

19130 LAHAINA LN

21714313

5/28/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6219 WASPS App #: 24102

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: Debra Howell

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

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

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

Items requiring correction/modification: _____

Comments: 6/20/07: Please contact applicant to pickup and sign permit and plot plan. - JLS

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 6/14/07 ES assigned date: 6/14/07 Permit issued date: 6/20/07

Well approval date: 12/18/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 12/21/07

CHARLOTTE.

Laboratory Analysis Report
Report Date: 12/12/2007 11:13 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO- 75019
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/6/2007 12:15 CHAIN OF CUSTODY #: 071206133332
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC48121 NITRATE	**0.15**	**mg/L**	0.05	EPA 353.2	12/7/2007	12:27	MKV
AC48121 NITRATE/NITRITE	**0.15**	**mg/L**	0.05	EPA 353.2	12/7/2007	12:53	MKV
AC48121 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	12/7/2007	12:27	MKV

Comment:

Laboratory Supervisor: Rhonda L Hutson

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	19130 Lahaina Lane, 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#: 07120013332

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
N 48 21																						
GWO-75019	DEH	12-6-07 12:15pm	N/A N/A	N	2.2°C	3.2				X	500 ml		1			X				✓	X	
GWO-75019	DEH	12-6-07 12:15pm	N/A N/A	N	2.2°C	3.2				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:

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: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		12/6/07	13:32

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.

Laboratory Analysis Report
Report Date: 12/12/2007 11:12 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO- 75019
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/6/2007 12:15 CHAIN OF CUSTODY #: 071206133148
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC48120 E. COLI-PA	**Absent**	**P/A**		SM 9223B	12/6/2007	13:45	SLT
AC48120 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	12/6/2007	13:45	SLT

Comment:

Laboratory Supervisor: Rhonda Robertson

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	19130 Lahaina Lane, 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#: E1200133148

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
AC48120																					
GWO-75019	DEH	12-6-07	N/A	N	NA	[illegible]			X		100 ml		2						X		X
		12:15 PM	N/A																		

Instructions:

Complete all yellow shaded sections

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

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

Metals: Itemize the individual metals requested here -

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

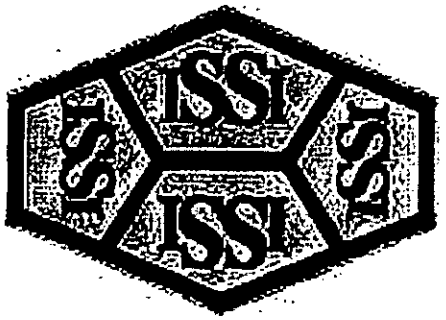
Blue is for lab use only.

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	[signature]	12/6/07	13:30
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill



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ISSI Operations Center Staff

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2236

1. WELL CONTRACTOR:
Thomas Rodden
Well Contractor (Individual) Name
James Darby Well Drilling, LLC.
Well Contractor Company Name
STREET ADDRESS 2512 Zinker Road
Rock Hill, SC 29732
City or Town State Zip Code
(803)- 329-2424
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000 2402
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 7-19-07
TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY, Charlotte COUNTY Mecklenburg
19130 Lahaina Dr.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 3
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)

4. WELL OWNER
OWNER'S NAME James J. Bond
STREET ADDRESS 19130 Lahaina Dr.
Charlotte NC. 28278
City or Town State Zip Code
(704)- 650-3725
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 305
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 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): 15 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 50#
g. WATER ZONES (depth): 1 2 3
From 58 To 60 From 118 To 120
From To From To
From 285 290 From To

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From 0 To 55 Ft.		6 5/4	well cas	PVC
From To Ft.				
From To Ft.				

7. GROUT:

	Depth	Material	Method
From 0 To 20 Ft.		portland	poured
From To Ft.			
From To Ft.			

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	18	dirt
18	50	sand
50	305	rock

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.

Thomas Rodden 7/19/07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Thomas 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. 7/05

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10002402 **File #:** 6219 **Tax Parcel #:** 217-143-13
Property Owner: JAMES J. BOND
Job Location Address: 19130 LAHAINA LN
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 6/20/2007
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:

6/19/07–sited well

Chris Sherrill
Authorized Agent: Print Name

Signature:

James J. Bond
Owner/Legal Agent: Print Name

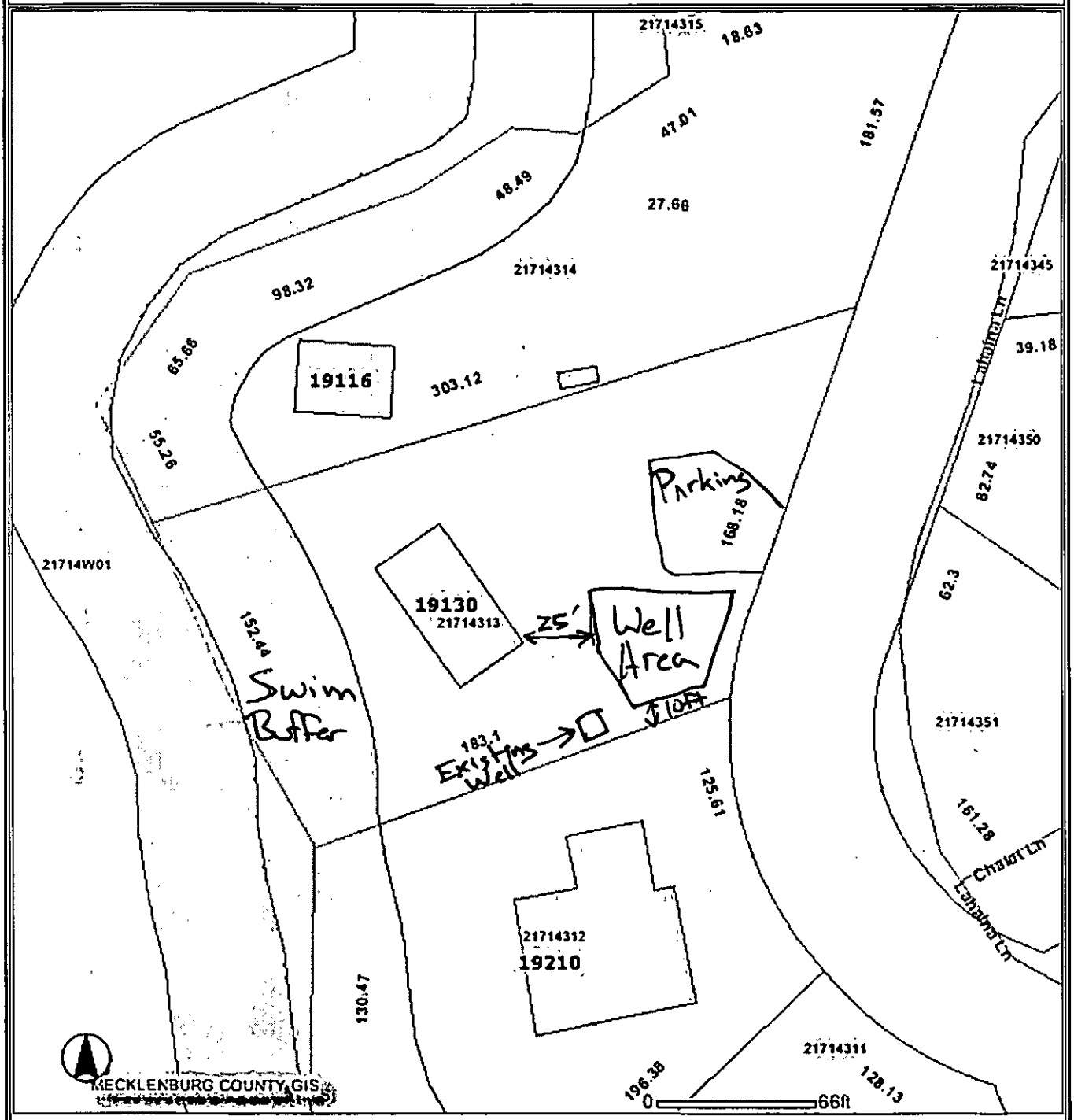
Signature: James J. Bond

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Jun 20 16:52:49 EDT 2007



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.

CS

FILE NUMBER: 6219

Revised On: January 3, 2007

APPLICATION NUMBER: _____

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 6/14/07
MC JKA

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 217-143-13
STREET ADDRESS: 19130 Lahaina Lane
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 3/4
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☒ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

☐ 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 SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ 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

10. **PROPERTY OWNER:**
NAME: James J. Bond
ADDRESS: 19130 Lahaina Lane
CITY: Charlotte
STATE: NC ZIP: 28278-9576
HOME PHONE: 704 504-0957 WORK PHONE:
MOBILE PHONE: 704 650-3725 FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

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

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
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 12 months from the date of issuance.

X James J. Bond 06/14/07
Property Owner's or Owner's Legal Representative Signature Date

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

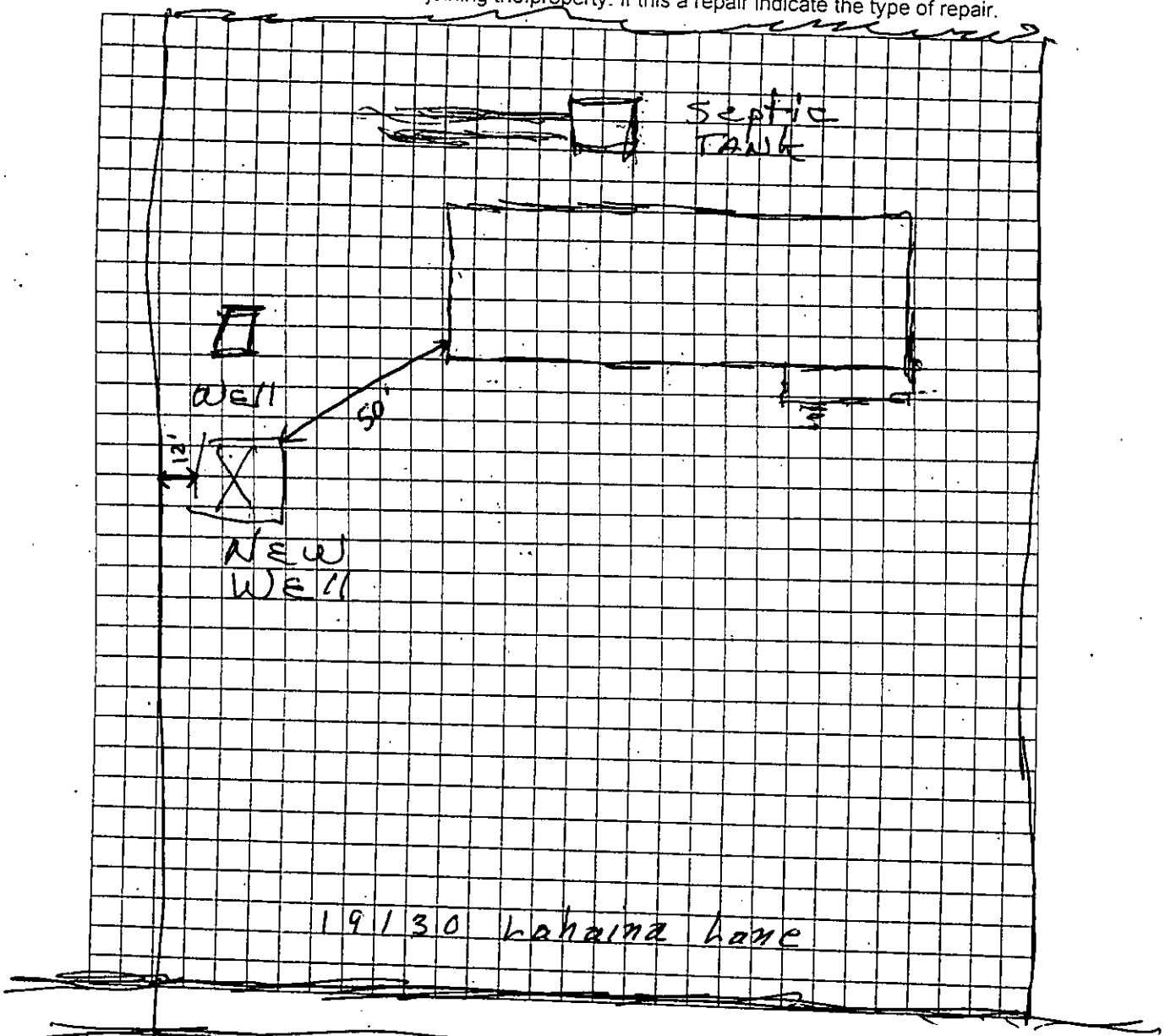
MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

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 #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature James J Bond

Date 06-14-07

LBC 12/15/04