

4601 SOUTH BV

14915104

1/9/2008

duponbj

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 5/5/2005 04:27 PM

LABORATORY SERVICES DIVISION

LOCATION: 4601 S. BLVD
LOC ID: G-NEW
SAMPLE DATE-TIME: 5/2/2005 14:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB35128
CHAIN OF CUSTODY #: 05050027

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB35128	E. COLI-PA	Absent	P/A		SM 9223B	5/3/2005 10:15	RDW
AB35128	Total Coliform	Absent	P/A		SM 9223B	5/3/2005 10:15	RDW

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 OF

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4601 S. Blvd Charlotte 28209

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To:

700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 050202

Sampled By (Print Name)
PAUL CORNELIUS

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GREEN THUMB NURSERY																																
GWS-		5/2/05 2:40 PM		N	21.2					X	100 ml		1						X		X											
				N																													
				N																													
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

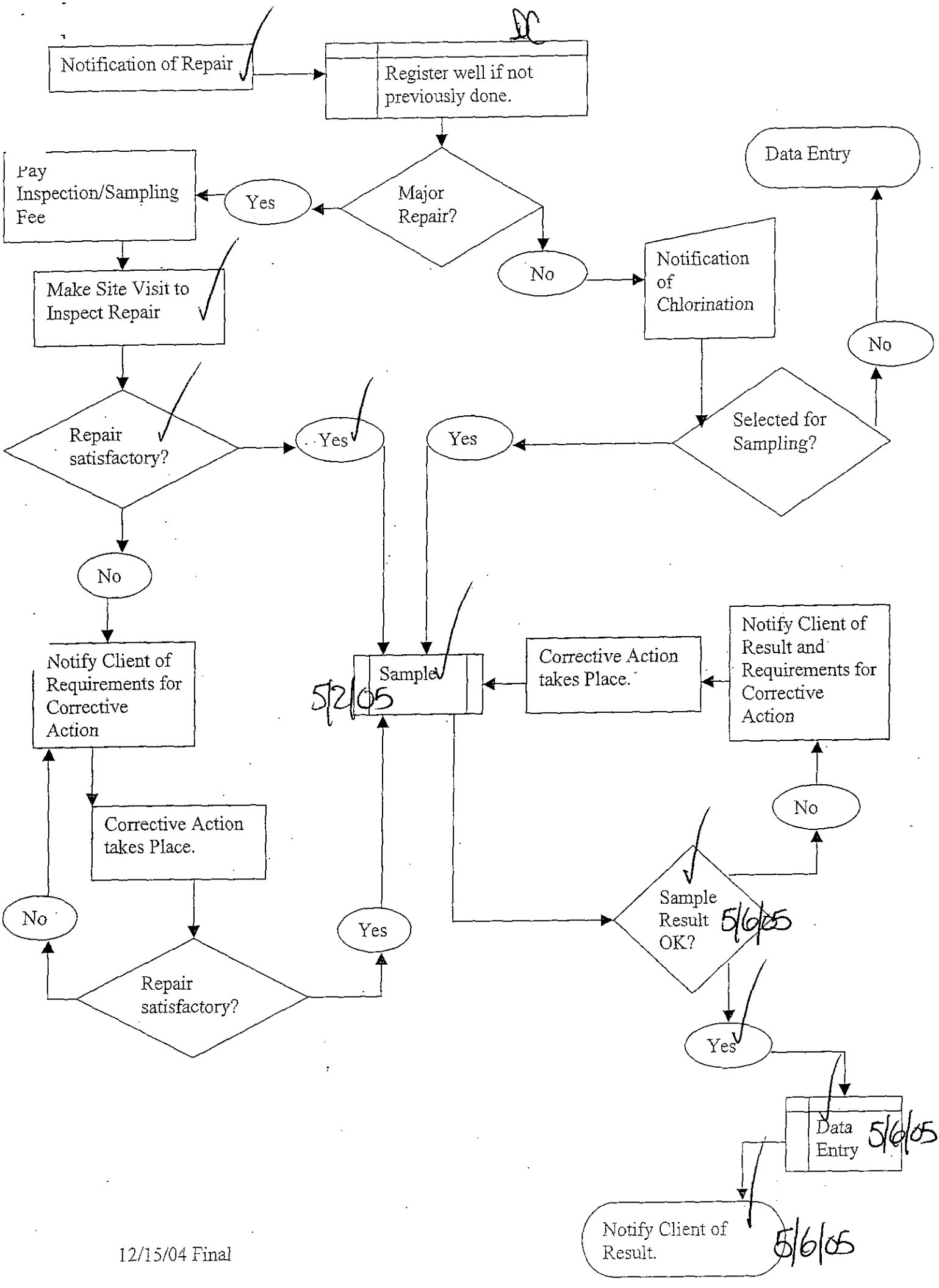
Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	5-2-05	16:57
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 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)


Notification of Repair
Register well if not previously done.
Major Repair?
Yes
Pay Inspection/Sampling Fee
Make Site Visit to Inspect Repair
No
Notification of Chlorination
Data Entry
No
Selected for Sampling?
Yes
Yes
Repair satisfactory?
No
Notify Client of Requirements for Corrective Action
Sample
5/2/05
Corrective Action takes Place.
Notify Client of Result and Requirements for Corrective Action
No
Corrective Action takes Place.
Sample Result OK?
5/6/05
No
Yes
Repair satisfactory?
Yes
Yes
Data Entry
5/6/05
Notify Client of Result.
5/6/05

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#: 10000001 **Tax Parcel #:** 14915104
Property Owner: BERND R VETTER
Job Location Address:4601 SOUTH BLVD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28209
Permit Issuance Date: 4/1/2005
Use of Well: Irrigation
Type of Facility Served by Well:
Sewage System Type: None

Type of Repair/Abandonment

- (•) Major Repair Before Placing the Well in Service
- ( ) Major Repair Before Temporary Abandonment
- ( ) Temporary Abandonment
- ( ) Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO

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 Certified Well Contractor that is currently registered with the Department 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.

Other Conditions of This Permit:

DAVID CORNELIUS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

CHARLOTTE.

Laboratory Analysis Report

Report Date: 5/5/2005 04:27 PM

LABORATORY SERVICES DIVISION

LOCATION: 4601 S. BLVD
LOC ID: G-NEW
SAMPLE DATE-TIME: 5/2/2005 14:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB35128
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	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
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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 OF

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4601 S. Blvd Charlotte 28209

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To:
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 0505027

Sampled By (Print Name): David Cornelius

SAMPLE ID	Sample Collector's initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GREEN THUMB NURSERY																																
GWS-	DC	6/2/05 2:40 PM		N	21.2					X	100 ml		1						X		X												
				N																													
				N																													
				N																													
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NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		5-2-05	1657
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 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

NISA JKA
100.00 4/1/05

~~1949~~

GWS- COM. APP 1364

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

FILE # 5919B

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 14915104
STREET ADDRESS: 4601 South Blvd.
CITY: Charlotte
STATE: NC ZIP: 28209
LOT #:
TOWNSHIP: 1

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: Plant/Garden Nursery
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 1400
NUMBER OF EMPLOYEES PER SHIFT: 1
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: Bernd R. (Bob) Vetter
ADDRESS: 3534 Conway Ave.
CITY: Charlotte
STATE: NC ZIP: 28209
HOME PHONE: 704 525 WORK PHONE: N/A
MOBILE PHONE: 3731 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS: N/A
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1981 - July 7th ?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in the 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.

Bernd R. Vetter
Owner/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/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 214
CHARLOTTE, NC 28202
704-336-5103 / FAX 704-336-5834

App. #: 1

Septic Fee: 0

Date:

CRT[ ]

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

FILE # 5919B

Well Fee: 100.00

Date: 4/1/2005

CRT[ ]

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 #: 149-151-04

STREET ADDRESS: 4601 SOUTH BLVD

CITY: CHARLOTTE

STATE: NC ZIP: 28209

LOT #: 0

TOWNSHIP:

Label

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS

[x] COMMERCIAL [ ] INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 1400

NUMBER OF EMPLOYEES PER SHIFT: 1

NUMBER OF SHIFTS: 1

TYPE OF WASTEWATER:

[x] SEWAGE [ ] INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

[ ] TOILETS/URINALS [ ] HANDSINK/S

[ ] SHOWERS [ ] FLOOR DRAINS

[ ] OTHER

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWAER FLOW AND/OR A JUSTIFICATION FOR A SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] 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: BERND R VETTER

ADDRESS: 3534 CONWAY AVENUE

CITY: CHARLOTTE

STATE: ZIP: 28209

HOME PHONE: 704-525-3731 WORK:

MOBILE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7 - 7 - 1981

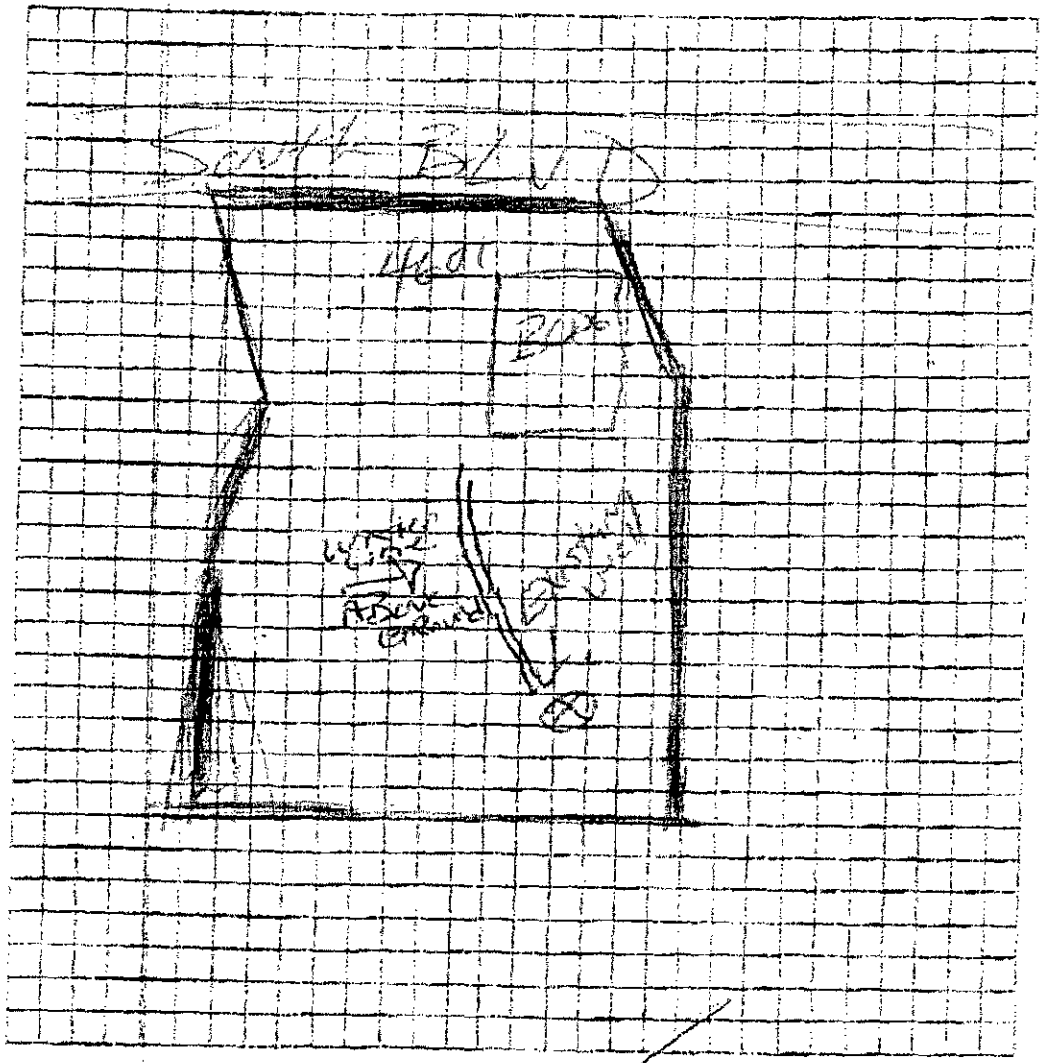
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? - -

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 # 59193
Date 4/1/05

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 this a repair indicate the type of repair.



Owner/Agent Signature

Date 4/1/05

LBC 12/15/04