

1111 HAWFIELD RD

05309332

10/8/09

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 19416 WASPS App #: 4173

Primary ES assigned to project: Debra Howell

Secondary ES assigned to project: _____

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

Septic System Status: Permit In Progress ☐ Installation Complete ☑ N/A-Sewer ☐

I. File Review:

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

Comments: 5/8/09 - Please contact applicant to advise permit is ready

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 ☐	

Comments:

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: 7/15/09

D.H.

19416

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4173

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 053-093-32

STREET ADDRESS:

CITY:

STATE: NC ZIP:

SUBDIVISION NAME:

LOT #: LOT SIZE (acres): 14.63

TOWNSHIP: Pawcreek 1990

☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE

☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL

☐ 2-DAVIDSON ☐ 5-MATTHEWS

S Sheldon Scruggs
1111 Hawfield Rd.
Charlotte, NC 28214-9257

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME

☐ DOUBLE WIDE ☐ MULTIPLE FAMILY

☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES (Old well)	☑ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☑ NO
WASTE STORAGE	☐ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☑ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME:

ADDRESS:

CITY:

STATE:

HOME PHONE: 392-2255

WORK PHONE:

MOBILE PHONE: 704 634-4891

FAX:

S Sheldon Scruggs
1111 Hawfield Rd.
Charlotte, NC 28214-9257

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

SRS (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Sheldon R Scruggs Janey Scruggs 4/22/09

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☑ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 550.00 CHK 2578 DATE FEE RECEIVED: 4/30/09

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 19416

APPLICATION ID NUMBER ASSIGNED: 4173

COMMENTS:

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

Mecklenburg County, North Carolina

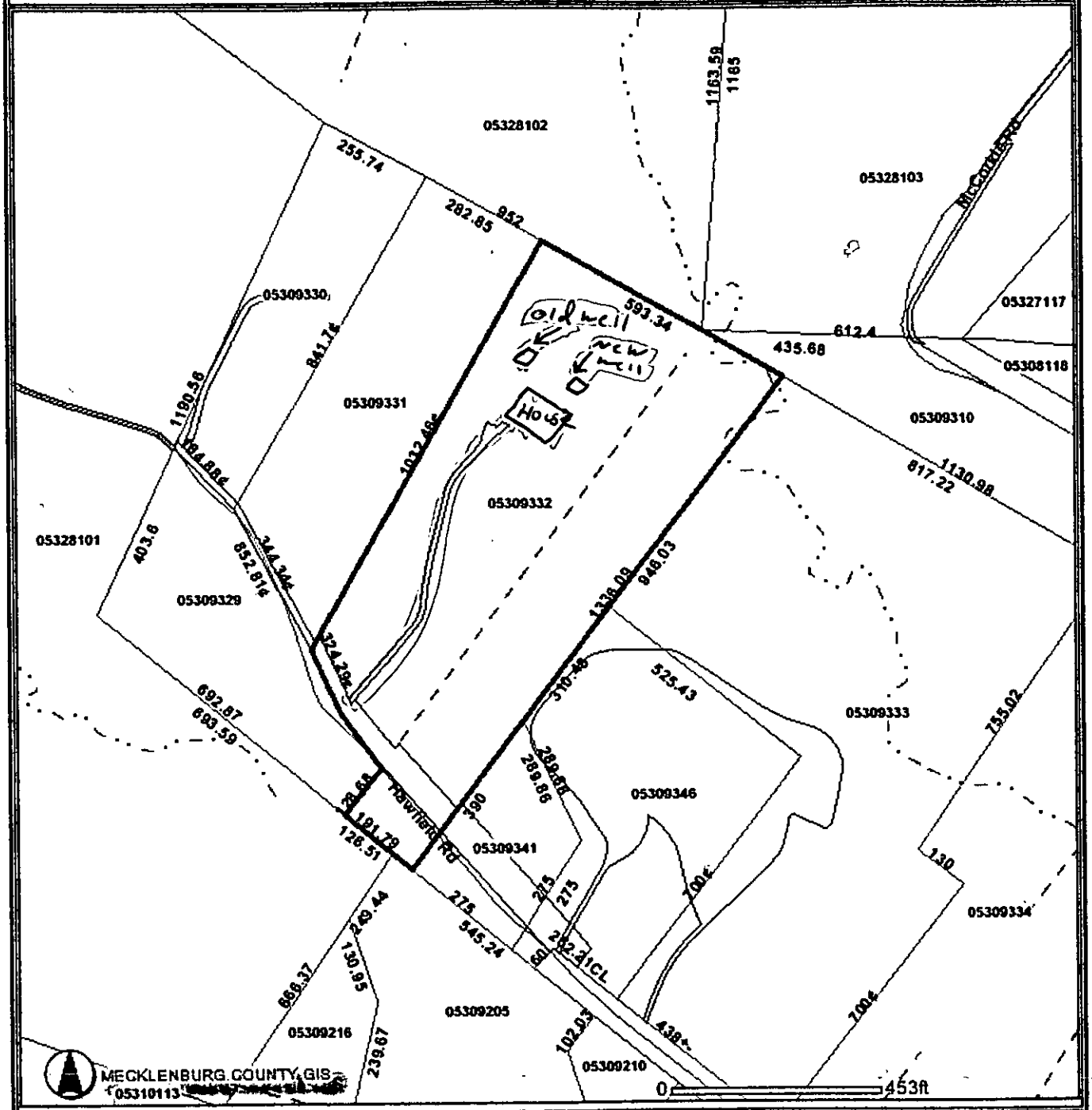
POLARIS

Property Ownership Land Records Information System

Date Printed: Tue May 16 06:42:11 EDT 2006

Sheldon Ray Scruggs
1111 Hawfield Rd.
Charlotte, NC 28214-9257

scruggs



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.

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004173 **File #:** 19416 **Tax Parcel #:** 053-093-32
Property Owner: SHELDON SCRUGGS
Job Location Address: 1111 HAWFIELD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 5/7/2009
Use of Well: Potable
Type of Facility Served by Well: House

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

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

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

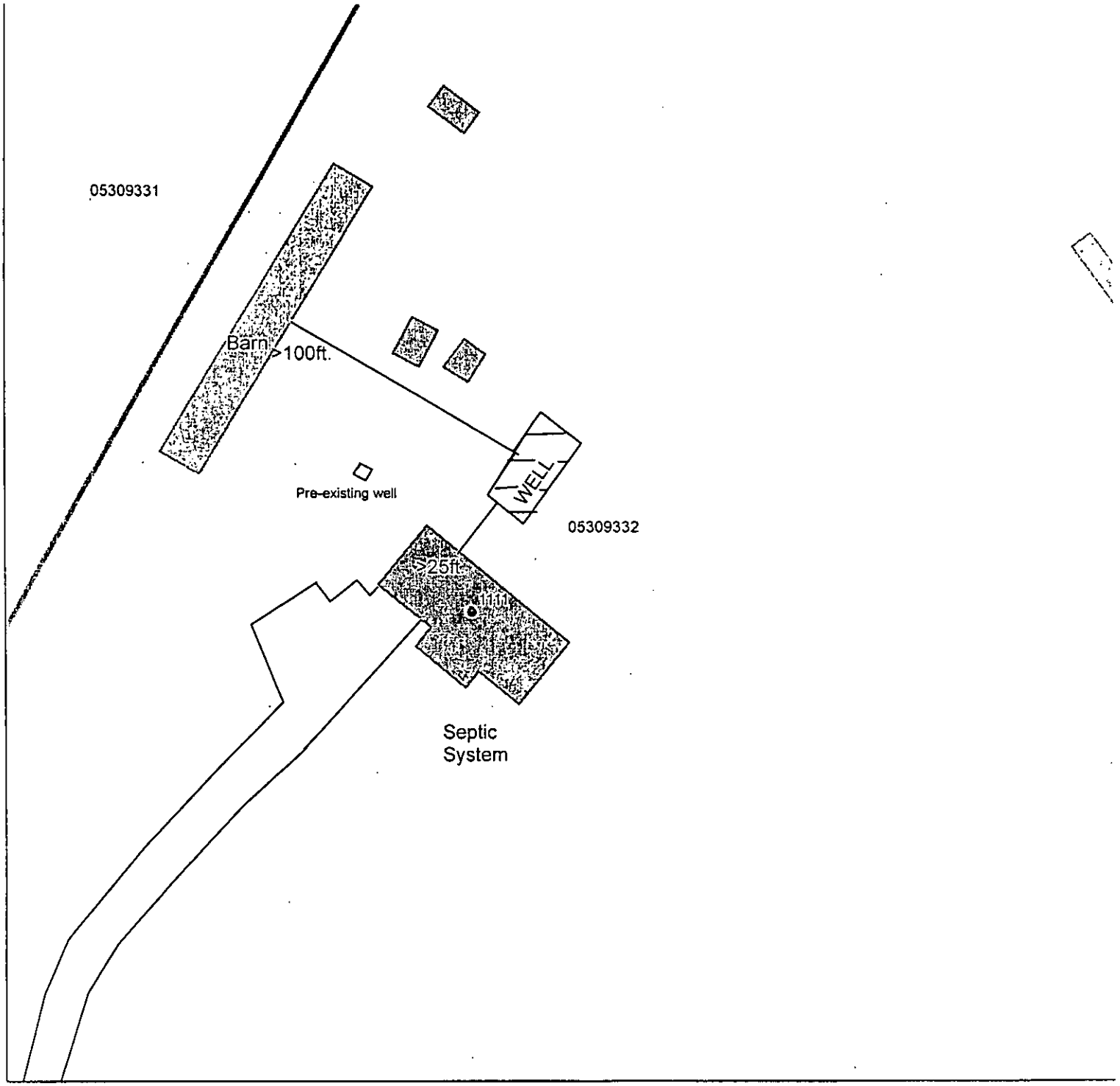
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

Debra Howell, R.S.
Authorized Agent: Print Name
Debra Howell, RS.
Signature:

Janey Scruggs
Owner/Legal Agent: Print Name
Janey Scruggs
Signature:



WELL PERMIT PLOTPLAN
PERMIT #10004173

ADDRESS: 1111 HAWFIELD RD.
PID # 053-093-32

WELL SETBACKS:
>10 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATION & SEWER LATERAL
>50 FEET FROM SURFACE WATER & RETENTION POND
>100 FT FROM SEPTIC TANK/DRAIN LINES/ANIMAL BARNS/ WATERING TROUGHS/ANIMAL FEEDING AREAS
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN/ COMMUNITY FLOOD HAZARD

Janey Scruggs
OWNER/LEGAL AGENT(PRINT NAME)

Janey Scruggs
SIGNATURE

DATE

Debra Howell
AUTHORIZED AGENT (PRINT NAME)

Debra Howell
SIGNATURE

5/7/09
DATE

0 37.5 75 150 Feet

N

Fill out

2 of 4

File # 19416

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 0236

1. WELL CONTRACTOR:
Thomas Wendell Rodden
Well Contractor (Individual) Name
James Darby Well Drilling
Well Contractor Company Name
STREET ADDRESS 2512 Zinkerd
Rock Hill SC 29732
City or Town State Zip Code
803-329-2404
Area code Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
WELL CONSTRUCTION PERMIT #(if applicable) 10004723
OTHER ASSOCIATED PERMIT #(if applicable)
3. WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☑ Recovery ☐ Injection ☐
Irrigation ☐ Other ☐ (list use)
DATE DRILLED 6/3/09
TIME COMPLETED 3:30 AM ☐ PM ☑

4. WELL LOCATION:
CITY Charlotte COUNTY Mecklenburg
111 Hawfield Rd 28214
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE
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)

6. FACILITY (is the name of the business where the well is located)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS 111 Hawfield Rd
Charlotte NC 28214
City or Town State Zip Code
CONTACT PERSON
MAILING ADDRESS
City or Town State Zip Code
( )
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 485
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
c. WATER LEVEL Below Top of Casing: +0 FT.
(Use "+" If Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 20 METHOD OF TEST Air
f. DISINFECTION: Type H-H Amount 5
g. WATER ZONES (depth):
From ___ To ___ From 470 To 475-20
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

7. CASING: Depth Diameter Thickness/Weight Material
From 0 To 65 Ft. 6¼ 27.6 PVC
From ___ To ___ Ft. ___ ___
From ___ To ___ Ft. ___ ___

8. GROUT: Depth Material Method
From 0 To 20 Ft. Portland Pumped
From ___ To ___ Ft. ___ ___
From ___ To ___ Ft. ___ ___

9. SCREEN: Depth Diameter Slot Size Material
From ___ To ___ Ft. ___ In. ___ In. ___
From ___ To ___ Ft. ___ In. ___ In. ___
From ___ To ___ Ft. ___ In. ___ In. ___

10. SAND/GRAVEL PACK: Depth Size Material
From ___ To ___ Ft. ___ ___
From ___ To ___ Ft. ___ ___
From ___ To ___ Ft. ___ ___

11. DRILLING LOG
From	To	Formation Description
0	25	dirt
25	55	sand
55	485	rock

12. 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.
Thomas W Rodden 6/8/09
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
Thomas W Rodden
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.12/07

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 6/17/2009 09:17 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-79578
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/15/2009 14:20 CHAIN OF CUSTODY #: 090615153501
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AD14286 NITRATE	**1.9**	**mg/L**	0.10	EPA 353.2	6/16/2009	12:56	MKV
AD14286 NITRATE/NITRITE	**1.9**	**mg/L**	0.10	EPA 353.2	6/16/2009	13:23	MKV
AD14286 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	6/16/2009	12:56	MKV
AD14286 E. COLI-PA	**P**	**P/A**		SM 9223B	6/15/2009	16:21	GHK
AD14286 Total Coliform- P/A	**P**	**P/A**		SM 9223B	6/15/2009	16:21	GHK

Comment:

Laboratory Supervisor: Emily C Rybak

CMU-Environmental Laboratory Services N.C. DENR Certification No. 192 N.C.DHHS Certification No. 37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

COC#: 090615153501

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	1111 Hawfield Rd., Charlotte, NC 28214
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	E. Coli P/A	Nitrate	Nitrite
A014286																								
GWO-79578	DEH	6/15/09 2:20pm	N/A	N	NA	7.1				X	100 ml		1						X		X	X		
GWO-79578	DEH	6/15/09 2:20pm	N/A	N	23.1	23.1				X	500 ml		1			X				42			X	
GWO-79578	DEH	6/15/09 2:20pm	N/A	N	23.1					X	125 ml		1	X										X

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

Comments: **3-DAY TAT REQUESTED**

Relinquished By (Signature)	Received By (Signature)	Date	Time
Debra Howell	Samantha Cline	6/15/09	1532

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/Time: 6/22/2009 09:30

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 090618161449

Sample ID	Location Code	Location Description		Collection Type	Sample Date/Time		
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*
AD14810	G-NEW	GWO-79617		Grab	6/18/2009 15:55		
Total Coliform- P/A		A	P/A		SM 9223B	6/18/2009 16:27	GHK
Comment							
AD14810	G-NEW	GWO-79617		Grab	6/18/2009 15:55		
E. COLI-PA		A	P/A		SM 9223B	6/18/2009 16:27	GHK
Comment							

Laboratory Supervisor: Emily C Ryback

CMU-Environmental Laboratory Services N.C.DENR Certification No.192 N.C.DHHS Certification No.37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	1111 Hawfield Rd., Charlotte, NC
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC# 090618101449

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Analyses Requested: E. Coli P/A
AD 14810																						
GWO-79617	DEH	6/18/09 3:55 pm	N/A N/A	N	NA	6.1				(X)	100 ml		1						(X)		(X)	(X)

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

Comments: **3-DAY TAT REQUESTED**

Relinquished By (Signature)	Received By (Signature)	Date	Time
Debra Howell	Samantha Cum	6/18/09	1610

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: Scruggs, Sheldon
Address: 1111 Hawfield Rd
Charlotte, NC **Zip:** 28214

County: MECKLENB

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

ATTN: Debra Howell
(704) 336-5101

Source of Water:
Source of Sample:
Type of Sample:
Type of Treatment:
Type of Analysis Private

Collected By: **Date:** 6/15/2009 **Time:** 2:20:00 PM

Location of sampling point: Well head

Remarks: Inorganic sample in a follow up kit. No nitrate/nitrite sample received.
Permit # GWO - 79578

Parameters	Results	Units	Date Analyzed:
Silver	<0.05	mg/l	6/17/2009
Alkalinity as CaCO3	56	mg/l	6/17/2009
Arsenic	<0.005	mg/l	6/17/2009
Barium	<0.1	mg/l	6/17/2009
Calcium	12.9	mg/l	6/17/2009
Cadmium	<0.001	mg/l	6/17/2009
Chloride IC	<5.0	mg/l	6/17/2009
Chromium	<0.01	mg/l	6/17/2009
Copper	<0.05	mg/l	6/17/2009
Fluoride	<0.20	mg/l	6/17/2009
Iron	<0.10	mg/l	6/17/2009
Hardness as CaCO3 (Ca,Mg)	52	mg/l	6/17/2009
Mercury	<0.0005	mg/l	6/17/2009
Magnesium	4.8	mg/l	6/17/2009
Manganese	0.08	mg/l	6/17/2009
Sodium	5	mg/l	6/17/2009
Lead	<0.005	mg/l	6/17/2009
pH	6.5	Std. units	6/17/2009
Selenium	<0.005	mg/l	6/17/2009
Sulfate	<5.0	mg/l	6/17/2009
Zinc	<0.05	mg/l	6/17/2009

Date Received: 6/17/2009 **Report Date:** 7/7/2009 **Reported By:**
Today's Date: 7/7/2009 **Ref:** 8436 **Login Batch:** 09060048 **Sample Number:** AB90873

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section

INORGANIC CHEMICAL ANALYSIS REPORT

Private well water information and recommendations

County: Mecklenburg Name: Sawyer Sample Id Number: AB90873

Location: _____ Reviewer Kemp

ANALYSIS REPORT

Your well water was tested for 15 metals, plus nitrates, nitrites, and pH. The results were evaluated using the federal drinking water standards. The pH is a measure of the acidity of the water. Drinking water may contain substances that can occur naturally in water or can be introduced into the water from man-made sources. (These recommendations are based on inorganic chemical analysis only.)

TEST RESULTS AND USE RECOMMENDATIONS

____ Your well water meets federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering.

✓ The following substance(s) exceeded federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

Barium	Cadmium	Chromium	Fluoride	Iron	Magnesium
Manganese	Selenium	Silver	Sodium	Zinc	pH

____ The following substance(s) exceeded federal drinking water standards: We recommend that your well water not be used for drinking or cooking, unless you install a water treatment system to remove the circled substance(s). However, it may be used for washing, cleaning, bathing, and showering.

Arsenic	Barium	Cadmium	Chromium	Copper	Fluoride	Lead	Iron	Magnesium
Manganese	Mercury	Nitrate/Nitrite	Selenium	Silver	Sodium	Zinc	pH	

____ Re-sampling is recommended in _____ months.

____ Re-sample for lead and /or copper. Take a first draw, 5 minute, and 15 minute sample inside the house (preferably the kitchen) and if possible a first draw, 5 minute and a 15 minute sample at the well head to determine the source of the lead and/or copper. Contact your local health department for re-sampling assistance.

OTHER CONSIDERATIONS

Routine well water sampling for the above substances is recommended every two to three years. Sample your well water when there is a known problem or contamination in your area, after repairs or replacement of your well, or after a flooding event. Contact your local health department for sampling instructions.

Contact your local health department for more information or go to http://www.epi.state.nc/epi/oli/hsfactsheet.html

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: Scruggs, Sheldon
Address: 1111 Hawfield Rd
Charlotte, NC **Zip:** 28214
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** Debra Howell
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

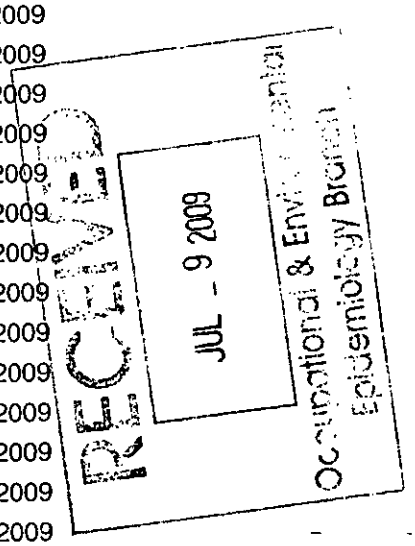
Source of Water:
Source of Sample:
Type of Sample:
Type of Treatment:
Type of Analysis Private

Collected By: **Date:** 6/15/2009 **Time:** 2:20:00 PM

Location of sampling point: Well head

Remarks: Inorganic sample in a follow up kit. No nitrate/nitrite sample received.
Permit # GWO - 79578

Parameters	Results	Units	Date Analyzed:
Silver	<0.05	mg/l	6/17/2009
Alkalinity as CaCO3	56	mg/l	6/17/2009
Arsenic	<0.005	mg/l	6/17/2009
Barium	<0.1	mg/l	6/17/2009
Calcium	12.9	mg/l	6/17/2009
Cadmium	<0.001	mg/l	6/17/2009
Chloride IC	<5.0	mg/l	6/17/2009
Chromium	<0.01	mg/l	6/17/2009
Copper	<0.05	mg/l	6/17/2009
Fluoride	<0.20	mg/l	6/17/2009
Iron	<0.10	mg/l	6/17/2009
Hardness as CaCO3 (Ca,Mg)	52	mg/l	6/17/2009
Mercury	<0.0005	mg/l	6/17/2009
Magnesium	4.8	mg/l	6/17/2009
Manganese	0.08	mg/l	6/17/2009
Sodium	5	mg/l	6/17/2009
Lead	<0.005	mg/l	6/17/2009
pH	6.5	Std. units	6/17/2009
Selenium	<0.005	mg/l	6/17/2009
Sulfate	<5.0	mg/l	6/17/2009
Zinc	<0.05	mg/l	6/17/2009



Date Received: 6/17/2009 **Report Date:** 7/7/2009 **Reported By:** MKing
Today's Date: 7/7/2009 **Ref:** 8436 **Login Batch:** 09060048 **Sample Number:** AB90873

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

July 14, 2009

Sheldon Scruggs
1111 Hawfield Rd.
Charlotte, NC 28214

RE: Water Supply Well Certificate of Completion and Water Sample Results
1111 Hawfield Rd.
PID # 053-093-32
Permit # 10004173
File # 19416

Dear Mr. Scruggs:

Enclosed are the Certificate of Completion and results of water sample analysis for your new water supply well installed at the above reference location. The Certificate of Completion summarizes the well construction details and location. The laboratory reports quantify water quality at the time of well construction. Please be aware that water quality can change over time. As such Groundwater & Wastewater Services recommends that, at a minimum, you have your well water tested for coliform bacteria yearly.

If you have any questions concerning this information, please contact me at 704-336-5440.

Sincerely,

Debra Howell, R.S.
Environmental Specialist
Groundwater & Wastewater Services

Attachments

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

CERTIFICATE of COMPLETION for a WATER SUPPLY WELL

Permit #: 10004173 File #: 7356B Tax Parcel #: 053-093-32

Well Location Address: 1111 HAWFIELD ROAD

City: Charlotte State: NC Zip Code: 28214

Well Information

Well Type: Drinking Water
Well Status: Active
Install Date: 6/8/09
Well Depth: 485 (feet)
Casing Depth: 65 (feet)
Diameter: 6 1/4 (inches)
Yield – GPM: 20
Static Water Level: 40 (feet (below land surface))
Level Date: 6/8/09
X-Coordinate: (NC GRID)
Y-Coordinate: (NC GRID)

Well Contractor Information

Well Contractor: James Darby Well Drilling
Certification #: 2236
Registration #:

Well Inspection Dates

Permit Issued: 5/7/09
Grout Inspection: 6/4/09
☐ Contractor certification for grouting not witnessed by GWS.
Well Head Inspection: 6/15/09

As-Built Sketch of Well Location

☒ See attached drawing for well location

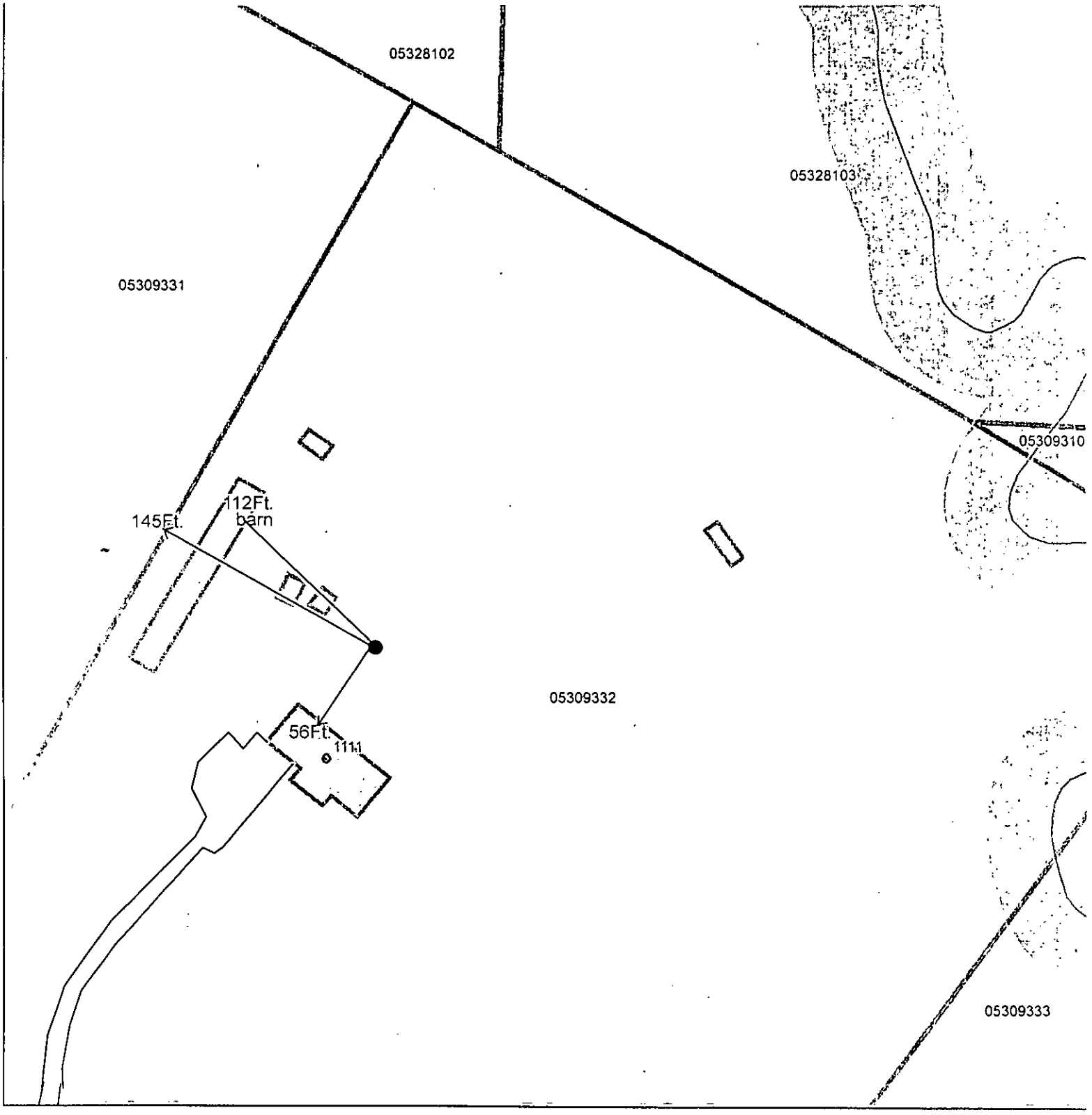
The undersigned has inspected the well described above and certifies that construction has been completed, a well construction form (GW-1a) has been received, and inspections have been completed in accordance with 15A NCAC 02C. This document is issued subject to those restrictions and conditions shown on the original permit and the provisions of 15A NCAC 02C .0300. 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 modify the required setbacks for the well.

☒ Required water samples have been collected. The lab results are included for your review.

☐ Required water samples have been collected however GWS has not received all lab results at this time. The lab results available are included for your review.

DENR Authorized Agent: Debra Howell, R.S. Signature: Debra Howell RS

Certificate of Completion Issuance Date: 7/15/09



CERTIFICATE OF COMPLETION

As-Built Sketch of Well Location

Well Location: 1111 HAWFIELD ROAD
Charlotte, NC 28214

Permit # 10004173

Tax Parcel # 053-093-32

GWS File # 19416

WELL - ●

0 50 100 200 Feet

N

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/29/09	**Amount:**	550.00
Receipt #:	62588	**Tendered:**	550.00
Check / Auth #:	CHECK 2578	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	SCRUGGS JANEY B
Attn:	
Address:	1111 HAWFIELD ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 1111 HAWFIELD ROAD		1	550.00	550.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					