

14415 HENRY HARRISON STILLWELL DR

01322104

1/9/2008

duponbj

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

CHARLOTTE.

Laboratory Analysis Report

Report Date: 11/30/2005 09:04 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14415
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 13:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55429
CHAIN OF CUSTODY #: 05110401

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55429	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	11/22/2005 15:25	KEK
AB55429	**Total Coliform**	**absent**	**P/A**		SM 9223B	11/22/2005 15:25	KEK

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 14415 Henry Harrison Stillwell Drive

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

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

COC#: 0516401

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate **See Note**	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semi, EPA 8270
GWS-14415	kg	11/22/05 1355PM		N		6-7				X	100 ml		1						X		X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	11-22-05	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

File#: 5906B

Permit#: 20050413SPM01

Well Activity Checklist

1. Application & Well Siting

		Date
☒	Complete application on file	3-16-05
☒	Site plan and other appropriate documentation submitted	3-16-05
☒	Registered well driller Certification Number: 3271	5/6/05
☒	Proposed well location meets required setbacks	4-13-05
☒	**ARGU** *restrictions satisfied (if applicable)*	3-23-05
☒	Well permit issued	4-13-05
☒	Septic system permit issued (if applicable)	—

2. Onsite Inspection

Observed	Driller		
☒	☐	Valid *permit on site* with registered well driller	5/6/05
☒	☐	Required setbacks satisfied, approved location per permit	5/6/05

Appropriate Materials Used for Construction:

Observed	Driller		
☐	☒	Drilling fluids/additives	5/6/05
☐	☒	Casing materials/*Joint compounds*	

Source of Water:

Observed	Driller		
☐	☒	Greater than 40 ft. below land surface	
☐	☒	Water NOT from a known contamination zone	

Well Casing:

Observed	Driller		
☐	☒	Casing > than 40 ft. below land surface	
☐	☒	Non-potable zones effectively sealed	
☐	☒	Casing properly seated	
☐	☒	Casing terminated at least 12 inches above land surface	
☐	☒	All ASTM/NSF standards met	
☐	☒	Drive shoe used	

Grouting:

Observed	Driller		
☒	☐	Approved grouting materials used	
☒	☐	Grouted to a minimum of 20 ft. below land surface	
☒	☐	Grouted within 5 days of casing being set	
☒	☐	Proper depth to seal non-potable zones	

Well Head:

☒	Well casing extended at least 12 inches above land surface	11/22/05
☒	Vented, sanitary well cover in place	
☒	Access port in place	
☒	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

	Date
Well Disinfection:	
☒ Notification of disinfection	11/28/05
Well Contractor Identification Plate:	
☐ Plate installed securely on well casing	
☒ Information not obscured	
☒ Information accurately completed	
Pump Installer Identification Plate:	
☒ Plate installed securely	
☒ Information not obscured	
☒ Information accurately completed	
3. Well Sampling	
☒ Appropriate water samples collected as required by permit	
4. Approval	
☒ Well construction form (GW-1) on file	11/11/05
☒ Well construction approval granted	1/20/06
☐ Well construction approval denied	

5. Additional Comments / Observations

SAMPLING REQUIREMENTS INCLUDE:

VOC'S, ARSENIC, BARIUM, CADMIUM, CHROMIUM, COPPER, LEAD

MERCURY, SELENIUM, SILVER, ZINC, & SULFATE

GWS Inspector (Print Name)

GWS Inspector (Signature) Date

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report

Report Date: 1/5/2006 11:26 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14415
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 13:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55426
CHAIN OF CUSTODY #: 05110398

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55426	NITRATE	0.29	mg/L	0.05	EPA 353.2	11/23/2005 16:00	EWN
AB55426	Chloromethane	Less than	ug/L	21	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Vinyl Chloride	Less than	ug/L	10	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Bromomethane	Less than	ug/L	14	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Chloroethane	Less than	ug/L	10	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Trichlorofluoromethane	Less than	ug/L	10	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,1-Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Carbon Disulfide	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Iodomethane	Less than	ug/L	16	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Acrolein	Less than	ug/L	100	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Methylene Chloride	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Acetone	Less than	ug/L	50	SW846 / 8260	12/5/2005 18:33	KO
AB55426	trans-1,2-Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Methyl-tert-butyl-ether (MTBE)	Less than	ug/L	0.50	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,1-Dichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Acrylonitrile	Less than	ug/L	100	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Vinyl acetate	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	cis-1,2- Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Bromochloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Chloroform	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Carbon Tetrachloride	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,1,1-Trichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	2-Butanone (MEK)	Less than	ug/L	66	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Benzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2-Dichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Trichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Dibromemethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2-Dichlorpropane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Bromodichloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	2-Chloroethyl vinyl ether	Less than	ug/L	18	SW846 / 8260	12/5/2005 18:33	KO
AB55426	cis-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Toluene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	4-Methyl-2-pentanone	Less than	ug/L	50	SW846 / 8260	12/5/2005 18:33	KO
AB55426	trans-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Tetrachloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 1/5/2006 11:26 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14415
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 13:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55426
CHAIN OF CUSTODY #: 05110398

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55426	1,1,2-Trichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Dibromochloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2-Dibromoethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	2-Hexanone	Less than	ug/L	50	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Ethylbenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Chlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,1,1,2-Tetrachloroethane	Less than	ug/L	6	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Total Xylenes	Less than	ug/L	17	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Styrene	Less than	ug/L	6	SW846 / 8260	12/5/2005 18:33	KO
AB55426	Bromoform	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	trans-1,4-Dichloro-2-butene	Less than	ug/L	6	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,1,2,2-Tetrachloroethane	Less than	ug/L	6	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2,3-Trichloropropane	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,3-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,4-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 18:33	KO
AB55426	1,2-Dibrome-3-chloropropane	Less than	ug/L	12	SW846 / 8260	12/5/2005 18:33	KO
AB55426	ARSENIC (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/5/2005 15:19	
AB55426	BARIUM (TOTAL) OUTSIDE LAB	5.2	ug/L			12/5/2005 15:19	
AB55426	CADMIUM (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/5/2005 15:19	
AB55426	CHROMIUM (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/5/2005 15:19	
AB55426	COPPER OUTSIDE LAB	7.9	ug/L			12/5/2005 15:19	
AB55426	LEAD OUTSIDE LAB	2.5	ug/L			12/5/2005 15:19	
AB55426	MERCURY OUTSIDE LAB	<0.2	ug/L	0.2	EPA 245.1	12/7/2005 11:34	
AB55426	SELENIUM OUTSIDE LAB	<1.0	ug/L			12/5/2005 15:19	
AB55426	SILVER (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/5/2005 15:19	
AB55426	ZINC OUTSIDE LAB	18	ug/L			12/5/2005 15:19	
AB55426	Sulfate	4.8	mg/L	1.2	EPA 426C	11/28/2005 14:15	EWN

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 1/5/2006 11:26 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14415
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 13:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55426
CHAIN OF CUSTODY #: 05110398

Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 14415 Henry Harrison Stillwell Road

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

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

COC#: 05110398

Sampled By (Print Name): Kim Garrett

7855
426

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Analyses Requested: Nitrate **See Note**	Analyses Requested: Nitrite	Analyses Requested: Nitrate + Nitrite	Analyses Requested: Fluoride	Analyses Requested: Hardness	Analyses Requested: Metals	Analyses Requested: Fecal Coliform	Analyses Requested: Fecal Strep	Analyses Requested: Pest/PCB, EPA 608	Analyses Requested: Herb, EPA 8151	Analyses Requested: VOA, EPA 8260	Analyses Requested: Semi, EPA 8270	Analyses Requested: Sulfate
GWS-14415	kg	11/22/05 1351M		N	1605	6.7				X	500 ML		1			X				Z	X	X												
				N						X	125 ML		1	X							X	X												
				N						X		40 ML	2					X														X		
				N						X	500 ML		1		X					Z						X								
				N						X	1L			X																			X	

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here: As, Ba, Cd, Cr, Cu, Pb, Hg, Se, Ag, Zn

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett	Kevin Adcock	11-22-05	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

Case Narrative

PRISM LABORATORIES, INC.

This report is a revision and supersedes our original lab report dated 12/15/05.

Date: 12/28/05
Revision: *Barium added at client's request.*
Company: City of Charlotte
System Protection Division
Contact: Myra Zabec
Address: 5100 Brookshire Blvd.
Charlotte, NC 28216

Client Project ID: LUESA Surface Water
Client Project Name or No: 0010
Prism COC Group No: G1105807
Collection Date(s): 11/22/05
Lab Submittal Date: 11/29/05

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 4 pages. A chain-of-custody copy is also attached for the samples submitted to Prism for this project.

Data qualifiers are flagged individually on each sample. A Key Reference for the data qualifiers appears at the bottom of this page. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Please call if you have any questions relating to this analytical report.

Data Reviewed by: Cara Rusmisell **Project Manager:** Susan Mullen
Signature: Cara Rusmisell **Signature:** Cara Rusmisell for Susan Mullen
Review Date: 12/28/05 **Approval Date:** 12/28/05

Data Qualifier Key Reference:

- #: Result outside of QC Limits ○
- B: Compound also detected in the method blank
- DO: Compound diluted out.
- E: Estimated concentration, calibration range exceeded
- J: The analyte was positively identified but the value is estimated below the reporting limit
- JH: Estimated concentration with a high bias
- JL: Estimated concentration with a low bias
- M: A matrix effect is present
- T: Tentatively identified compound. The concentration is estimated.

Notes: This report should not be reproduced, except in its entirety, without the written consent of Prism Laboratories, Inc.
The results in this report relate only to the samples submitted for analysis.

449 Springbrook Road, P. O. Box 240543, Charlotte, NC 28224-0403
Phone: 704/529-6364 Toll Free: 800/529-6364 Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

12/28/05

City of Charlotte/System Protection Division
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB55426 G-SPEC
Prism Sample ID: 135705
COC Group: G1105807
Time Collected: 11/22/05 13:35
Time Submitted: 11/29/05 15:55

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Mercury by CVAA									
Mercury	**BRL**	mg/L	0.0002	0.000044	1	245.1	12/07/05 11:34	cnguyen	Q10968
Metals by ICP/MS									
Arsenic	**BRL**	µg/L	1.0	0.14	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Barium	**5.2**	µg/L	5.0	0.36	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Cadmium	**BRL**	µg/L	1.0	0.14	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Chromium	**BRL**	µg/L	1.0	0.16	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Copper	**7.9**	µg/L	1.0	0.21	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Lead	**2.5**	µg/L	1.0	0.10	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Selenium	**BRL**	µg/L	1.0	0.22	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Silver	**BRL**	µg/L	1.0	0.11	1	200.8	12/05/05 15:19	pfitzgerald	Q10920
Zinc	**18**	µg/L	5.0	1.0	1	200.8	12/05/05 15:19	pfitzgerald	Q10920

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING: _____

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp 0.6°	✓		
PROPER PRESERVATIVES indicated?	✓		
Received WITHIN HOLDING TIMES?	✓		
CUSTODY SEALS INTACT?			✓
VOLATILES rec'd W/OUT HEADSPACE?			✓
PROPER CONTAINERS used?	✓		

Client Company Name: CMU
Report To/Contact Name: R Hutson
Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____
Email (Yes) (No) Email Address _____
EDD Type: ___ PDF ___ Excel ___ Other
Site Location Name: _____
Site Location Physical Address: _____

Project Name: LUESA - GW
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: CMU
Address: _____

Purchase Order No./Billing Reference: LH03 112905-02

Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days
"Working Days" ☐ 6-9 Days ☒ Standard 10 days
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ___
SC ___ OTHER ___ N/A ___
Water Chlorinated: YES ___ NO ✓
Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	SAMPLE CONTAINER NO.	SAMPLE CONTAINER SIZE	PRESERVATIVES	ANALYSES REQUESTED	REMARKS	PRISM LAB ID NO.
AB55424	11/22	1200	AQ	P	1	500	HNO_3	⊗⊗⊗⊗⊗⊗⊗⊗	G-SPEC	135704
AB55426	↓	1335	↓	P	1	500	↓	⊗⊗⊗⊗⊗⊗⊗⊗	↓	135705
AB55434	↓	1241	↓	P	1	500	↓	⊗⊗⊗⊗⊗⊗⊗⊗	↓	135706

* 2 with 500 ml each
(W, Zn, Ag, Cd, Pb, Cr, As, Se, Hg)

PRESS DOWN FIRMLY - 3 COPIES

Sampler's Signature _____ Sampled By (Print Name) Kim Garrett Affiliation LUESA - GW

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military Hours
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:17
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:55
Relinquished By: (Signature)	Received For Prism Laboratories By: Jeff Borland	11/29/05	15:55

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other _____

Log-In Group No. G1105807

Additional Comments:

PRISM USE ONLY

Site Arrival Time:
Site Departure Time:
Field Tech Fee:
Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☒ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING: _____

Project Name: LUCENT (GW)

Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)

*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements

Invoice To: CAM

Address: _____

Purchase Order No./Billing Reference 62103 / 112905-02

Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

"Working Days" ☐ 6-9 Days ☒ Standard 10 days

Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

Client Company Name: CAM

Report To/Contact Name: [illegible]

Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____

Email (Yes) (No) Email Address _____

EDD Type: ___ PDF ___ Excel ___ Other

Site Location Name: _____

Site Location Physical Address: _____

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp ____			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ___
SC ___ OTHER ___ N/A ___

Water Chlorinated: YES ___ NO ___

Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	SAMPLE CONTAINER NO.	SAMPLE CONTAINER SIZE	PRESERVATIVES	ANALYSES REQUESTED: BTEX 8260	PAH 8270	PCB 8082	TPH 418.1	TPH 8015		REMARKS	PRISM LAB ID NO.
NB55474	11/22	1200	AQ	P	1	500	HNO3	X	X	X	X	X		G-SPEC	
NB55426	↓	1335	↓	P	1	500	↓	X	X	X	X	X		↓	
NB55434	↓	1241	↓	P	1	500	↓		X	X	X	X		↓	
														(Cu, Zn, Ag, Cd, Pb, Cr, As, Se, Hg)	

Sampler's Signature _____ Sampled By (Print Name) Kim Cornett Affiliation LUCENT - GW

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military/Hours
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	1317
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date	

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

Log-In Group No.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other _____

Additional Comments:

PRISM USE ONLY

Site Arrival Time:

Site Departure Time:

Field Tech Fee:

Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☒ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

CUSTOMER COPY

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING: _____

Client Company Name: CMU
Report To/Contact Name: R Hutson
Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____
Email (Yes) (No) Email Address _____
EDD Type: ___PDF___ Excel___Other
Site Location Name: _____
Site Location Physical Address: _____

Project Name: LUESA - GW
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: CMU
Address: _____

Purchase Order No./Billing Reference: 12103 112905-02
Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days
"Working Days" ☐ 6-9 Days ☒ Standard 10 days
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival? Temp 0.6 °C			
Received ON WET ICE?			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL
Certification: NELAC___ USACE___ FL___ NC___ SC___ OTHER___ N/A___
Water Chlorinated: YES___ NO___
Sample Iced Upon Collection: YES___ NO___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED	REMARKS	PRISM LAB ID NO.
AB5S424	11/22	1200	AQ	P	1	500	HNO_3	UN PCB Pb Hg BN	G-SPEC	135704
AB5S426	↓	1335	↓	P	1	500	↓	↓	↓	135705
AB5S434	↓	1241	↓	P	1	500	↓	↓	↓	135706
* Original COC mailed with 12/15/05 report.										

Client requested 15 ppt on 12-7-05. * Within 15 days of receipt (Cu, Zn, Ag, Cd, Pb, Cr, As, Se, Hg)

Sampler's Signature _____ Sampled By (Print Name) Kim Garrett Affiliation LUESA-GW

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military Hours
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:17
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:55
Relinquished By: (Signature)	Received For Prism Laboratories By: Jeff Borland	11/29/05	15:55

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☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other _____

Log-In Group No. G1105807

Additional Comments:

PRISM USE ONLY
Site Arrival Time:
Site Departure Time:
Field Tech Fee:
Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☒ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐	☐ NC ☐ SC ☐

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

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

January 20, 2006

Everett Jacobus
P.O. Box 99
Davidson, NC 28036

Re: Well Water Sampling Results
14415 Henry Harrison Stillwell Dr
Tax Parcel # 013-221-04

Dear Mr. Jacobus:

On November 22, 2005 staff with Mecklenburg County Groundwater & Wastewater Services sampled the drinking water from the well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform, Nitrate, VOC's, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Mercury, Selenium, Silver, Zinc and Sulfate.

Laboratory results for the analysis are attached and indicate that at the time of sampling, no Total Coliform bacteria were present and the Nitrate level was 0.29 mg/L. (Nitrate-N levels are acceptable if $\leq$ 10 mg/L). All other parameters are within the current EPA Drinking Water Standards.

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

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
garreks@co.mecklenburg.nc.us
704-432-4259

Enclosure:
Laboratory Analysis

5906B 8

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print): Joseph A. Bailey CERTIFICATION #: 3271

WELL CONTRACTOR COMPANY NAME: B.K Well Drilling Inc PHONE #: (704) 982-4696

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

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

2. WELL LOCATION:
Nearest Town: Huntersville County: Meck.
14415 Henry Harrison Stillwell
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting: ☐Ridge ☐Slope ☐Valley ☐Flat (check appropriate box)

Latitude/longitude of well location: _____ (degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: Everett Franklyn Jackus
Address: 14415 Henry Harrison Stillwell
(Street or Route No.)
Huntersville NC
City or Town State Zip Code
( ) _____
Area code - Phone number

DEPTH From	DEPTH To	DRILLING LOG Formation Description

4. DATE DRILLED: 5/6/05
5. TOTAL DEPTH: 465
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 50 FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 12inches FT. Above Land Surface*
*Top of casing terminated at or below final surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 25 METHOD OF TEST: open flow
10. WATER ZONES (depth): 100/250/460
11. DISINFECTION: Type _____ Amount _____

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

12. CASING:

	Depth From	Depth To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	0	153	Ft.	6"	sch 40	PVC
			Ft.			
			Ft.			

13. GROUT:

	Depth From	Depth To	Ft.	Material	Method
	0	20	Ft.	Sand-mix	hand-mix
			Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth From	Depth To	Size	Material
			Ft.	
			Ft.	

16. REMARKS: _____

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

Joseph Bailey 5/9/05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

GW-1 REV. 07/2001

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

File # 59068

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050413JPM01 **Tax Parcel #:** 01322104

Property Owner: Everett Franklyn Jacobus

Job Location Address: *14415 Henry Harrison Stillwell*

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 4-13-2005

Use of Well: Irrigation

Type of Facility Served by Well: Agriculture

Sewage System Type: Private On-site

Area of Regulated Groundwater Usage Restrictions Apply: Yes If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: No If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

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

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

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

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

☒ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☒ Metals (Specify in Other Conditions)

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

Other Conditions of This Permit:

Authorized Agent: Jeremy Michelone

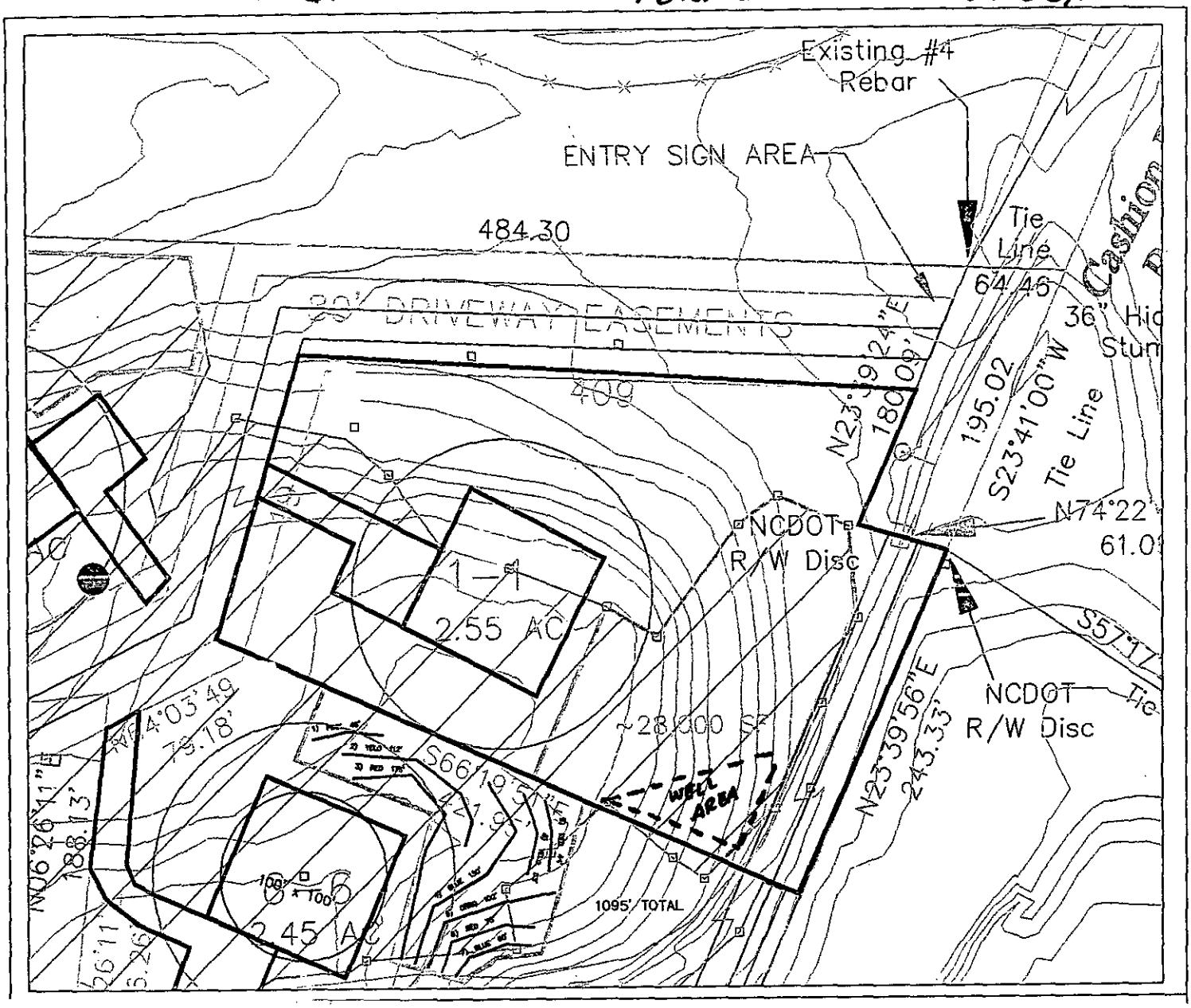
Signature: Jeremy Michelone, R.S.

Owner/Legal Agent: Timothy Coffey
Print Name

Signature:

JLS 12/13/04 Final

FILE # 5906B PERMIT # 20050413SPM01



COMMENTS:

→ WELL TO BE USED FOR IRRIGATION OF THE PLANT MATERIAL LOCATED AT THE ENTRANCE OF THE NEIGHBORHOOD

→ INSTALL WELL >500' FROM LANDFILL

→ INSTALL WELL >1500' FROM CONTAMINATION SITE

Tammy Mabb, R.S. 4/13/05

Date: 3/23/05
Reviewed By: JLS

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 013-221-04 File # 5906B

Street Address: 14415 Henry Harrison Stillwell Rd

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 013-221-02 MPL # 1149

Street Address: 4918 Cashion Road

DENR Incident #: 27491/MO-6737

Current Status: High Risk Why? Home heating oil UST release resulted in soil contamination only. Concentrations exceed soil-to-groundwater MSCC's. On-site SW is reason for high risk ranking. Sampled by GWS in 03/2003, results non-detect.

Responsible Party: Kathleen Stephens, c/o David Baker

Responsible Party Contact Info: 19109 West Catawba Ave., Ste 104
Cornelius, NC 28031

File Review

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

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis — Attached
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

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

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

If No, is the source area defined?

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

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

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

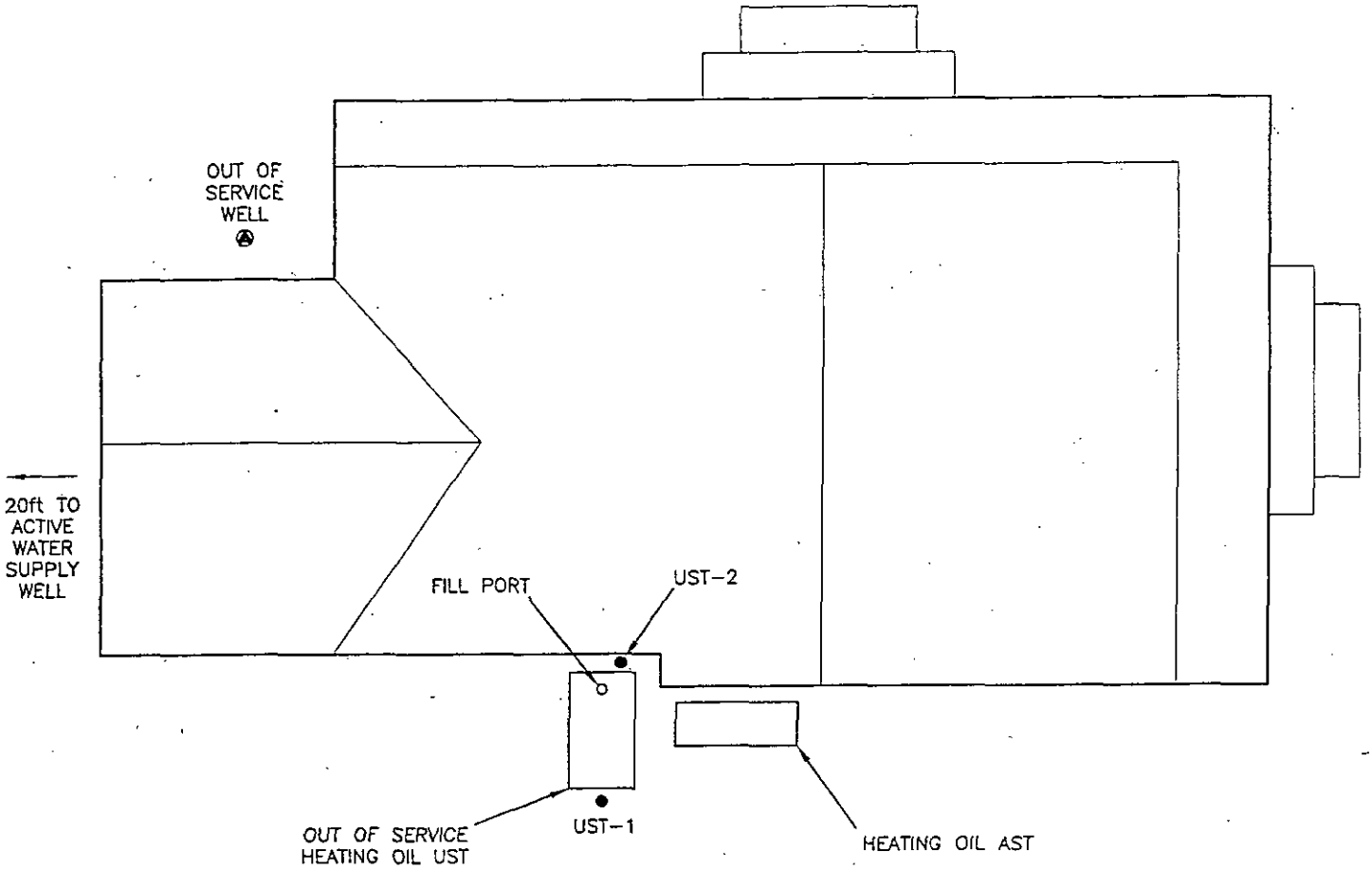
Reviewer Comments: Permit granted. This parcel is out side of ARGU 1149. ARGU construction requirements do not apply. However the following sampling is required because of the well is within 1500 feet of a closed unlined landfill: VOC's, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Mercury, Selenium, Silver, Zinc, & Sulfate. This sampling is considered a precaution and the cost will be covered by the permit fee. Analysis should be performed by the state lab.

Table 1
Soil Analytical Detections
Stephens Property
Huntersville, North Carolina
H&H Job No. TPL-016

Sample ID Depth (feet) Units	UST-1 6 (mg/kg)	North Carolina Target Levels Commercial MSCC (mg/kg)	 Residential MSCC (mg/kg)	 Soil to GW MSCC (mg/kg)
Laboratory Parameters				
VPH/EPH				
VPH C5-C8 Aliphatics	**152**	24,528	939	72
VPH C9-C12 Aliphatics	550	NS	NS	NS
EPH C9-C18 Aliphatics	4,010	NS	NS	NS
Total C9-C18 Aliphatics	**4,560**	245,280	9,386	3,255
EPH C19-C36 Aliphatics	993	> 100%	93,860	Immobile
EPH C11-C22 Aromatics	4,620	NS	NS	NS
VPH C9-C10 Aromatics	675	NS	NS	NS
Total C9-C22 Aromatics	**5,295**	12,264	469	34
VOCs (5035/8260B)				
Benzene	**0.614**	200	22	0.0056
n-Butylbenzene	**9.47**	4,088	156	4
sec-Butylbenzene	**6.5**	4,088	156	3
tert-Butylbenzene	0.203	4,088	156	3
Ethylbenzene	**7.15**	40,000	1,560	0.24
Isopropylbenzene	**4.2**	40,880	1,564	2
4-Isopropyltoluene	4.67	NS	NS	NS
Naphthalene	**36.1**	1,635	63	0.58
n-Propylbenzene	**7.99**	4,088	156	2
Toluene	3.8	82,000	3,200	7
1,2,4-Trimethylbenzene	**46.5**	20,440	782	8
1,3,5-Trimethylbenzene	**13.5**	20,440	782	7
Xylenes	**43.6**	200,000	32,000	5
Semi-VOCs				
2-Methylnaphthalene	**46.6**	1,635	63	3
Naphthalene	**9.13**	1,635	63	0.58
Phenanthrene	11	12,264	469	60

Notes:
EPA Method number follows parameter in parenthesis
Bold indicates exceeds one or more MSCC
Only those compounds detected in at least one sample shown above
Samples collected by H&H on February 27, 2003
VOC = Volatile Organic Compound; NS = Not Specified
MSCC = Maximum Soil Contaminant Concentration; GW = Ground Water;
VPH = Volatile Petroleum Hydrocarbons by Massachusetts Method
EPH = Extractable Petroleum Hydrocarbons by Massachusetts Method

File:Soil Data,UST Soil Data
Date:3/13/03



IRRIGATION WELL

N

APPROXIMATE
0 10 20
SCALE IN FEET

LEGEND
- ● SOIL BORING LOCATION
- Ⓦ WATER SPIGOT
- ⏃ WATER SUPPLY WELL

TITLE
SAMPLE LOCATION MAP

PROJECT
50.1-ACRE PROPERTY
HUNTERSVILLE, NORTH CAROLINA

Hart & Hickman
A Professional Corporation
501 Minuet Lane Suite 101
Charlotte, North Carolina
(704)586-0007 (704)586-0373-fax

DATE: 3-12-03	REVISION NO. 0
JOB NO: TPL-16	FIGURE NO. 2

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Mar 21 12:52:08 EST 2005

013-221-04 ARGU Review



Total Measure Line Length: 1500.41 Feet

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

Check 033513 400.00 3/17/05 JKA

Well application

[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

GWS – RES. APP 12/04

[redacted]

FILE # 5906B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 01322104

STREET ADDRESS: 14415 Henry Harrison Stillwell Dr

CITY: Huntersville

STATE: NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell Estates

LOT #:

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:

NUMBER OF BEDROOMS: Ø

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Everett Franklin Jacobus
ADDRESS: PO Box 99
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704 895-0556
MOBILE PHONE: FAX: 895-0558

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ted Coffey
ADDRESS: PO Box 99
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 895-0556
MOBILE PHONE: 400-1033 FAX: 895-0558

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Owner's/Agent's Signature Date

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

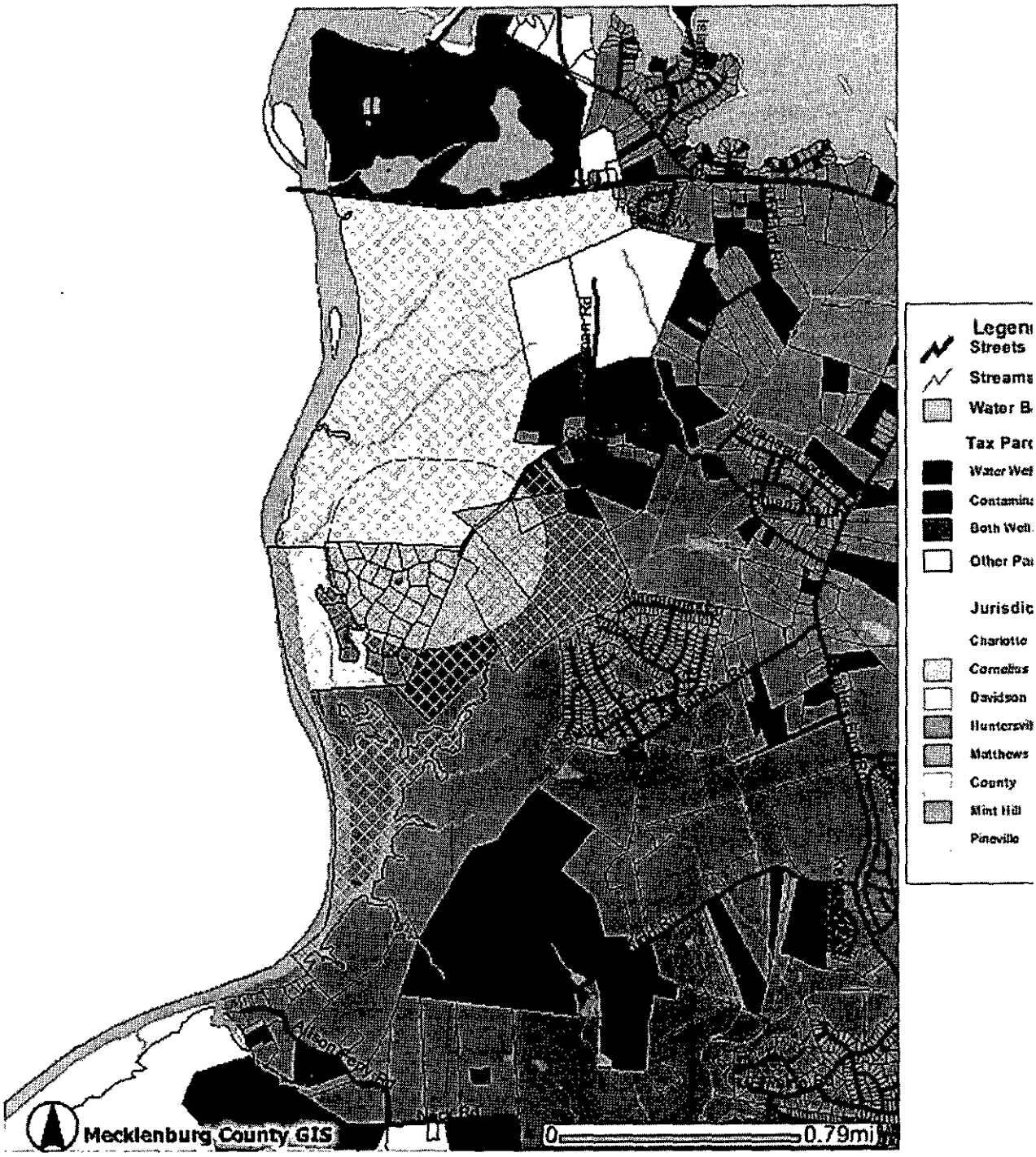
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Owner's/Agent's Signature 3/16/05 Date

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

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

Stillwell Entry



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned *public primary information* sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

Jack, sorry the color printer is broken, but this appears to be within 500' from the landfill. Thanks, Jeremy

Check 033513 400.00 3/17/05 JKA Jeremy iWell application

[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

GWS – RES. APP 12/04

[redacted]

FILE # 5906B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 01322104

STREET ADDRESS: 14415 Henry Harrison Stillwell Dr

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell Estates

LOT #:

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:

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS:

COPY

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Everett Franklin Jacobus
ADDRESS: PO Box 99
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704 895-0556
MOBILE PHONE: FAX: 895-0558

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ted Coffey
ADDRESS: PO Box 99
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 895-0556
MOBILE PHONE: 400.1033 FAX: 895-0558

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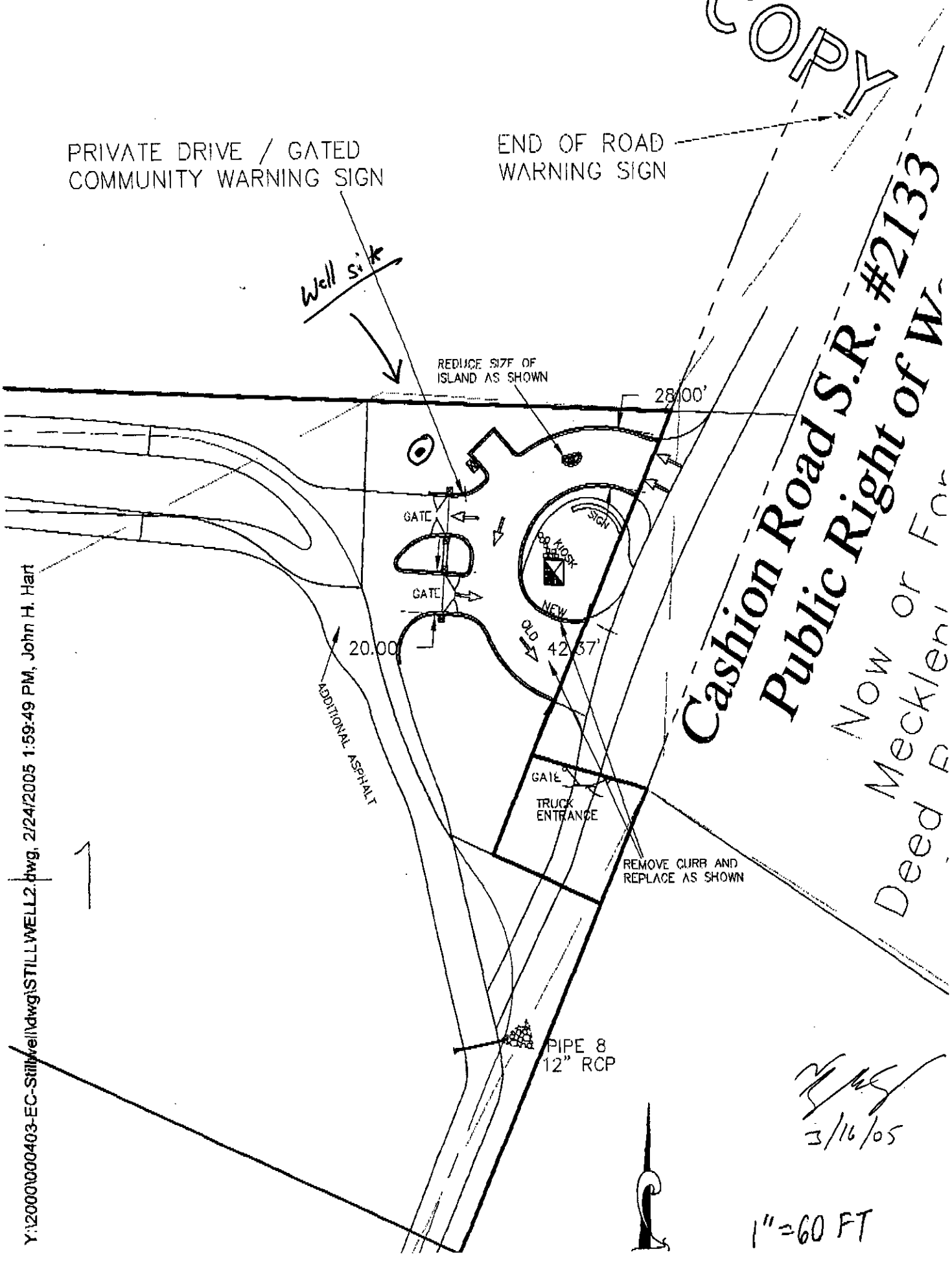
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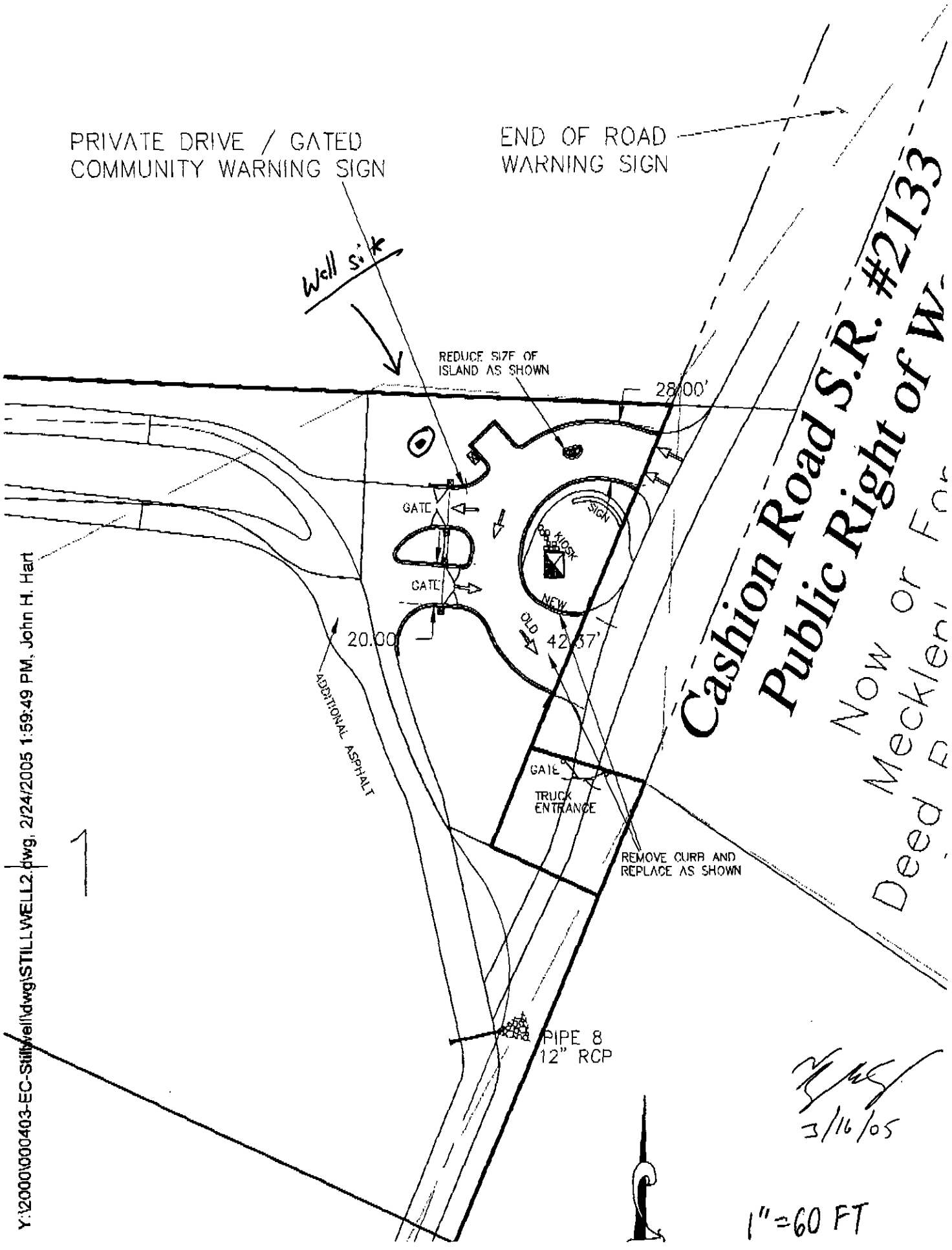
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