

10030 BRIEF RD

19713103

6/5/08

marliwr

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

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 #: 10000151 **Tax Parcel #:** 197-131-03
Property Owner: Donald Howell
Job Location Address:10030 BRIEF RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/12/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

ZP03

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 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 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:

Phil S. Walker
Authorized Agent: Print Name
Phil S Walker PA 9/12/05
Signature:

DAVE L Mullis
Owner/Legal Agent: Print Name
Dave L Mullis
Signature:

CHARLOTTE.

Laboratory Analysis Report
Report Date: 10/21/2005 11:39 AM

LABORATORY SERVICES DIVISION

LOCATION: 9047101805
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/18/2005 14:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB52010
CHAIN OF CUSTODY #: 05100319

Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB52010 E. COLI-PA	present	P/A		SM 9223B	10/19/2005 8:10	KEK
AB52010 Total Coliform	present	P/A		SM 9223B	10/19/2005 8:10	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

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) - Howell Residence

LOCATION / ADDRESS: 10030 Brief Rd.

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

Send Report To: Zach Petersen
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05100319

Sampled By (Print Name): Trevor Thomason

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	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: Semis, EPA 8270
5'2010 GWS-9047101805	(C)	10/18/05 14:20		N		4.0				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****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Zach Petersen	Adrienne Moseley	10-18-05	1550
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)

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: Howell, David **County:** Mecklenburg

Address: 10030 Arlington Church Rd. Mint Hill, NC **ZIP:** 28227

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

Collected By: ZP **Date:** 11/2/2005 **Time:** 2:30 PM

Signed By: Petersen, Z. **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: AA90465 **Date Received:** 11/3/2005 **Time Received:** 8:30:00 AM

Date Reported: 11/4/2005 **Today's Date:** 11/4/2005

Comments:

NCPH
North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Petersen, Z.
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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Howell, David
Address: 10030 Brich Rd
Charlotte, NC **Zip:** 28227
County: MECKLENB

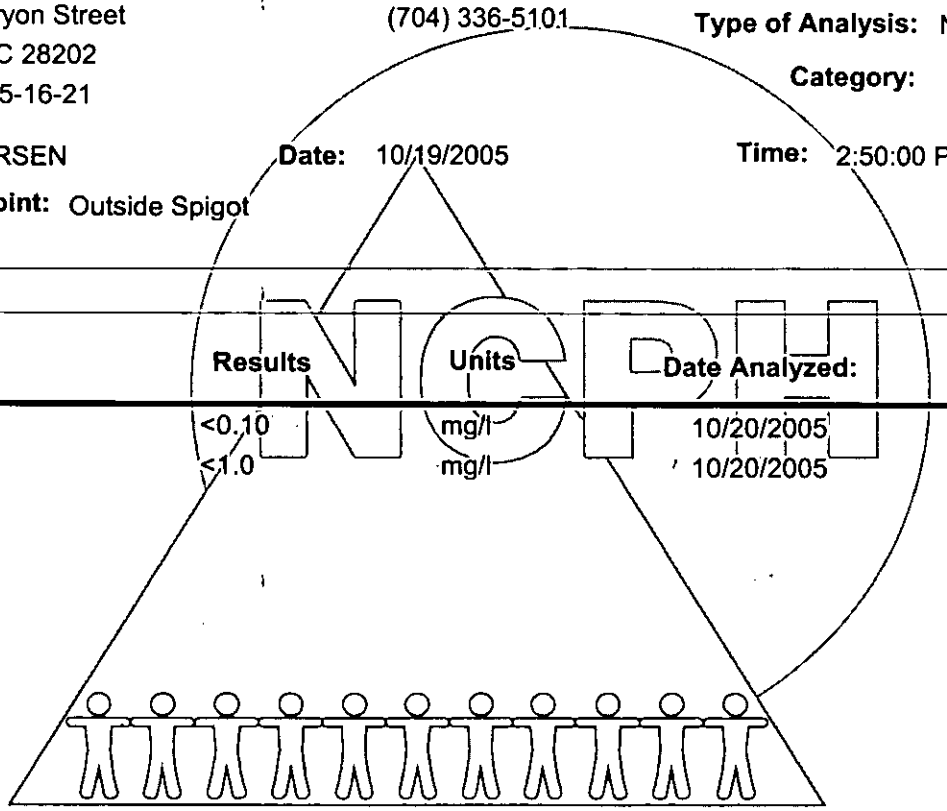
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

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

ATTN: Zach Petersen
(704) 336-5101

Collected By: Z. PETERSEN **Date:** 10/19/2005 **Time:** 2:50:00 PM
Location of sampling point: Outside Spigot
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/20/2005
Nitrate as N	<1.0	mg/l	10/20/2005



State North Carolina Public Health Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 5.5 °C
Date Received: 10/20/2005 **Report Date:** 11/2/2005 **Reported By:** Debbie Howell
Today's Date: 11/2/2005 **Reference:** 14436 **Login Batch** 05100057 **Sample Number:** AB33830

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.

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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

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 9-13-05
TIME COMPLETED 9:00 AM ☑ PM ☐

3. WELL LOCATION:
CITY: Mint Hill COUNTY Mecklenburg
10030 Brief Road
(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 Donald Howell
STREET ADDRESS 10030 Brief Rd.
Charlotte NC 28227
City or Town State Zip Code
704-545-4510
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 170
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 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): 75 METHOD OF TEST: air

f. DISINFECTION: Type HTH Amount 1pt
g. WATER ZONES (depth):
From 120 To 170 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 112 Ft	6"/8	sch40	PVC
From		To Ft			
From		To Ft			

7. GROUT:

	Depth		Material	Method
From	0	To 20 Ft	Cement	pumped
From		To Ft		
From		To Ft		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	N/A	To Ft	in.	in.	
From		To Ft	in.	in.	
From		To Ft	in.	in.	

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	60'	Red Clay
60	112'	Brown Sandstone
112'	170'	Blue granite

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.

D. F. Mullis 9-14-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Michael 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

Permit #151

GWS – RES. APP 12/04

SEPTIC FEE
DATE:
CRT #

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

FILE # 9047

WELL FEE $400.00
DATE: 9/12/05
CRT # CU 3170

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 #: 19913103
STREET ADDRESS: 10030 Brief Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
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: 1800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: Donald Howell
ADDRESS: 10030 Brief Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 545-4510 WORK PHONE:
MOBILE PHONE: 906-7441 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling, Inc
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: FAX: 545-9449

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.

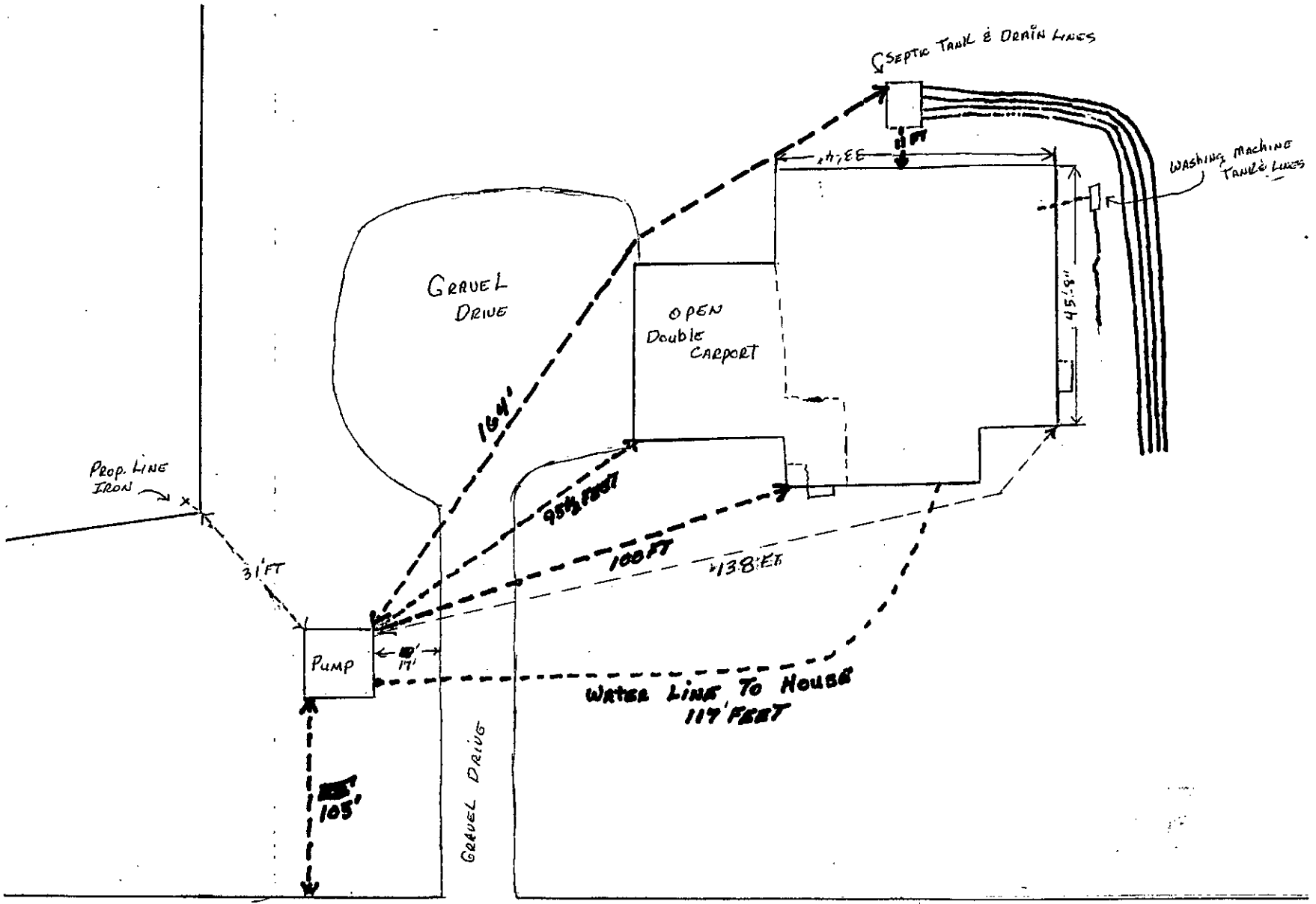
Donald R Howell 9-12-05
Owner's/Agent's Signature Date

*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.

Allison Price 9-12-05
Owner's/Agent's Signature Date
DL Mullis Well

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

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



DONALD R. HOWELL
10030 BRIEF Rd
2.66 ACRES (PARCEL Id 197-131-03
197-131-02)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/12/05	**Amount:**	400.00
Receipt #:	36870	**Tendered:**	400.00
Check / Auth #:	CHECK 3170	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: HOWELL DONALD R.
Attn:
Address: 10030 BRIEF ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10030 BRIEF ROAD		1	400.00	400.00

----------Outstanding Balances----------

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