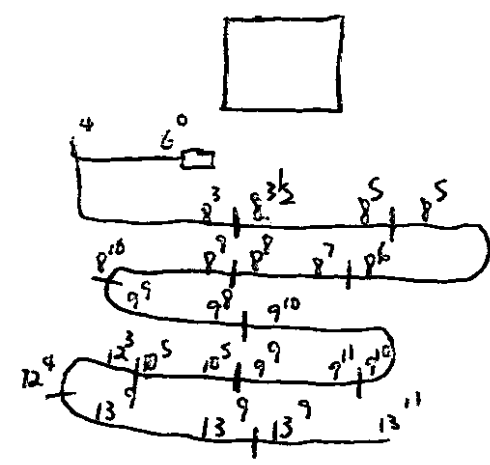
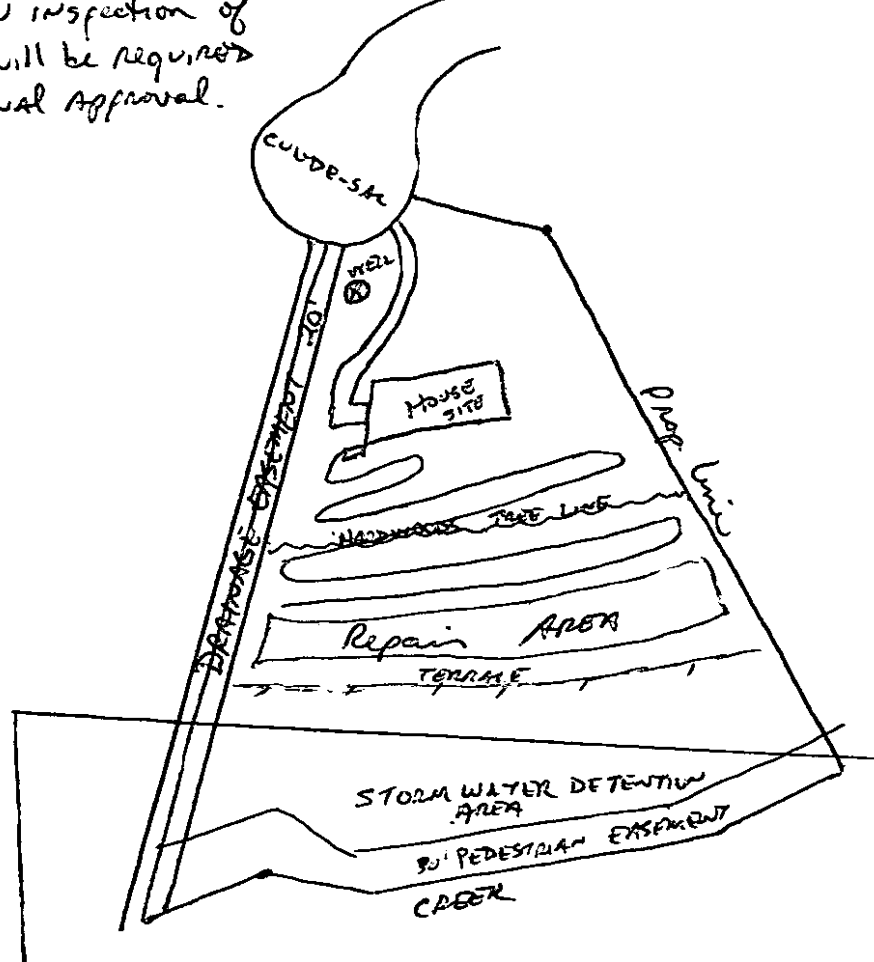


# ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER	DATE	FV	MAP REFERENCE
REQUESTER	OWNER		
TELEPHONE: 740-4516			
SPECIFICATIONS			
LOCATION / DIRECTIONS			
FEE	RECEIPT	SIGNATURE OF OWNER OR AUTHORIZED AGENT	
CONFIRMED BY PLANNER	PLANNER	DATE	CLERK

IDENR'S 4      DISTRICT No      SIZE 530'x3'      TYPE EVD Convt.  
 SZ. TANK 1200 GAL      SI. CHASE —      NO. PER No  
 REMARKS: Shallow system on contour. Max. trench depth 24". Maintain 100' from well.  
Maintain 15' off foundation with system

\* Walk-thru inspection of residence will be required prior to final approval.



DATE ISSUED 10-24-90  
 DATE APPROVED 6-30-91

APPROVED: Gregory J. Burns  
 REVIEWED: Shirley C. Burns

## PERMIT INFORMATION

### I. General Information - Contact Information

When contacting the Health Department concerning this document, be sure to know the reference number. This number must be used in all inquiries and inspection requests.

No substantial changes or deviations from the information on the front of this document are allowed unless prior approval is obtained from the Health Department.

The Environmental Health Staff is located at 306-C Revere Road, Hillsborough, N.C. The staff is available in this office or by telephone, Mon. - Fri., 8:00 AM - 9:00 AM and 4:30 PM - 5:00 PM. Messages can be left for the staff at the following numbers:

Hillsborough	732-8181, ext. 315
Mebane	227-2031, ext. 315
Durham	688-7331, ext. 315
Chapel Hill	968-4501, ext. 315

The issuance of the Improvements Permit in no way guarantees the issuance of other permits (e.g. Building Permits).

Septic tank contractors and well contractors are responsible for notifying the Health Department for final inspections.

### II. Sewage Disposal Information

Water supply and sewage disposal facilities, location, installation and protection must meet state and/or local regulations.

The area approved for the installation of the sewage disposal system must be left in an undisturbed state. Disturbance of this area may void permit.

Septic tank and nitrification line must be inspected and approved by a representative of the Orange County Health Department staff before any portion of the installation is covered and/or put into use.

This permit is only valid for structure listed for 3 years following date of issuance.

Septic tank should be pumped out every 3 to 5 years and shall be maintained in such a manner as not to create a public health hazard.

Nitrification line shall be installed with an undisturbed earth dam each 50 feet.

Each septic tank shall be installed with an access riser on the inlet end that extends to grade level.

A Certificate of Completion or issuance of a operations permit shall indicate the septic system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

### III. Water Supply Information

Well location, installation, and protection must meet state and local regulations and must be inspected and approved by a representative of the Orange County Health Department before any portion of the installation is put into use.

The Well Permit is valid for one year following date of issuance.

The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site designated by the Health Department.

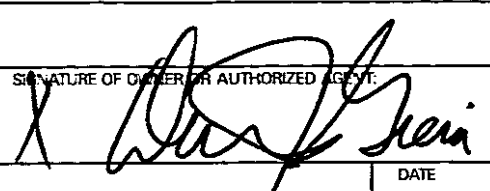
The well owner should pour a 4½' x 4½' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

### IV. Minimum Distances\*

A. Sewage Disposal Systems		B. Private Wells*	
1. Private water supplies	100'	1. Watertight sewer lines	50'
2. Public water supply sources		2. Ground absorption sewage disposal systems	100'
tributaries	100'	3. Property lines	10'
3. A-II Streams	50'	4. Building foundations	50'
4. Lakes, ponds, impoundments	50'		
5. Building foundations	5'		
6. Basements	15'		
7. Property lines	10'		
8. Embankments or cuts	15'		
9. Water lines	10'		
10. Swimming pools	25'		

\*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.

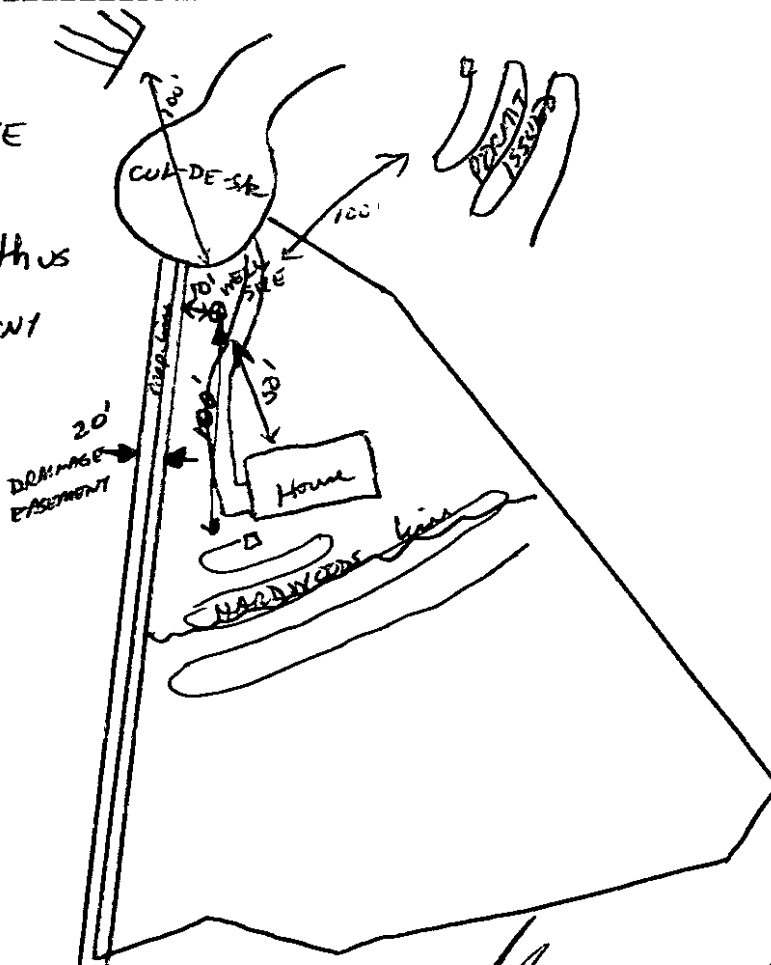
# ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER WELLBORN WELL 199	DATE 10-24-90	PIN E007-00 00	MAP REFERENCE
REQUESTER: MY VERNON POWER 212 N MAIN ST SUITE 107 CORRECTION NO 178 BLENHEIM		OWNER: JESSE A. TAYLOR 1000 N. MAIN ST SUITE 107 BLENHEIM, CA 92009 TEL: 619-435-1137 HALLMARKER-10 STARS	
TELEPHONE:			
SPECIFICATIONS: DRILL			
LOCATION / DIRECTIONS: 74 LAUREL BATHING			
FEE: 100	RECEIPT: 100	SIGNATURE OF OWNER OR AUTHORIZED AGENT: 	
CONFIRMED BY PLANNER:	PLANNER	DATE	CLERK

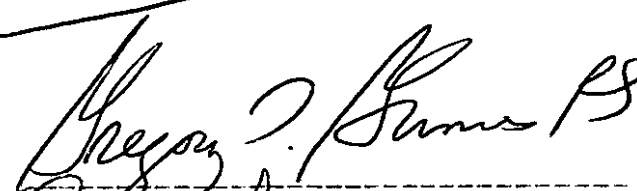
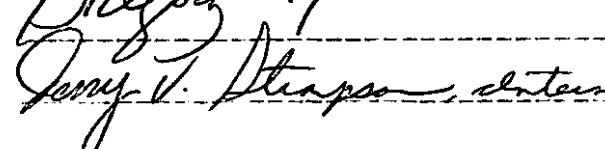
TYPE Drilled      SIZE 6"      DEPTH 205'      TAPED LENGTH 55'  
 GROUT Cement      WELD 6 gpm      L.S. 33'      TIME ZONE 177'  
 CONTRACTOR: Dema Well      SIGNED: Craig  
 REMARKS: \_\_\_\_\_

\* WELL MUST GO IN SITE SPECIFIED.

- 20' off property line thus
- 10' off DRAINAGE EASEMENT
- 50' off foundation
- 100' from septic fields



DATE ISSUED 10-24-90  
 DATE APPROVED 2/22/91

REVIEWED:  PS  
 APPROVED: 

## PERMIT INFORMATION

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The well owner should pour a 4½' x 4½' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

### IV. Minimum Distances\*

#### A. Sewage Disposal Systems

- |  |      |
|--|------|
| 1. Private water supplies                  | 100' |
| 2. Public water supply sources tributaries | 100' |
| 3. A-II Streams                            | 50'  |
| 4. Lakes, ponds, impoundments              | 50'  |
| 5. Building foundations                    | 5'   |
| 6. Basements                               | 15'  |
| 7. Property lines                          | 10'  |
| 8. Embankments or cuts                     | 15'  |
| 9. Water lines                             | 10'  |
| 10. Swimming pools                         | 25'  |

#### B. Private Wells\*

- |  |      |
|--|------|
| 1. Watertight sewer lines                    | 50'  |
| 2. Ground absorption sewage disposal systems | 100' |
| 3. Property lines                            | 10'  |
| 4. Building foundations                      | 50'  |

\*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.

ORANGE COUNTY HEALTH DEPARTMENT – ENVIRONMENTAL HEALTH DIVISION  
APPLICATION FOR WATER SAMPLING SERVICES

APPLICANT CATHY MACEK OWNER CATHY MACEK & FLOYD WISEMAN  
ADDRESS 822 CREEKSTONE DR. ADDRESS SAME  
CHAPEL HILL, NC 27516  
PHONE (DAYTIME) 933-7962 PHONE (DAYTIME) SAME

CLOSING DATE N/A

TAX MAP REFERENCE: TOWNSHIP 7 TAX MAP 110C BLOCK LOT #2

DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES)  
ON OLD NC 86 TO CALVANDER CROSSROADS – TURN RIGHT ONTO DAIRYLAND RD; 1/2 mile to "LAUREL SPRINGS" (TURN LEFT) 1ST RIGHT IS CREEKSTONE – GO TO THE END ~ 300 ~ 7-10

WELL INFORMATION (IF KNOWN): DATE DRILLED 5/91 DEPTH 4 GALLONS PER MINUTE (FLOW) ~ 7-10

CASING DEPTH        DRILLER OR DRILLING FIRM: ACHE WELL CO., DUKHAM

HAS THIS WELL BEEN SAMPLED BY THE OCHD BEFORE? NO IF YES, GIVE DATE AND RESULTS       

ARE THERE ANY KNOWN PROBLEMS OR DEFICIENCIES WITH THE WELL? NO IF SO, PLEASE DESCRIBE       

IS THERE A TREATMENT SYSTEM ON THE WELL OR WATER SUPPLY? YES IF SO, PLEASE DESCRIBE filtration and softener

ARE ALL THE SPIGOTS CONNECTED TO THE TREATMENT SYSTEM? NO IF NOT, WHICH ONE(S) ARE NOT CONNECTED TO THE SYSTEM? ALL OUTSIDE SPIGOTS ARE NOT CONNECTED

SAMPLE(S) DESIRED: BACTERIOLOGICAL ☒ INORGANIC CHEMICAL (INCLUDES FLUORIDE) ☒  
OTHER (PLEASE SPECIFY)       

IS THIS A RE-SAMPLE? NO IF SO, WHEN WAS THE WELL LAST CHLORINATED?       

PLEASE NOTE: SAMPLES FOR HOME SALES OR REFINANCING ARE LIMITED TO BACTERIOLOGICAL ONLY

BEFORE THE SAMPLE CAN BE TAKEN, THE WELL HEAD (TOP OF CASING) MUST BE READILY ACCESSIBLE TO THE HEALTH DEPARTMENT REPRESENTATIVE. THIS MEANS THAT ANY COVERING STRUCTURES AND INSULATION MUST BE REMOVED PRIOR TO SAMPLING. DO NOT CHLORINATE OR TREAT THE WELL OR WATER SUPPLY IN ANY WAY UNLESS INSTRUCTED TO DO SO BY THE HEALTH DEPARTMENT. FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY INVALIDATE SAMPLES RESULTS OR COULD CAUSE UNNECESSARY DELAYS IN TAKING THE SAMPLES AND GETTING SAMPLE RESULTS.

PLEASE SIGN BELOW THAT YOU UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND ALSO THAT THE HEALTH DEPARTMENT REPRESENTATIVE HAS PERMISSION FROM THE PROPERTY OWNER TO ENTER THE PROPERTY TO INSPECT AND SAMPLE THE WELL AS NECESSARY TO FULLY DETERMINE THE WATER QUALITY.

Cathy Macek DATE 10/13/95  
OWNER/AUTHORIZED AGENT

PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE SERVICES.  
BACTERIOLOGICAL – \$10; CHEMICAL – \$10; OTHER SAMPLES (PETROLEUM, PESTICIDE, etc.) – \$25 EACH  
WRITTEN WELL REPORT FOR HOME SALES (INCLUDES ONE BACTERIOLOGICAL SAMPLE) – \$35  
RETURN TO: ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION  
P.O. BOX 8181, 306-C REVERE RD., HILLSBOROUGH, NC, 27278.

## NOTES

Dear Health Dept,

We would like

samples taken

of both the

main (treated)

water as well

as outside water

Please call for

an appointment.

Sincerely,

Cathy Muehl

933-7962

## ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 9131

SERVICE BACTERIAL WATER SAMPLE

REFERENCE 7 110C 42

DESC: #74 PH 4 LAUREL SPRINGS P

REQUESTEE.. MACEK CATHERINE

SIZE L1

ADDRESS . . . 822 CREEKSTONE DRIVE

OWNER. WISEMAN FLOYD C

CITY/S/Z.... CHAPEL HILL NC 27514

C CATHERINE M MACEK (U)

PHONE . . . . . 9337962

822 CREEKSTONE DR

DATE . . . . . 10 19 95

CHAPEL HILL NC 27516

FEE . . . . . 20

RECEIPT..... 094435

DUE DATE....

REMARKS . . . 1 SAMPLE FROM INSIDE 1 FROM OUTSIDE

LOCATION LN1 822 CREEKSTON DRIVE LAUREL SPRINGS

LOCATION LN2

SANITARIAN JPS 10-23-95 2 Samples 110 out

RESULTS ... 1) ABSENT

2) ABSENT

## ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 9132

SERVICE .. CHEMICAL WATER SAMPLE

REFERENCE ... 7.110C.42

DESC #74 PH 4 LAUREL SPRINGS P

REQUESTEE.. MACEK CATHERINE

SIZE L1

ADDRESS.... 822 CREEKSTONE DRIVE

OWNER WISEMAN FLOYD C

CITY/S/Z... CHAPEL HILL NC 27514

S CATHERINE M MACEK (H)

PHONE ..... 9337962

822 CREEKSTONE DR

DATE... 10.19 95

CHAPEL HILL NC 27516

FEE ..... 20

RECEIPT .... 094435

DUE DATE ...

REMARKS..... 1 SAMPLE FROM INSIDE 1 SAMPLE FROM OUTSIDE

LOCATION LN1 822 CREEKSTON DRIVE - LAUREL SPRINGS

LOCATION LN2

SANITARIAN.. JKS 10-23-95 Samples taken 1 in

RESULTS.. - Within Normal parameters

- Within Normal parameters



State Laboratory of Public Health — Division of Laboratory Services  
N.C. Department of Environment, Health, and Natural Resources  
P.O. Box 28047 — 306 N. Wilmington St. — Raleigh, N.C. 27611-8047

DRINKING WATER DESCRIPTION BLANK — FILLED IN BY SENDER  
COLIFORM ANALYSIS — PRIVATE SUPPLY 7, 100, 42

Name of Owner or Tenant Cathy Maccek  
822 Creekstone Dr County Darke

Type of Sampling Point Kitchen Tap  
Collected By JES DATE 11-22-93 TIME 1:43 ☒ AM ☒ PM

Source: ☒ Well ☐ Spring ☐ Other: \_\_\_\_\_

Signed By: Jean Joseph Name Jean Joseph

Address Darke Co. Health Center Indicate: M.D. ☒ Sanitarian 021571-16

City Hillsdale, N.C. Zip 27278

DEHNR 1284 (Revised 10/81)  
Laboratory (Review 11/83) ALL INFORMATION REQUESTED MUST BE GIVEN.

517271 24 AM 8:35

### BACTERIOLOGIC ANALYSIS

CONTAMINANT	RESULT
TOTAL COLIFORM	<input type="checkbox"/> PRESENT <input checked="" type="checkbox"/> ABSENT
FECAL/E. COLI	<input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT

#### INVALID RESULTS

☐ CONFLUENT GROWTH

☐ TOO NUMEROUS TO COUNT

☐ EXCESSIVE TURBIDITY

☐ OVER 48 HOURS OLD

☐ NO COLLECTION DATE

☐ OTHER

REPORTED

OCT 25 1995

Do not write on this side of form.

## DIRECTIONS FOR COLLECTING SAMPLE

Fill in the left side of the form completely. All information requested must be given. This bottle contains sodium thiosulfate, a dechlorinating agent. Do not rinse the bottle. It was clean and sterile when shipped. If a white crystalline material is visible inside the bottle, it is the sodium thiosulfate and is a normal condition. Any mottled or cloudy appearance of the glass is the result of repeated washing and sterilization.

Before taking a sample, let the water run from the tap for at least five (5) minutes. "Flaming" the tap is no longer a required step in the sampling procedure. When taking the sample, let nothing but the water itself come in contact with the mouth of the bottle or in the inside of the cap. Do not fill the bottle completely; leave  $\frac{1}{2}$  inch air-space at the top of the bottle. This air-space allows the sample to be shaken properly at the lab.

Samples should be taken from distribution or house taps in most cases. This gives a better indication of the overall quality of the water system than does a well tap sample. In the event that samples from points other than the normal distribution system are required, they should be so designated on the form. Use the space on the form marked "Type of Sampling Point" for this information.

Forward all samples immediately after collection. The samples must be examined as promptly as possible. Try to co-ordinate the time a sample is taken as closely as possible with the time mail is picked up from your post office or state courier box. DO NOT take a sample one day and mail it the next. Water samples for bacteriological analysis must be processed by this laboratory within 30 hours after collection.

The sander is required to pay the transportation charges.

The analysis takes several days for completion, and the report will be mailed back as soon as possible. Please do not call the laboratory to request "early" results, unless absolutely necessary.

## EXPLANATIONS

If coliform bacteria are Present, the water is considered unsafe for drinking purposes, if coliform bacteria are Absent, the water is considered safe for drinking purposes. It must be remembered, however, that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

## NOTE

No sample should be sent from an open well or unprotected spring or from any supply where there is visible evidence of possible contamination. Water from such sources is unsafe, regardless of laboratory findings.

State Laboratory of Public Health — Division of Laboratory Services  
N.C. Department of Environment, Health, and Natural Resources  
P.O. Box 28047 — 306 N. Wilmington St. — Raleigh, N.C. 27611-8047

DRINKING WATER DESCRIPTION BLANK — FILLED IN BY SENDER  
**COLIFORM ANALYSIS — PRIVATE SUPPLY** 7.106.42

Name of Owner or Tenant

Carol Mack

822 Creekstone Dr.

County Orange

Type of Sampling Point

Outside Distribution

Collected By

JFS

DATE

10-23-98

AM  
PM

Source: ☒ Well

☐ Spring

☐ Other: \_\_\_\_\_

Signed By:

Jane Styll

Indicate: M.D. of Sanitarian

Address

Orange Co Health Center 282-51-16

City

Wilmington

Zip 27278

DE-HNR 1294 (Revised 10/91)  
Laboratory (Review 11/93)

ALL INFORMATION REQUESTED MUST BE GIVEN.

517269 24 AM 8:35

**BACTERIOLOGIC ANALYSIS**

CONTAMINANT	PRESENT	ABSENT	RESULT
-------------	---------	--------	--------

TOTAL COLIFORM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
----------------	--------------------------	-------------------------------------	--

FECAL/E. COLI	<input type="checkbox"/>	<input type="checkbox"/>	
---------------	--------------------------	--------------------------	--

**INVALID RESULTS**

☐ CONFLUENT GROWTH

☐ TOO NUMEROUS TO COUNT

☐ EXCESSIVE TURBIDITY

☐ OVER 48 HOURS OLD

☐ NO COLLECTION DATE

☐ OTHER

REPORTED

OCT 25 1998

Do not write on this side of form.

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STATE LABORATORY OF PUBLIC HEALTH  
DIVISION OF LABORATORY SERVICES  
N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES  
306 N. WILMINGTON ST. — P.O. Box 28047, RALEIGH, 27611-8047

**INORGANIC CHEMICAL ANALYSES-PRIVATE WATER SYSTEM**

Complete All Items Above Heavy Line  
(See Instructions on Reverse Side)

**RECEIVED NOV - 2 1995**

Name of System <u>Cathy Macek</u>		Source of Water: <input checked="" type="checkbox"/> Ground <span style="float: right;"><input type="checkbox"/> Both</span> <input type="checkbox"/> Surface <span style="float: right;"><input type="checkbox"/> Purchased</span>	
Address <u>822 Creekstone Dr.</u> <u>CHAPEL HILL NC</u> ZIP <u>27516</u>		Source of Sample: <input checked="" type="checkbox"/> House Tap <input type="checkbox"/> Well Tap	
County <u>Orange</u>		Type of Sample: <input type="checkbox"/> Raw <span style="float: right;"><input checked="" type="checkbox"/> Treated</span>	
Report To: <u>Jason Stegall</u>		Type of Treatment: <input type="checkbox"/> None <span style="float: right;"><input type="checkbox"/> Lime</span> <input type="checkbox"/> Chlorinated <span style="float: right;"><input type="checkbox"/> Soda Ash</span> <input type="checkbox"/> Fluoridated <span style="float: right;"><input type="checkbox"/> Polyphosphate</span> <input checked="" type="checkbox"/> Filtered <span style="float: right;"><input checked="" type="checkbox"/> Water Softener</span> <input type="checkbox"/> Alum <span style="float: right;"><input type="checkbox"/> Other</span>	
Address: <u>Orange Co. Health</u> <u>Carrier 02-91-16</u> <u>Hillsborough NC</u> ZIP <u>27278</u>			
Collected By: <u>JFS</u>			
Date Collected: <u>10-23-95</u> Time: <u>1:45</u> <span style="float: right;">AM PM</span>		Type of Analysis Desired: <input checked="" type="checkbox"/> Regular Parameters <span style="float: right;"><input type="checkbox"/> Both</span> <input type="checkbox"/> Optional Parameters	
Location of Sampling Point: <u>Kitchen Tap</u>			

Remarks:

Regular Parameters			Optional Parameters (List as needed — See SCOPE)	
	Results		Results	
pH	<u>7.4</u>	units		
Arsenic	<u>&lt;0.01</u>	mg/l		
Lead	<u>&lt;0.005</u>	mg/l		
Iron	<u>&lt;0.05</u>	mg/l		
Manganese	<u>&lt;0.03</u>	mg/l		
Copper	<u>&lt;0.05</u>	mg/l		
Zinc	<u>&lt;0.05</u>	mg/l		
Calcium	<u>&lt;0.1</u>	mg/l		
Magnesium	<u>&lt;0.1</u>	mg/l		
Hardness-CaCO <sub>3</sub> (Ca, Mg)	<u>&lt;1</u>	mg/l		
Alkalinity-CaCO <sub>3</sub>	<u>88</u>	mg/l		
Chloride	<u>&lt;5</u>	mg/l		
Fluoride	<u>0.10</u>	mg/l		

Date Received \_\_\_\_\_ Date Reported 11/1/95 Reported By \_\_\_\_\_  
Date Analyzed \_\_\_\_\_ Laboratory Number \_\_\_\_\_

## INSTRUCTIONS

Using typewriter or ball point pen, fill in all requested information on the top portion of form front. Please print legibly if typewriter is not available.

### SAMPLE COLLECTION

- 1) Remove the one 1-quart plastic container and inflate by mouth, if uninflated.
- 2) Let the water (to be sampled) run for 5 minutes to assure that the water is from the distribution system.
- 3) Rinse the plastic container two or three times, and discard the water.
- 4) After rinsing, fill the container to within approximately one inch of top of the sampling container. Then cap the container securely.

### SAMPLE SHIPMENT:

- 1) After collection of the sample, place the one 1-quart sample into the cardboard box along with the report form, then seal.
- 2) Mail immediately to the State Laboratory using the supplied label.

### RECOMMENDED LIMITS FOR DRINKING WATER ARE LISTED BELOW:

ph	Not less than 6.5 units	Calcium	No established limits
Alkalinity	No established limits	Magnesium	No established limits
Hardness	No established limits	Fluoride	4 mg/l
Iron	0.30 mg/l	Arsenic	0.05 mg/l
Manganese	0.05 mg/l	Lead	0.015 mg/l
Chloride	250 mg/l	Zinc	5.00 mg/l
		Copper	1.3 mg/l

---

FOR LABORATORY USE ONLY

## STATE LABORATORY OF PUBLIC HEALTH

## DIVISION OF LABORATORY SERVICES

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

306 N. WILMINGTON ST. — P.O. Box 28047, RALEIGH, 27611-8047

## INORGANIC CHEMICAL ANALYSES-PRIVATE WATER SYSTEM

Complete All Items Above Heavy Line  
(See Instructions on Reverse Side)

RECEIVED NOV 2 1995

Name of System Cathy Macek

Address 822 Creekstone dr.  
Chapel Hill NC ZIP 27516

County Orange

Report To: Jason Stegall

Address: Orange Co. Health  
Courier 02-91-16  
Hillsborough NC ZIP 27278

Collected By: JFS

Date Collected: 10-23-95 Time: 1:45 PM

Location of Sampling Point: Outside Distribution

Source of Water:  
☒ Ground ☐ Both  
☐ Surface ☐ Purchased

Source of Sample:  
☒ House Tap  
☐ Well Tap

Type of Sample:  
☒ Raw ☐ Treated

Type of Treatment:  
☒ None ☐ Lime  
☐ Chlorinated ☐ Soda Ash  
☐ Fluoridated ☐ Polyphosphate  
☐ Filtered ☐ Water Softener  
☐ Alum ☐ Other

Type of Analysis Desired:  
☒ Regular Parameters ☐ Both  
☐ Optional Parameters

Remarks:

Regular Parameters			Optional Parameters (List as needed — See SCOPE)	
	Results		Results	
pH	<u>7.0</u>	units		
Arsenic	<u>&lt;0.01</u>	mg/l		
Lead	<u>&lt;0.005</u>	mg/l		
Iron	<u>&lt;0.05</u>	mg/l		
Manganese	<u>&lt;0.03</u>	mg/l		
Copper	<u>&lt;0.05</u>	mg/l		
Zinc	<u>&lt;0.05</u>	mg/l		
Calcium	<u>19.9</u>	mg/l		
Magnesium	<u>3.5</u>	mg/l		
Hardness-CaCO <sub>3</sub> (Ca, Mg)	<u>64</u>	mg/l		
Alkalinity-CaCO <sub>3</sub>	<u>68</u>	mg/l		
Chloride	<u>&lt;5</u>	mg/l		
Fluoride	<u>0.10</u>	mg/l		

Date Received \_\_\_\_\_ Date Reported 11/1/95 Reported By \_\_\_\_\_

Date Analyzed \_\_\_\_\_ Laboratory Number \_\_\_\_\_

## INSTRUCTIONS

Using typewriter or ball point pen, fill in all requested information on the top portion of form front. Please print legibly if typewriter is not available.

### SAMPLE COLLECTION

- 1) Remove the one 1-quart plastic container and inflate by mouth, if uninflated.
- 2) Let the water (to be sampled) run for 5 minutes to assure that the water is from the distribution system.
- 3) Rinse the plastic container two or three times, and discard the water.
- 4) After rinsing, fill the container to within approximately one inch of top of the sampling container. Then cap the container securely.

### SAMPLE SHIPMENT:

- 1) After collection of the sample, place the one 1-quart sample into the cardboard box along with the report form, then seal.
- 2) Mail immediately to the State Laboratory using the supplied label.

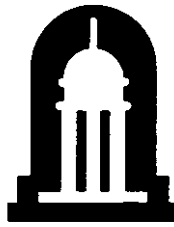
### RECOMMENDED LIMITS FOR DRINKING WATER ARE LISTED BELOW:

ph	Not less than 6.5 units	Calcium	No established limits
Alkalinity	No established limits	Magnesium	No established limits
Hardness	No established limits	Fluoride	4 mg/l
Iron	0.30 mg/l	Arsenic	0.05 mg/l
Manganese	0.05 mg/l	Lead	0.015 mg/l
Chloride	250 mg/l	Zinc	5.00 mg/l
		Copper	1.3 mg/l

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FOR LABORATORY USE ONLY





MOUNT VERNON BUILDING COMPANY

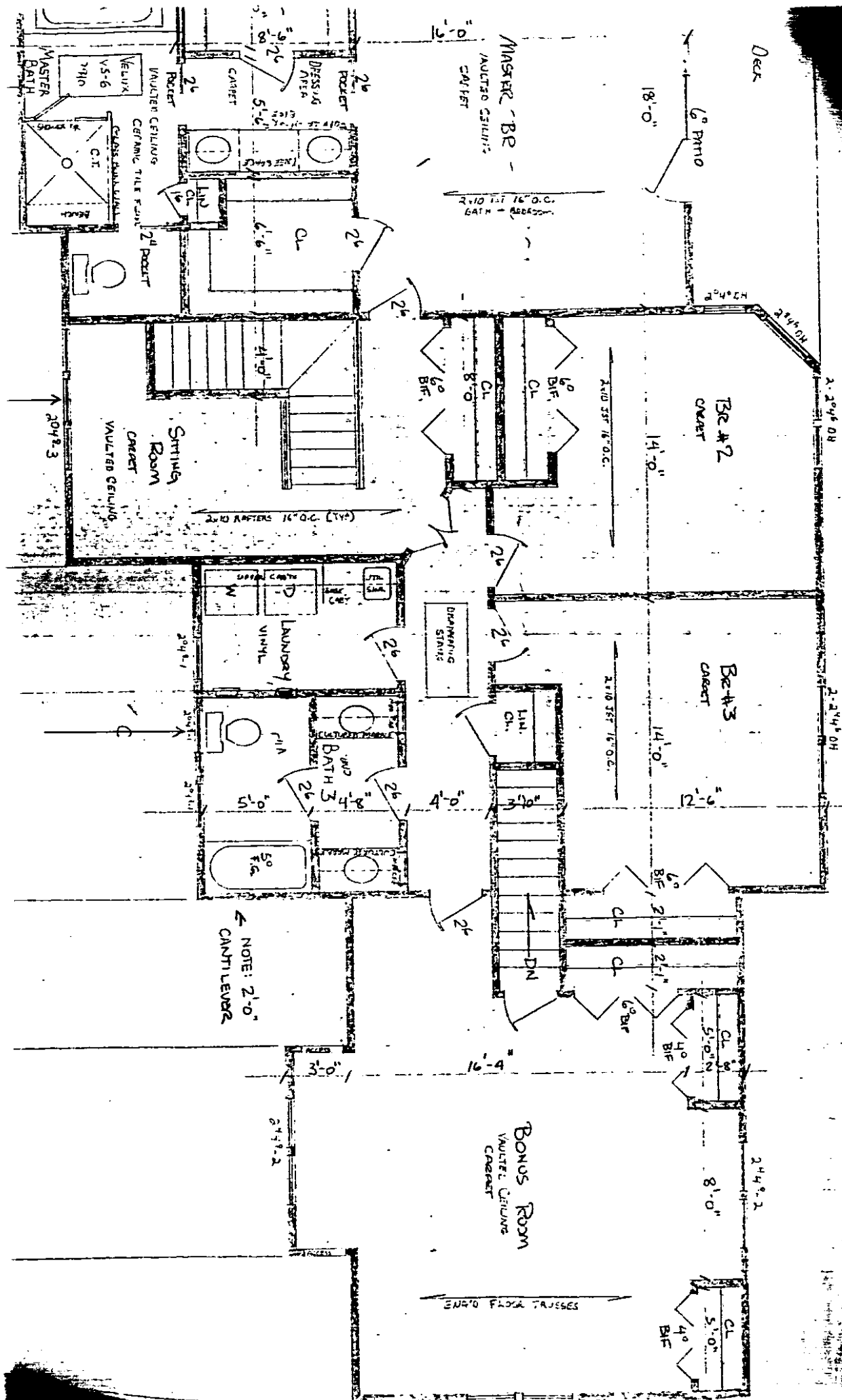
RE: LOT 74, LAUREL SPRINGS

Gregg,

WE HAVE ELIMINATED THE BATHROOM  
ON THE LEFT END OF THE HOUSE ALL TOGETHER?  
WE HAVE PUT THE POWDER ROOM WHERE THE  
PANTRY USED TO BE. CAN WE PUT DOORS ON  
THE STUDY NOW??

Dale

929-7734

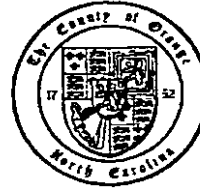


# APPLICATION FOR WATER SAMPLES PRIVATE WATER SUPPLIES

PHONE: 919-245-2360

FAX 919-644-3006

Orange County Health Department  
Environmental Health Division  
P.O. Box 8181, 306-C Revere Road  
Hillsborough, NC 27278



DATE RECEIVED 12-4-03 PIN #

TMBL 7.110C..42

## APPLICATION

APPLICANT: CATHY MACEK PROPERTY OWNER: CATHY MACEK & FLOYD WISEMAN  
ADDRESS 922 CREEKSTONE DR ADDRESS SAME  
CHAPEL HILL, NC 27516  
PHONE NUMBER 933-7962 PHONE NUMBER \_\_\_\_\_  
SUBDIVISION / LOT# LAUREL SPRINGS #74 DIRECTIONS / LOCATION off Dairyland Road,  
1/2 mile west of Old NC 86

## WELL INFORMATION (IF KNOWN):

DATE DRILLED \_\_\_\_\_ DEPTH \_\_\_\_\_ GALLONS PER MINUTE \_\_\_\_\_  
CASING DEPTH \_\_\_\_\_ DRILLER \_\_\_\_\_  
HAS THIS WELL BEEN SAMPLED BY OCHD BEFORE? ☐ N ☐ Y GIVE DATE AND RESULTS \_\_\_\_\_  
WHEN WAS THE WELL LAST CHLORINATED? \_\_\_\_\_  
DESCRIBE ANY CURRENT PROBLEMS WITH YOUR WATER. \_\_\_\_\_  
IS THERE A TREATMENT SYSTEM? ☐ N ☒ Y WHAT TYPE? Sostenon, neutralizer -

## TYPE OF SAMPLE REQUESTED:

PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE THE SERVICES. \*

☒ BACTERIOLOGIC SAMPLE \$15.00 ☐ NITRATE/NITRITE SAMPLE \$25.00  
☒ INORGANIC CHEMICAL SAMPLE (INCLUDES IRON, HARDNESS, pH, FLUORIDE and OTHER MINERALS) \*\* \$25.00  
☐ VOC (PETROLEUM) SAMPLE \$50.00 ☐ PESTICIDE SAMPLE \$50.00

## OTHER INFORMATION:

WATER SAMPLES MUST BE REQUESTED BY THE OWNER OR TENANT OF THE PROPERTY.

THE SIGNATURE OF THE OWNER OR TENANT IS REQUIRED ON THIS FORM AUTHORIZING THE OCHD TO ENTER THE PROPERTY.

THE WELL HEAD AND SAMPLING SPIGOTS MUST BE EXPOSED AND MADE ACCESSIBLE TO THE OCHD.

THE RESULTS OF THE REQUESTED WATER SAMPLES ARE NOT INTENDED FOR USE IN PROPERTY TRANSACTIONS, LOAN APPROVALS, OFFERS TO PURCHASE, NOR REAL ESTATE CONTRACTS.

THE WELL SHOULD NOT BE CHLORINATED PRIOR TO SAMPLING UNLESS INSTRUCTED BY THE OCHD.  
WHEN WAS THE WELL LAST CHLORINATED? \_\_\_\_\_

I HEREBY AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE REQUESTED.

OWNER/TENANT: Cathy Macek

DATE: 12/2/03

RETURN WITH PAYMENT TO: ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION

P.O. BOX 8181, 306-C REVERE RD., HILLSBOROUGH, NC 27278

Sampled by: BsA

Date: 12-9-03

Protected? Y N

OCHD 04/17/03

\* sample indoor & outdoor water  
\*\* test for sulfur levels - wait for results  
mailed 1-6-04

822 Creekstone Drive  
Chapel Hill, NC 27516  
December 2, 2003

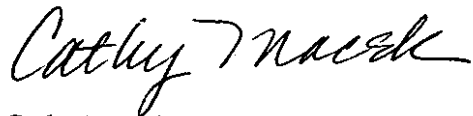
Orange County Health Department  
Environmental Health Division  
P.O. 8181  
306-C Revere Road  
Hillsborough, NC 27278

To whom it may concern:

After having my carpets cleaned before Thanksgiving, I noticed a distinct smell in the house that I described as garlic-like. After having found out that the smelly compound in garlic contains sulfur, I suspect that it may be that element that's in our well water. Are sulfur levels measured as part of the inorganic chemical sample? If not, can I get a measurement along with the others I've requested?

In addition, we have a water treatment system (softener and pH balancer) that only treats the water in the house—the three outdoor spigots are directly from the well. I would like both inside and outside water tested.

Sincerely,

A handwritten signature in black ink that reads "Cathy Macek". The signature is written in a cursive, flowing style.

Cathy Macek

RECEIVED DEC 16 2003

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

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**COLIFORM ANALYSIS - PRIVATE WATER SUPPLY**

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Name of Owner or Tenant: Macek, Cathy County: Orange  
Address: 822 Creekstone Dr. Chapel Hill, NC ZIP: 27516  
Source: Well Type of Sampling Point: Kitchen tap  
Collected By: BH Date: 12/9/2003 Time: 11:50 AM  
Signed By: Hawksworth, B. Analysis Type: Private

Report To: Orange Co. Environ. Health  
Post Office Box 8181  
Hillsborough, NC 27278 (919) 732-8181

**BACTERIOLOGIC ANALYSIS**

<u>CONTAMINANTS</u>	<u>RESULT</u>
Total Coliform (ColilertRoutine)	Absent

Sample No: AA75952 Date Received: 12/10/2003 Time Received: 9:05:00 AM

Date Reported: 12/11/2003 Today's Date: 12/11/2003

Comments:

Orange Co. Environ. Health  
ATTN: Hawksworth, B.  
Post Office Box 8181  
Hillsborough, NC 27278

Courier 17-50-13

These results are not intended for  
use in property transactions, loan  
approvals, offers to purchase, nor  
real estate contracts.

## 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

RECEIVED DEC 29 2003

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

**INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM**

**Name of System:** Macek, Cathy

**Source of Water:** Ground

**Address:** 822 Creekstone Dr  
Chapel Hill, NC

**Zip:** 27516

**Source of Sample:**

**Type of Sample:** Raw

**County:** ORANGE

**Type of Treatment:** None

**Report To:** Orange Co. Envr. Health  
Post Office Box 8181  
Hillsborough, NC 27278  
**Courier:** 17-50-13

**ATTN:**  
(919) 732-8181

**Type of Analysis:** Private

**Collected By:** B HAWKSWORTH

**Date:** 12/9/03

**Time:** 12:05:00 PM

**Location of sampling point:** Outside Tap

**Remarks:**

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO <sub>3</sub>	72	mg/l	12/10/03
Arsenic	<0.001	mg/l	12/10/03
Calcium	23.3	mg/l	12/10/03
Chloride	5	mg/l	12/10/03
Copper	<0.05	mg/l	12/10/03
Fluoride	<0.20	mg/l	12/10/03
Iron	<0.05	mg/l	12/10/03
Hardness as CaCO <sub>3</sub> (Ca,Mg)	75	mg/l	12/10/03
Magnesium	4.2	mg/l	12/10/03
Manganese	<0.03	mg/l	12/10/03
Lead	<0.005	mg/l	12/10/03
pH	7.5	Std. unit	12/10/03
Zinc	<0.05	mg/l	12/10/03

If you have any questions  
about these results,  
call Orange County  
Health at 732-8181.

**Date Received:** 12/10/03

**Report Date:** 12/18/03

**Reported By:** *B. Monice*

**Today's Date:** 12/18/03

**Ref:** 17226

**Login Batch:** 03/200251

**Sample Number:** AB04719

## 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



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**INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM**

---

**Name of System:** Macek, Cathy

**Source of Water:** Ground

**Address:** 822 Creekstone Dr  
Chapel Hill, NC

**Zip:** 27516

**Source of Sample:**

**Type of Sample:** Treated

**County:** ORANGE

**Type of Treatment:** Softener

**Report To:** Orange Co. Envr. Health  
Post Office Box 8181  
Hillsborough, NC 27278  
**Courier:** 17-50-13

**ATTN:**  
(919) 732-8181

**Type of Analysis:** Private

**Collected By:** B HAWKSWORTH

**Date:** 12/9/03

**Time:** 11:50:00 AM

**Location of sampling point:** Kitchen Tap

**Remarks:**

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO <sub>3</sub>	102	mg/l	12/10/03
Arsenic	<0.001	mg/l	12/10/03
Calcium	<0.5	mg/l	12/10/03
Chloride	5	mg/l	12/10/03
Copper	<0.05	mg/l	12/10/03
Fluoride	<0.20	mg/l	12/10/03
Iron	<0.05	mg/l	12/10/03
Hardness as CaCO <sub>3</sub> (Ca,Mg)	<2	mg/l	12/10/03
Magnesium	<0.10	mg/l	12/10/03
Manganese	<0.03	mg/l	12/10/03
Lead	<0.005	mg/l	12/10/03
pH	7.5	Std. unit	12/10/03
Zinc	<0.05	mg/l	12/10/03

**Date Received:** 12/10/03

**Report Date:** 12/18/03

**Reported By:** *D. Monroel*

**Today's Date:** 12/18/03

**Ref:** 17227

**Login Batch:** 03120025

**Sample Number:** AB04720

## 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

CREEKSTONE DRIVE

EIP  
R=50.0  
61.92

S 61° 52' 02" E  
60.00  
EIP

EIP

DRIVEWAY 12' WIDE



20' DRAINAGE EASE.

N 01° 01' E  
383.40

S 37° 51' E  
191.71

STORMWATER DETENTION AREA  
IRON PILING  
S 34° 52' 23" E 1.18  
FROM CALC. CPT.

CALC. FT.

54.03

S 57° 15' 39" W  
S 89° 25' 37" W

51.68 EIP

48.14  
S 60° 44' 33" W  
191.71 TOTAL

50.47  
S 53° 02' 29" E  
EIP

(44)

(43)

(74)

(73)

(75)



- OIC 4BR provided
- doors removed from "study"
- partial walls removed at study entrance
- tub removed from downstairs bath.

REVISED  
Approved  
plan  
137 Floor

