

3420 LUDMAN WY

19340604

1/9/2008

duponbj

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

need nitrate

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 5985B

Permit #: 10000044 **Tax Parcel #:** 193-406-04
Property Owner: WILLIAM A. HORTON
Job Location Address:3420 LUDMAN WAY
City/ETJ:MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 5/6/2005
Use of Well: Irrigation
Type of Facility Served by Well: House
Sewage System Type: None

(w) 408·373·6158

Area of Regulated Groundwater Usage Restrictions Apply:YES

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

***General Conditions* of This Permit:**

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

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

☐ Grout must be placed the full extent of the casing.

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

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

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

***Other Conditions* of This Permit:**

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

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: Horton, William **County:** Mecklenburg

Address: 3420 Ludman Way Matthews **ZIP:** 28105

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

Collected By: KG **Date:** 9/15/2005 **Time:** 11:50 AM

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)	Absent

Sample No: AA89463 **Date Received:** 9/16/2005 **Time Received:** 9:10:00 AM

Date Reported: 9/19/2005 **Today's Date:** 9/19/2005

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: Horton, William
Address: 3420 Ludman Way
Matthews, NC **Zip:** 28105
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: CINA BUCHANAN **Date:** 10/26/2005 **Time:** 9:30:00 AM
Location of sampling point: well tap
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/27/2005
Nitrate as N	<1.0	mg/l	10/27/2005

EXPLANATION OF RESULTS:

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

Sample Temperature on Receipt: 7.0 °C
Date Received: 10/27/2005 **Report Date:** 11/14/2005 **Reported By:** Dallie Hones
Today's Date: 11/14/2005 **Reference:** 14869 **Login Batch** 05100074 **Sample Number:** AB34176

State Laboratory of Public Health
N.C. Department of Health and Human Services
PO Box 28047- 306 N. Wilmington St.- Raleigh, NC 27611-8047

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: William Horton County: Mecklenburg

Street: 3420 Lindman Way City/State: Matthews NC Zip: 28105

Source: ☒ Well ☐ Spring ☐ Other Type of Sampling Point: Well faucet

Collected by: KimGarrett Date 9/15/05 Time 11:50 ☒ AM ☐ PM

Signed by: KimGarrett

Address: 700 N Tryon St Indicate MD or (EHS)

City: Charlotte State NC Zip 28202

DHHS 1294 (Revised 2/98)
Laboratory (Review 3/01)

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely

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

INORGANIC CHEMICAL ANALYSIS – NITRATE ONLY

Complete All Items - Please Write Legibly
(See Instructions on Reverse Side)

Name of System: William Horton

Address: 3420 Ludman Way

City: Matthews, NC ZIP 28105

County: Mecklenburg

Report To: Kim Garrett

Address: MCHD
700 N. Tryon St - Ste 211
Charlotte, NC ZIP 28202

Collected By: Gina Buchanan, RSI

Date Collected: 10/26/05 Time: 9:30 (AM) PM

Location of Sampling Point: well tap

Source of Water
- ☑ Ground
- ☐ Surface
- ☐ Both
- ☐ Purchased

Type of Sample
- ☑ Raw
- ☐ Treated

Type of Treatment
- ☑ None
- ☐ Chlorinated
- ☐ Fluoridated
- ☐ Filtered
- ☐ Alum
- ☐ Lime
- ☐ Soda Ash
- ☐ Polyphosphate
- ☐ Water Softener
- ☐ Other

Sample Category
- ☐ Foster/Therapeutic Home
- ☐ Intensive Livestock Operation
- ☑ Other

Remarks

Laboratory Use Only

DHHS 4017
State Laboratory (Review 10/01)

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

November 17, 2005

William Horton
9707 Marshbrook Rd
Matthews, NC 28105

Re: Well Water Sampling Results
3420 Ludman Way
Tax Parcel # 193-406-04

Dear Mr. Horton:

On October 26, 2005 the Mecklenburg County Land Use & Environmental Services Agency (LEUSA) sampled the drinking water from the well located on the referenced parcel. The sample was analyzed for bacteria and nitrate. Laboratory results for the analysis are attached and indicate that at the time of sampling, no Total Coliform was present and nitrate levels are <.1 mg/l.

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

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Program

Enclosure:
Laboratory Analysis

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

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Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Program

Enclosure:
Laboratory Analysis

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: Horton, William
Address: 3420 Ludman Way
Matthews, NC **Zip:** 28105
County: MECKLENB

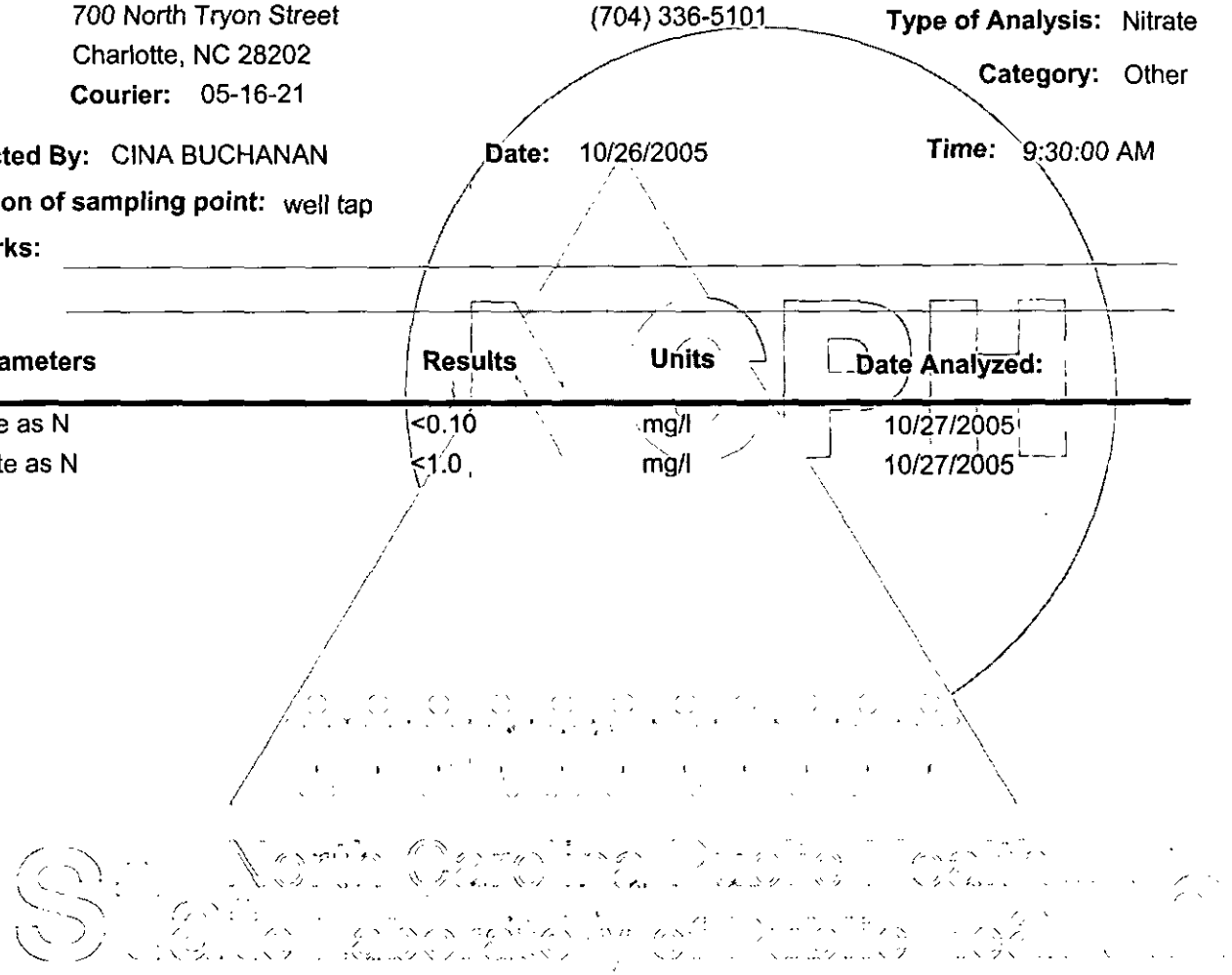
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

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

ATTN: Kim Garrett
(704) 336-5101

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Remarks:

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Sample Temperature on Receipt: 7.0 °C
Date Received: 10/27/2005 **Report Date:** 11/14/2005 **Reported By:** Della Honeycutt
Today's Date: 11/14/2005 **Reference:** 14869 **Login Batch** 05100074 **Sample Number:** AB34176

Explanations

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

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

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

North Carolina State Laboratory of Public Health
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ATTN: Garrett, Kim
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Courier **05-16-21**

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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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

59850

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000044 **Tax Parcel #:** 193-406-04
Property Owner: WILLIAM A. HORTON
Job Location Address: 3420 LUDMAN WAY
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 5/4/2005
Use of Well: *Irrigation*
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 6 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

Grout must be placed the full extent of the casing.

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

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

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

Other Conditions of This Permit:

Philo S. Walker
Authorized Agent: Print Name

Philo S. Walker
Signature:

Chad Mullis
Owner/Legal Agent: Print Name

Chad Mullis
Signature

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) KELVIN BELK - MIKE BRIDGES CERTIFICATION # 2030

WELL CONTRACTOR COMPANY NAME MULLIS WELL DRLG. PHONE # 7045455194

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

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

2. WELL LOCATION:
Nearest Town: MINT HILL County: MECKLENBURG
3420 LUDMAN WAY
(Street Name, Number, 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: WILLIAM HORTON
Address: 9707 (Street or Route No.)
Matthews NC 28105
City or Town State Zip Code
(Area code) Phone number 980-373-0158

DEPTH From	To	DRILLING LOG Formation Description
0'	40'	clay
40'	112'	sand - concord gravel
112'	170'	1" granite

4. DATE DRILLED 6-13-05
5. TOTAL DEPTH: 170'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 25' FT. (Use "+" If Above Top of Casing)
8. TOP OF CASING IS 1½ FT. Above Land Surface* *Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 35 METHOD OF TEST AIR
10. WATER ZONES (depth): 120' - 150'
11. DISINFECTION: Type: HTH Amount: lot
12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	+1½	112'		6"/8"	.25"	PVC

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	30'		cement	poured

14. SCREEN:

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

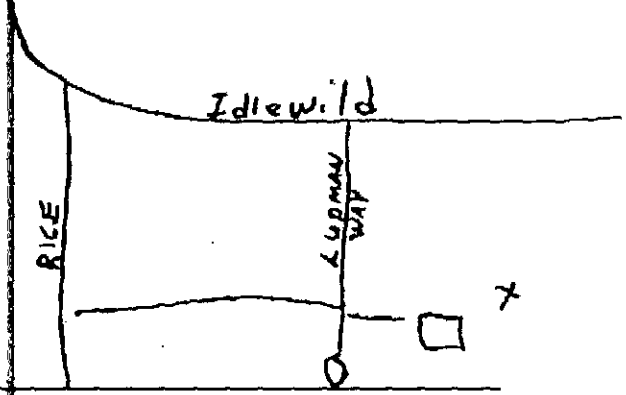
15. SAND/GRAVEL PACK:

	Depth From	To	Ft.	Size	Material

16. REMARKS: _____

LOCATION SKETCH

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



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

Kelvin Belk 6-13-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

GW-1 REV. 07/2001

File#: 5985B

Permit#: 1000044

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	5/6/05
☑	Site plan and other appropriate documentation submitted	5/6/05
☑	Registered well driller Certification Number: 2039	5/6/05
☑	Proposed well location meets required setbacks Mellis	5/6/05
☑	**ARGU** restrictions satisfied (if applicable)	5/6/05
☑	Well permit issued	5/6/05
☑	Septic system permit issued (if applicable)	NA
2. Onsite Inspection		
Observed / Driller		
☑ / ☐	Valid permit on site with registered well driller	6/17/05
☑ / ☐	Required setbacks satisfied, approved location per permit	6/17/05
Appropriate Materials Used for Construction:		
Observed / Driller		
☐ / ☑	Drilling fluids/additives	6/17/05
☐ / ☑	Casing materials/Joint compounds	6/17/05
Source of Water:		
Observed / Driller		
☐ / ☑	Greater than 40 ft. below land surface	6/17/05
☐ / ☑	Water NOT from a known contamination zone	6/17/05
Well Casing:		
Observed / Driller		
☐ / ☑	Casing > than 40 ft. below land surface	6/17/05
☐ / ☑	Non-potable zones effectively sealed	6/17/05
☐ / ☑	Casing properly seated	6/17/05
☑ / ☐	Casing terminated at least 12 inches above land surface	6/17/05
☐ / ☑	All ASTM/NSF standards met	6/17/05
☐ / ☑	Drive shoe used PVC	6/17/05
Grouting:		
Observed / Driller		
☑ / ☐	Approved grouting materials used	6/17/05
☑ / ☐	Grouted to a minimum of 20 ft. below land surface	6/17/05
☑ / ☐	Grouted within 5 days of casing being set	6/17/05
☑ / ☐	Proper depth to seal non-potable zones	6/17/05
Well Head:		
☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	
☐	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

Well Disinfection: **Date**

- ☐ Notification of disinfection _____

Well Contractor Identification Plate:

- ☐ Plate installed securely on well casing _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

Pump Installer Identification Plate:

- ☐ Plate installed securely _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

3. Well Sampling

- ☐ Appropriate water samples collected as required by permit _____

4. Approval

- ☐ Well construction form (GW-1) on file _____
- ☐ Well construction approval granted _____
- ☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print)_____ CERTIFICATION #_____

WELL CONTRACTOR COMPANY NAME _____ PHONE # (___)_____

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

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

2. WELL LOCATION:
Nearest Town:_____ County_____
_____
(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:_____
Address _____
(Street or Route No.)
_____
City or Town State Zip Code
(___)-_____
Area code- Phone number

4. DATE DRILLED_____
5. TOTAL DEPTH:_____
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: _____FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS _____ 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): _____ METHOD OF TEST_____
10. WATER ZONES (depth): _____
_____
11. DISINFECTION: Type_____ Amount _____
12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From_____	To_____ Ft._____	_____	_____	
From_____	To_____ Ft._____	_____	_____	
From_____	To_____ Ft._____	_____	_____	

13. GROUT:

	Depth	Material	Method
From_____	To_____ Ft._____	_____	
From_____	To_____ Ft._____	_____	

14. SCREEN:

	Depth	Diameter	Slot Size	Material
From_____	To_____ Ft._____	in. _____	in. _____	
From_____	To_____ Ft._____	in. _____	in. _____	

15. SAND/GRAVEL PACK:

	Depth	Size	Material
From_____	To_____ Ft._____	_____	
From_____	To_____ Ft._____	_____	

DEPTH From	To	DRILLING LOG Formation Description
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

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

_____ _____
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

GW-1 REV. 09/2004

Date: 05/04/05
Reviewed By: JLS
EPIC Log 2005-00124

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 193-406-04 File # 5985B

Street Address: 3420 Ludman Way

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 #: 193-171-28 MPL # 1184

Street Address: 11932 Idlewild Rd.

GWI #
DENR Incident #: 86737

Current Status: 300B Why? Release threatens uncontaminated drinking water supply wells & groundwater contamination is greater then 1000 times the 2L standard.

Responsible Party: Kenan Transport

Responsible Party Contact Info: PO Box 2729
Chapel Hill, NC

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC). Attached

Attach copies of groundwater flow maps. (Watch of seasonal change) — Attached On ext of cont map

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. — Yes
Based on this information, answer the following questions:

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

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

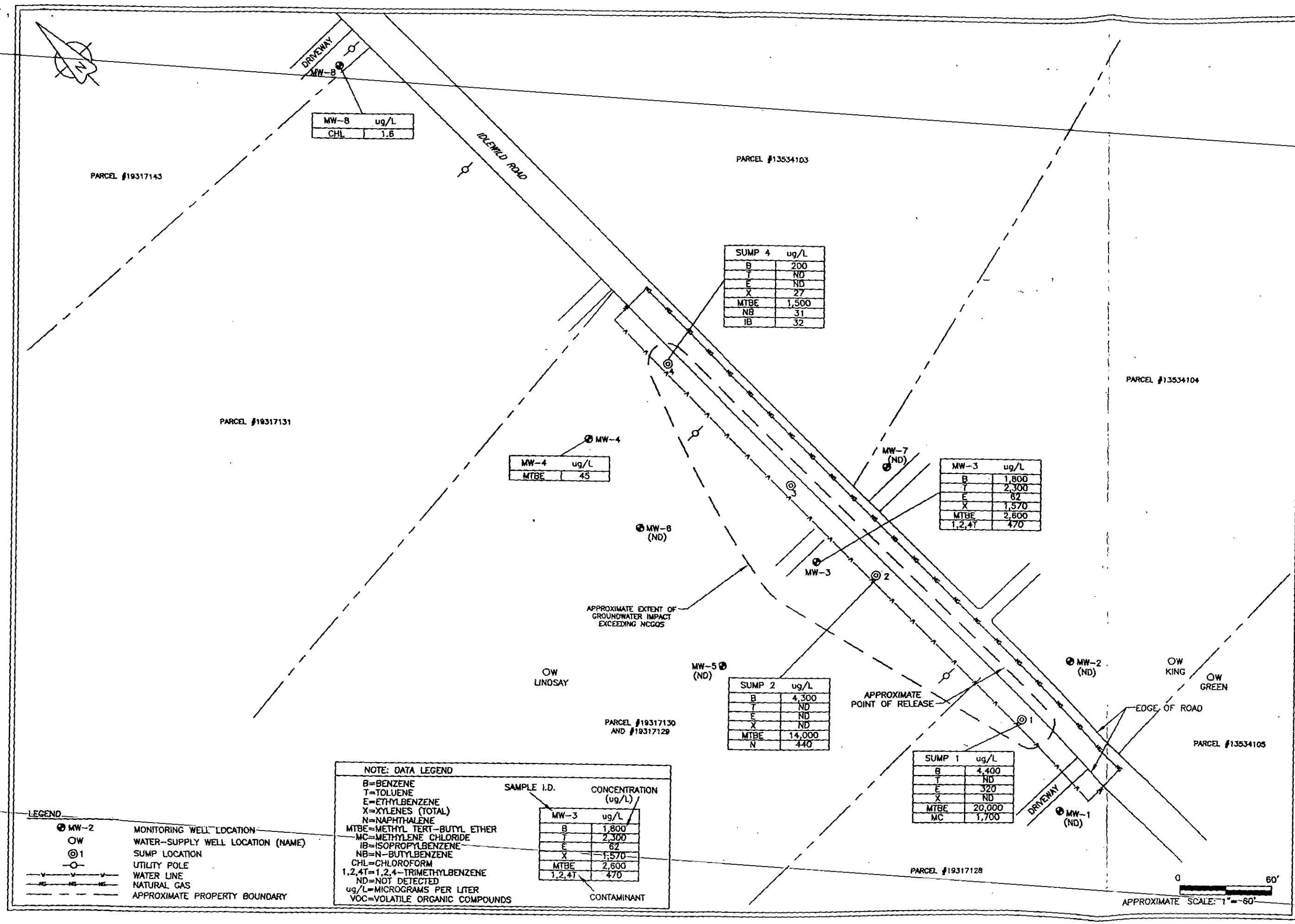
If No, is the source area defined?

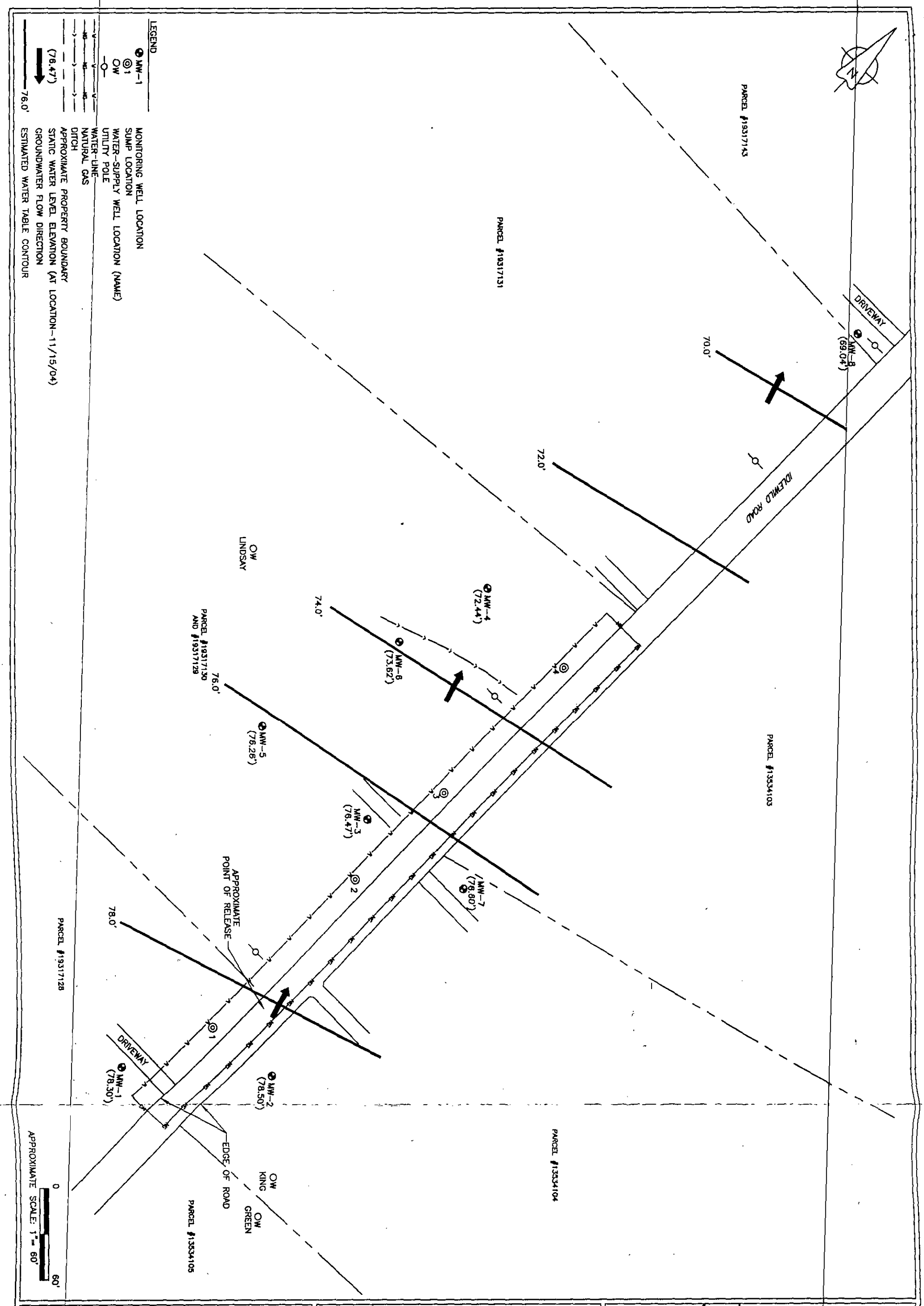
If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	**Is the well within the first 1000 feet of the ARGU?**
If No	**Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.**
If Yes	Permit denied.

Reviewer Comments: Permit granted. The majority of the job location is outside the 1500 foot boundary for MPL site 1184. (See attached 1500 foot radius map). Based on review of the proposed well location plot plan submitted with the application the well will be located outside of the ARGU area. No construction or sampling requirements are imposed.


N
DRIVEWAY
MW-8
MW-8 ug/L
CHL 1.6
IDLEWILD ROAD
PARCEL #19317143
PARCEL #13534103
PARCEL #19317131
PARCEL #13534104
SUMP 4 ug/L
B 200
T ND
E ND
X 27
MTBE 1,500
NB 31
IB 32
MW-4
MW-4 ug/L
MTBE 45
MW-7 (ND)
MW-3 ug/L
B 1,800
T 2,300
E 62
X 1,570
MTBE 2,600
1,2,4T 470
MW-6 (ND)
MW-3
2
APPROXIMATE EXTENT OF GROUNDWATER IMPACT EXCEEDING NCGQS
OW LINDSAY
MW-5 (ND)
SUMP 2 ug/L
B 4,300
T ND
E ND
X ND
MTBE 14,000
N 440
APPROXIMATE POINT OF RELEASE
MW-2 (ND)
OW KING
OW GREEN
EDGE OF ROAD
PARCEL #19317130 AND #19317129
1
PARCEL #13534105
SUMP 1 ug/L
B 4,400
T ND
E 320
X ND
MTBE 20,000
MC 1,700
DRIVEWAY
MW-1 (ND)
PARCEL #19317128
0
60'
APPROXIMATE SCALE: 1"=60'
LEGEND
MW-2 MONITORING WELL LOCATION
OW WATER-SUPPLY WELL LOCATION (NAME)
1 SUMP LOCATION
UTILITY POLE
WATER LINE
NATURAL GAS
APPROXIMATE PROPERTY BOUNDARY
NOTE: DATA LEGEND
B=BENZENE
T=TOLUENE
E=ETHYLBENZENE
X=XYLENES (TOTAL)
N=NAPHTHALENE
MTBE=METHYL TERT-BUTYL ETHER
MC=METHYLENE CHLORIDE
IB=ISOPROPYLBENZENE
NB=N-BUTYLBENZENE
CHL=CHLOROFORM
1,2,4T=1,2,4-TRIMETHYLBENZENE
ND=NOT DETECTED
ug/L=MICROGRAMS PER LITER
VOC=VOLATILE ORGANIC COMPOUNDS
SAMPLE I.D.
CONCENTRATION (ug/L)
MW-3 ug/L
B 1,800
T 2,300
E 62
X 1,570
MTBE 2,600
1,2,4T 470
CONTAMINANT
DRAWN BY:
DRAFTING CHECK BY:
ENGINEER CHECK BY:
APPROVED BY:
DATE: DECEMBER 2004
JOB NO: 0000C349.02
CAD # 02-034909-02
DWG NO: 4.1
GROUNDWATER VOC CONTAMINANT CONCENTRATIONS
KENAN TRANSPORT-IDLEWILD ROAD SPILL
MATTHEWS, MECKLENBURG COUNTY, NORTH CAROLINA
MID-ATLANTIC ASSOCIATES, INC.
Engineering & Environmental Solutions
REFERENCE: LABORATORY ANALYTICAL RESULTS 11/16/04.



LEGEND

- MW-1 — MONITORING WELL LOCATION
- ◎1 — SUMP LOCATION
- OW — WATER-SUPPLY WELL LOCATION (NAME)
- UTILITY POLE
- WATER-LINE
- NATURAL GAS
- DITCH
- APPROXIMATE PROPERTY BOUNDARY
- (78.47') — STATIC WATER LEVEL ELEVATION (AT LOCATION-11/15/04)
- GROUNDWATER FLOW DIRECTION
- 76.0' — ESTIMATED WATER TABLE CONTOUR

MID-ATLANTIC ASSOCIATES, INC.
Engineering & Environmental Solutions

ESTIMATED
WATER TABLE CONTOUR MAP
KENAN TRANSPORT-IDLEWILD ROAD SPILL
MATTHEWS, MECKLENBURG COUNTY,
NORTH CAROLINA

DRAWN BY:	DATE: DECEMBER 2004
DRAFTING CHECK BY:	JOB NO: 0000C349.02
ENGINEER CHECK BY:	CAD # 02-034908-02
APPROVED BY:	DWG NO: 3.1

REFERENCE: MID-ATLANTIC FIELD NOTES.

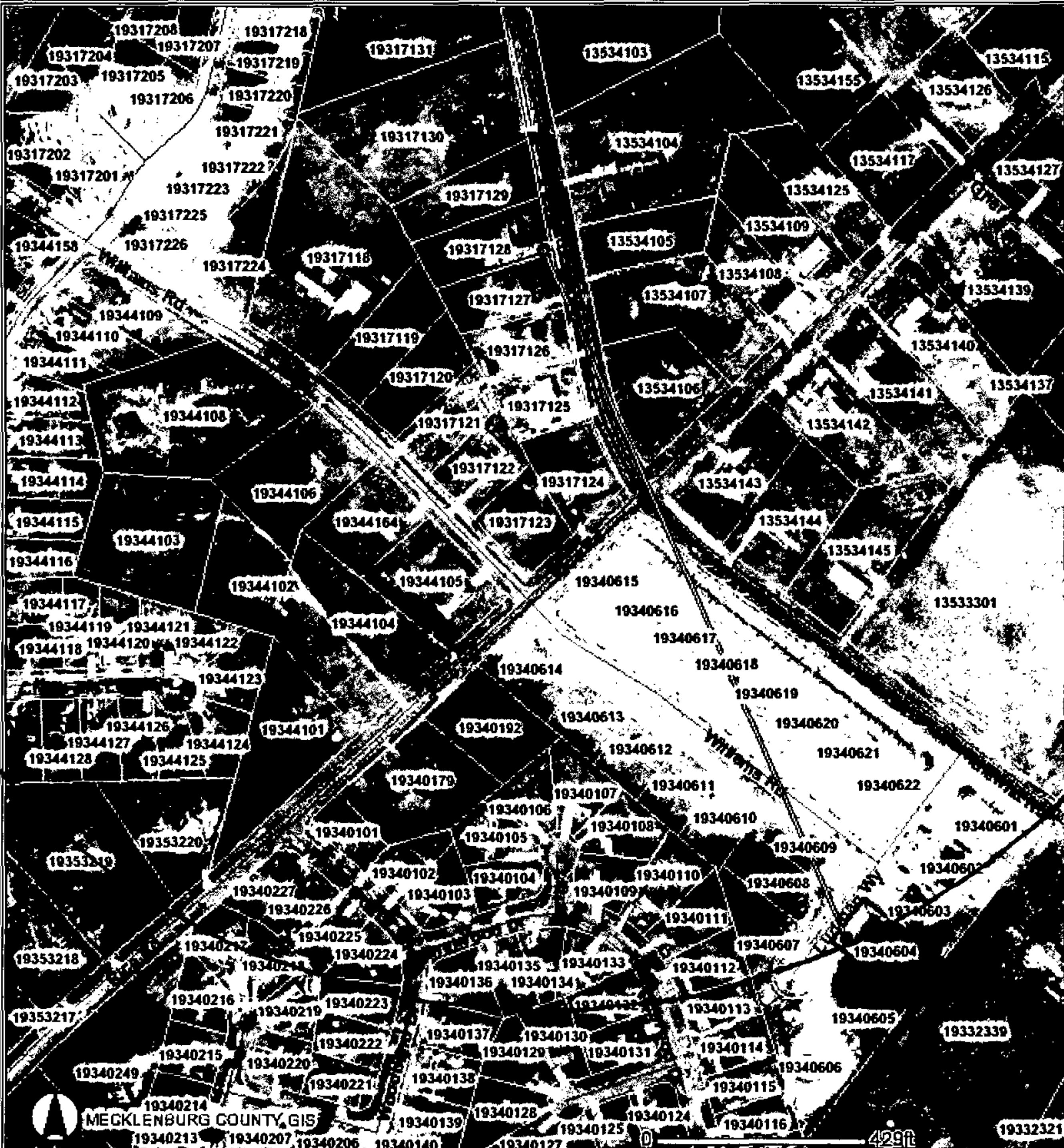
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed May 4 09:54:21 EDT 2005

3420 Ludman Way ARGU Review 1500 Ft Radius



Total Measure Line Length: 1500.51 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

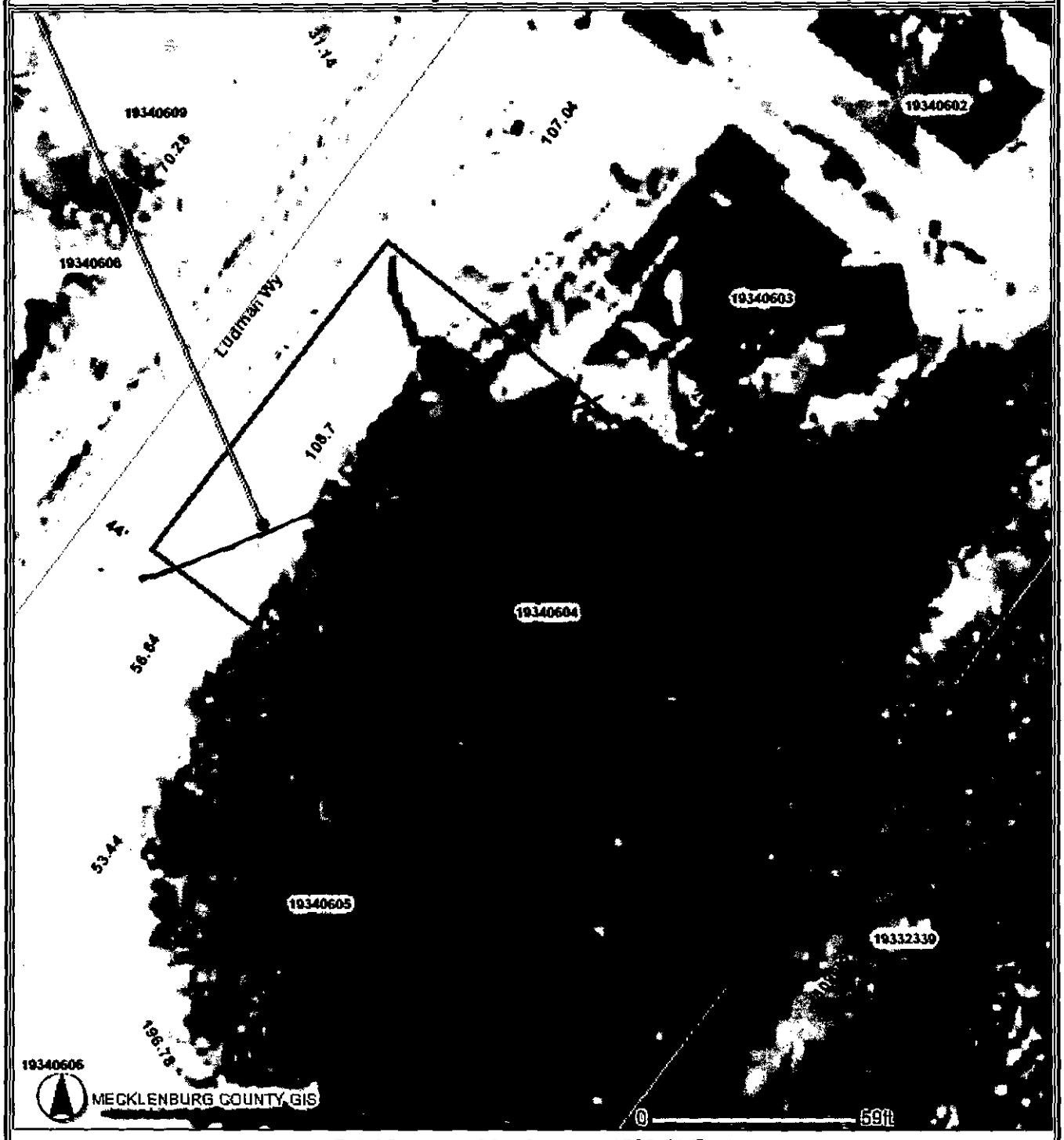
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed May 4 09:54:21 EDT 2005

3420 Ludman Way ARGU Review - Lot Detail Map



Total Measure Line Length: 1500.51 Feet

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.

App. #: 44

Septic Fee: 0

Date:

CRT[ ]

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

FILE # 5985B

Well Fee: 400.0000

Date: 5/4/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) EXISTING SYSTEM ( ) EXPANSION / ALTERATION ( ) REPAIR

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 193-406-04

STREET ADDRESS: 3420 LUDMAN WAY

CITY: MATTHEWS

STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 4200

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 0

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: WILLIAM A. HORTON

ADDRESS: 9707 MARSHBROOK ROAD

CITY: MATTHEWS

STATE: NORTH CAROLINA ZIP: 28105

HOME PHONE: 704-567-7512 WORK:

MOBILE: 408-373-6158 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL MULLIS

ADDRESS: P O BOX 691446

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: 704-545-5694 WORK: 704-545-9449

MOBILE: 704-545-9449 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

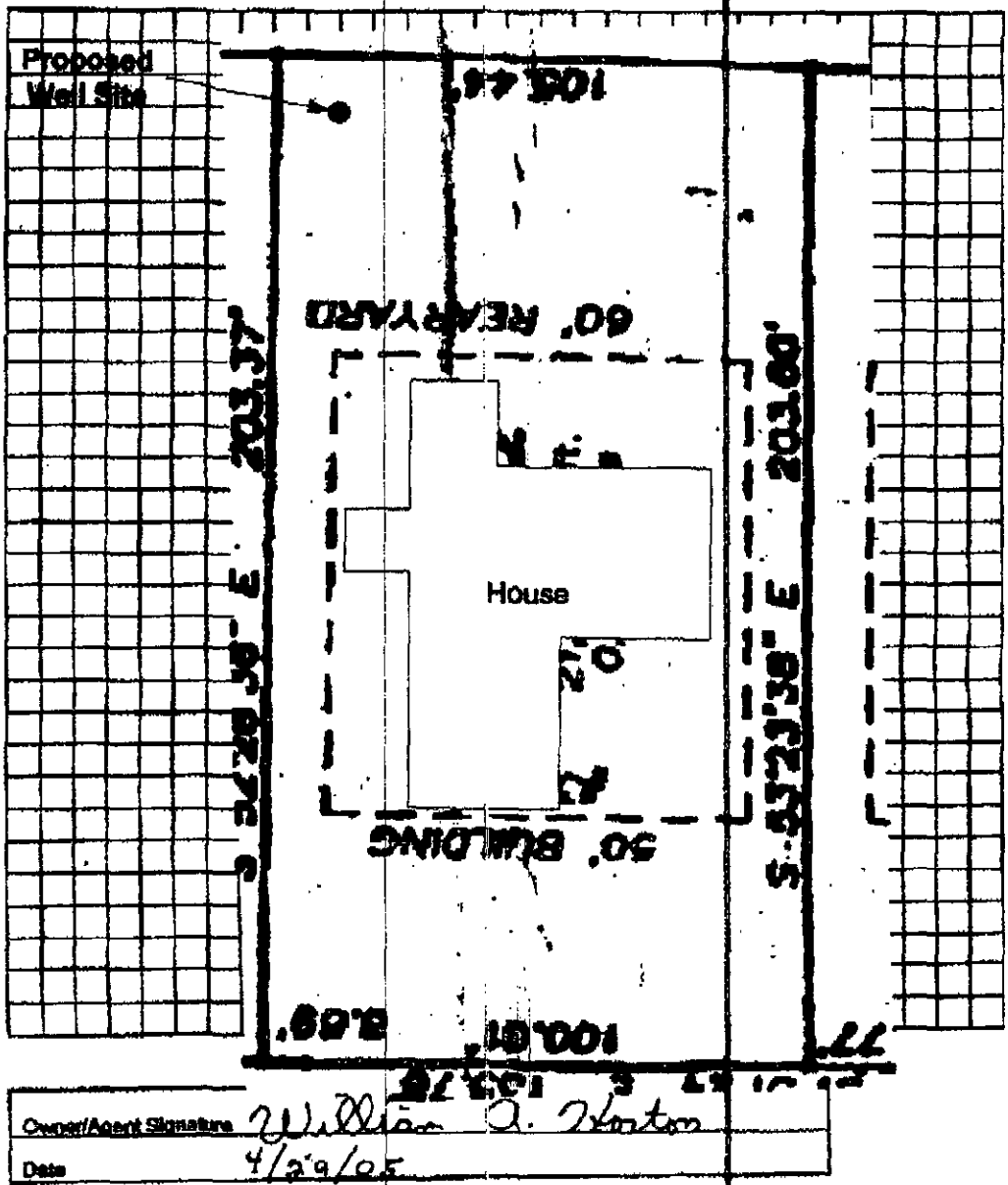
PRINT Update Go to Front Counter

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # 5985b
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 William A. Mullis
Date 4/29/05

LBC 12/15/04

Call 4 Payment

400.00 VISA 5/3/05 JTCA

[redacted]

GWS – RES. APP 12/04

[redacted]

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 # 59858

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 193-406-04

STREET ADDRESS: 3420 LUDMAN WAY

CITY: MATTHEWS

STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: JULIAN MEADOWS

LOT #: 12

TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 4200 sq ft

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

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: WILLIAM A HORTON

ADDRESS: 9707 MARSHBROOKE RD

CITY: MATTHEWS, NC

STATE: ZIP: 28105

HOME PHONE: 704-567-7513 WORK PHONE: 408-373-6159

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis

ADDRESS: P.O. Box 691446

CITY: Charlotte

STATE: NC ZIP: 28227-9694

HOME PHONE: 704-545-9227 WORK PHONE: 545 9449

MOBILE PHONE: 361-7615 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5/31/05

*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 ONSITE

*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.

William A. Horton 4/29/05

Owner's/Agent's Signature Date

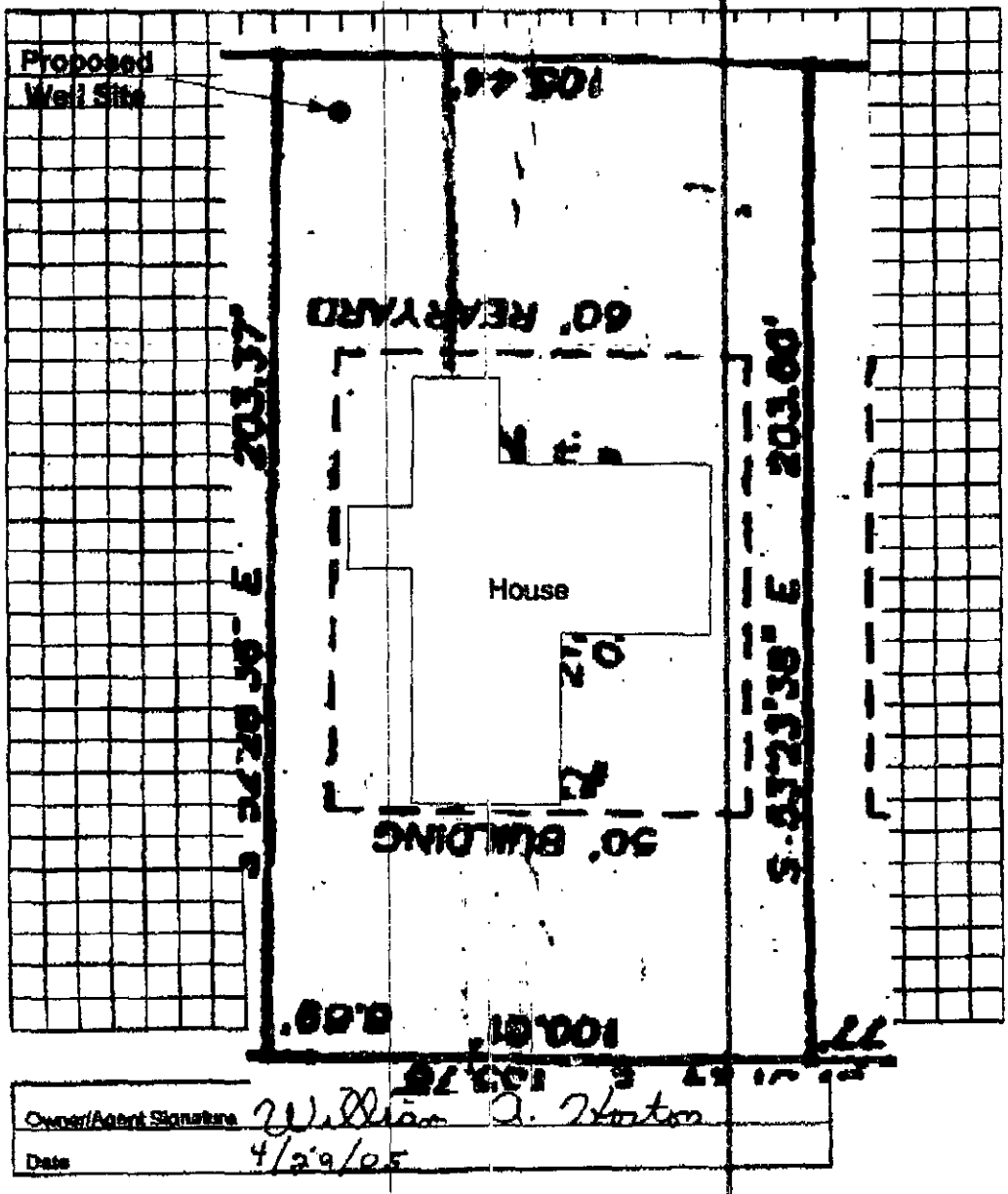
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # 5985
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 William L. Mullis
Date 4/29/05

LBC 12/15/04

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	MECK COUNTY/ WELL PERMIT	From:	ALLISON
Fax:	704-336-6894	Pages:	2
Phone:	704-545-5694	Date:	4-29-05
RE:	PLEASE FAX WELL PERMIT BACK TO ME,	cc:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

Call 4 Payment #44

400.00 VISA 5/3/05 JTCA

[redacted]

GWS – RES. APP 12/04

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

[redacted]

FILE # 59858

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 195-406-04

STREET ADDRESS: 3420 LUDMAN WAY

CITY: MATTHEWS

STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: JULIAN MEADOWS

LOT #: 12

TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 4200 sq ft

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

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: WILLIAM A HORTON
ADDRESS: 9707 MARSHBROOKE RD
CITY: MATTHEWS, NC
STATE: ZIP: 28105
HOME PHONE: 704-567-7513 WORK PHONE: 408-373-6158
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis
ADDRESS: P.O. Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227-0694
HOME PHONE: 704-545-8277 WORK PHONE: 545 9499
MOBILE PHONE: 361-7615 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5/31/05

*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 ONSITE

*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.

William A. Horton 4/29/05
Owner's/Agent's Signature Date

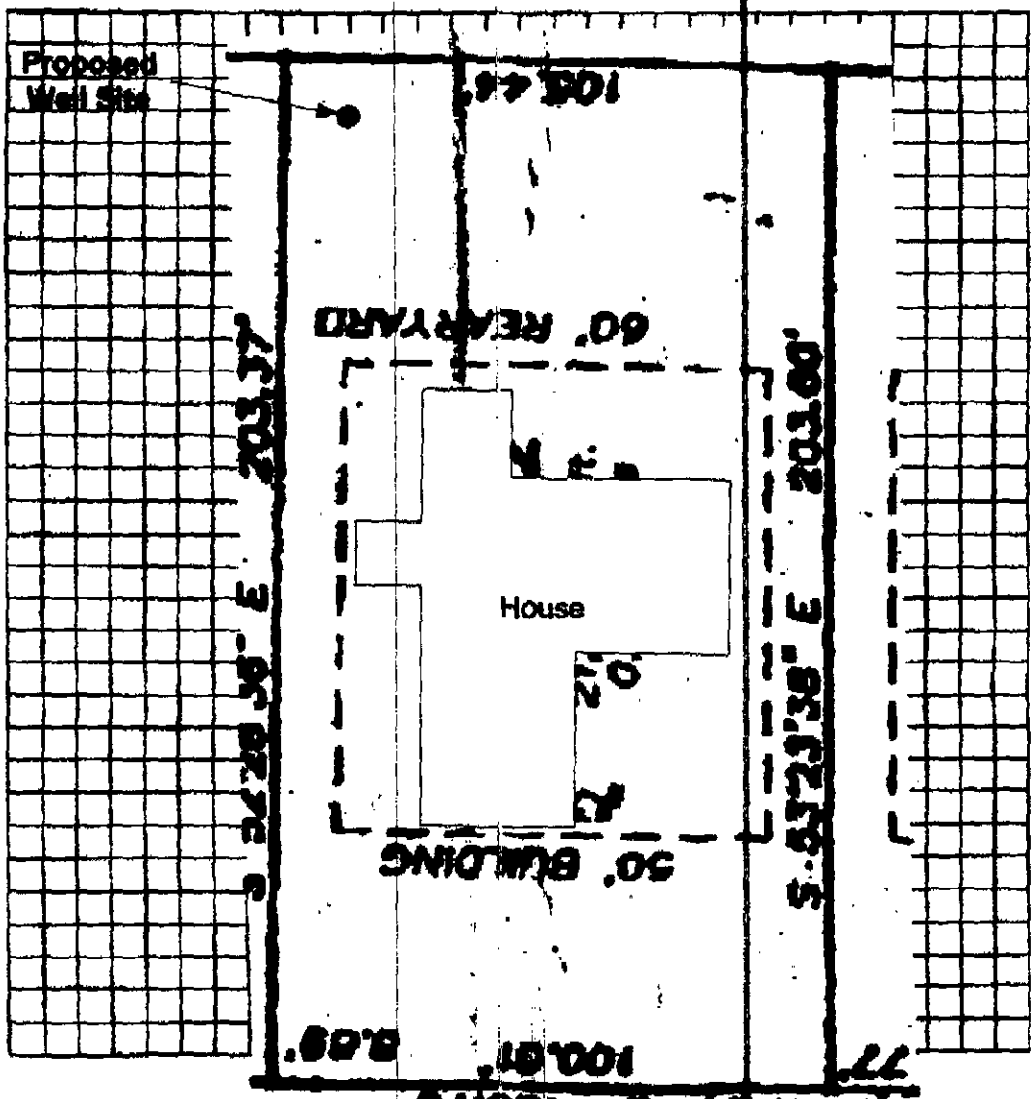
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5994

File # 5985B
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 William D. Mullis
Date 4/29/05

LBC 12/15/04