see attached map). Maximum buffer for Landfills to wells is 500-feet. Buffer for LCID Landfills to wells is 100 feet. No additional sampling requirements are being recommended as a result of this review.

**App. #:** 120

Septic Fee: 0

Date:

CRT[ ]

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

**FILE #** 6082B

Well Fee: 400.00

Date: 7/28/2005

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 #: 033-231-09

STREET ADDRESS: 5732 SIMPSON RD

CITY: CHARLOTTE

STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

**BUILDING INFORMATION:**

**TYPE OF BUILDING:**

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(●) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[✓] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: James Fraser & Nancy Hipp Crawford

ADDRESS: 5732 Simpson Road

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28216

HOME PHONE: 704-398-0859 WORK:

MOBILE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DL Mullis Well Drilling

ADDRESS: PO Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK:

MOBILE: 704-545-5694 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

# MECKLENBURG COUNTY WELL INFORMATION SYSTEM

## ARGU Review File 6082B




The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

# ACTIVITY REPORT



**LOG NUMBER:** 2005-00259
**ACTIVITY DATE:** 07/28/2005
**TYPE OF ACTIVITY:** Office Report
**FILE DESCRIPTOR:** WST-LCIDP- RONALD BREWER LANDFILL

## SITE INFO

**SITE:** RONALD BREWER LANDFILL
**PARCEL ID:** 03308103
**ADDRESS:** 3015 KELLY RD
CHARLOTTE NC 28216- -

**CONTACT:** Ronald J. Brewer
**BUSINESS PHONE NO:** (704) 399-5500

## ACTIVITY

EPIC Report for ARGU Review
5732 Simpson Road
Tax Parcel ID #033-231-09
File # 6082B

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

06/08/2005 - Received application for new water supply well. Well is located on Northern ½ of parcel 033-231-09 (see map in file). Four landfills are located near this site.

1) Ronald Brewer LCID Landfill (open)
2) F.T. Williams Oakdale Road LCID Landfill (closed)
3) James Bailey Landfill (closed)
4) Love-McClure LCID Landfill (closed)

None of these landfills are within 1500 ft of the proposed well site.

No portion of the proposed well property is within an area of regulated groundwater usage.

Review of topographic maps indicates a stream separates the closest landfill site (Ronald Brewer LCID Landfill) from the proposed well parcel. The proposed well site is hydraulically upgradient of the landfill and stream Hydraulic movement of any contaminants from the landfill to the proposed well site is very unlikely due to the distance (>1500-ft), topography and stream location.

Because of the distance from the potential contamination sites, the topographic relationship of the closest sites no additional sampling requirements are being prescribed as part of this ARGU review.

Based on this review this permit application is approved with no additional requirements

## VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

## SAMPLES

## SUMMARY

**STATUS:** OPEN
**DATE CLOSED:**
**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** 07/28/2005
Dennis Tyndall

**REVIEWED BY:** _____ **DATE** / /

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 #:** 10000120 **Tax Parcel #:** 033-231-09
**Property Owner:** James Fraser & Nancy Hipp Crawford
**Job Location Address:**5732 SIMPSON RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 7/28/2005
**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 Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

| | | |
|---|---|---|
| ☐ Volatile Organic Compounds (VOC's) | ☐ Semi-volatile Compounds | ☐ Metals (Specify in Other Conditions) |
| ☐ Pesticides | ☐ Herbicides | ☐ Other (See Below) |

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

**Other Conditions of This Permit:**

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

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

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**Property Owner:** James Fraser & Nancy Hipp Crawford
**Job Location Address:**5732 SIMPSON RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 7/28/2005
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

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| ☐ 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:**

Jeremy Michelone, R.S.
Authorized Agent: Print Name

Jeremy Michelone, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

*Mecklenburg County, North Carolina*

# *POLARIS*

***Property Ownership Land Records Information System***

Date Printed: Fri Jul 29 14:02:09 EDT 2005

## Well Permit# 120




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 aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tommy Mecklin, R.S. 7/28/05

Permit #120

GWS – RES. APP 12/04

SEPTIC FEE:
DATE:
CR'T #:

# 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

COPY

WELL FEE: 400.00
DATE: 1/27/05
CR'T #: Check 6887

FILE # 60828

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 033-231-09 5732 Master Address
STREET ADDRESS: 5740 SIMPSON RD. Viewed
CITY: CHARLOTTE
STATE: NC ZIP: 28216-5876
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: 1,400
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

BURIED CABLES, LANDFILLS, STUMPHOLES ☑ YES ☐ NO
(WELLS) SPRINGS, OR (WATER LINES) ☑ YES ☐ NO
EXISTING WASTEWATER SYSTEMS ☑ YES ☐ NO
DESIGNATED WETLANDS ☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☑ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☑ NO

**PROPERTY OWNER:**

NAME: JAMES FRASER & NANCY HIPP CRAWFORD
ADDRESS: 5740 SIMPSON RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28216-5876
HOME PHONE: 704-398-0859 WORK PHONE: N/A
MOBILE PHONE: 704-517-1707 FAX: N/A

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: FAX: 545 9449

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 7/18/96

**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.

~~James Fraser Crawford~~ ~~Nancy Hipp Crawford~~ 1/27/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

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James Fraser Crawford
Nancy Hipp Crawford
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

GWS – RES. APP 12/04

SEPTIC FEE: [illegible]
DATE: [illegible]
CK# [illegible]

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

WELL FEE: 400.00
DATE: 12/2/05
CK#: Check 6887

**FILE #** 60828

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

**WELL / TYPE APPLICATION:** ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

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☑ HOUSE (H) ☐ OTHER

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☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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| | | | | | |
|---|---|---|---|---|---|
| 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: JAMES FRASER & NANCY HIPP CRAWFORD
ADDRESS: 5740 SIMPSON RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28216-5876
HOME PHONE: 704-398-0859 WORK PHONE: N/A
MOBILE PHONE: 704-517-1707 FAX: N/A

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DLMullis Well Drilling
ADDRESS: PO BOX 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
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James Fraser Crawford
Nancy Hipp Crawford 12/2/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

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James Fraser Crawford
Nancy Hipp Crawford
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

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) 336-8894

File # 6082B
Date 1/28/05

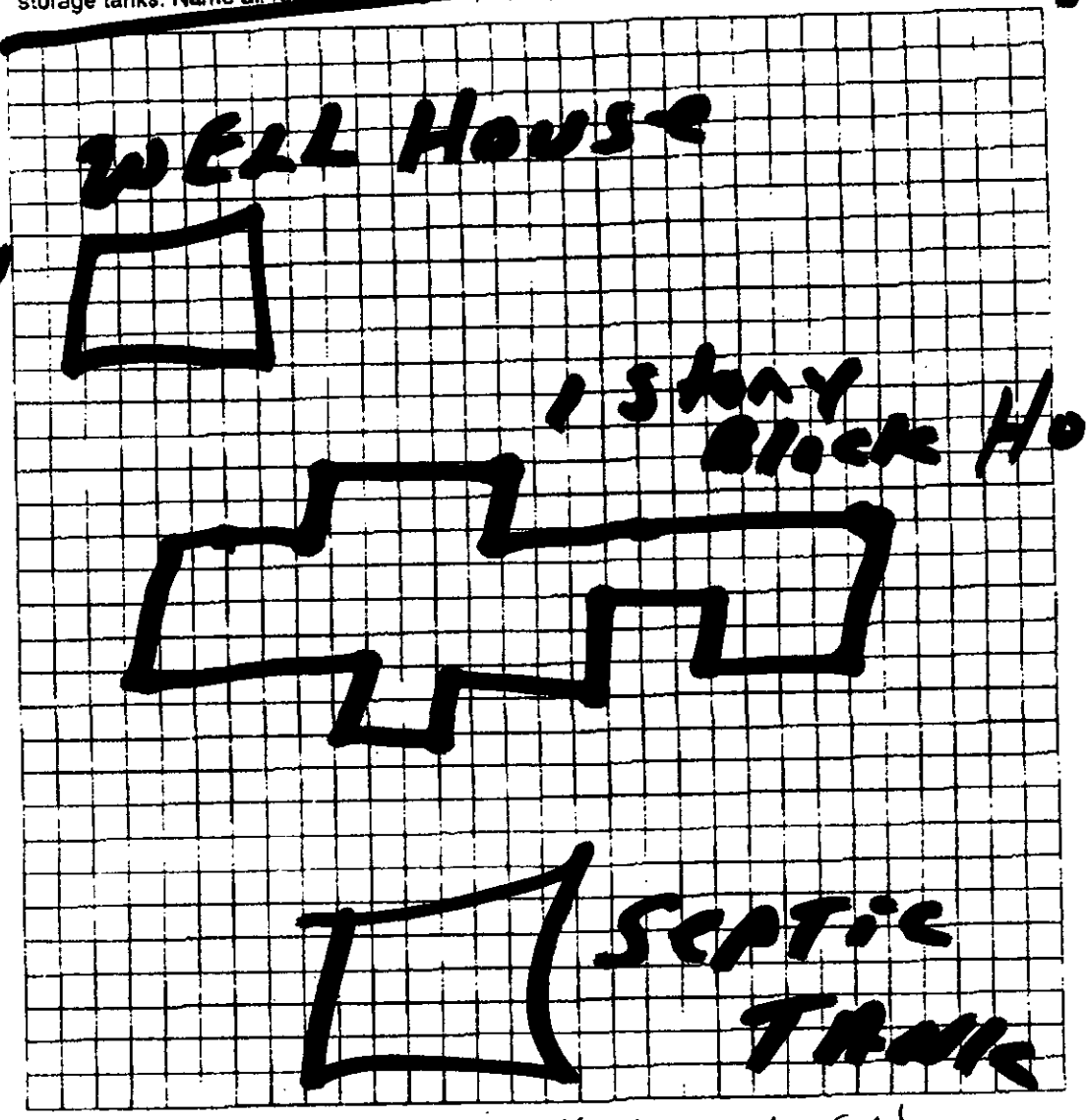
## PROPOSED PLOT PLAN

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. If a repair, indicate the type of repair.

Simpson Road

Road

5740 Simpson Road




NANCY HIPP CRAWFORD

Owner/Agent Signature James T Crawford

Date 2/25/05

Sign & Date please

REAR OF HOUSE

LBC 12/15/04

Pool

Pool

Simple House

Simple House

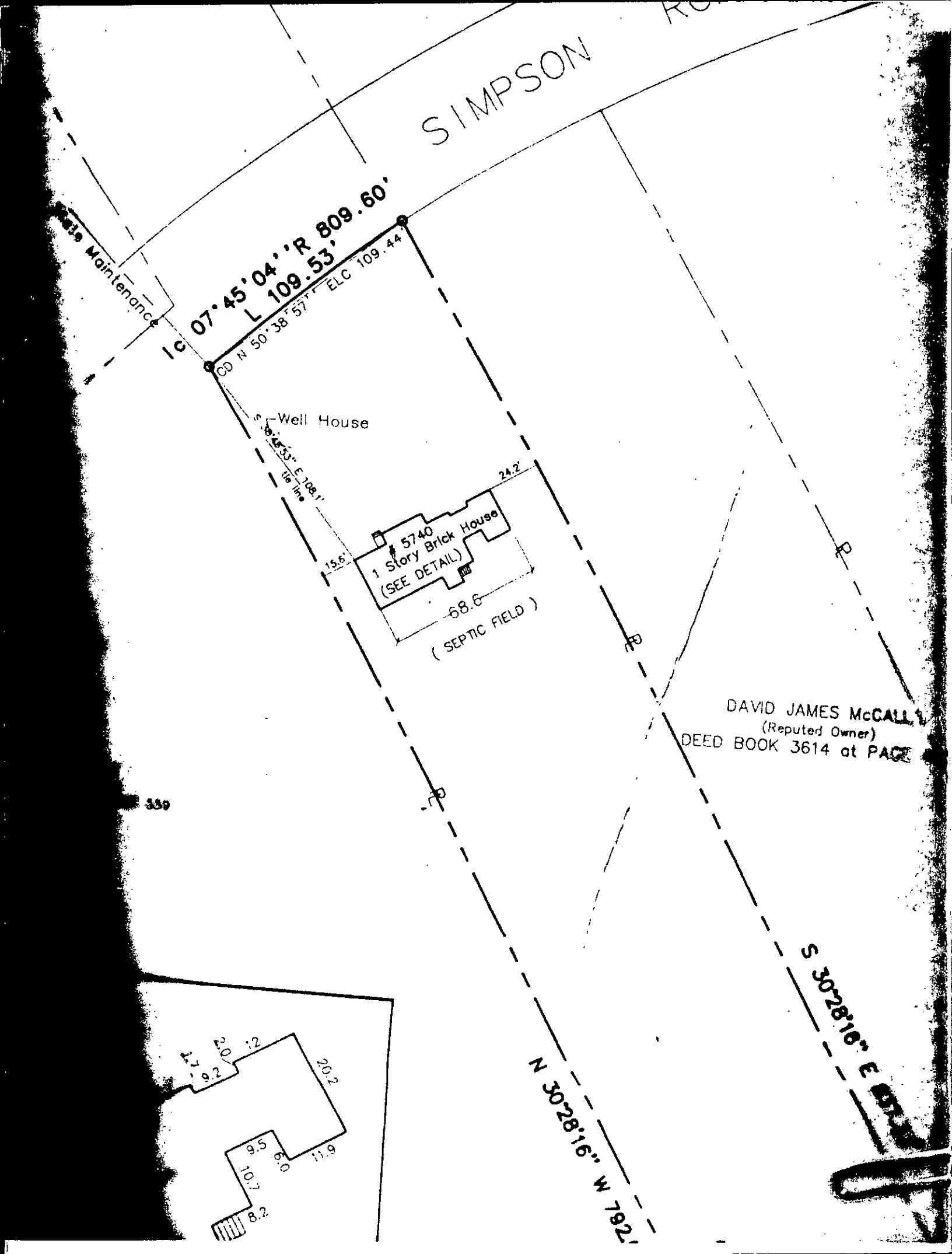
Pool

Pool House

Pool House

Simple House

Simple House

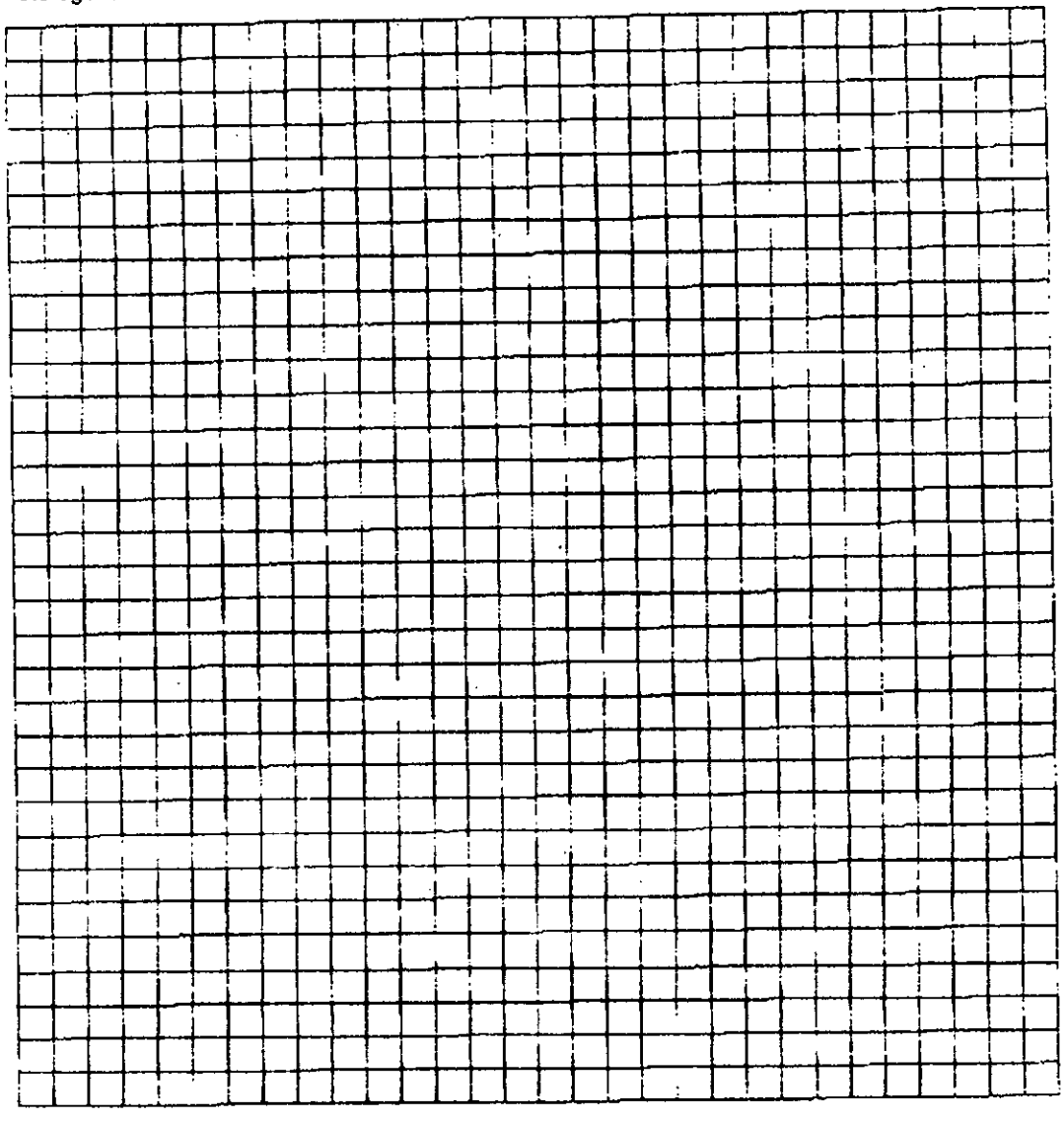

SIMPSON
Maintenance
Lc 07°45'04" R 809.60'
L 109.53'
CD N 50°38'57" E LC 109.44'
Well House
S 39°45'53" E 108.1'
tie line
24.2'
15.6'
5740
1 Story Brick House
(SEE DETAIL)
68.6
( SEPTIC FIELD )
DAVID JAMES McCALL
(Reputed Owner)
DEED BOOK 3614 at PAGE
S 30°28'16" E
N 30°28'16" W 792.
339
4.7
9.2
2.0
1.2
20.2
9.5
6.0
11.9
10.7
8.2

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

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Owner/Agent Signature

Date

Please Sign & Date

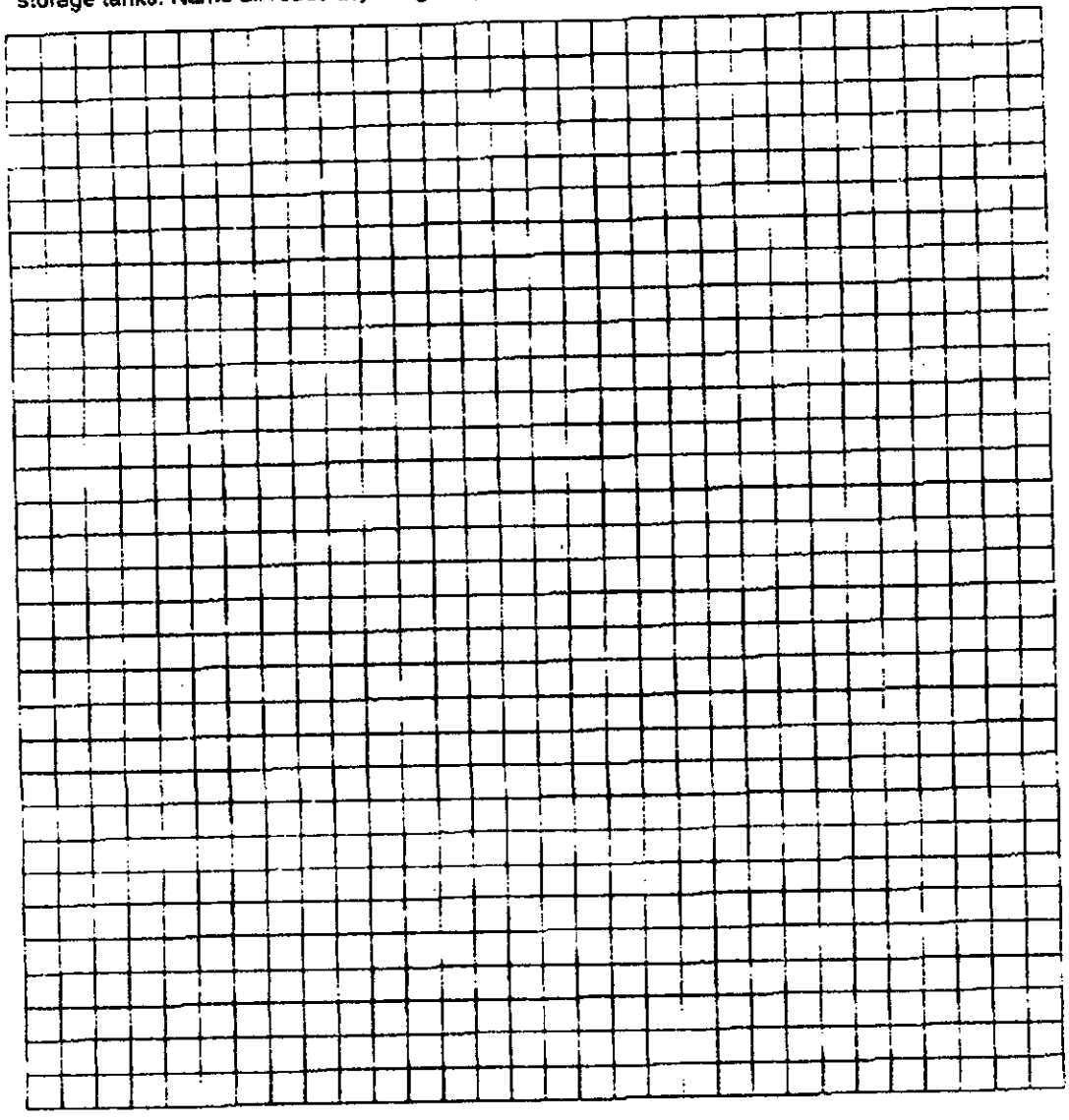
LBC 12/15/04

Mecklenburg County
Land Use & Environmental Service Agency
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700 N. Tryon St., Suite 211
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Phone: (704) 336-5103
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File #_____
Date_____

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Owner/Agent Signature

Date

Sign & Date Please

LBC 12/15/04

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/27/05 | **Amount:** | 400.00 |
| **Receipt #:** | 36078 | **Tendered:** | 400.00 |
| **Check / Auth #:** | CHECK 6887 | **Returned:** | 0.00 |
| **Received By:** | WALKEVA | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | CRAWFORD JAMES F. |
| **Attn:** | |
| **Address:** | 5740 SIMPSON ROAD |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28216 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>5740 SIMPSON ROAD | | 1 | 400.00 | 400.00 |

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

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