

130 SADDLE CREEK CT

00717116

1/9/2008

duponbj

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/13/2006 02:42 PM

LABORATORY SERVICES DIVISION

LOCATION: G-231
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/8/2006 12:10 CHAIN OF CUSTODY #: 06060181
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75522	E. COLI-PA	absent	P/A		SM 9223B	6/8/2006 13:45	NVR
AB75522	Total Coliform	absent	P/A		SM 9223B	6/8/2006 13:45	NVR

Comment: Total Coliform: Lab equipment failure. Samples were not maintained at the required incubation temperature for the full incubation period.

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	130 Saddle Creek Court, Davidson, NC 28036
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#: 0606160181
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
A3 75522																					
G-231	DH	6-8-06 12:10pm	N/A	N	NA	9.9				X			2						X		X
			N/A																		

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		6/6/06	1305
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

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	130 Saddle Creek Ct., Davidson, NC 28036
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#:
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 100ml	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GW-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A	N	NA					X			2						X		X
			N/A																		

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			
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

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:	130 Saddle Creek Ct., Davidson, NC 28036
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#:

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	Analyses Requested: Nitrite
G-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A N/A	N	23°C					X	500 ml		1			X					X	
G-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A N/A	N	23°C					X	125ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include;
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

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

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 5/5/2006 03:19 PM

LABORATORY SERVICES DIVISION

LOCATION: GW-130, 130 Saddle Creek Ct.
LOC ID: G-NEW
SAMPLE DATE-TIME: 5/3/2006 14:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB71694
CHAIN OF CUSTODY #: 06050109

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB71694	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	5/4/2006 10:01	KEK
AB71694	**Total Coliform**	**present**	**P/A**		SM 9223B	5/4/2006 10:01	KEK

Comment:

Laboratory Supervisor: LWKimbrell – Originally reported 05/05/06

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:	130 Saddle Creek Ct., Davidson, NC 28036
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#: 06050109
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
GW-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A N/A	N	NA	3.2				X	100ml		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		050306	1730
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

23L

CHARLOTTE.
CHARLOTTE-MECKLENBURG
UTILITIES

Laboratory Analysis Report
Report Date: 5/9/2006 01:27 PM

LABORATORY SERVICES DIVISION

LOCATION: GW-130, 130 Saddle Creek Ct.
LOC ID: G-NEW
SAMPLE DATE-TIME: 5/3/2006 14:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB71695
CHAIN OF CUSTODY #: 06050110

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB71695	**NITRATE**	**0.89**	**mg/L**	0.05	EPA 353.2	5/5/2006 10:14	EWN
AB71695	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	5/4/2006 16:16	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:	130 Saddle Creek Ct., Davidson, NC 28036
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#: 060501110

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-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A N/A	N	23°C	3°C				X	500 ml		1			X				X	X	
G-130 Saddle Creek	DH	5-3-06 2:35 pm	N/A N/A	N	23°C					X	125 ml		1	X								X

4571695

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	[signature]	05/3/06	1730
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

CINA

62628

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B.K well Drilling INC
Well Contractor Company Name
STREET ADDRESS 82 Mount mourne hwy
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4642
Area code - Phone number

2. WELL INSTALLATION:
SITE WELL ID # (if applicable) 130 Saddle CK
STATE WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Check Applicable Box): Residential Water Supply (Single)
DATE DRILLED 3/13/06
TIME DRILLED 4:30 AM/PM

3. WELL LOCATION:
CITY: DAVIDSON COUNTY MECK
Davidson - Cornelius Area
(Street Number, Subdivision, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC/LAND SETTING: 130 Saddle Creek
(Check Applicable Box) Slope Valley Flat Ridge Other
LATITUDE
LONGITUDE
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 Lloyd Hartsell Clayton Howard
STREET ADDRESS 2400 Vernon Dr.
Charlotte, NC 28211
City or Town State Zip Code
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 285'
b. DOES WELL REPLACE EXISTING WELL? YES NO
c. WATER LEVEL (BWL: Below Top of Casing): 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING is 1 FT. Above Land Surface
(Top of casing terminated after below land surface may require a variance in accordance with 15A NCAC 2C .0118)
e. YIELD (gpm): 15 METHOD OF TEST: Flow

6. SETTING:
Type: CH 740 Amount: 1/2 Bg
B. WATER ZONES (depth):
From 100 To 110 From To
From 260 To 275 From To
From To From To

8. CASING:

From	To	Diameter	Thickness/Weight	Material
0	75	6"	SCH 40	PVC

7. GROUT:

From	To	Material	Method
0	20	Sand Cement	Pumped

8. SCREEN:

From	To	Diameter	Slot Size	Material

9. SEDIMENT PACK:

From	To	Size	Material

10. DRILLING LOG:

From	To	Formation Description
0	25	Red Clay
25	75	Brown Sand
75	285	Grey Granite

11. REMARKS:

I 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.

Ralph Bailey 3/13/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
Ralph Bailey
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 566

Form GW-1 Rev. 7/01

Perm.# # 10000231

Tax Parcel # 007-171-16

130 Saddle CK.

Owner

Craig Miller

Gina 007 - 171-16

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION #: 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B & K well Drilling INC
Well Contractor Company Name
STREET ADDRESS: 82 Mount Mourne Dr
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4696
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #: 130 Saddle CK
STATE WELL PERMIT #:
DWQ or OTHER PERMIT #:
WELL USE: Residential Water Supply
DATE DRILLED: 3/13/06
DEPTH DRILLED: 285 ft

3. WELL LOCATION:
CITY: Davidson COUNTY: MECK
Davidson - Concord Jamestown Area
TOPOGRAPHIC / LAND SETTING: 130-SADDLE CREEK
LATITUDE:
LONGITUDE:
Latitude/Longitude source: GPS Topographic map

4. WELL OWNER:
OWNER'S NAME: Lloyd Hartsell
STREET ADDRESS: 2400 Vernon Dr.
Charlotte, NC 28211
City or Town State Zip Code
( )
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 285'
b. DOES WELL REPLACE EXISTING WELL? YES NO
c. WATER LEVEL: Below Top of Casing: 50 FT.
(Use "+" If Above Top of Casing)
d. TOP OF CASING is / FT. Above Land Surface
e. YIELD (gpm): 15 METHOD OF TEST: Flow

6. CONSTRUCTION: Type: Ch. Tab Amount: 1 [illegible]
7. WATER ZONES (depth):
From 100 To 110
From 280 To 285
8. CASING:
From 0 To 25 Ft. Diameter: 6" Thickness/Weight: [illegible] Material: [illegible]
9. GROUT: Depth
From 0 To 20 Ft. Material: Sand Mix Method: Pour
10. SCREEN: Depth Diameter Slot Size Material
11. SANDPACK/FILTER PACK: Depth Size Material
12. DRILLING LOG:

From	To	Formation Description
0	23	Red Clay
23	95	Brown Sand
95	285	Grey Ck Rock

13. REMARKS:

FOR GROUNDWATER CONSERVATION PURPOSES, I 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.

Ralph Bailey 3/13/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
Ralph Bailey
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 537

GW-1 (Rev. 7/02)

007-191-16

6269B

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B & K well Drilling INC
Well Contractor Company Name
STREET ADDRESS 132 Mount mourne hp
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4696
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID (if applicable)
STATE WELL PERMIT# (if applicable)
DWQ or OTHER PERMIT # (if applicable) 100000231
WELL USE (Check Applicable Box): Residential Water Supply ☒
DATE DRILLED 3/13/06
TIME COMPLETED 4:30 AM ☐ PM ☒

3. WELL LOCATION:
CITY: DAVIDSON COUNTY MECK
130 Saddle Creek
(Street name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
SADDLE CREEK
TOPOGRAPHIC / LAND SETTING:
☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE: 3 ___ ___
LONGITUDE: ___ ___ ___
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 Lloyd HARTSell Austin Hrnak
STREET ADDRESS 2400 Vernon Dr.
Charlotte, NC 28211
City or Town State Zip Code
( ) ___
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 285
b. DID/WILL WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL (below Top of Casing): 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated after below land surface may require a variance in accordance with 15A NCAC 2C .0118
e. YIELD (gpm): 15 METHOD OF TEST Flow

6. DISINFECTION: Type Chl Tab Amount 1 1/2 LB

8. WATER ZONES (depth):
From 100 To 110 From ___ To ___
From 200 To 275 From ___ To ___
From ___ To ___ From ___ To ___

9. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 75	Ft.	6"	SDR-21	PVC
From ___	To ___	Ft.			
From ___	To ___	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	SAND MIX	POUR
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	25	RED CLAY
25	75	BROWN SAND
75	285	GREY 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.

Ralph Bailey 3/13/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ralph BAILEY
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev. 7/05

GWS – RES. APP 12/04

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 # 16269B

WELL FEE: $700.00
DATE: 12.22.05
CRT #:

Eggett 231

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 007-171-16
STREET ADDRESS: 130 saddle creek ct.
CITY: Davidson
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: Davidson Farms Estates
LOT #: 5
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ OTHER

HEATED SQUARE FOOTAGE: 5456
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- ☐ CONCRETE SLAB
- ☒ CRAWLSPACE
- ☐ BASEMENT WITH PLUMBING
- ☐ 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: Craig Miller
ADDRESS: 130 Saddle Creek ct.
CITY: Davidson
STATE: NC ZIP:
HOME PHONE: 704 905 9712 WORK PHONE:
MOBILE PHONE: 704 905 9712 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Doug Jones
ADDRESS: 5813 TOPAZ LN.
CITY: Iron Station
STATE: NC ZIP: 28080
HOME PHONE: 704 622-2202 WORK PHONE:
MOBILE PHONE: 622-2202 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/8/2004
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/1/2006

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 12/21/05 Date

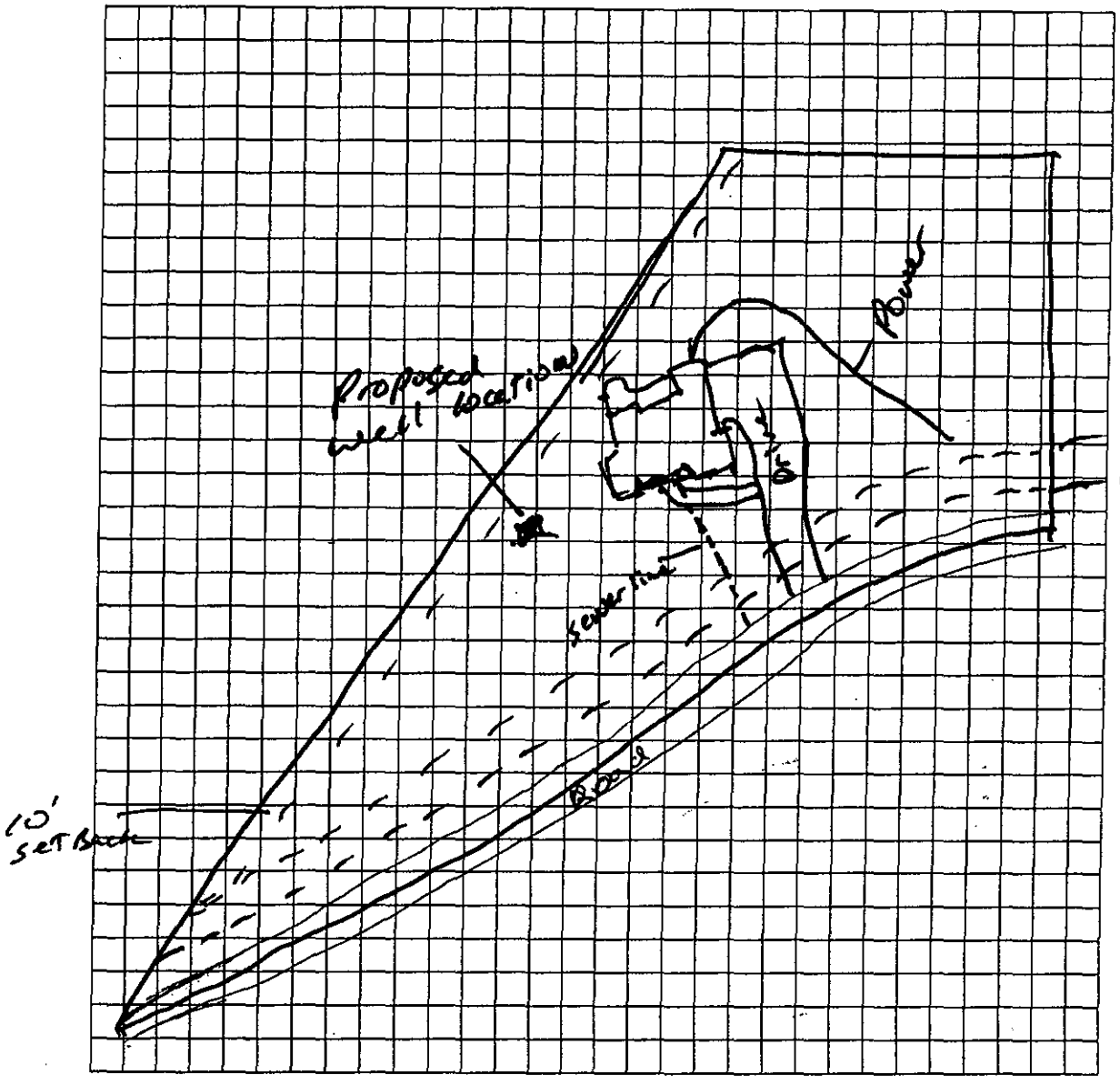
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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

File # 62693
Date_____

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	12/21/05

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/22/05	**Amount:**	400.00
Receipt #:	39229	**Tendered:**	400.00
Check / Auth #:	VISA 03678B	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X35289
Contractor: HARTSELL CUSTOM HOMES LLOYD
Attn:
Address: 754 RISTON PLACE
Address:
City/State/Zip: CHARLOTTE, NC 28209

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 130 SADDLE CREEK CT		1	400.00	400.00

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078

DEC 22, 2005 03:08PM

TERM : 1
MERCH: 000158007170

REF #: 002
ACT #: 4417120012310665
EXP : 08/06
CARD : VISA
INVOICE #: A

SALE: $ 400.00

RETR REF#: 535610005401
APPROVAL CODE: 03678B

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

X _____
SIGNATURE

JONES/DOUG

MERCHANT COPY

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		-430.00			

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 214
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000231 **File #:** 6269B **Tax Parcel #:** 007-171-16
Property Owner: Craig Miller
Job Location Address: 130 SADDLE CREEK CT
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 2/10/2006
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):

- [X] Grout must be placed the full extent of the casing.
- [ ] Casing to bedrock
- [X] 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: Cinia Buchanan, RS

Signature: Cinia Buchanan, RS

Owner/Legal Agent: Print Name: Lloyd Hartsell

Signature: Lloyd E Hartsell

TOTAL P.02

********** -COMM. JOURNAL- ********** DATE FEB-10-2006 ***** TIME 12:36 *********

MODE = MEMORY TRANSMISSION START=FEB-10 12:35 END=FEB-10 12:36

FILE NO.=402

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	☎	97045258499	002/002	00:00:25

-MECKLENBURG CO GWS -

********** - ***** - 704 336 6894- **********

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

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Doug Jones Fax #: 704-525-8499

Phone #: _____

From: Valerie Walkenpel Date: 2/10/06
Gina Buchanan

Number of pages transmitted: ____ (including coversheet)

Comments:

If you do not receive all pages of this fax please call (704) 336-5103.

☐ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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 #: 10000231 **File #:** 6269B **Tax Parcel #:** 007-171-16
Property Owner: Craig Miller
Job Location Address: 130 SADDLE CREEK CT
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 2/10/2006
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):

- [X] Grout must be placed the full extent of the casing.
- [ ] Casing to bedrock
- [ ] Initial water sample to taken and analyzed for (check all that apply):
  - [ ] Volatile Organic Compounds (VOC's)
  - [ ] Semi-volatile Compounds
  - [ ] Metals (Specify in Other Conditions)
  - [ ] Pesticides
  - [ ] Herbicides
  - [ ] Other (See Below)

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

Other Conditions of This Permit:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Lloyd Hartsell
Owner/Legal Agent Print Name

Lloyd E Hart
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

Permit #: 10000231 **File #:** 6269B **Tax Parcel #:** 007-171-16
Property Owner: Craig Miller
Job Location Address: 130 SADDLE CREEK CT
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 2/10/2006
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 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:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Owner/Legal Agent: Print Name

Signature: