Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 29693 WASPS App #: 757

Primary ES assigned to project: Cinda Buchanan

Secondary ES assigned to project: Kim Garrett

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☐	No ☐	N/A ☑	
Signed permit	Yes ☑	No ☐		
Notification of disinfection	Yes ☐	No ☐	N/A ☑	
Sample Results	TC ☑	Nitrate/Nitrite ☑	Other ☐	N/A ☐
~~GW-1 Form~~ / GW-30 Form	Yes ☑	No ☐		
~~Other~~ related documentation	Yes ☐	No ☐	N/A ☐	

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☐	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 5/11/06 ES assigned date: 5/11/06 Permit issued date: 5/15/06

Well approval date: 1/26/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 7/6/07

FACSIMILE COVERSHEET

Date: 1/23/07

Number of pages including coversheet 05

To: ~~Donna~~ KIM GARRETT

Phone:

Fax: 704 723-9431

From:
Andy Stevens
Project Coordinator
Pace Analytical - Charlotte
andy.stevens@pacelabs.com

Phone: (704) 875-9092 Ext: 235

Fax: (704) 875-9091

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

CUSTOM HOMES PRIVATE WELL / PACE 92136074

Pace Analytical™
www.pacelabs.com

Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville, NC 28078
Phone: 704 875 9092
Fax: 704.875.9091

Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Well

Lab Sample No: 92769864l
Client Sample ID: CALLAWAY HILLS
Project Sample Number: 92136074-001
Matrix: Water
Date Collected: 01/15/07 03:00
Date Received: 01/16/07 09:30

Parameters	Results	Units	Report Limit	Analyzed	By	CAS No.	Qual	Region
Microbiology								
Total Coliform - Water	Prep/Method: / SM 9223							
Coliform, Total	absent			01/17/07 12:10	TNM			
Date Prepared	01/16/07 09:35			01/16/07 09:35				

Date: 01/17/07

Asheville Certification IDs
NC Wastewater 40
NC Drinking Water 37712
SC Environmental 99030
FL NELAP E87648

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

Charlotte Certification IDs
NC Wastewater 12
NC Drinking Water 37706
SC 99006
FL NELAP E87627

Pace Analytical™
www.pacelabs.com

Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville, NC 28078
Phone: 704.875.9092
Fax: 704.875.9091

Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Well

PARAMETER FOOTNOTES

Method 9071B modified to use ASE.

All pH, Free Chlorine, Total Chlorine and Ferrous Iron analyses conducted outside of EPA recommended immediate hold time.

Depending on the moisture content the PRLs can be elevated for all soil samples reported on a dry weight basis.

2-Chloroethyl vinyl ether has been shown to degrade in the presence of acid.

ND	Not detected at or above adjusted reporting limit
NC	Not Calculable
J	Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit
MDL	Adjusted Method Detection Limit

Asheville Certification IDs
NC Wastewater 40
NC Drinking Water 37712
SC Environmental 89030
FL NELAP E87648

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Charlotte Certification IDs
NC Wastewater 12
NC Drinking Water 37706
SC 99006
FL NELAP E87627



Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville NC 28078
Phone 704.875.9092
Fax 704.875.9091

January 17, 2007

Custom Homes of the Carolinas
Donna Wildrick
20029 Calloway Hills Lane
Davidson, NC 28036

RE: Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Mail

Dear Ms. Wildrick:

Enclosed are the analytical results for sample(s) received by the laboratory on January 16, 2007. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Inorganic Wet Chemistry and Metals Analyses were performed at our Pace Asheville laboratory and Organic testing was performed at our Pace Charlotte laboratory unless otherwise footnoted.

If you have any questions concerning this report please feel free to contact me.

Sincerely,

for

Annette Scott
annette.scott@pacelabs.com
(704) 875-9092 ext. 233
Project Manager

Enclosures

Asheville Certification IDs	
NC Wastewater	40
NC Drinking Water	37712
SC Environmental	99030
FL NELAP	E87648

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

Charlotte Certification IDs	
NC Wastewater	12
NC Drinking Water	37706
SC	99006
FL NELAP	E87627

Pace Analytical™

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: of: 1049287

Section A Required Client Information:

Company: CUSTOM HOMES OF THE CAROLINAS
Address: 9499 Shumacher Ave.
CONCORD NC 28027
Email To:
Phone: 704-791-4129 Fax: 704-795-9431
Requested Due Date/TAT:

Section B Required Project Information:

Report To: 20029 CALLAWAY HILLS
Copy To: DAVIDSON, NC. Lee
Private Well
Purchase Order No.:
Project Name:
Project Number:

Section C Invoice Information:

Attention:
Company Name:
Address:
Pace Quote Reference:
Pace Project Manager: 92136074
Pace Profile #: 92136074A5

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ Other

SITE LOCATION ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER

Section D Required Client Information

SAMPLE ID

One Character per box. (A-Z, 0-9 / ,-) Samples IDs MUST BE UNIQUE

Valid Matrix Codes: MATRIX / CODE
DRINKING WATER DW
WATER WT
WASTE WATER WW
PRODUCT P
SOIL/SOLID SL
OIL OL
WIPE WP
AIR AR
OTHER OT
TISSUE TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Analysis: Filtered (Y/N)	Requested Analysis: Calcium	Residual Chlorine (Y/N)
1	CALLAWAY HILLS			1-15-07	3:00 PM				1	1									✓	
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

Pace Project Number / Lab: 92136074 / 92898841

Additional Comments:

Private Well - New
TEST FOR COLIFORM ONLY
NITRATES HAVE BEEN DONE

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
[signature]	1/16/07	9:30	[signature]	1/16/07	9:30

SAMPLE CONDITION

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: DONALD WILDRICK
SIGNATURE of SAMPLER: [signature]
DATE Signed (MM/DD/YY):

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 12/22/2006 01:30 PM

LABORATORY SERVICES DIVISION

LOCATION: gws-1219
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/19/2006 11:20 CHAIN OF CUSTODY #: 061219132843
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB98133	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	12/19/2006	15:18	KEK
AB98133	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	12/19/2006	15:18	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

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 20029 Callaway Hills Ln

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

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

COC#: 0612191328 43

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform
GWS-1219 AB98133	ksg	12/19/06 11:20 AM		N	17.9	5.0				X	100 ml		2						X		X

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
		12/19/06	1325
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)

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: Custom Homes **County:** Mecklenburg

Address: 20029 Callaway Hill Ln Davidson, NC **ZIP:**

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

Collected By: KG **Date:** 9/27/2006 **Time:** 1:30 PM

Signed By: Garrett, Kim **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: AA97229 **Date Received:** 9/28/2006 **Time Received:** 8:10:00 AM

Date Reported: 9/29/2006 **Today's Date:** 9/29/2006

Comments:

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

Courier **05-16-21**

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/22/2006 04:32 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-313
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/18/2006 12:40 CHAIN OF CUSTODY #: 06091815
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB86506	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	9/19/2006 9:15	NVR
AB86506	**Total Coliform**	**Present**	**P/A**		SM 9223B	9/19/2006 9:15	NVR

Comment: Total Coliform/E.Coli: The Blank and negative control QC measures analyzed for the analytical batch that included this sample failed to meet laboratory acceptance criteria. NVR

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 20029 Callaway Hills Lane

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

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

COC#: 060918150847

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	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/E.Coli
GWS-313 AB86506.	ksg	9/18/06 12:40 PM		N	17.9	0.8				X	100 ml		2						X		(X)

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
Kim Garrett	[illegible]	091806	15:05
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)

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: Custom Homes **County:** Mecklenburg

Address: 20029 Callaway Hills Ln. Davidson, NC **ZIP:**

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

Collected By: KG **Date:** 9/13/2006 **Time:** 12:30 PM

Signed By: Garrett, Kim **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	Present

Sample No: AA96926 **Date Received:** 9/14/2006 **Time Received:** 8:20:00 AM

Date Reported: 9/15/2006 **Today's Date:** 9/15/2006

S Bradley

Comments:

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

Courier **05-16-21**

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: Custom Homes
Address: 20029 Callaway Hills Ln
Davidson, NC **Zip:**

County: MECKLENB

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

ATTN: Kim Garrett
(704) 336-5101

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

Collected By: KIM GARRETT **Date:** 9/13/2006 **Time:** 12:30:00 PM

Location of sampling point: well head

Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	9/14/2006
Nitrate as N	<1.0	mg/l	9/14/2006

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: 6.5 °C

Date Received: 9/14/2006 **Report Date:** 9/26/2006 **Reported By:** M Kang

Today's Date: 9/26/2006 **Reference:** 12128 **Login Batch** 06090024 **Sample Number:** AB47096

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

July 5, 2007

Donna Wildrick
Custom Homes of the Carolinas
2423 Boyington Court
Concord, NC 28025

Re: Well Water Sampling Results
20029 Callaway Hills Lane
Tax Parcel # 003-083-13

Dear Donna:

On September 13, 2006, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: total coliform, nitrate and nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, total coliform bacteria were present, E. coli was present, the nitrate level was <1.0 mg/l (Nitrate-N levels are acceptable if ≤ 10 mg/l), and the nitrite level was <0.10 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

The well was rechlorinated and resampled several times resulting in total coliform still being present.

On January 15, 2007 a sample was submitted to a private lab. The analysis is attached and indicates that at the time of sampling total coliform bacteria were absent.

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Specialist
Mecklenburg County Groundwater & Wastewater Services
kim.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

File # ~~26~~ 2969 B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) DANNY WRIGHT CERTIFICATION # 2021

WELL CONTRACTOR COMPANY NAME Wright & Son PHONE # (704) 933-2040

STATE WELL CONSTRUCTION PERMIT# 829 ASSOCIATED WQ PERMIT# (if applicable) (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: Davidson County Mecklenburg
20029 Calloway Hills Ln
(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: Custom Homes of Carolinas
Address 20029 Calloway Hill Ln
(Street or Route No.)
Davidson N.C 28036
City or Town State Zip Code
(704) 791-4129
Area code- Phone number

4. DATE DRILLED 5-29-06
5. TOTAL DEPTH: 140 ft
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 60 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 25 METHOD OF TEST air
10. WATER ZONES (depth): 125 ft

DEPTH From	To	DRILLING LOG Formation Description
0	18	Red clay &
18	45	Brown dust
45	81	Brown Rock
81	120	Red & Brown Rock
120	140	Red & Blue Rock

11. DISINFECTION: Type Hypochlorite Amount 2 of 3" tabs

12. CASING:

	Depth From	To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	83 Ft.	6"	22.6	PVC
		Ft.			
		Ft.			

13. GROUT:

	Depth From	To	Material	Method
	0	21 Ft.	Cement mix	poured
		Ft.		

14. SCREEN:

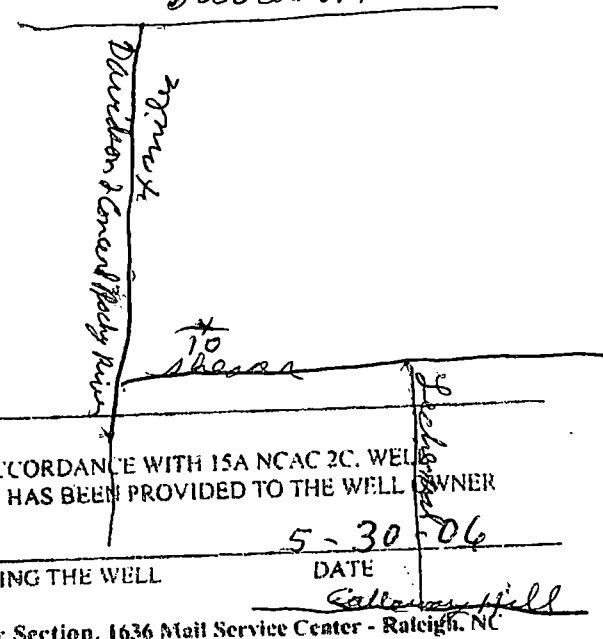
	Depth From	To	Diameter	Slot Size	Material
		Ft.	in.	in.	
		Ft.	in.	in.	

15. SAND/GRAVEL PACK:

	Depth From	To	Size	Material
		Ft.		
		Ft.		

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.



16. 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

Danny Wright 5-30-06
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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5108
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000767 **File #:** 2969B **Tax Parcel #:** 003-083-13
Property Owner: Custom Homes of The Carolinas
Job Location Address: 20029 CALLAWAY HILLS LN
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 5/15/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

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

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

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

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

Other Conditions of This Permit:

Well to be located as specified in proposed plot plan for File # 2969B.

Authorized Agent: Cina Buchanan, RS Print Name
Signature: Cina Buchanan, RS

Owner/Legal Agent: Donna Wildrick Print Name
Signature: Donna Wildrick

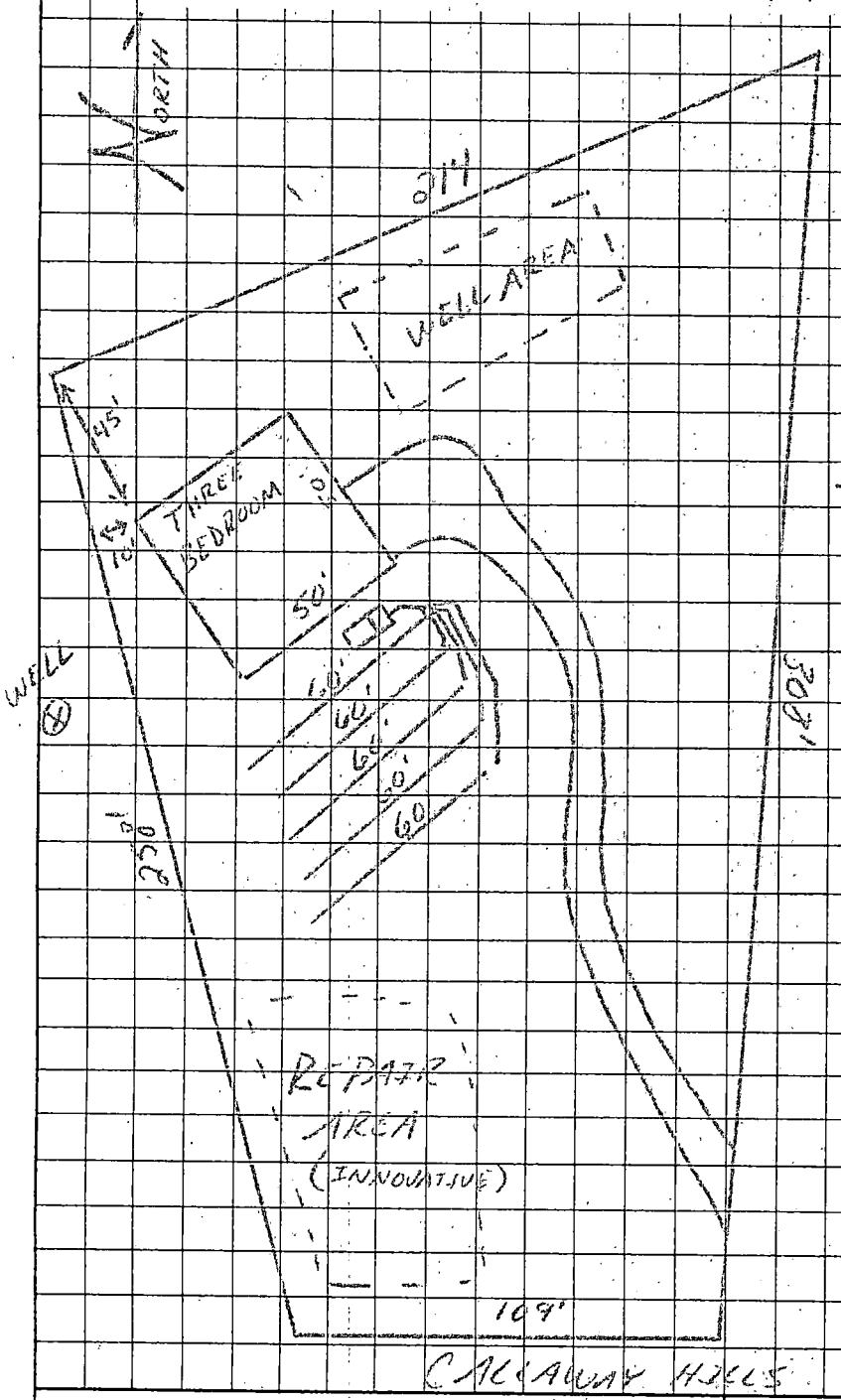
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 29695

TC: 003-083-13

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.



COMMENTS

- → SCALE = 1" = 50'
- → THREE BEDROOM HOUSE
- → 1500 GALLON SEPTIC TANK
- → 5 Lines x 60' x 5'
- → 300 TCF
- → TYPE III Innovative System + REPAIR
- → Keep > 50 FROM ALL WELLS
- → KEEP WELL
  - > 50' FROM SEPTIC SYSTEM
  - > 25' FROM FOUNDATION
  - > 10' FROM PROPERTY LINE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/7/14

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

#767

X37744

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 # 29695

WELL FEE: 400.00
DATE: 5/4/06
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 #: 003-083-13
STREET ADDRESS: 20029 Calloway Mills Lane
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede
LOT #: 29
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☒ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION: Cina
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 3050
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: Custom Homes of the Carolinas
ADDRESS: 2423 Boyington Ct
CITY: Concord
STATE: NC ZIP: 28025
HOME PHONE: 704-784-2134 WORK PHONE:
MOBILE PHONE: 704-791-4129 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Donna Wildrick
ADDRESS:
CITY: Same
STATE: ZIP:
HOME PHONE: 704 WORK PHONE:
MOBILE PHONE: 791-4129 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.

Donna Wildrick 5/10/06
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: 704-336-5694

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/11/06	**Amount:**	400.00
Receipt #:	43833	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	X37744
Contractor:	WILDRICK DONNA MARIE
Attn:	
Address:	2423 BOYINGTON COURT
Address:	
City/State/Zip:	CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 20029 Callaway Hills Ln		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					

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

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Wright & Son Well Drilling

Lee 704-933-9569

Danny 704-933-9040

5985 Wright Rd
Kannapolis, NC 28081

Pump Sales &
Repairs