

8409 VAGABOND RD

13927217

10/7/09

thomatc

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

5195
1267

GWS – RES. APP 12/02/44A
$400 cccp 8/11/06
gc

[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]

FILE # 5195

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 #: 13927217
STREET ADDRESS: 8409 VAGABOND RD
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 7
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL 194

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1330
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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: Greg Davis
ADDRESS: 8409 VAGABOND RD.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 2045452629 WORK PHONE:
MOBILE PHONE: 204 506-2540 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: 9200 Surface Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 7045455694
MOBILE PHONE: FAX: 7045459449

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.

Greg Davis 8/11/06
Owner's/Agent's Signature Date

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

"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 Date

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

0753

Greg Davis,

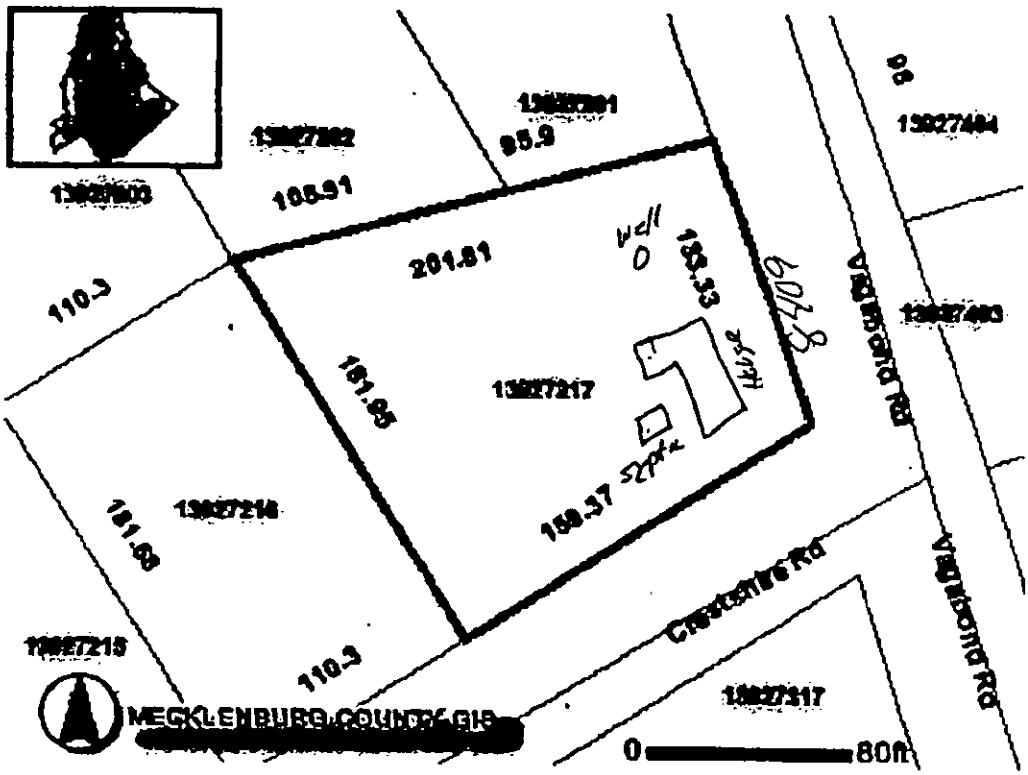
H - 704-545-2104

M. 704-506-2540

Filed

5195

ArcIMS Viewer



AUG-11-2006 04:18P FROM:DL MULLIS WELL DRILL 704 545 9449 TO:7043366894 P.2

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 #: 10001267 **File #:** 5195 **Tax Parcel #:** 139-272-17
Property Owner: GREG DAVIS
Job Location Address: 8409 VAGABOND RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 8/15/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

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

☐ Initial water sample to 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:

DAVID GRAVELLY RS
Authorized Agent: Print Name

Signature:

Allison Price - DL Mullis Well
Owner/Legal Agent: Print Name

Signature: Allison Price

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 SURFACE HILL Rd.
Charlotte NC 28227
City or Town State Zip Code
704.545.5694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT #(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 8-31-06
TIME COMPLETED 9-1-06 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Mint Hill COUNTY Mecklenburg
8409 Vagabond Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 11.534
LONGITUDE 80° 35.416
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Greg Davis
STREET ADDRESS 8409 Vagabond Rd
Charlotte NC 28227
City or Town State Zip Code
704.506-2540
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 350
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 48 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): 5 METHOD OF TEST air

f. DISINFECTION: Type NTH Amount 1pt

g. WATER ZONES (depth):

From	To	From	To
From 145	To	From	To
From 338	To 345'	From	To

6. CASING:

	Depth To	Ft.	Diameter	Thickness/ Weight	Material
From 0	120		6"/8	.25"	PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth To	Ft.	Material	Method
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

	Depth To	Ft.	Size	Material
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	90	Red Clay
90	110'	Loose rock
110'	120'	green shell
120	350'	Blue gneiss

11. REMARKS:

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

DL Mullis — 9-1-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Mullis
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-1a
Rev. 7/05

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: #71750 **County:** Mecklenburg

Address: 8409 Vagabond Charlotte, NC **ZIP:** 28227

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

Collected By: KG **Date:** 1/24/2007 **Time:** 11:53 AM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AA99223 **Date Received:** 1/25/2007 **Time Received:** 8:10:00 AM

Date Reported: 1/26/2007 **Today's Date:** 1/26/2007

Comments:

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier 05-16-21

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

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

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: #71750 County: Mecklenburg

Street: 8409 Vagabond City/State: Charlotte Zip: 28227

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

Collected by: Kim Garrett Date: 1/24/07 Time: 1153 ☒ AM ☐ PM

Signed by: Kim Garrett

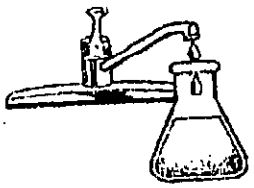
Address: 700 N Tryon St Indicate MD or (EHS)

City: Charlotte State: NC Zip: 28202

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

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely



K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 01/25/07

Client: DL Mullis
9200 Surface Hill Rd.
Charlotte, NC 28227

Project: Greg Davis
8409 Vagabond Rd.

Sample Description:	Drinking Water		
Date Collected:	01/24/07	at	10:00
Date/Time analysis begun:	01/24/07	at	11:30
Date/Time analysis completed:	01/25/07	at	11:30

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E4834

Certified By: G. Krusta

NC Certification: 37767
SC Certification: 99051

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/21/2006 09:48 AM

LABORATORY SERVICES DIVISION

LOCATION: gws-8409
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/14/2006 14:15 CHAIN OF CUSTODY #: 061114154030
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB93617	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	11/15/2006	8:25	MKV
AB93617	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	11/15/2006	8:25	MKV

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: 8409 Vagabond Dr

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#: 0611 1411 4030

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
GWS-8409	ksg	11/14/06 1415		N	17.3					X	100 ml		2						X		X

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

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	11/14/06	1510
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 03/15/2005

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

CHARLOTTE

Laboratory Analysis Report
Report Date: 11/8/2006 09:44 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-8409
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/2/2006 11:30 CHAIN OF CUSTODY #: 061102135901
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91834	E. COLI-PA	A	P/A		SM 9223B	11/3/2006 16:00	TJW
AB91834	Total Coliform- P/A	P	P/A		SM 9223B	11/3/2006 16:00	TJW

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: 8409 Vagabond 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#: 061102135901

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	Nitrite
GWS-8409 A691834	ksg	11/2/06 11:30 AM		N	17.9	3.2				X	100 ml		1						X		(X)		

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

Itemize requested Metals here:

COMMENTS: **3-DAY TAT REQUESTED** (Or Sooner if Possible)

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		11/4/06	1350
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 03/15/2005

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 11/2/2006 04:26 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-8409
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/30/2006 12:15 CHAIN OF CUSTODY #: 061030140438
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91263	E. COLI-PA	Absent	P/A		SM 9223B	10/31/2006 8:45	RDW
AB91263	Total Coliform- P/A	Present	P/A		SM 9223B	10/31/2006 8:45	RDW

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: 8409 Vagabond Rd

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#: 06103014043 8

Sampled By (Print Name): Kim Garrett

9/9/263

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	Nitrite
GWS-8409	ksg	10/30/06 12:15 PM		N	17.8	10				X	100 ml		2						X		X		

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

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	10/30/06	1345
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 03/15/2005

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 10/16/2006 01:30 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-8409
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/14/2006 11:20 CHAIN OF CUSTODY #: 06090268
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB86213	**NITRATE**	**0.47**	**mg/L**	0.05	EPA 353.2	9/15/2006 10:47	MLB
AB86213	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	9/14/2006 14:15	NVR
AB86213	**Total Coliform**	**Present**	**P/A**		SM 9223B	9/14/2006 14:15	NVR
AB86213	**NITRITE OUTSIDE LAB**	**<0.10**		0.10		9/14/2006 22:29	

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: 8409 Vagabond Rd

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#: 060902688

Sampled By (Print Name): Kim Garrett

A08623

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	Nitrite
GWS-8409	ksg	9/14/06 11:20 AM		N	18.1	5.0				X	100 ml		2						X		X		
	ksg	9/14/06 11:20 AM		N	18.1	5.2				X	500 ml		1			X				✓		X	
	ksg	9/14/06 11:20 AM		N	18.1	2.6				X	125 ml		1	X									X

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

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett	Laura Deaton	09-14-06	1310
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 03/15/2005

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

OCT 12 2006

PRISM LABORATORIES, INC.

Case Narrative

Date:	10/04/06	**Client Project ID:**	LUESA - Surface Water
Company:	City of Charlotte/System Protection Div	**Prism COC Group No:**	G0906344
Contact:	Myra Zabec	**Collection Date(s):**	09/14/06
Address:	5100 Brookshire Blvd.	**Lab Submittal Date(s):**	09/14/06
	Charlotte, NC 28216	**Client Project Name Or No:**	Surface Water 0010

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 5 pages. A chain-of-custody 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 end of this case narrative. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Semi Volatile Analysis

N/A

Volatile Analysis

N/A

Metals Analysis

N/A

Wet Lab and Micro Analysis

No Anomalies Reported

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

Date Reviewed by:	Robbi A. Jones	**Project Manager:**	Susan M. Mullen
Signature:	Robbi A. Jones	**Signature:**	Susan M. Mullen
Review Date:	10/04/06	**Approval Date:**	10/04/06

Data Qualifiers Key Reference:

B: Compound also detected in the method blank.
#: Result outside of the QC limits.
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.
H: Estimated concentration with a high bias.
L: Estimated concentration with a low bias.
M: A matrix effect is present.

Notes: This report should not be reproduced, except in its entirety, without the writtten 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: 704/529-0409

PRISM LABORATORIES, INC.
Full Service Analytical & Environmental Solutions

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

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
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: AB86213 GW-8409
Prism Sample ID: 161066
COC Group: G0906344
Time Collected: 09/14/06 11:20
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 22:29	mlandreth	Q17830

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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Laboratory Report

10/03/06

City of Charlotte/System Protection Div
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: AB86215 G-671
Prism Sample ID: 161067
COC Group: G0906344
Time Collected: 09/14/06 11:25
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	BRL	mg/L	0.10	0.0034	1	300.0	09/14/06 22:49	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Angela D. Overcash, V.P. Laboratory Services

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Laboratory Report

10/03/06

City of Charlotte/System Protection Div
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: AB86217 G-233
Prism Sample ID: 161068
COC Group: G0906344
Time Collected: 09/14/06 12:05
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	BRL	mg/L	0.10	0.0034	1	300.0	09/14/06 23:08	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Angela D. Overcash, V.P. Laboratory Services

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

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
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: AB86219 G-1009
Prism Sample ID: 161069
COC Group: G0906344
Time Collected: 09/14/06 13:15
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 23:28	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Angela D. Overcash, V.P. Laboratory Services

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CHAIN OF CUSTODY RECORD

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

Project Name: LUESA G-New

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: CMH

Address: b

Client Company Name: CMH

Report To/Contact Name: Rhonda Hixson

Reporting Address: 5100 Brookshire Blvd Charlotte, NC 28216

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

Email (Yes) (No) Email Address _____

EDD Type: ___ PDF ___ Excel ___ Other

Site Location Name: _____

Site Location Physical Address: _____

Purchase Order No./Billing Reference 620309M06-01

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?	✓		
Received ON WET ICE? Temp 3.1	✓		
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 NO2	NO3					REMARKS	PRISM LAB ID NO.
AB86213	9/14/06	1120	water	P	1	100	none	X						GW-8409	161066
~~AB86213~~	~~9/14/06~~	1120 error	water	~~P~~	9/14/06	~~500~~	~~H2SO4~~		X					~~GW-8409~~	
AB86215	9/14/06	1125	water	P	1	100	none	X						G-671	161067
AB86217	9/14/06	1205	water	P	1	100	none	X						G-233	161068
AB86219	9/14/06	1315	water	P	1	100	none	X						G-1009	161069

PRESS DOWN FIRMLY - 3 COPIES

Sampler's Signature _____ Sampled By (Print Name) _____ Affiliation LUESA

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)	9/14/06	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date 9-14-06	1600

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. G0906344

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