

14548 HENRY HARRISON STILLWELL DR

01322113

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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EHS J. Michelowe Reviewer P. Walker

5314 B **County Permit Review Worksheet** 1660

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	4									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.25									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	***Facility/appurtenance* setbacks shown from fixed points?**	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	/									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 53148 Permit #: 1660 Tax Parcel #: 013-221-13

Property Owner: Codorstar Builders

Job Location Address: 1548 Henry Harrison Stillwell

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 7/25/07 Contractor Name: Hallman Construction

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 4 @ 120 feet

Depth of Media: 12 inches (Type) E-2 Flow

Depth of Cover: 18 inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 7/25/07

Excavation Inspected: 7/25/07

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

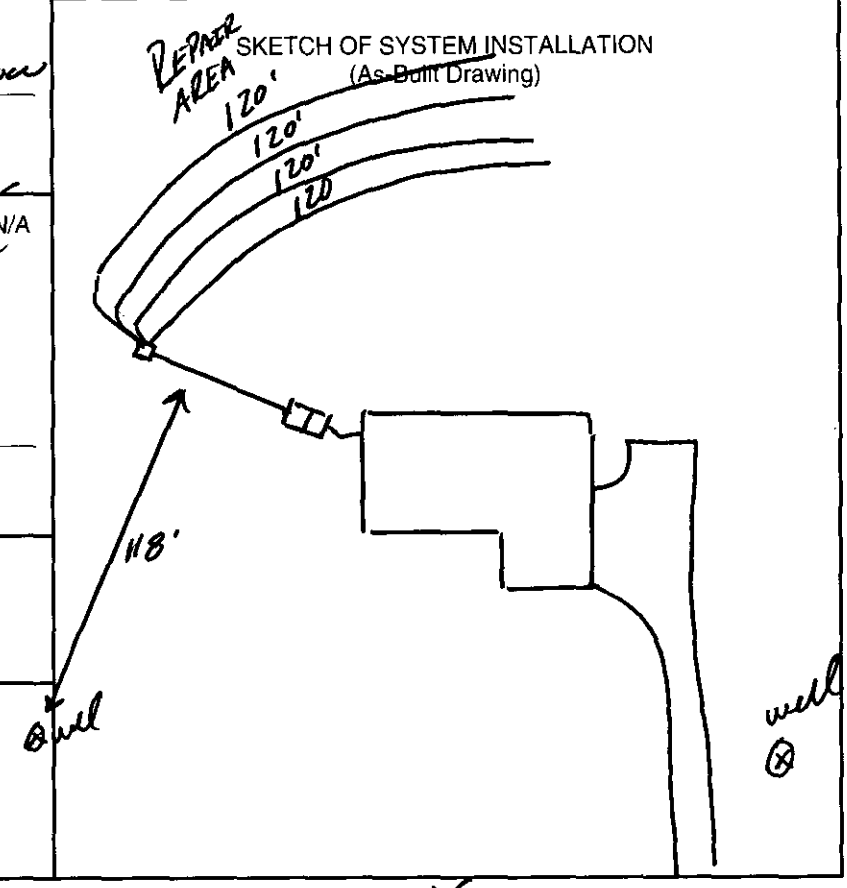
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 6' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: 118' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" *in effect on the date of issuance of the permit.* The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, *or using such system from any* liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III-9

DENR Authorized Agent: Jeremy Mechler R.S. Signature: Jeremy Mechler, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5314B Permit #: 1660 Tax Parcel #: 013-221-13

Property Owner: Lodestar Builders

Job Location Address: 14548 Henry Hanson Stallwell

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Nicholas, R.S. Date: 7/25/07

Signature: Jeremy Nicholas, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5314B Permit #: 1660 Tax Parcel #: 013-221-15

Property Owner: CODESTAR BUILDERS, INC.

Job Location Address: 14548 HENRY HARRISON STILLWELL

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 7/25/07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. *This approval is granted based upon the application* information submitted to our office. All work shall be completed on or before 8/23/07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: ——— gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 4 @ 120 feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

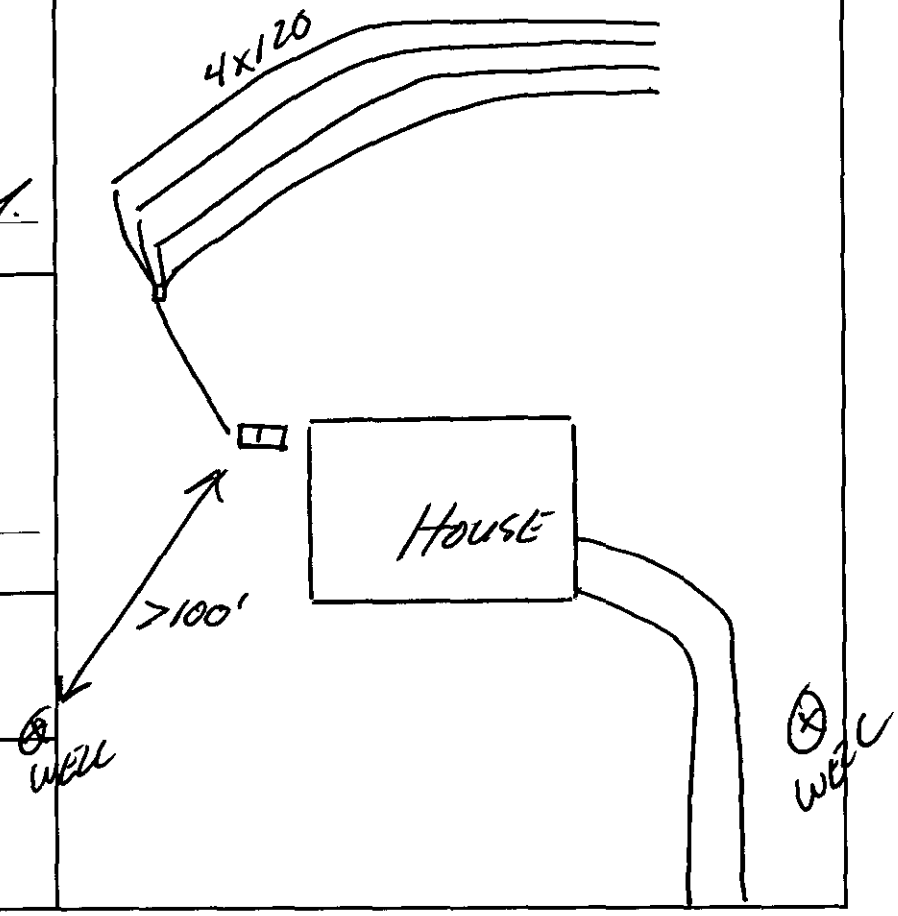
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g 25% Reduction system

DENR Authorized Agent: Jeremy Micklow, R.S. Signature: Jeremy Micklow, R.S.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/21/06	**Amount:**	150.00
Receipt #:	46943	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X39013
Contractor: LODESTAR BUILDERS INC
Attn:
Address: 18631 NORTHLINE RD STE A
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14548 HENRY HARRISON STILLWELL		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
550.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/21/06
Receipt #: 46944
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X39013
Contractor: LODESTAR BUILDERS INC
Attn:
Address: 18631 NORTHLINE RD STE A
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14548 HENRY HARRISON STILLWELL		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
700.00					

Plug Account

1659

53148 # 1660

GWS – RES. APP 07/05

400 88 11/21/06

OKA

[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

[redacted]

X39013 FILE # ~~53295~~ 5314B X39013

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 #: 01322113
STREET ADDRESS: 14548 Henry Harrison Stillwell
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: ~~Stillwell~~ Stillwell
LOT #: ~~#~~ 1-4
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: 4656
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 THIS 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: Lodestar Builders, Inc.
ADDRESS: 18631-A Northline Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704.896.2986
MOBILE PHONE: FAX: 866.895.0121

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature 11/21/06 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 11/21/06 Date

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

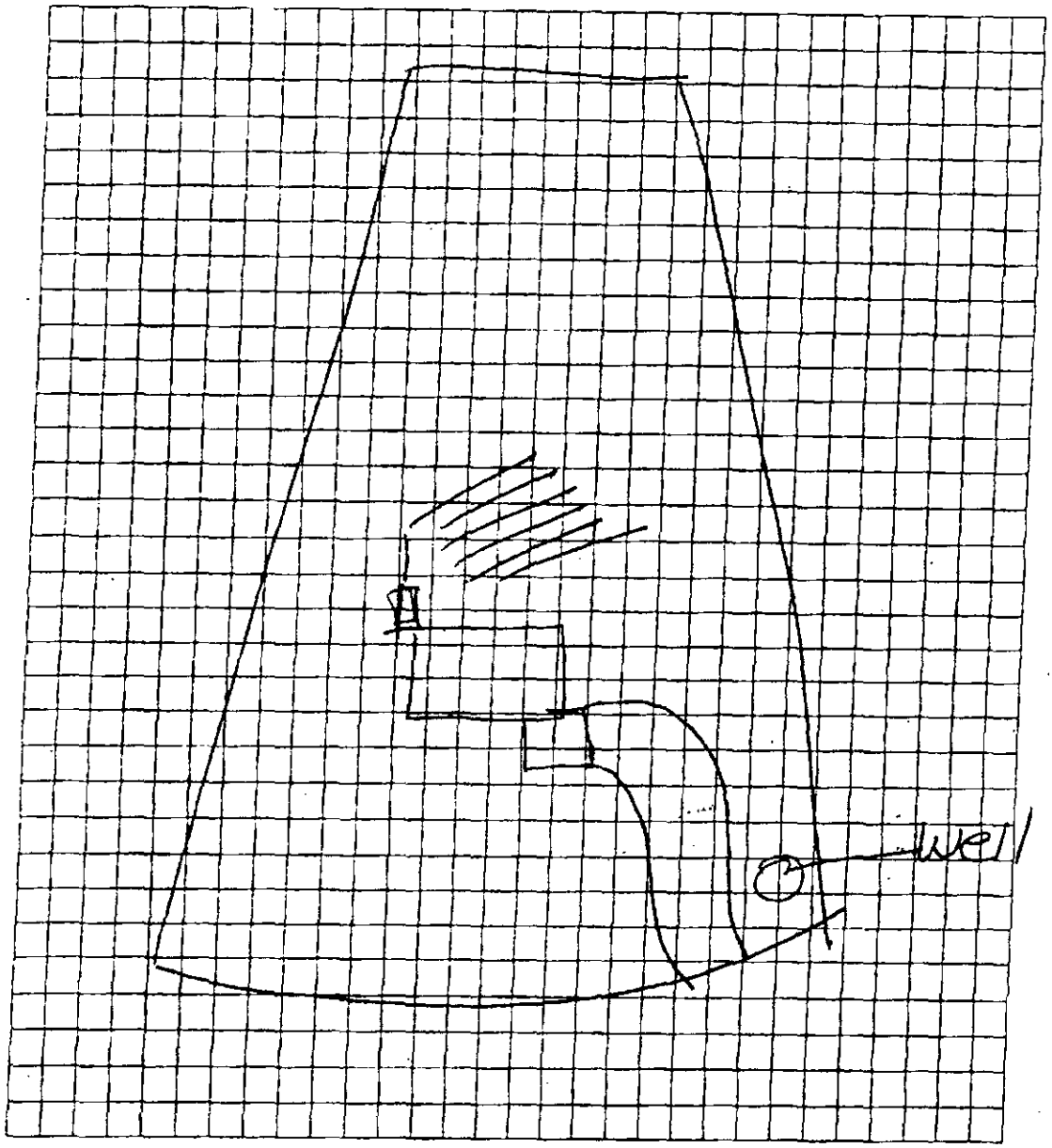
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Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6994

File # 5314B
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	Dan Hart
Date	11/21/00

LBC 12/15/04

11/21/2006 03:35 PM LUESA Mecklenburg County 704 432 2525 4 4

HD 208211

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____

PERMIT NO: 5314B
PARCEL NO: 013-221-13

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Neighborhoods at Stillwell
AUTHORIZATION ISSUED BY: Tony Mott R.S. DATE: 1/9/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5314B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ~~Agreement Forms~~

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Angie Blanchard 1/9/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5314B

Tax Number: 013-221-13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.25 Long-term acceptance rate	720 Max gallons/day wastewater flow	2160 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	720 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
6 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement Forms				

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2160 Absorption Area (Sq ft) 720 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Tommy Mobley R.S. 1/9/04
DEHNR Authorized Agent Date

Angie Black 1/7/04
Owner/Agent Signature Date

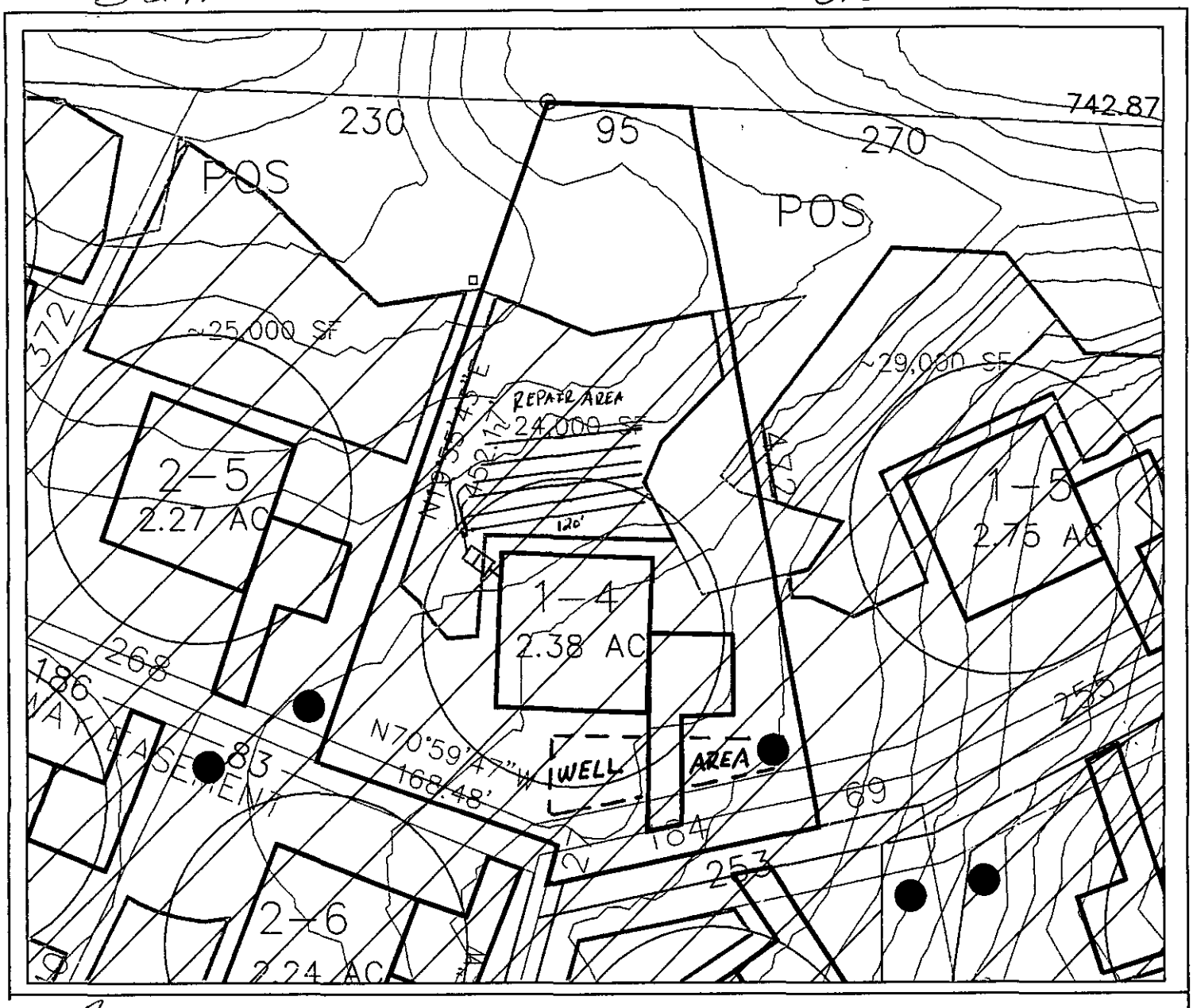
MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

5314B

013-221-13



Comments:

→ ~~4~~ Bedroom House

→ 0.25 LTAR

→ ~~4~~ lines x 120' x 3' (~~720~~ 480 TLF)

→ Type III innovative System + Repair

→ 25% Reduction System

→ WELL PERMIT ISSUED 11/29/06

→ FULL GROUT

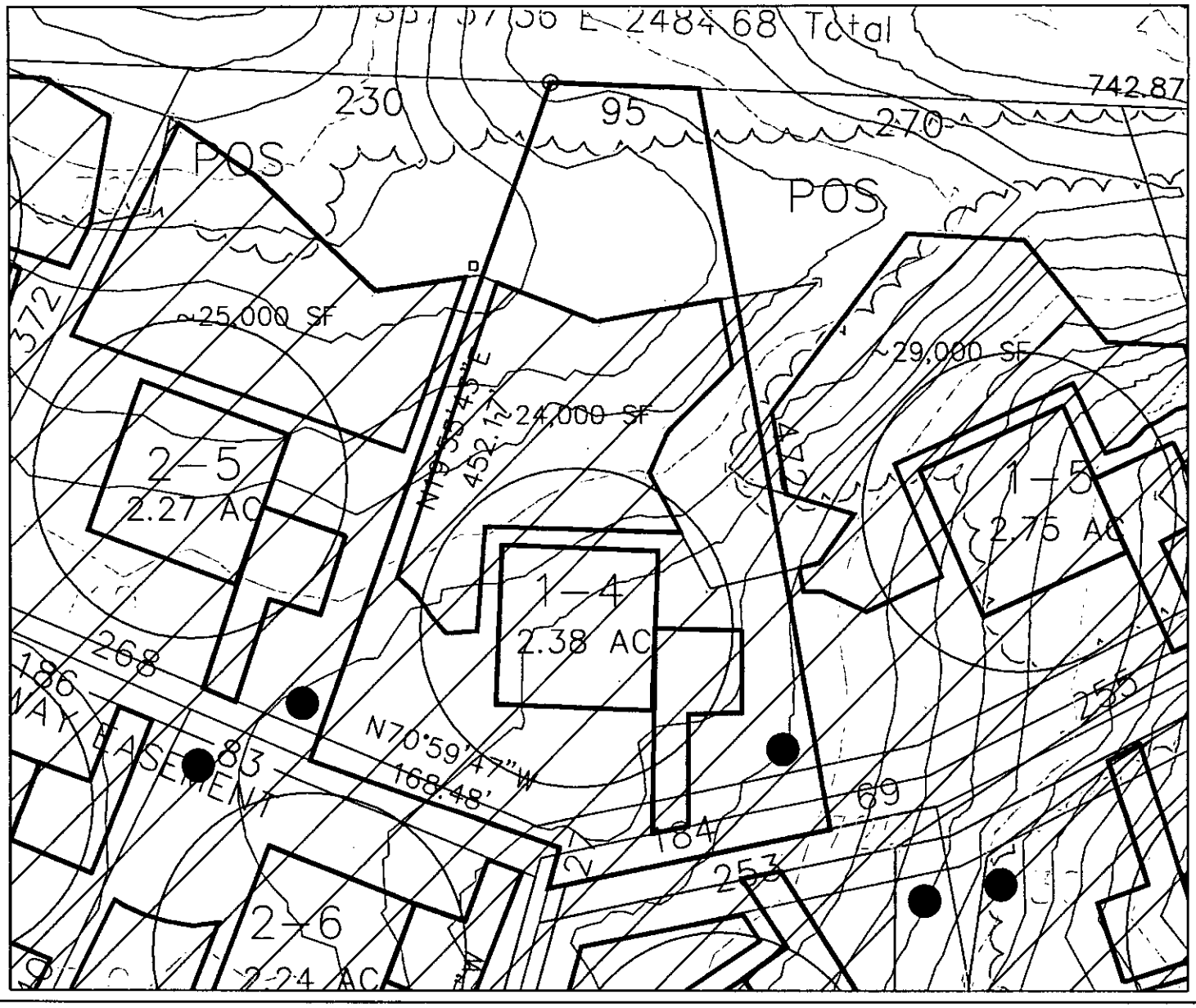
→ CASING TO BEDROCK

→ ADDITIONAL SAMPLING - VOC's
- SOC's
- METALS

4 Bedroom
480

Angie Blount 1/7/07

Jenny Michels R.S. 1/9/07



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional and modified conventional septic systems.
- UN — Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE

1" = 100'

100 0 100 200

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

SHEET 1 of 1

SHEET TITLE:
SITE PLANS & DRAINFIELD LAYOUTS

PROJECT NAME:
WILLIAM BRENNER COMPANY, INC.
- CASHION ROAD LOT 1-4 -
MECK. COUNTY, NORTH CAROLINA
MAY 2003

S&EC Soil & Environmental Consultants, PA

8701 Lorraine Court, Suite C ■ Concord, North Carolina 28025 ■ Phone (704)782-0402 ■ Fax (704) 782-0406

FILE: C:\SEC\JOBS\1243
SCALE: 1" = 100'
S.A.P. W.O. # 5.M.
FIELD WORK: S.A.P.
DRAWN BY: S.A.P.
PROJECT MGR.
PROJECT NO.: 03C-1243

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 013-221-13
Lot #: Lot 4, Pod 1
File #: 5314 B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods of Stillwell
Applicant:
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 09/10/2003
Proposed Facility: Residence
Design Flow (.1949): ~~720gpd~~ 480
Property Size: 2.38a
Location of Site: Off Cashion Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .25GPD/FT^2
		4-40	SBK/C	FI/SEXP/S/P					
		40-48	WKSBK/C	FR/SEXP/SS/SP					
2	"	0-12	GR/CL	"	>51" TO SOIL WETNESS	51	"	"	"
		12-38	SBK/C	FI/SEXP/S/P					
		38-51	WKSBK/C	"					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y 7/1@36"	41	"	"	PS, IV .2GPD/FT^2
		4-19	SBK/C	FI/SEXP/S/P					
		19-41	WKSBK/C	"					
4	"	0-6	GR/SL	FR/SEXP/NS/NP	2.5Y 7/1@32"	54	"	"	US, IV .2GPD/FT^2
		6-22	SBK/C	FI/SEXP/S/P					
		22-54	WKSBK/SC	"					

Description	Initial System	Repair System
Available Space (.1945)	PS	~~PS~~
System Type(s)	III g	III g
Site LTAR	.25GPD/FT^2	.2GPD/FT^2

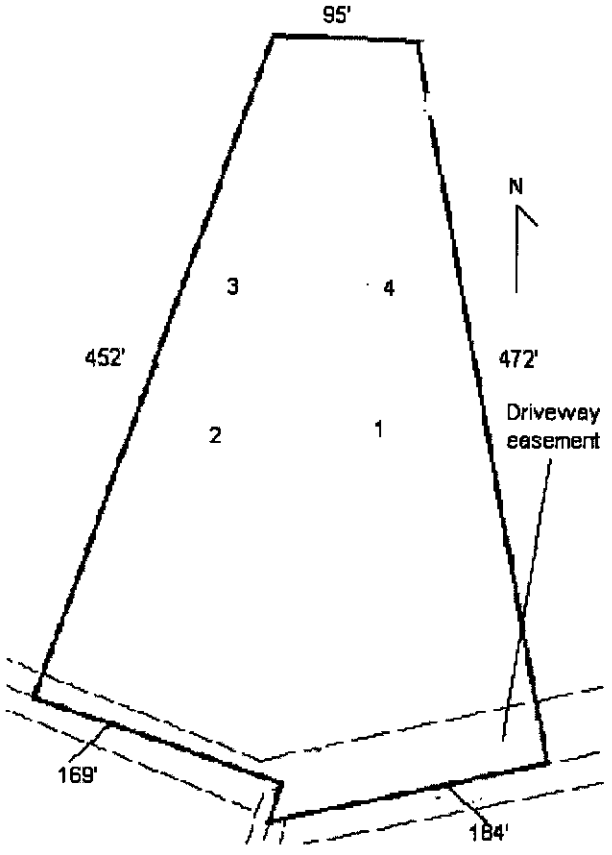
Other Factors (.1946): _____
Site Classification (.1948): ~~UNSUITABLE~~ P.S.
Evaluated By: W. R. Marlin, LSS, 9/15/2003, W. R. Marlin
Others Present: A. Rollans

FILE # 5314B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: [illegible]
DATE: 8/6/03 JKF

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 - 1 CBT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

Jeremy

FILE #: 5314B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322113

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 1-4

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
X 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 4000 - 6000 SF

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS:

CLOSING DATE Closed

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: (LAST) Jacobus (FIRST) Frank (MI) Neighborhoods at Stillwell, LLC.
ADDRESS: PO Box 99
CITY: Davidson STATE: NC ZIP: 28036
DAYTIME PHONE: 704 895-0556

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Rollans (FIRST) Samuel (MI) Ashley
DAYTIME PHONE: 704 202-7877 (m)
" 720-9405 (o)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 2003

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Samuel A Rollans DATE: 8/4/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

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

FILE: 5314B

TC: _____

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.

OWNER/AGENT SIGNATURE

DATE 8/4/03

APPROVAL DATE _____

See Attached "Site Plans"

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5314B WASPS App #: 1660

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: Josh Sellers

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: 1

Comments:
11/22/06 - Need signed copy of permit

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: 11-21-06 ES assigned date: UNK Permit issued date: 11-22-06

Well approval date: 09-17-07 Number of days to complete project: ≈ 295

Review performed by: Joshua R. Sellers R.S. Date performed: 09-17-07

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/6/2007 09:37 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813143808
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31031 Chloromethane	Less Than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Vinyl Chloride	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Bromomethane	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Chloroethane	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Trichlorofluoromethane	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1-Dichloroethene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Carbon Disulfide	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Iodomethane	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Acrolein	Less than	ug/L	50	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Methylene Chloride	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Acetone	230	ug/L	50	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 trans-1,2-Dichloroethene	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Methyl-tert-butyl-ether (MTBE)	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Acrylonitrile	Less than	ug/L	50	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Vinyl acetate	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 cis-1,2- Dichloroethene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Bromochloromethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Chloroform	5	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Carbon Tetrachloride	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1,1-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 2-Butanone (MEK)	1200	ug/L	200	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Benzene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Trichloroethene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Dibromemethane	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2-Dichlorpropane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Bromodichloromethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 2-Chloroethyl vinyl ether	Less than	ug/L	10	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 cis-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Toluene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 4-Methyl-2-pentanone	Less than	ug/L	10	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 trans-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Tetrachloroethene	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1,2-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	8/16/2007	21:27	SDA

09-14-07
verbal OK
from K. W
Labs
Nitrates below
detection limits

CHARLOTTE.

Laboratory Analysis Report
Report Date: 9/6/2007 09:37 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813143808
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31031 Dibromochloromethane	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2-Dibromoethane	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 2-Hexanone	**Less than**	**ug/L**	10	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Ethylbenzene	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Chlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1,1,2-Tetrachloroethane	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Total Xylenes	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Styrene	**Less than**	**ug/L**	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 Bromoform	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 trans-1,4-Dichloro-2-butene	**Less than**	**ug/L**	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,1,2,2-Tetrachloroethane	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2,3-Trichloropropane	**Less than**	**ug/L**	5	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,3-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,4-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2-Dichlorobenzene	**Less than**	**ug/L**	3	SW846 / 8260B	8/16/2007	21:27	SDA
AC31031 1,2-Dibromo-3-chloropropane	**Less than**	**ug/L**	10	SW846 / 8260B	8/16/2007	21:27	SDA

Comment: 8260: Acetone analyzed on a x5 dilution on 8/22/07 at 1220 by SDA.
8260: 2-butanone (MEK) analyzed on a x20 dilution on 8/22/07 at 1643 by SDA.

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:	14548 Henry Harrison Stillwell Dr.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: GWS
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 070813143808

Sampled By (Print Name): Joshua R. Sellers R.S.

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: VOA, EPA 8260
GWO-74192 AC31c31	JRS.	8/13/07 10:00 A.M.	N/A N/A	N	15.5 C	10.2				X		40 ml	2					X			X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	[illegible]	8/13/07	14:15
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: 9/6/2007 09:52 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813144215
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31033 Continuous Liq-Liq Extraction	Completed			SW846-3520C	8/17/2007	9:25	SMW
AC31033 N-Nitrosodimethylamine	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 Pyridine	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Phenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Aniline	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Bis(2-chloroethyl) ether	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2-Chlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 n-Decane	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 1,3-Dichlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 1,4-Dichlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Benzyl alcohol	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 1,2-Dichlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2-Methylphenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 bis(2-chloroisopropyl) ether	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 n-Nitroso-di-n-propylamine	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Methylphenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Hexachloroethane	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Nitrobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Acetophenone	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Isophorone	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2-Nitrophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,4-Dimethylphenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 bis(2-Chloroethoxy)methane	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,4-Dichlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Benzoic acid	Less than	ug/L	80	8270	8/21/2007	13:47	SMW
AC31033 1,2,4-Trichlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Napthalene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Alpha-Terpineol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Chloroaniline	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 2,6-Dichlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Hexachlorobutadiene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Chloro-3-methylphenol	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 2-Methylnaphthalene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Hexachlorocyclopentadiene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,3-Dichloraniline	Less than	ug/L	10	8270	8/21/2007	13:47	SMW

CHARLOTTE.

Laboratory Analysis Report
Report Date: 9/6/2007 09:52 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813144215
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31033 1,2,4,5 Tetrachlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,4,6-Trichlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,4,5-Trichlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2-Chloronaphthalene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 1-Chloronaphthalene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2-Nitroaniline	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 Acenaphthylene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Dimethylphthalate	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,6-Dinitrotoluene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 3-Nitroaniline	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 Acenaphthene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,4-Dinitrophenol	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 Dibenzofuran	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Nitrophenol	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 2,4-Dinitrotoluene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Pentachlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 2,3,4,6-Tetrachlorophenol	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Fluorene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Chlorophenyl-phenylether	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Diethylphthalate	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Nitroaniline	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 4,6-Dinitro-2-methylphenol	Less than	ug/L	50	8270	8/21/2007	13:47	SMW
AC31033 Diphenylhydrazine	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 N-Nitrosodiphenylamine	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 n-Octadecane	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 4-Bromophenyl-phenylether	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Hexachlorobenzene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Pentachlorophenol	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 Phenanthrene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Anthracene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Carbazole	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Di-n-butylphthalate	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Fluoranthene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW
AC31033 Benzidine	Less than	ug/L	20	8270	8/21/2007	13:47	SMW
AC31033 Pyrene	Less than	ug/L	10	8270	8/21/2007	13:47	SMW

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/6/2007 09:52 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813144215
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31033 Butylbenzylphthalate	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Benzo(a) anthracene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 3,3'-Dichlorobenzidine	**Less than**	**ug/L**	20	8270	8/21/2007	13:47	SMW
AC31033 Chrysene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 bis(2-Ethylhexyl)phthalate	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Di-n-octylphthalate	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Benzo[b]fluoranthene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Benzo[k]fluoranthene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Benzo[a]pyrene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Indeno[1,2,3-cd]pyrene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Dibenz[a,h]anthracene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW
AC31033 Benzo [g,h,i] perylene	**Less than**	**ug/L**	10	8270	8/21/2007	13:47	SMW

Comment: 8270, benzoic acid: Analyzed 8/24/07 @ 1327 by MAJ.
8270: Laboratory control sample associated with this sample failed recovery criteria on 1 of 11 compounds.

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	14548 Henry Harrison Stillwell Drive
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

Send Report To: GWS
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 070813144215
Sampled By (Print Name): Joshua R. Sellers R.S.

Instructions: Indicate the Sample ID to identify the sampling site. Record sampler initials, sample collection data, sample temperature, and sample type. The Sample Containers column indicate the container to use for the parameters selected under the Analyses Requested columns. Multiple analyses can be requested from the same site on a single COC. Samples are relinquished in person to the Received By lab staff.

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: BOD_5	$CBOD_5$	COD	TOC	TSS	TDS	TS	Nutrients	P-Phosphate	Nitrite only	Alkalinity	Hardness	Turbidity	Metals	Fecal Coliform	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270	Chlorophyll a	Total Coliform	Chloride
GWO-74192	JRS	8/13/07 10:00 A.M.		N		10.2					1000 ml		1	X							X	X																			
											1000 ml		1	X											X	X	X				X		X									
											500 ML		1			X							X					X														
											500 ML		1		X																	X									
											125 ML		1	X															X	X												
											100 ML		2						X															X						X	
AC31033	JRS	8-13-07 10:00AM			15.5					X		(1000 ml)	8	X																				X	X		(X)			
												40 ml	2					X																				X			
					N/A						1000 ml		1	X																											X	
											250 ML		1	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:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	[illegible] Mullen	08-13-07	2:00P
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

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 - PRIVATE WATER SYSTEM

Name of System: GWO-74192
Address: 14548 Henry Harrison Stillwell
Huntersville, NC **Zip:** 28078
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Joshua Sellers
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis *Private*

Collected By: J. SELLERS **Date:** 8/13/2007 **Time:** 10:00:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	3	mg/l	8/15/2007
Silver	<0.05	mg/l	8/15/2007
Alkalinity as CaCO3	60	mg/l	8/15/2007
Arsenic	0.004	mg/l	8/15/2007
Barium	<0.1	mg/l	8/15/2007
Calcium	14.7	mg/l	8/15/2007
Cadmium	<0.001	mg/l	8/15/2007
Chloride IC	<5.0	mg/l	8/15/2007
Chromium	<0.01	mg/l	8/15/2007
Copper	<0.05	mg/l	8/15/2007
Fluoride	<0.20	mg/l	8/15/2007
Iron	0.12	mg/l	8/15/2007
Hardness as CaCO3 (Ca,Mg)	46	mg/l	8/15/2007
Mercury	<0.0005	mg/l	8/15/2007
Magnesium	2.3	mg/l	8/15/2007
Manganese	<0.03	mg/l	8/15/2007
Sodium	8	mg/l	8/15/2007
Lead	<0.005	mg/l	8/15/2007
pH	8.0	Std. units	8/15/2007
Selenium	<0.005	mg/l	8/15/2007
Total Dissolved Solids	104	mg/l	8/15/2007
Zinc	<0.05	mg/l	8/15/2007

Date Received: 8/15/2007 **Report Date:** 8/29/2007 **Reported By:**
Today's Date: 8/30/2007 **Ref:** 11619 **Login Batch:** 07080033 **Sample Number:** AB61059

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/7/2007 11:19 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74360
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/3/2007 10:00 CHAIN OF CUSTODY #: 070904130332
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC34108 E. COLI-PA	**Absent**	**P/A**		SM 9223B	9/4/2007	13:56	SLT
AC34108 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	9/4/2007	13:56	SLT

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

Josh
Sellers

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:	14548 Henry Harrison Stillwell Place
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: GWS
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 070904130332

Sampled By (Print Name)
Joshua R. Sellers R.S.

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
AC34108																					
GWO-74360		9/3/07	N/A	N	N/A					X	100 ml		1						X		X
	JRS	10:00 A.M.	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
Joshua R. Sellers		09-04-07	12:40P
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: 8/22/2007 03:25 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74192
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/13/2007 10:00 CHAIN OF CUSTODY #: 070813145657
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC31034	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	8/13/2007	16:38	SLT
AC31034	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	8/13/2007	16:38	SLT

Comment:

Laboratory Supervisor: Eric W. Arnold

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	*Groundwater* **(Potable Water)**
ADDRESS:	14548 Henry Harrison Stillwell RD.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: GWS

700 N. Tryon St., Suite 211

Charlotte, NC 28202

[redacted]

Sampled By (Print Name)

Joshua R. Sellers R.S.

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp.	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform
GWO-74192		8/13/07	N/A	N	N/A	[redacted]				X	1 (100ml)		1						X	X	
Ac31034	JRS	10:00 A.M.	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.*

[redacted] for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	D Mellon	08-13-07	2:00 P
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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3271

1. WELL CONTRACTOR:
Joseph Bailey
Well Contractor (Individual) Name
B & K Well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 132 Mt Mourne Ln
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) 1000-1660
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 1-12-07 — 1-13-07
TIME COMPLETED 2:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Huntersville COUNTY Mecklenburg
Stillwell SD
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE N/A
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) Dan West

4. WELL OWNER
OWNER'S NAME Lodestar Bldrs.
STREET ADDRESS 18631 A Northline Rd
Cornelius NC 28031
City or Town State Zip Code
( ) Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 445
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 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 50 METHOD OF TEST Straddle

6. DISINFECTION: Type Chl. Tabs Amount 1 lb.

7. WATER ZONES (depth):
From 370 To 371 From ____ To ____
From 426 To 427 From ____ To ____
From ____ To ____ From ____ To ____

8. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0 To 142	Ft.	4"	SDR 21	PVC
From	To	Ft.			
From	To	Ft.			

9. GROUT:

	Depth		Material	Method
From	0 To 25	Ft.	Concrete	Pour
From	To	Ft.		
From	To	Ft.		

Liner/Packer

10. SCREEN:

	Depth		Diameter	Slot Size	Material
From	0 To 152	Ft.	4 in.	in.	PVC
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

11. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To N/A	Ft.	A	
From	To	Ft.		
From	To	Ft.		

12. DRILLING LOG

From	To	Formation Description
0	142	Red Sal
		Sandy Soil
143	445	Pit Gravel
		Grey Rock
		Liner/Packer
		Full grouted

13. REMARKS:
(Liner) unable to get the Full grout

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.

Joseph Bailey 1-13-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Joseph 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

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 #: 10001660 **File #:** 5314B **Tax Parcel #:** 013-221-13
Property Owner: LODESTAR BUILDERS INC
Job Location Address: 14548 HENRY HARRISON STILLWELL DR
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 11/22/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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

General Conditions of This Permit:

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

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

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock

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

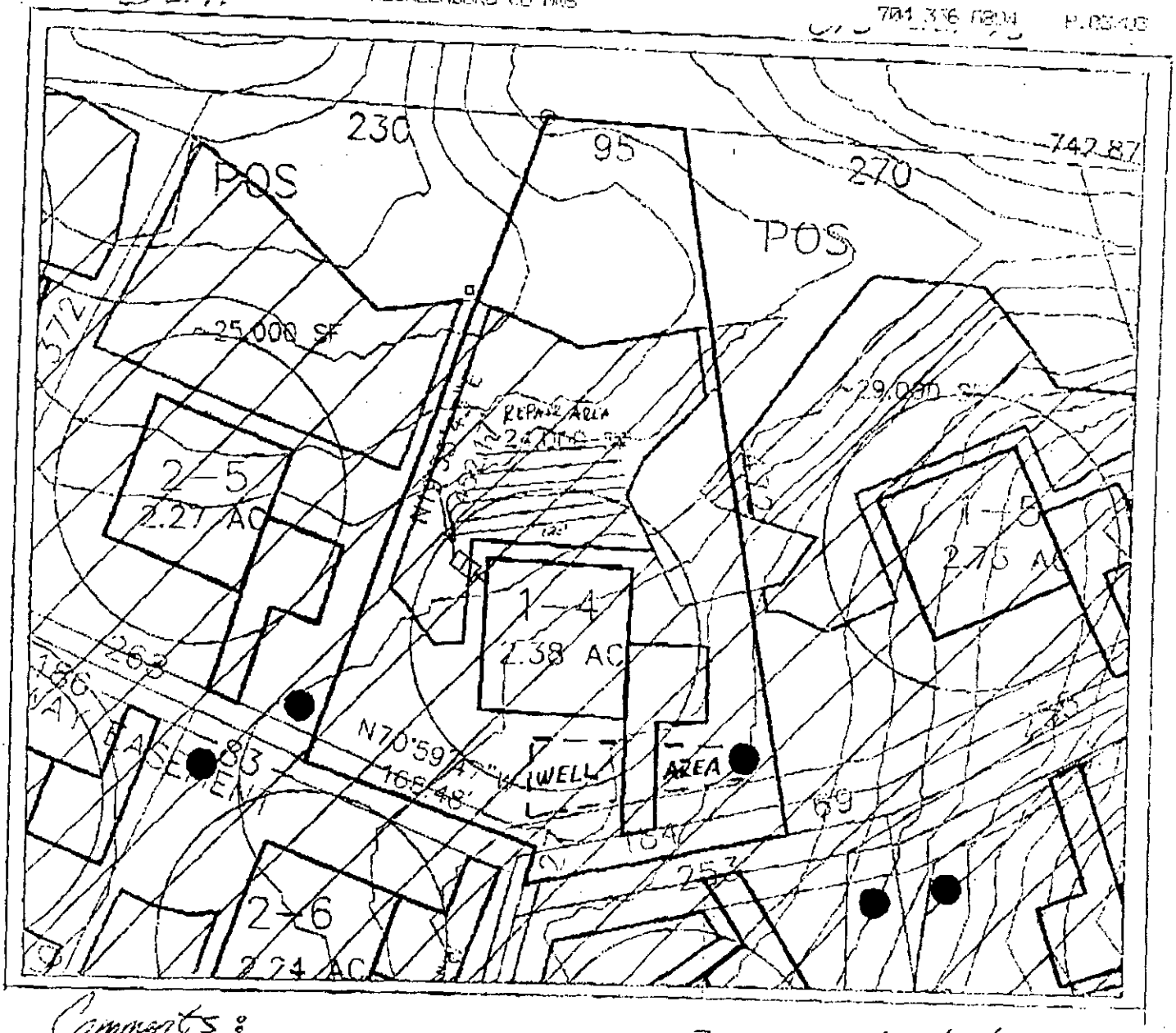
[X] Volatile Organic Compounds (VOC's) [X] Semi-volatile Compounds [X] Metals (Specify in Other Conditions)
[ ] Pesticides [ ] Herbicides [ ] Other (See Below)

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 can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application. The well will also require installation under the Mecklenburg

Jeremy Michalec R.S. DANIEL WEST
Authorized Agent: Print Name Owner/Legal Agent Print Name
Signature: Jeremy Michalec R.S. Signature:



Comments:

→ 6 Bedroom House
→ 0.25 LTAR
→ 6 lines x 120' x 3' (720 TLF)
→ Type III g innovative System w/ Repair
→ 25% Reduction System

→ WELL PERMIT ISSUED 11/29/06
→ FULL GROUT
→ CASING TO BEDROCK
→ ADDITIONAL SAMPLING - VOC's
- SVC's
- METALS

Angie Blount 11/7/06 Tommy Mullis R.S. 11/7/06

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 #: 10001660 **File #:** 5314B **Tax Parcel #:** 013-221-13
Property Owner: LODESTAR BUILDERS INC
Job Location Address: 14548 HENRY HARRISON STILLWELL DR
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 11/22/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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

General Conditions of This Permit:

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

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

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock

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

[X] Volatile Organic Compounds (VOC's) [X] Semi-volatile Compounds [X] 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 can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application. The well will also require installation under the Mecklenburg

Jeremy Mickelson R.S.
Authorized Agent: Print Name

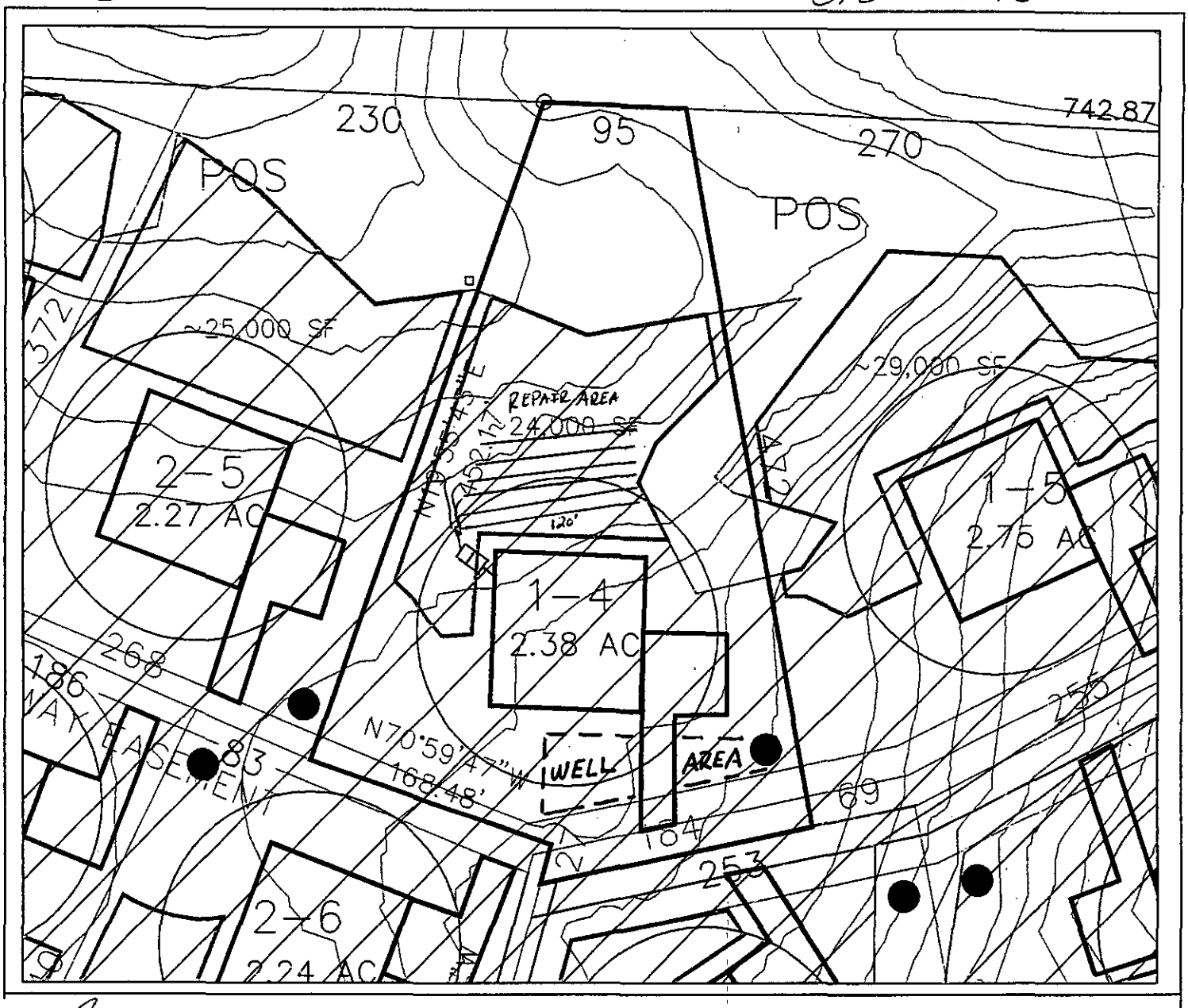
Jeremy Mickelson R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

S 31/4 B

013-221-13



Comments:

- → 6 Bedroom House
- → 0.25 LTAR
- → 6 lines x 120' x 3' (720 TLF)
- → Type IIIg innovative System + Repair
- → 25% Reduction System

- → WELL PERMIT ISSUED 11/29/06
  - → FULL GROUT
  - → CASING TO BEDROCK
  - → ADDITIONAL SAMPLING - VOC's
    - SUC's
    - METALS

Angie Blount 1/7/04 Jenny Mackie R.S. 1/9/04

1659

05140 # 1660

GWS – RES. APP 07/05

400 11/21/06 JKA

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

X3903 X3903B

FILE # ~~05329B~~ 5314B

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 #: 01322113

STREET ADDRESS: 14548 Henry Harrison Shillwell

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: ~~Shillwell~~ Shillwell

LOT #: # 1-4

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: 4056

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 THIS 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: Lodestar Builders, Inc.
ADDRESS: 18631-A Northline Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704.296.2985
MOBILE PHONE: FAX: 866.895.0121

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature 11/21/06 Date

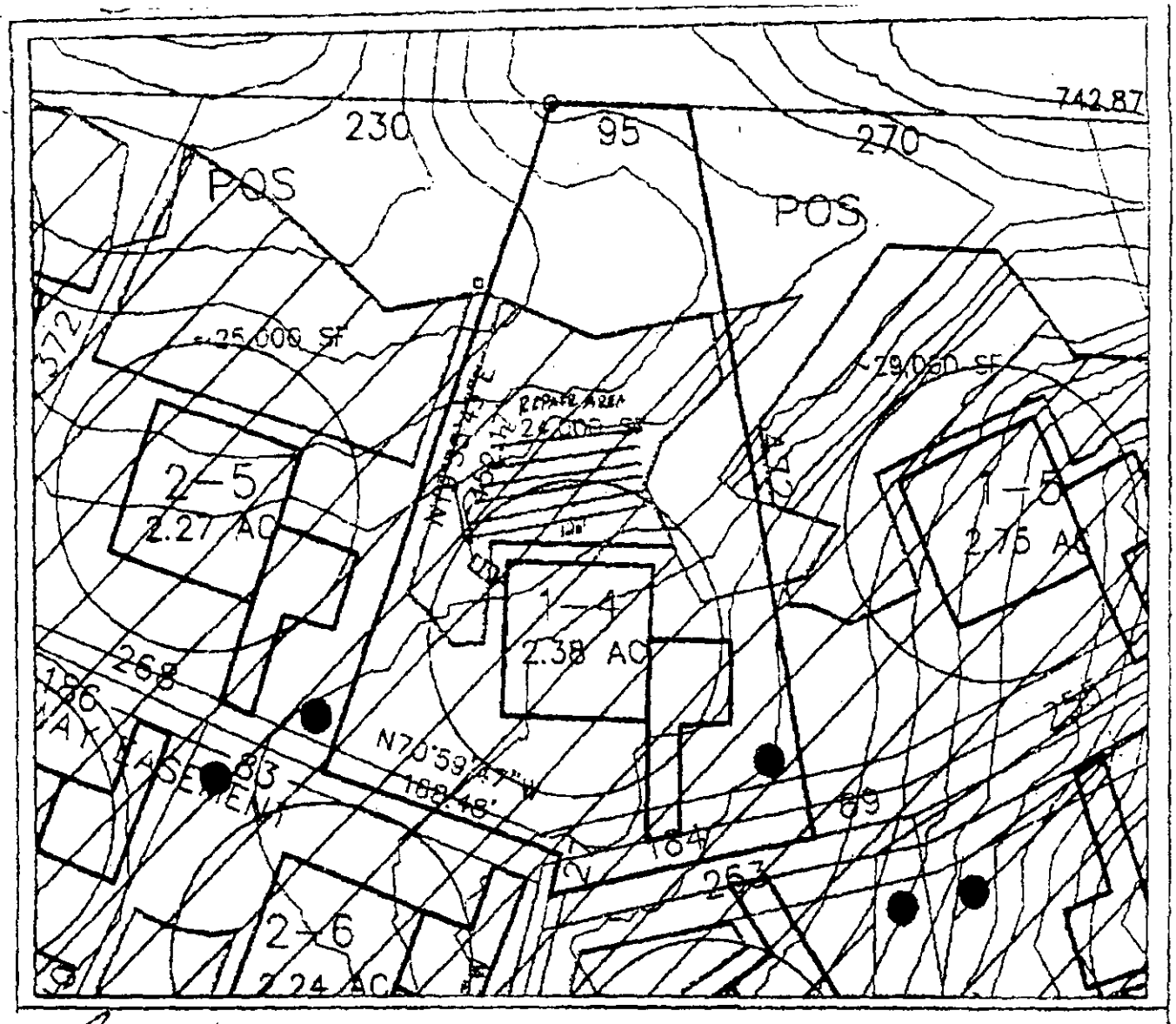
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*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 11/21/06 Date

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

11-21-2006 03:34 PM LODESA Mecklenburg County 704 432 2523 P.2



Comments:

→ 6 Bedroom House

→ 0.25 LTAR

→ 6 lines x 120' x 3' (720 TLF)

→ Type IIIg innovative System + Repair

→ 25% Reduction System

Angie Blount 1/7/04 Tammy Mecklenburg RS 1/9/04

11 21 2006 03:34 PM LUESA Mecklenburg County 704 432 2523

ACTIVITY REPORT

LOG NUMBER: 2006-00721 **ACTIVITY DATE:**11/22/2006
TYPE OF ACTIVITY: Office Report
FILE DESCRIPTOR: GW-MONIT-CO-

SITE INFO

SITE: STEPHENS, KATHLEEN RESIDENCE **PARCEL ID:**01322102
ADDRESS: 4918 CASHION RD
HUNTERSVILLE NC 28078- -

CONTACT: DAVID BAKER
BUSINESS PHONE NO: (704) 895-7969

ACTIVITY

EPIC Report for ARGU Review
14548 Henry Harrison Stillwell Dr., Huntersville
Tax Parcel ID # 013-221-13
File # 5314B

Public water supplied by CMU is NOT available at this site.

11/22/06 (Wed.) - Received request for ARGU review for new water supply well located at 14548 Henry Harrison Stillwell Dr., Huntersville. Well location marked on plot reviewed.

11/22/06 (Wed.) - Identified two MPL sites within 1,500 feet of the subject parcel:

MPL# 884 Duke Power McGuire Landfill (Closed Sanitary Landfill)

File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that approximately the southern 3/4 of Parcel #013-221-13 falls outside the 500-ft exclusion zone. The closest parcel boundary is within approximately 400' of the waste disposal boundary for the landfill.

MPL#1149 Stephens, Kathleen Residence
4918 Cashion Rd., Huntersville, NC
NCDENR UST Inc. # 27491
Source: Home heating oil UST

File review indicates high risk soil only heating oil UST incident. On-site WSW sampled as part of 2003 MPL investigation for Duke Power McGuire Landfill with no detections.
Extent of soil contamination has been defined on-site, but contaminated soil remains in place.

Referenced site is within 1,000'.

Based on this review this permit application is approved with the following conditions:
Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application. The well will also require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells Within an Area of Regulated Groundwater Usage to include grouting the full extent of the casing and GW sampling initially and biannually thereafter for volatiles, semi-volatiles and metals to include As, Ba, Cd, Cr, Pb, Hg, Se and Au.

EPIC Report for ARGU Review

VIOLATIONS

VIOLATION COMMENTS: [illegible]well Dr., Huntersville
Tax Parcel ID # 013-221-13

VIOLATION # DESCRIPTION

Public water supplied by CMU is NOT available at this site.

SAMPLES

11/22/06 (Wed.) - Received request for ARGU review for new water supply well located at 14548 Henry Harrison Stillwell Dr., Huntersville. Well location marked on plot reviewed.

SUMMARY

11/22/06 (Wed.) - Identified [illegible]PL sites within 1,500 feet of the subject parcel:
MPL # 884 - Duke Power McGuire Landfill (Closed Sanitary Landfill)

STATUS: CLOSED
DATE CLOSED: 11/28/2006
MISC EXPENSES: 0.00

TIME ON SITE: :
TRAVEL TIME: :
ADMIN TIME: 2:00
MILEAGE:

STATE REPORT FORM:
SUMMARY:
File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

SIGNATURES

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that approximately the southern 3/4 of Parcel #013-221-13 falls within the 500-ft ~~setback. The closest parcel boundary is within approximately 400' of the waste~~ disposal boundary for the landfill.

DATE 11/22/2006

ENVIRONMENTAL SPECIALIST
Shawna Caldwell

MPL#1149 *Stephens, Kathleen Residence*
4918 Cashion Rd., Huntersville, NC
NCDENR UST Inc. #[illegible]
Source: Home heating oil UST

DATE
11/27/2006

REVIEWED BY:
Jack L. Stutts

File review indicates high risk soil only heating oil UST incident. On-site WSW sampled as part of 2003 MPL investigation for Duke Power McGuire Landfill with no detections.
Extent of soil contamination has been defined on-site, but contaminated soil remains in place.

Referenced site is within 1,000'.

Based on this review this permit application is approved with the following conditions:
Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as *indicated on the plot submitted with the application.* The well will also require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells Within an Area of Regulated Groundwater Usage to include grouting the full extent of the casing and GW sampling initially and biannually thereafter for volatiles, semi-volatiles and metals to include As, Ba, Cd, Cr, Pb, Hg, Se and Au.

Hydrogeologist Permit Application Review

Application #: 1660
Permit File #: 5314B

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☑ Full Grouting ☑ Casing to Bedrock ☑ Sampling

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

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application. The well will also require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004—Chapter VII—Section IV—Requirements for New Water Supply Wells Within

EHS Review | Update

The application has been forwarded to Jeremy Michelone for review.

App. #: 1660

Septic Fee: 0.00

Date:

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5314B

Well Fee: 0.00

Date: 11/21/2006

CRT[ ]

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

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 013-221-13 [ ] PO

STREET ADDRESS: 14548 HENRY HARRISON STILLWI

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 06

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 4656

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] 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) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A ( ) IRRIGATION (•) POTABLE ( ) GEOTHERMAL ( ) OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	WELLS, SPRINGS, OR WATER LINES	( ) Yes (•) No
EXISTING WASTEWATER SYSTEMS	( ) Yes (•) No	DESIGNATED WETLANDS	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No

PROPERTY OWNER:

NAME: LODESTAR BUILDERS INC

ADDRESS: 18631-A NORTHLAKE ROAD

CITY: HUNTERSVILLE

STATE: NORTH CAROLINA ZIP: 28078

HOME PHONE: WORK: 704-796-2985

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

MOBILE:		FAX:	866-895-0121	MOBILE:	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 | Duplicate

EPIC Report for ARGU Review
14548 Henry Harrison Stillwell Dr., Huntersville
Tax Parcel ID # 013-221-13
File # 5314B

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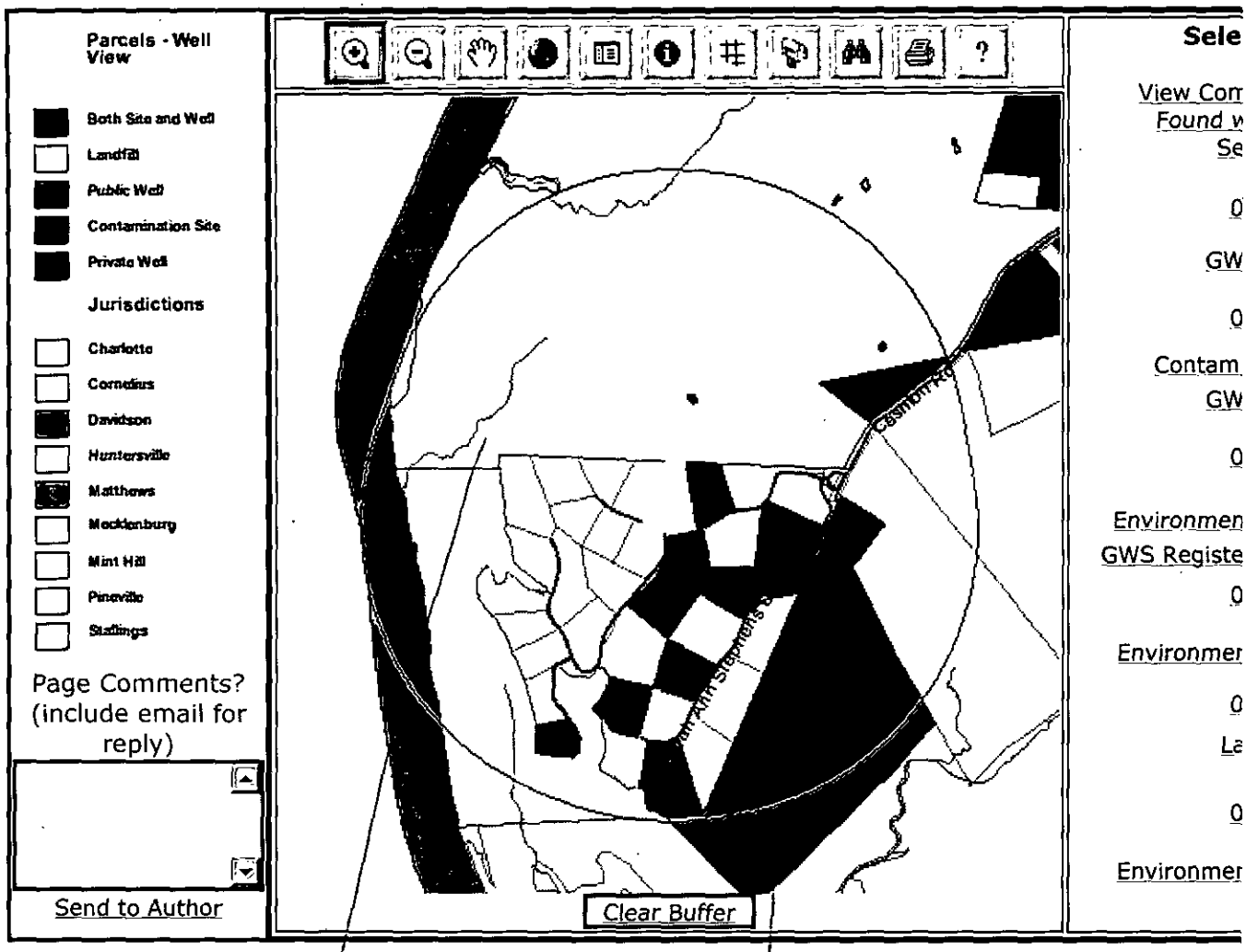
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New Water Supply Wells Within an Area of Regulated Groundwater Usage to include grouting the full extent of the casing and GW sampling initially and biannually thereafter for volatiles, semi-volatiles and metals to include As, Ba, Cd, Cr, Pb, Hg, Se and Au..



Kathleen Stephens Res.

Duke Power McGuire Landfill

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01322102
Name: STEPHENS, KATHLEEN RESIDENCE
House No: 4918
Street Dir:
Street Name: CASHION
Street Type: RD
City: HUNTERSVILLE
State: NC
Zip: 28078
NC Incident Number: 0 EXIT Well Information System

* Link to GIS Real Estate System

Mecklenburg County, NC Groundwater & Wasterwater Services
Landfill Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01315102
Name: DUKE POWER MCGUIRE LANDFILL
Street No.: 13568
Street Direction:
Street Name: N.C. 73
Street Type: HY
City: HUNTERSVILLE
Zip: 28078
Code: SANP
Status: Open
Permit Number: 60-04
Date Issued:

* Link to GIS Real Estate System