

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

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

REFERENCE NUMBER PLAT 8774 WELL 1010	DATE 10-17-90	PIN 37070-1010	MAP REFERENCE
REQUESTEE: KAY LERON HOLLOWAY SUE N GAIN FT. BRISTOL CARRINGTON NO. 17501 PHONE: 813-477-1711	OWNER: KAY LERON HOLLOWAY SUE N GAIN FT. BRISTOL CARRINGTON NO. 17501 PHONE: 813-477-1711		
TELEPHONE: SPECIFICATIONS: DRILL			

LOCATION / DIRECTIONS:
74 LAUREL RIDGE

FEES
\$20.00

RECEIPT
RECEIVED

SIGNATURE OF OWNER OR AUTHORIZED AGENT:
Mark Stein

CONFIRMED BY PLANNER:

PLANNER

DATE

CLERK

TYPE Dilled DATE 6-11-90 DEPT 205' DEPT. 55'

YIELD 6 gpm DEPT. 33' DEPT. 177'

CONTRACTOR: Deme well BLDG. 1010 Craig

REMARKS

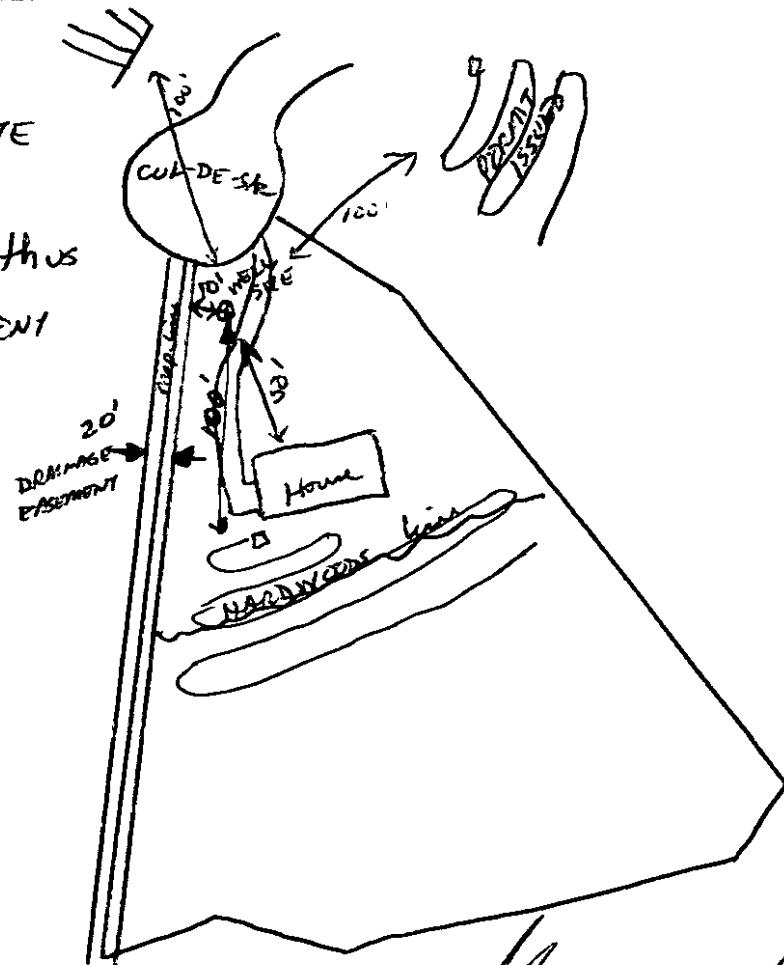
* WELL MUST GO IN SITE
SPECIFIED.

- 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

REMITTANCE

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

APPLICANT CATHY MACEK
ADDRESS 812 CREEKSTONE DR.
CHAPEL HILL, NC 27516
PHONE (DAYTIME) 933-7962

OWNER CATHY MACEK & FLOYD WISEMAN
ADDRESS SAME
PHONE (DAYTIME) SAME

CLOSING DATE N/A

TAX MAP REFERENCE: TOWNSHIP 7 TAX MAP 110C BLOCK 42 LOT 42

DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES)
SOUTH 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

WELL INFORMATION (IF KNOWN): DATE DRILLED 5/91 DEPTH 4200 GALLONS PER MINUTE (FLOW) 27-10

CASING DEPTH _____ DRILLER OR DRILLING FIRM: ACME WELL CO, DURHAM

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

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

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 Mr. Hartin Dept.,
We would like
someplace to live
of both the
middle class and
water as well
as middle class
please use for
as upper than
or upper than

933-3962

City Wm

Family

Dear Mr. Hartin Dept.,
We would like
someplace to live
of both the
middle class and
water as well
as middle class
please use for
as upper than
or upper than

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 (II)

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 UPS 10-23-95 2 Samples 110

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.. 10-23-95 Samples taken 10ft

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

517271 24 AM 8:35

DRINKING WATER DESCRIPTION BLANK — FILLED IN BY SENDER
COLIFORM ANALYSIS — PRIVATE SUPPLY? No. 42

BACTERIOLOGIC ANALYSIS

Name of Owner or Tenant	Address	County	Type of Sampling Point	Source	Collected By	Date	Time	AM PM	RESULT	
									CONTAMINANT	PRESENT ABSENT
<i>Cathy Mack</i>	<i>822 Creekstone Dr</i>	<i>Orange</i>	<i>Kitchen Tap</i>	<i>Well</i>	<i>JES</i>	<i>11-23</i>	<i>1:43</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVALID RESULTS										
<input type="checkbox"/> CONFLUENT GROWTH										
<input type="checkbox"/> TOO NUMEROUS TO COUNT										
<input type="checkbox"/> EXCESSIVE TURBIDITY										
<input type="checkbox"/> OVER 48 HOURS OLD										
<input type="checkbox"/> NO COLLECTION DATE										
<input type="checkbox"/> OTHER										
City <i>Winston-Salem</i> State <i>NC</i> Zip <i>27278</i>										
DEHNR 1284 (Revised 10/91) Laboratory (Review 11/93)										
ALL INFORMATION REQUESTED MUST BE GIVEN.										
Do not write on this side of form.										
REPORTED Oct 25 1995										

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 sender 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

517269 24 AM 8:35

DRINKING WATER DESCRIPTION BLANK — FILLED IN BY SENDER
COLIFORM ANALYSIS — PRIVATE SUPPLY Y-110c. 42

BACTERIOLOGIC ANALYSIS

Name of Owner or Tenant	Type of Sampling Point	RESULT	
		CONTAMINANT	PRESENT ABSENT
622 Greenstone Dr.	Outside Dwelling	TOTAL COLIFORM	<input checked="" type="checkbox"/>
		FECALE. COLI	<input type="checkbox"/> <input type="checkbox"/>

INVALID RESULTS	RECENTLY COLLECTED
<input type="checkbox"/> CONFLUENT GROWTH	<input type="checkbox"/>
<input type="checkbox"/> TOO NUMEROUS TO COUNT	<input type="checkbox"/>
<input type="checkbox"/> EXCESSIVE TURBIDITY	<input type="checkbox"/>
<input type="checkbox"/> OVER 48 HOURS OLD	<input type="checkbox"/>
<input type="checkbox"/> NO COLLECTION DATE	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

Collected By 165 DATE 10-23-98 TIME 1:48 AM
PM
Source: Well Spring Other: _____
Signed Name Joe Skeel Indicate: M.D. or Sanitarian Joe Skeel
By: _____
Address Dwelling Co. Hwy 148 corner 252-42-16
City Charlotte Zip 27278

DEHNR 1294 (Revised 10/91)
Laboratory (Review 11/93)

ALL INFORMATION REQUESTED MUST BE GIVEN.

Do not write on this side of form.

REPORTED
OCT 25 1998

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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>		
Address	<u>822 Creekstone Dr.</u>	Source of Water:	
	<u>CHAPEL HILL NC</u>	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Both
	<u>ZIP 27516</u>	<input type="checkbox"/> Surface	<input type="checkbox"/> Purchased
County	<u>Orange</u>		
Report To:	<u>Jason Stegall</u>		
Address:	<u>Orange Co. Health</u>	Type of Sample:	
	<u>Carrier 02-91-16</u>	<input type="checkbox"/> Raw	<input checked="" type="checkbox"/> Treated
	<u>Hillborough NC</u>	Type of Treatment:	
	<u>ZIP 27278</u>	<input type="checkbox"/> None	<input type="checkbox"/> Lime
Collected By:	<u>JFS</u>		
Date Collected:	<u>10-23-95</u>	AM	Type of Analysis Desired:
	<u>Time: 1:45</u>	PM	<input checked="" type="checkbox"/> Regular Parameters
Location of Sampling Point:	<u>Kitchen Tap</u>		
		<input type="checkbox"/> Optional Parameters	<input type="checkbox"/> Both

Remarks:

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

Date Received _____ Date Reported _____ 11/1/95 Reported By _____
 OCT 4 1995

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 Mack

Address

822 Creekstone Dr.

Source of Water:

Ground Both
 Surface Purchased

County

Orange

Source of Sample:

House Tap
 Well Tap

Report To:

Jason Stegall

Type of Sample:

Raw Treated

Address:

Orange Co. Health

Type of Treatment:

None Lime
 Chlorinated Soda Ash
 Fluoridated Polyphosphate
 Filtered Water Softener
 Alum Other

Collected By:

JFS

AM

Type of Analysis Desired:

Regular Parameters Both
 Optional Parameters

Date Collected:

10-22-95

Time: 1:45

PM

Location of Sampling Point:

Outside Distribution

Remarks:

Regular Parameters

Results

Optional Parameters (List as needed — See SCOPE)

Results

pH	7.0	units	
Arsenic	60.01	mg/l	
Lead	<0.005	mg/l	
Iron	<0.05	mg/l	
Manganese	<0.03	mg/l	
Copper	<0.05	mg/l	
Zinc	<0.05	mg/l	
Calcium	19.9	mg/l	
Magnesium	3.5	mg/l	
Hardness-CaCO ₃ (Ca, Mg)	64	mg/l	
Alkalinity-CaCO ₃	68	mg/l	
Chloride	5.5	mg/l	
Fluoride	0.10	mg/l	

Date Received

Date Reported

11/1/95

Reported By

P. DEHN 10/24/95

Date Analyzed

Laboratory Number

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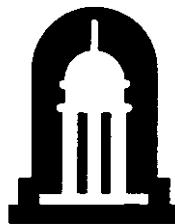
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RECOMMENDED LIMITS FOR DRINKING WATER ARE LISTED BELOW:

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



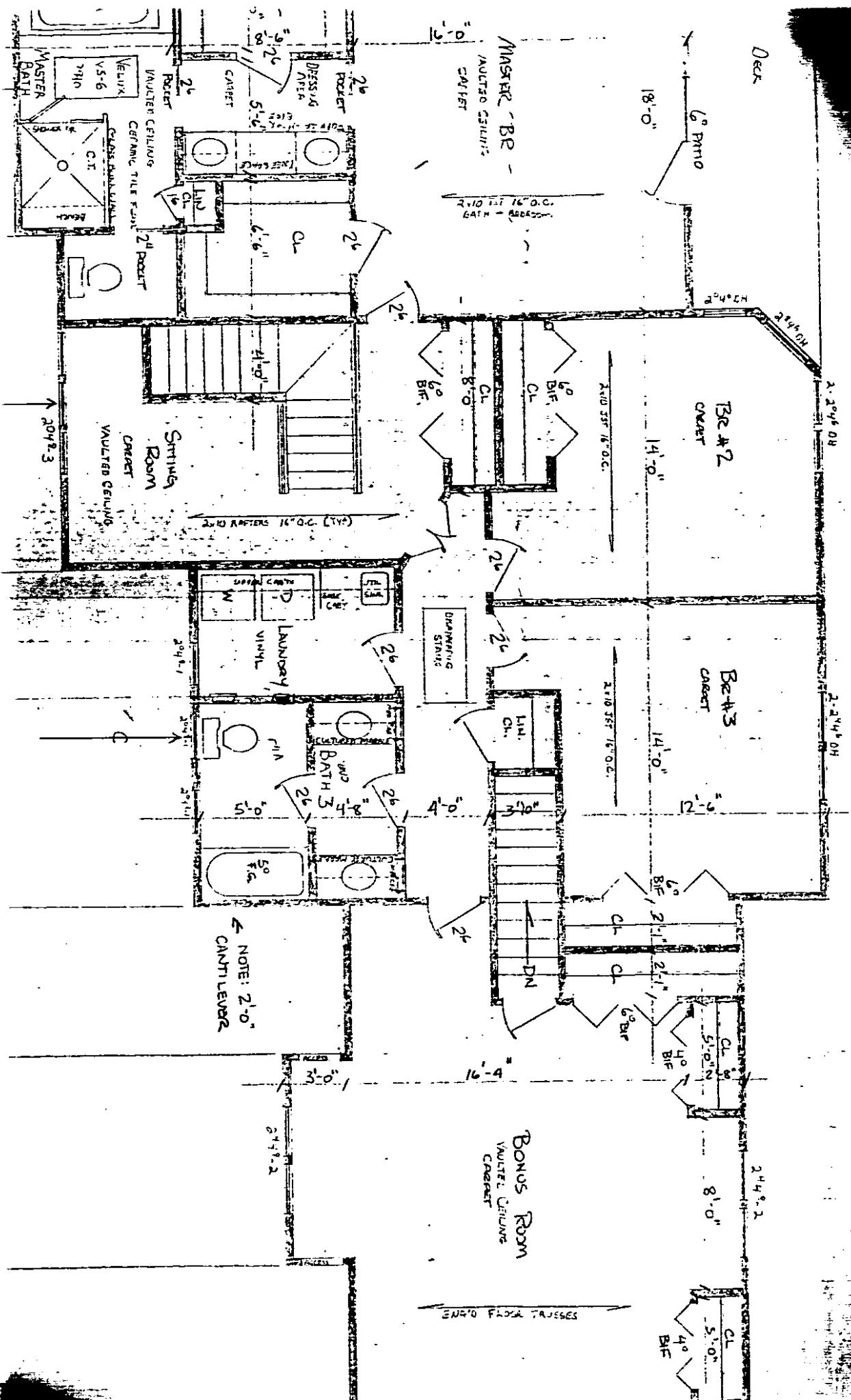
MOUNT VERNON BUILDING COMPANY

RE: LOT 74, LAUREL SPRINGS

Greg,

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

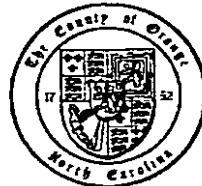


APPLICATION FOR WATER SAMPLES PRIVATE WATER SUPPLIES

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 9.11OC..42

APPLICATION

APPLICANT: CATHY MACEK
ADDRESS 822 CREEKSTONE DR
CHAPEL HILL, NC 27516
PHONE NUMBER 933-7962
SUBDIVISION / LOT# LAUREL SPRINGS #74

PROPERTY OWNER: CATHY MACEK, FLOYD WISEMAN
ADDRESS same

PHONE NUMBER

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? Sustene, neutralizer - Smell after cleaning carpet above in ice cube

TYPE OF SAMPLE REQUESTED:

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

<input checked="" type="checkbox"/> BACTERIOLOGIC SAMPLE	\$15.00	<input type="checkbox"/> NITRATE/NITRITE SAMPLE	\$25.00
<input checked="" type="checkbox"/> INORGANIC CHEMICAL SAMPLE (INCLUDES IRON, HARDNESS, pH, FLUORIDE and OTHER MINERALS)		<input checked="" type="checkbox"/> PESTICIDE SAMPLE	\$25.00
<input type="checkbox"/> VOC (PETROLEUM) SAMPLE	\$50.00		\$50.00

garlic
after
cleaning
carpet
above in
ice cube

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: 12/21/03

RETURN WITH PAYMENT TO: ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION
P.O. BOX 8181, 306-C REVERE RD., HILLSBOROUGH, NC 27278

Sampled by: <u>Bob</u>
Date: <u>12-903</u>
Protected? Y N

*sample indoor & outdoor water
** test for sulfur levels - wait for results

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

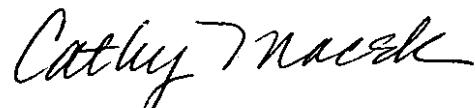
Orange County Health Department
Environmental Health Division
P.O. 8181
306-C Revere Road
Hillsborough, NC 27278

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,



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

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

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

CONTAMINANTS	RESULT
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 **Source of Sample:**
Chapel Hill, NC **Zip:** 27516 **Type of Sample:** Raw
County: ORANGE **Type of Treatment:** None
Report To: Orange Co. Envr. Health **ATTN:** **Type of Analysis** Private
Post Office Box 8181 (919) 732-8181
Hillsborough, NC 27278
Courier: 17-50-13

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 ₃	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 ₃ (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: *D. Moncal*

Today's Date: 12/18/03

Ref: 17226

Login Batch: 03/20025

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

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:

County: ORANGE

Type of Sample: Treated

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

ATTN:

(919) 732-8181

Type of Treatment: Softener

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 ₃	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 ₃ (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. Moncol

Today's Date: 12/18/03

Ref: 17227

Login Batch: 03920025

Sample Number: AB04720

Explanations

Coliform Analysis:

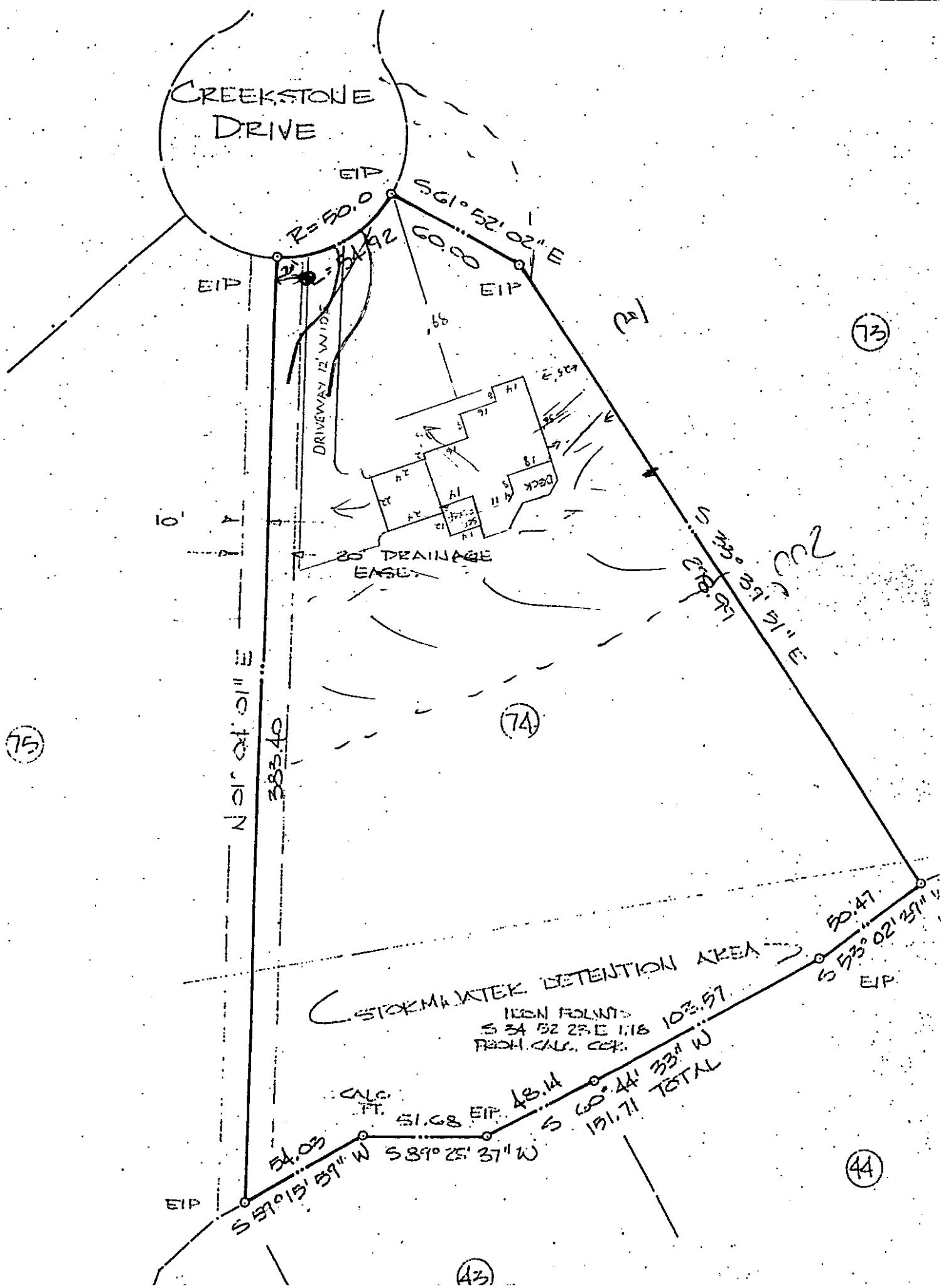
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

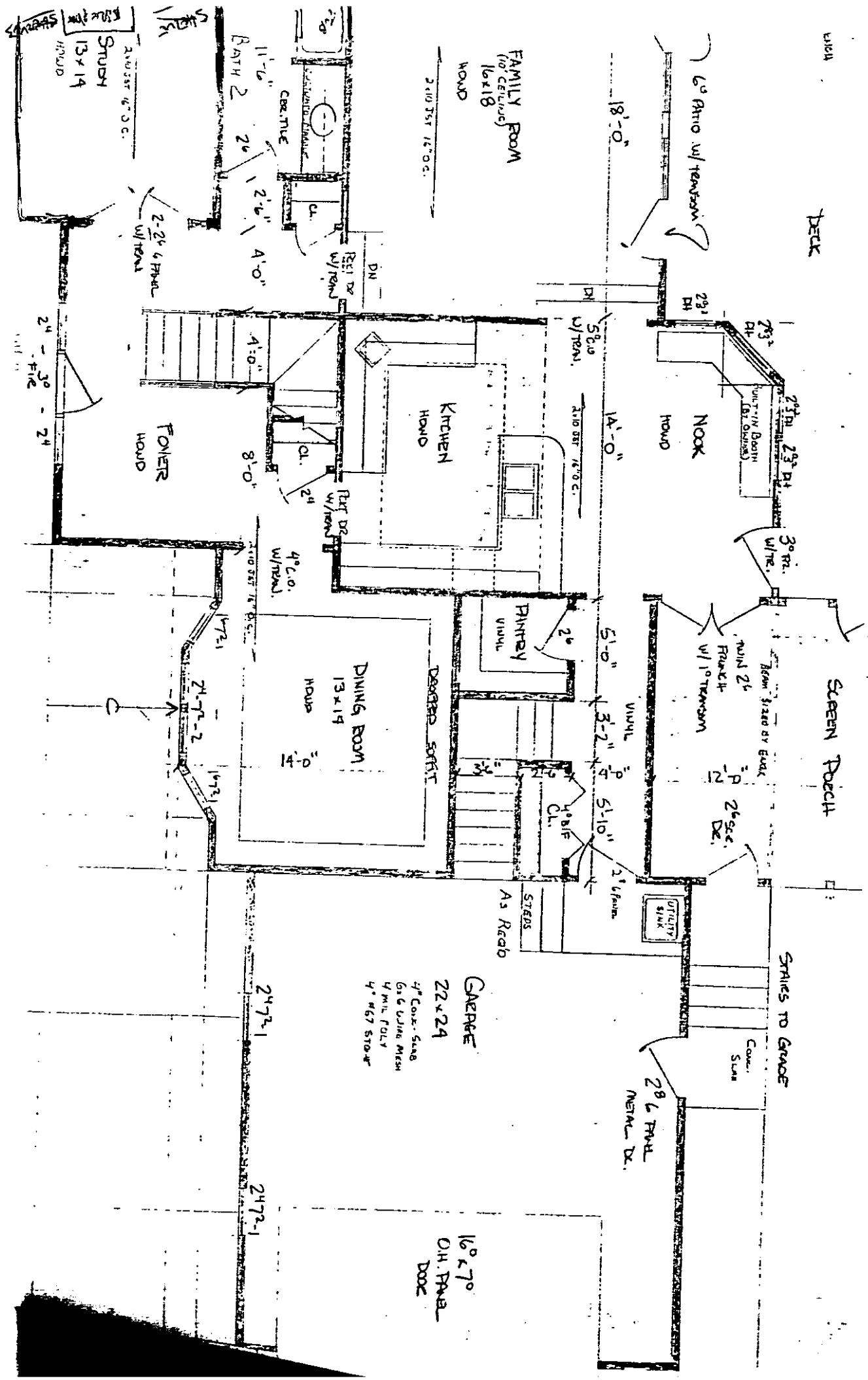
Inorganic Analysis:

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





- OIC 43K provided
many random doses "hot" -
- doses random "hot" -
- partial walls removed
- at study entrance
- to remove floor
- down stairs back

REVISED
Approved
Plan
151 Flot

