

2500 Hargett Rd

10/5/09

thomatc

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

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 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704. 5455694
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 7-18-06
TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
2500 Hargett Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35 09.551
LONGITUDE 80 42.556
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 DORTHOY MULLIS
STREET ADDRESS 2500 HARGETT RD
Matthews NC 28105
City or Town State Zip Code
704.5370538
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 170'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 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): 25 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1-QT
g. WATER ZONES (depth):
From 100 To 105 From ____ To ____
From 115 To 125 From ____ To ____
From 155 To 165 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 80'	Ft.	6/8	SCH 40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20'	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	80'	Brown Shale
80	170'	Green & Gray & Blue Granite

11. REMARKS:

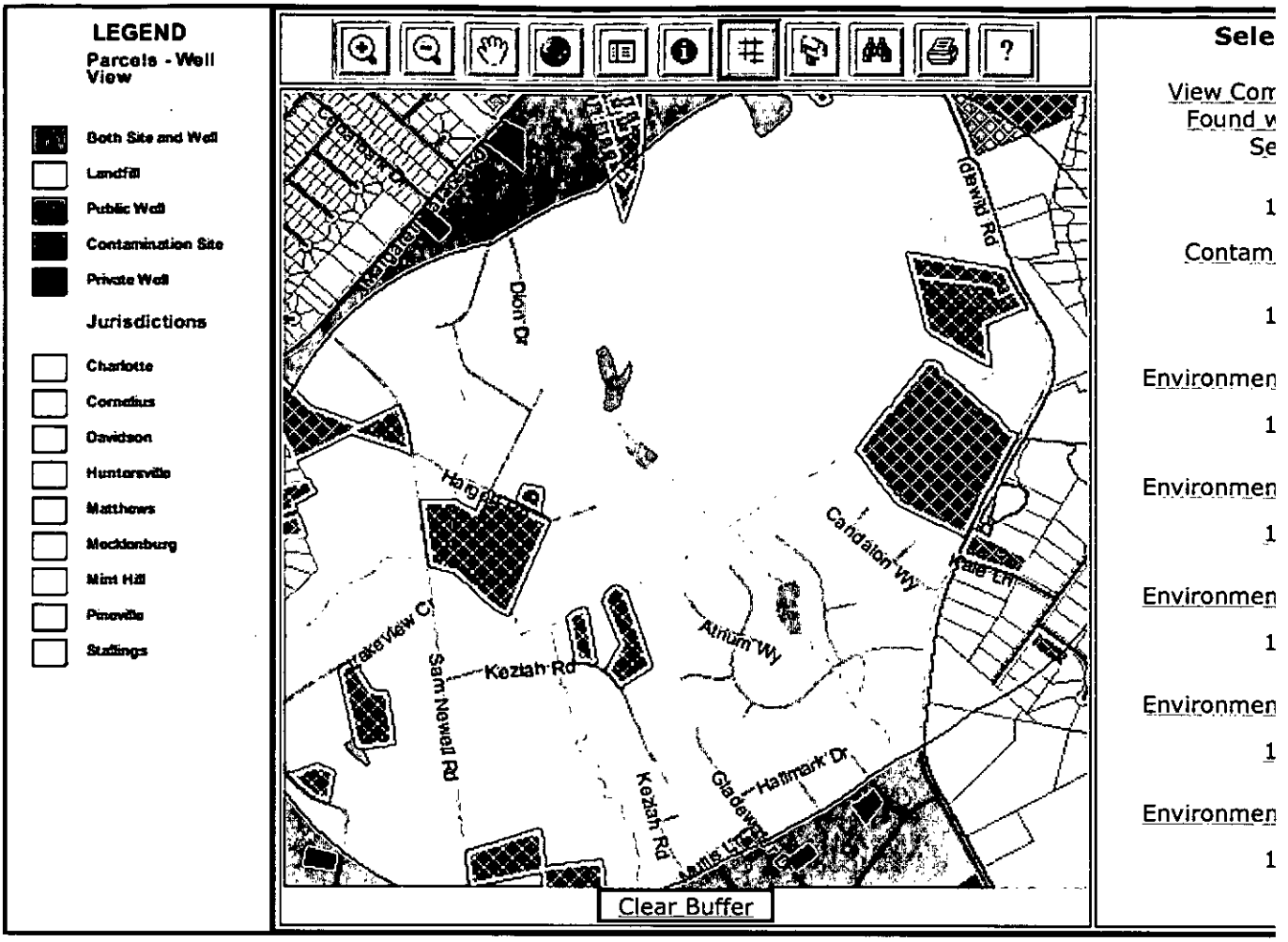
I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

D.L. Mullis well 7-18-06
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-1a
Rev. 7/05



6-16-06

CMUD indicates CW available w/ extension

CHARLOTTE.

Laboratory Analysis Report
Report Date: 8/23/2006 03:34 PM

LABORATORY SERVICES DIVISION

LOCATION: G-998
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/9/2006 12:45
CHAIN OF CUSTODY #: 06080254
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB82558	NITRATE	3.8	mg/L	0.20	EPA 353.2	8/10/2006 8:41	EWN
AB82558	NITRITE	<0.05	mg/L	0.05	EPA 353.2	8/10/2006 13:52	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

Mrs Mullis
704 537 0538
2500 Harsett Rd

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	2500 Hargett Rd., Matthews, NC 28105
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# 060902549

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-998	DH	8-9-06 12:45pm	N/A N/A	N	12°C	7.6				X	500 ml		1			X				2 (1:1)	X	
G-998	DH	8-9-06 12:45pm	N/A N/A	N	12.5°C	7.6				X	125 ml		1	X								X

A882538

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	N. J. Li Reaves	8/9/06	14:11

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: 8/16/2006 03:08 PM

LABORATORY SERVICES DIVISION

LOCATION: G-998
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/9/2006 12:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06080255

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB82559	E. COLI-PA	absent	P/A		SM 9223B	8/10/2006 9:16	NVR
AB82559	Total Coliform	absent	P/A		SM 9223B	8/10/2006 9:16	NVR

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:	2500 Hargett Rd, Matthews, NC 28105
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#: 06080255

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-998 AB25559	DH	8-7-06 12:45 pm	N/A N/A	N	NA	7.				X	100 ml		2						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	N. J. Millwater	8/8/06	14:11
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

permit # 10000998
2500 Hargett Rd

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 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704.5455694
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 7-18-06
TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck,
2500 Hargett Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 35 09.551
LONGITUDE 80 42.556
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 DorThey Mullis
STREET ADDRESS 2500 Hargett Rd
Matthews NC 28105
City or Town State Zip Code
704.5370538
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 170'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 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): 25 METHOD OF TEST A:R

f. DISINFECTION: Type HTH Amount 1-QT
g. WATER ZONES (depth):
From 100 To 105 From ____ To ____
From 115 To 125 From ____ To ____
From 155 To 165 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 80 Ft.	6"	SCH 40	PVC
From		To Ft.			
From		To Ft.			

7. GROUT:

	Depth		Material	Method
From	0	To 20 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	80'	Brown Shale
80	170'	Green & Gray & Blue Granite

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.

DL Mullis well 7-18-06
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-1a
Rev. 7/05

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	2500 Hargett Rd, Matthews, NC 28105
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

[redacted]
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 100 ml	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-998	DH	8-9-06 12:45pm	N/A N/A	N	NA	[redacted]				X			2						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.
[redacted]

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			

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-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	2500 Hargett Rd., Matthews, NC 28105
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

[redacted]
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: Nitrate	Nitrite
G-998	DH	8-9-06 12:45pm	N/A N/A	N	12°C	[redacted]				X	500 ml		1			X				[redacted]	X	
G-998	DH	8-9-06 12:45pm	N/A N/A	N	12°C					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.

[redacted]

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

Mecklenburg County 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 #: 10000998 **File #:** 5112 **Tax Parcel #:** 193-161-01
Property Owner: Dorothy Mullis
Job Location Address: 2500 HARGETT RD
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 6/27/2006
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):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

Philip S. Walker
Authorized Agent: Print Name

Philip S. Walker RS
Signature:

Dorothy M. Mullis
Owner/Legal Agent Print Name

Signature: DOROTHY MULLIS

#1998

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

WELL FEE: 400.00
DATE: 6/15/06
CRT [ ] Chk #2652

FILE # 5112

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 #: 193-161-01
STREET ADDRESS: 2500 Hergett Road
CITY: Matthews
STATE: NC ZIP: 28105-1948
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

Built 1973

BUILDING INFORMATION: Shawna Then Philo

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: 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: Dorothy Mullis
ADDRESS: 2500 Hergett Rd
CITY: Matthews
STATE: NC ZIP: 28105-1948
HOME PHONE: 704-537-0538 WORK PHONE:
MOBILE PHONE: 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

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.

X Dorothy M Mullis 6-15-06
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

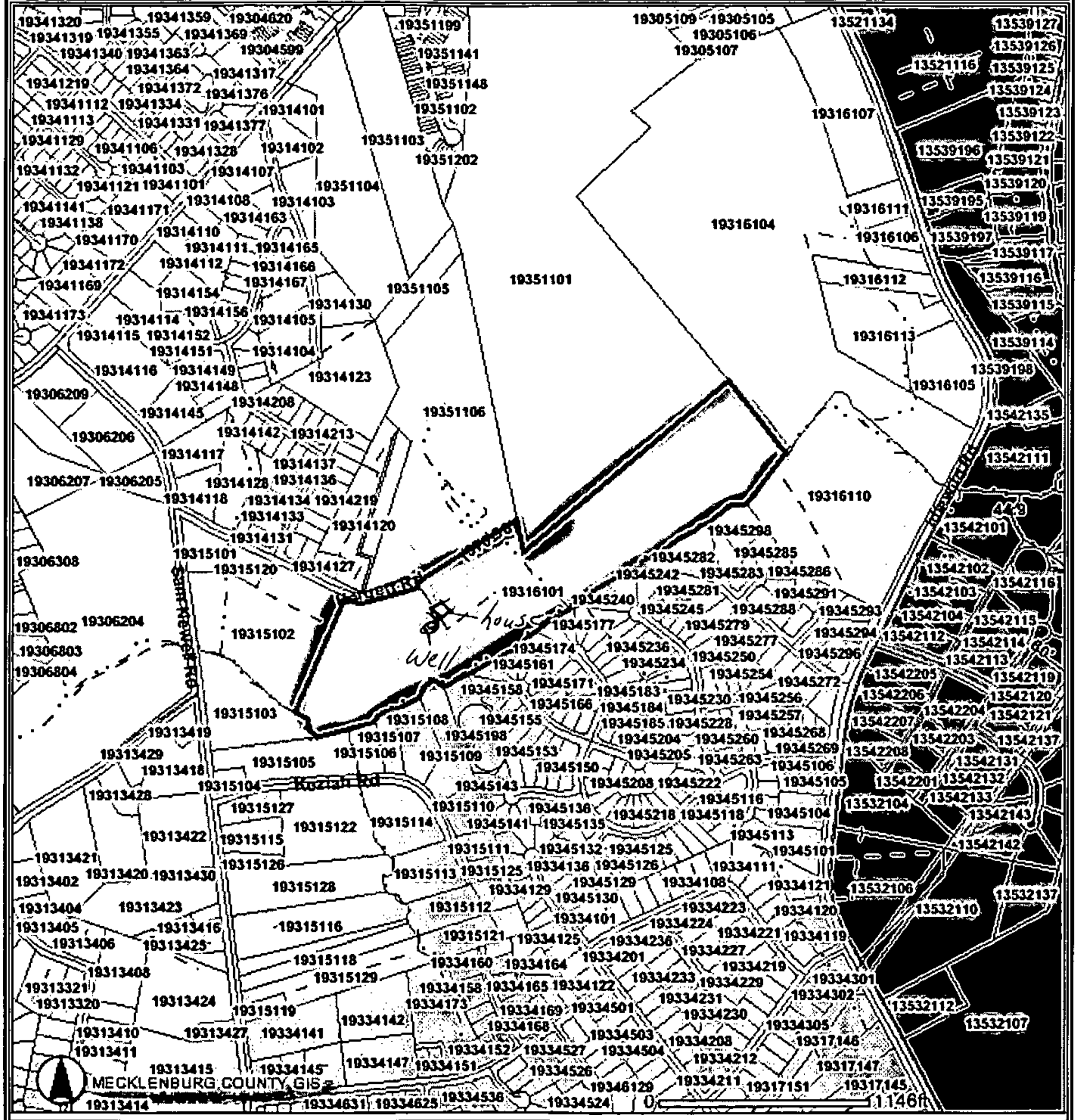
5112

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jun 15 15:48:10 EDT 2006



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: 2006-00349 **ACTIVITY DATE:** 06/16/2006
TYPE OF ACTIVITY: Office Report
FILE DESCRIPTOR: GW-UST-GNC-CI

SITE INFO

SITE: KEN IVEY **PARCEL ID:** 13521116
ADDRESS: 11399 IDLEWILD RD
MATTHEWS NC 28105- -
CONTACT: O. KENNETH IVY
BUSINESS PHONE NO: ( ) -

ACTIVITY

EPIC Rept. for ARGU Review
2500 Hargett Rd., Matthews, NC 28105
PID# 193-161-01
File # 5112

Public water supplied by CMUD is currently available at this site.

6/16/06 (Fri.) - Received request for ARGU review for new WSW located at 2500 Hargett Rd., Matthews, PID#193-161-01. According to the WIS, there are no existing wells at this property.

6/16/06 (Fri.) - Conducted ARGU Review. Identified 1 MPL site within 2,000' of the subject parcel:

MPL# 933 Ken Ivey
11399 Idlewild Rd., Matthews, NC 28105
PID# 135-211-16
No NCDENR Incident #
Closed LCDIP Landfill

File Review of MPL# 933:

Site is a former land clearing and debris landfill.

A MPL investigation was conducted in 2000. Twelve WSWs were located within 1,500 of this site. Three wells were sampled for VOCs and there were no detections.

The subject site is more than 1500' from PID#193-161-01 proposed WSW location. Because the location of all source areas or if all contaminant plumes are defined is unknown, ARGU is a 1,500 buffer around the contamination site property boundary, so the well will be outside of 1,500' of the ARGU.

Based on review of MPL#933, the permit for a new well installation at PID# 193-161-01, 2500 Hargett Rd., Matthews is approved. The well is outside of the 1,500' ARGU buffer, so it will require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells without any special construction conditions related to an Area of Regulated Groundwater Usage.

VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

SAMPLES

SUMMARY

STATUS: CLOSED
DATE CLOSED: 07/06/2006
MISC EXPENSES: 0.00

TIME ON SITE: :
TRAVEL TIME: :
ADMIN TIME: 1:30
MILEAGE:

STATE REPORT FORM:
SUMMARY:

SIGNATURES

ENVIRONMENTALIST: _____ **DATE** 06/16/2006
Shawna Caldwell

REVIEWED BY: _____ **DATE** 06/20/2006
Jack L. Stutts

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 #: 10000998 **File #:** 5112 **Tax Parcel #:** 193-161-01
Property Owner: Dorothy Mullis
Job Location Address: 2500 HARGETT RD
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 6/27/2006
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):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

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

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

Other Conditions of This Permit:

Philo S. Walker
Authorized Agent: Print Name

Philo S. Walker RS
Signature:

Dorothy M. Mullis
Owner/Legal Agent Print Name

Signature: DOROTHY MULLIS

#1998

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

WELL FEE: 400.00
DATE: 6/15/06
CRT [ ] Chk# #2652

FILE # 5112

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 #: 193-161-01
STREET ADDRESS: 2500 Hergett Road
CITY: Matthews
STATE: NC ZIP: 28105-1948
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

built 1923

BUILDING INFORMATION: Shawna then Philo

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: 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: Dorothy Mullis
ADDRESS: 2500 Hergett Rd
CITY: Matthews
STATE: NC ZIP: 28105-1948
HOME PHONE: 704-537-0538 WORK PHONE:
MOBILE PHONE: 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

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.

X Dorothy M Mullis 6-15-06
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

Hydrogeologist Permit Application Review

Application #: 998

Permit File #: 5112

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update | The application has been forwarded to Philo Walker for review.

App. #: 998

Septic Fee: 0.00

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5112

Well Fee: 400.00

Date: 6/16/2006 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 193-161-01 ☐ PO

STREET ADDRESS: 2500 HARGETT RD

CITY: MATTHEWS

STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: MATTHEWS

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

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: Dorothy Mullis

ADDRESS: 2500 Hargett Road

CITY: Matthews

STATE: NORTH CAROLINA ZIP: 28105

HOME PHONE: 704-537-0538 WORK:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

Date: 6/16/06
Reviewed By: SWC

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 193-161-01 File # 5112

Street Address: 2500 Hargett Rd., Matthews, NC 28105

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 #: 135-211-16 MPL # 933

Street Address: 11399 Idlewild Rd., Matthews, NC 28105

DENR Incident #:

Current Status: Closed LCIDP LF Why? Closed permitted Land Clearing and Debris Landfill. No NCDENR incident.

Responsible Party: O. Kenneth Ivey

Responsible Party Contact Info: 10141 Idlewild Road
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.
Based on this information, answer the following questions:

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

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

If No, is the source area defined? Unk

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? Yes

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? No
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Because the proposed well location is outside of the most stringent ARGU buffer of 1500 feet from the property boundary for the Ken Ivey Landfill, the permit is approved with no special construction conditions.

EPIC Rept. for ARGU Review
2500 Hargett Rd., Matthews, NC 28105
PID# 193-161-01
File # 5112

Public water supplied by CMUD is currently available at this site.

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6/16/06 (Fri.) - Conducted ARGU Review. Identified 1 MPL site within 2,000' of the subject parcel:

MPL# 933 Ken Ivey
11399 Idlewild Rd., Matthews, NC 28105
PID# 135-211-16
No NCDENR Incident #
Closed LCDIP Landfill

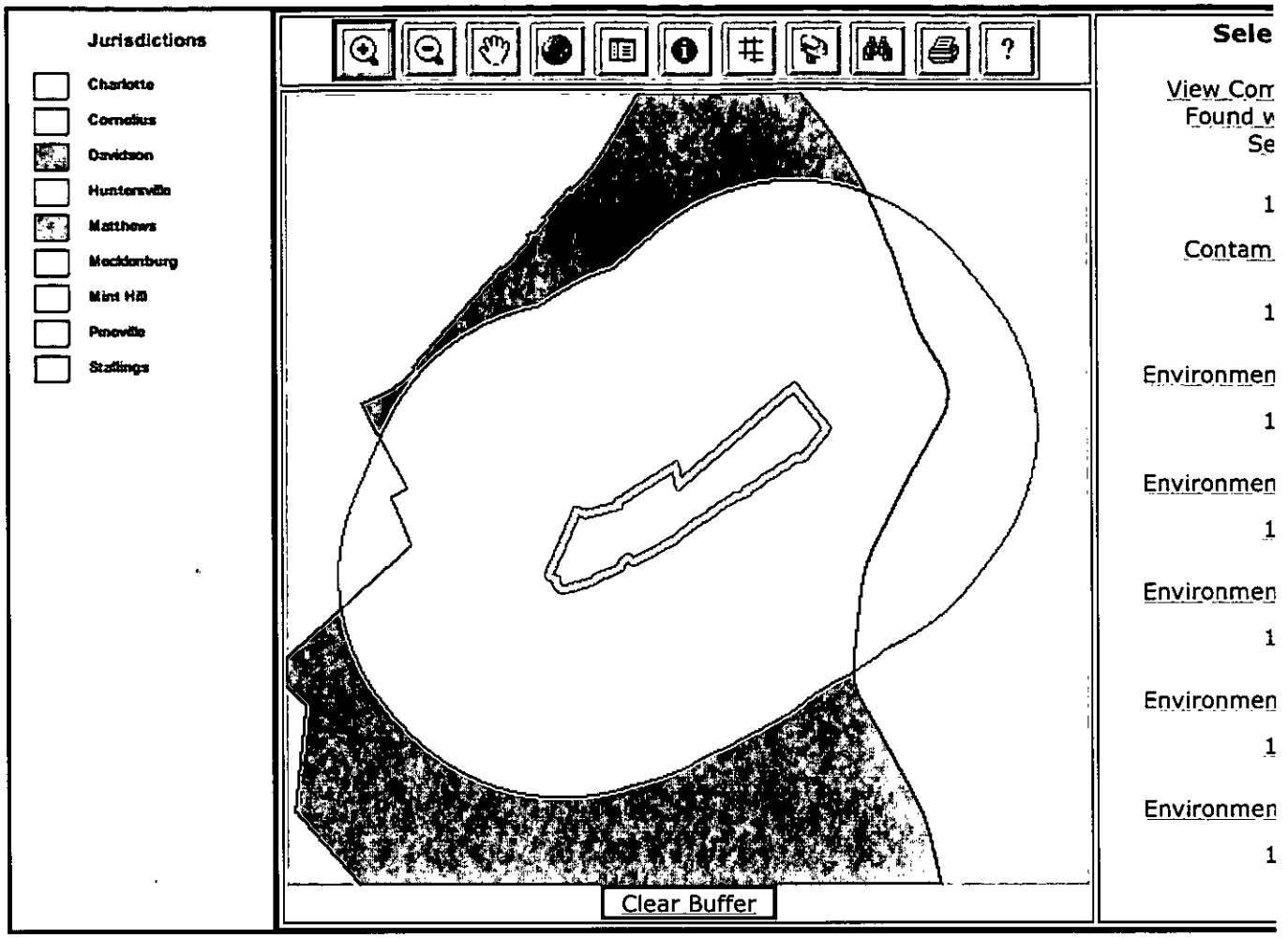
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A MPL investigation was conducted in 2000. Twelve WSWs were located within 1,500 of this site. Three wells were sampled for VOCs and there were no detections.

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Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Clear Buffer
Sele
View Con
Found w
Se
1
Contam
1
Environmen
1
Environmen
1
Environmen
1
Environmen
1
Environmen
1