# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

## SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PERMIT # 225121

PIN # 4659-23-~~1886~~ 2743

APPLICANT/OWNER: Audrie + Dwight Johnson

APPLICANT ADDRESS: 121 Clarktown Dr. Mooresville, NC

SITE ADDRESS: 159 Parkertown Rd. Mooresville

PHONE: 704-508-2512 ALT. PHONE 704-880-9745

SITE DIRECTIONS: Rt 21/115 N from Mooresville → L on Parkertown Rd → Lot on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Thomas Clark Estate

SECTION: LOT # 1 LOT AREA: 3.426 acres

DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 794 | Date | 5-2-18 |
| Pump Tank | — (gal) | PT | — | Date | — |
| Pump Make | — | Model | — | Serial # | — |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 200 |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 29-31" | Gravel Depth | — |

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: 50% Reduction (PPBPS)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

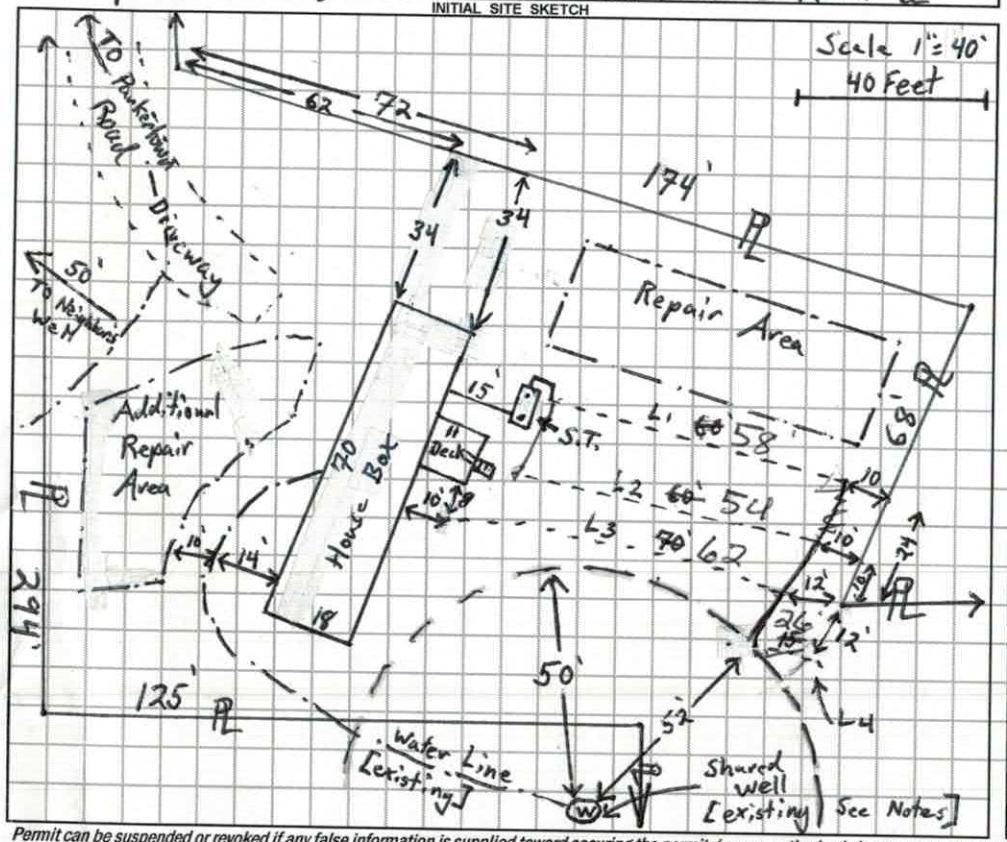
No. Bedrooms 2 No. Persons 4 No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private Shared (See note) ☐ Public ☐ Community

Comments / Conditions: See attached well variance from John Brooks dated 4/13/2018 regarding shared well and its setback allowances. ALL provisions + requirements of the well variance MUST be satisfied prior to an Operations Permit being generated for the septic. Recommend septic tank be pumped every 3-5 years.

INITIAL SITE SKETCH




AS BUILT SKETCH

6/4/18 Used Quick 4, check tank lines, supply line & distribution

Water results attached 6/13/18

*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Audrie Johnson Date: 5/10/18

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/15/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/15/2018

Installed by: Precision Excavation

OPERATION PERMIT by: Maria Nelson Date: 6/13/18

Existing System Inspected by: _____ Date: _____

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: N/A
COUNTY: Iredell

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Dwight Johnson — APPLICATION DATE: 2/20/17
ADDRESS: 121 Clarkstown Drive Mooresville, NC — DATE EVALUATED: 6/13/17
PROPOSED FACILITY: 2BR House — PROPOSED DESIGN FLOW (.1949): 240 GPD — PROPERTY SIZE: 2.00 acres
LOCATION OF SITE: 159 Parkertown Rd Mooresville, NC — PROPERTY RECORDED: No
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 11% LSS L2-3 | 0-31 | Clay W.SBK | Sl. Firm, Sticky, Sp, Sap | — | 46 | — | — | 0.30 PS |
| | | 31-46 | Clay Loam W.SBK | Sl. Friable, SS, Sp, Soap | | | | | |
| | | 46-48 | Saprolite Relict MA (rock) | — | | | | | |
| 2 | 11% LSS L5 | 0-19 | Clay W.SBK | Sl. Firm, Sticky, Sp, Soap | — | 0-25 41-48 | — | — | 0.30 PS |
| | | 19-25 | Clay Loam V.W SBK | Sl. Friable, SS, Sp, Soap | | | | | |
| | | 25-40 | Loamy Saprolite MA | very Friable + well Drained | | | | | |
| | | 40-48 | Clay Loam w. SBK | Friable, SS, Sp, Soap | | | | | |
| 3 | 12% LSS L1 | 0-32 | Clay W-M SBK | Firm, Sticky, Sp Sap | — | 48 | — | — | 0.30 PS |
| | | 32-48 | Clay W.SBK some mica | Sl. Firm, SS, Sp, Soap | | | | | |
| 4 | 11% LSS L4 Distal | 0-18 | Clay some W-M SBK mica | Sl. Firm, Sticky, Sp Sap | — | 0-26 36-46 | — | — | 0.325 PS |
| | | 18-26 | Clay Loam W.SBK Abundant Sap | Friable, SS Sp Soap | | | | | |
| | | 26-36 | Loamy Saprolite MA | very Friable, well drained | | | | | |
| | | 36-46 | Clay Loam V.W.SBK Abundant Saprolite | Friable, SS, Sp, Sap | | | | | |
| | | 46-48 | Dense in Place SAP Refusal | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | ~~150~~ 150+ | 160+ |
| System Type(s) | 50% | 50% |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): Lots of junk (boats, old cars, trailers) on lo
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: —

COMMENTS: ___

# LEGEND

*use the following standard abbreviations*

| NDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| Drainage Way) | | | | | | CR (Crumb) |
| (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| (Foot Slope) | | | | | | ABK (Angular Blocky) |
| Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| Nose Slope) | | CL (Clay Loam) | | | | |
| Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| Shoulder Slope) | | SiL (Silt Loam) | | | | |
| Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

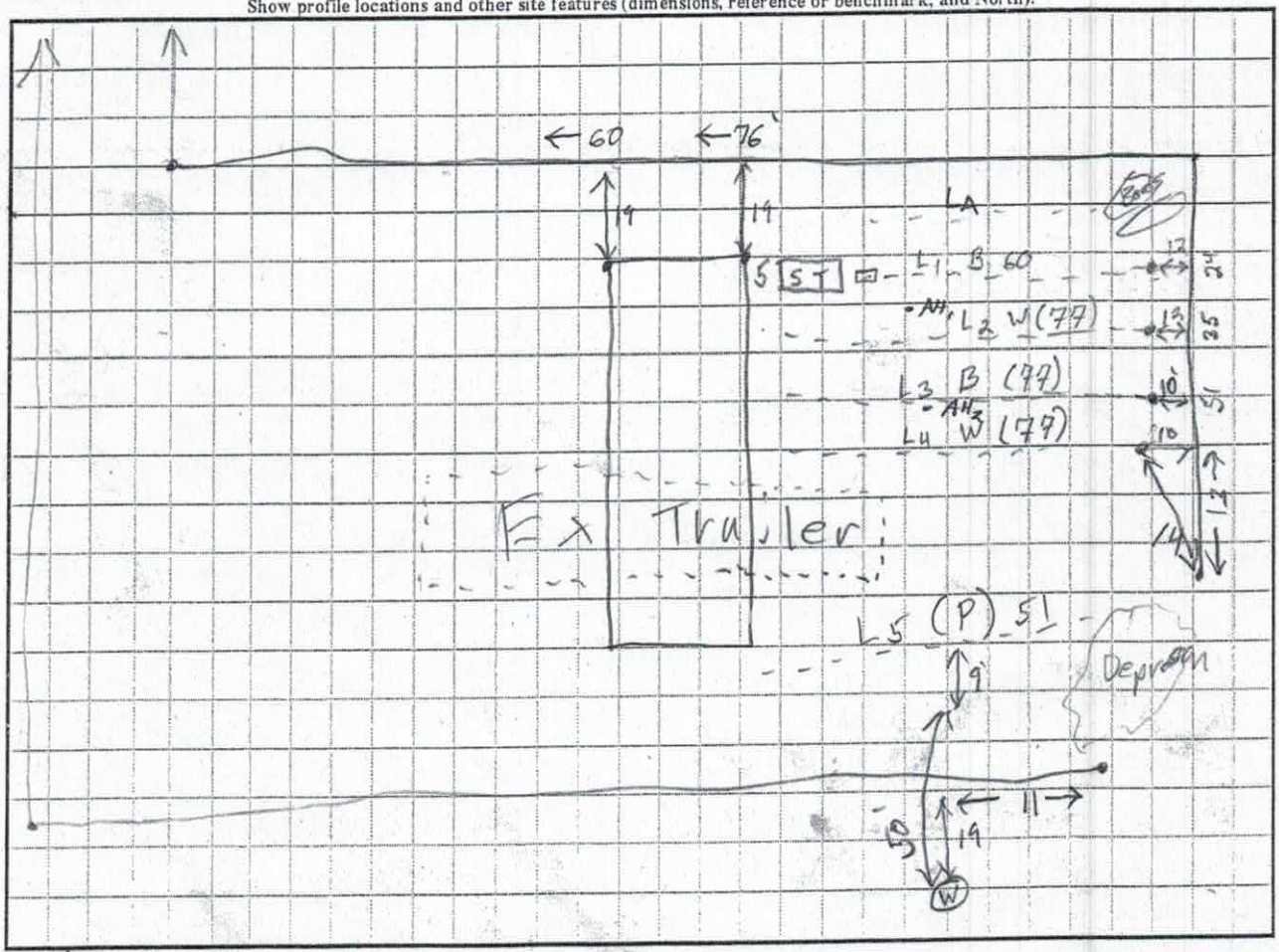
*TES*

| | |
|---|---|
| *RIZON DEPTH* | In inches below natural soil surface |
| *PTH OF FILL* | In inches from land surface |
| *STRICTIVE HORIZON* | Thickness and depth from land surface |
| *PROLITE* | S(suitable) or U(unsuitable) |
| *L WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *ASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

luation of saprolite shall be by pits.

ng-term Acceptance Rate (LTAR): gal/day/ft²

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




134 ÷ 3 = 45

5.80 57' L1B 6.31 60' L5P 11.81 51

L2W 7.20 77'

L3B 8.04 77'

L4W 8.72 77'

| | | | | |
|---|---|---|---|---|
| L1 | Pink | 7.07 | 60 | 60 |
| L2 | White | 8.12 | 60 | 60 |
| L3 | Pink | | 51 | 170 |
| | | | 15 | 190 |
| | | | | 15 |
| | | | | 205 |



RECEIVED APR 9 - 2018

225121

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)*

Paid $320.00

1. APPLICATION FOR: V Improvement Permit ∅ Authorization To Construct ___ Existing System Inspection

# 225121 Pd. $180.00 5-16-18

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
   *Place check ( ) beside whichever is submitted if applicable* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Audrie + Dwight Johnson | 121 Clarktown Dr. Mooresville | 704-508-2512 | 704-880-9745 |
| James E. Clark | 157 Parkertown Dr. Mooresville | 704-288-9411 | |

Owner Name

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 159 Parkertown Rd. | Thomas Clark Estate | Lot 1 |

Driving Directions: Hwy 21S/115S to Parkertown RD turn right and then go about 1,000 ft.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence — Maximum Number of Bedrooms 2 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 4 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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.

9. Signature: James Edgar Clark — DATE ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Will need Voluntary Relinquishment Form Signed when picking up permit.

Pad.

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

*Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, James E. Clark, am the legal owner(s) of the property located at 159 Parker-town Rd., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

James E Clark 4/9/18

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

## IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *SITE PLAN WORKSHEET*

**SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified...

X All proposed structures are indicated...

*SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*

_____ Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

_____ Area you prefer your septic system to be placed...

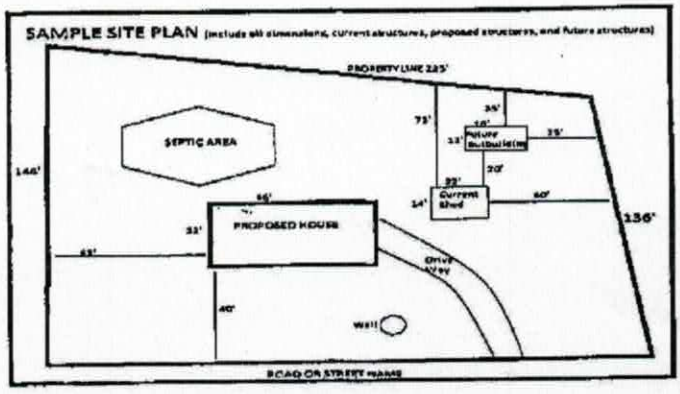
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

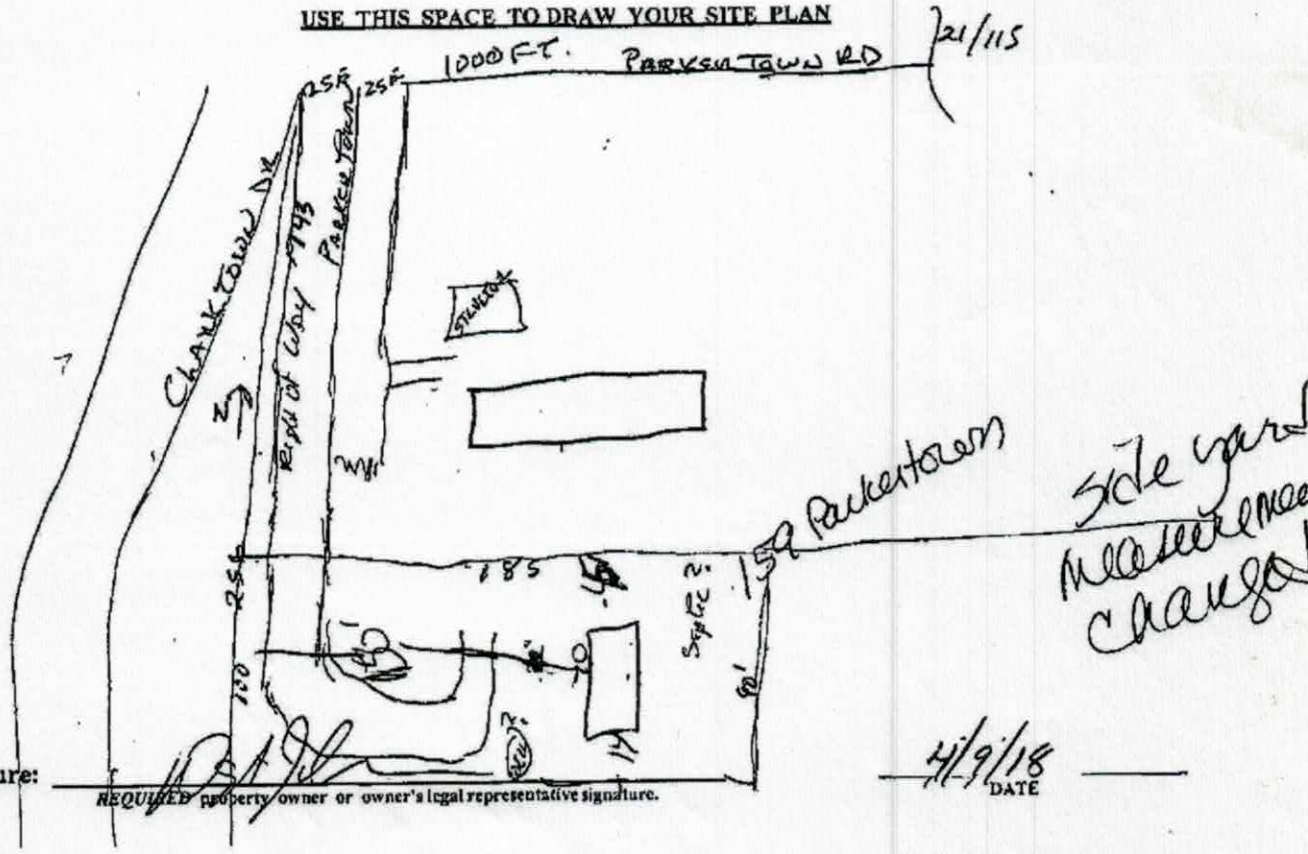
_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A

_____ Location of any designated wetlands on the property... N/A

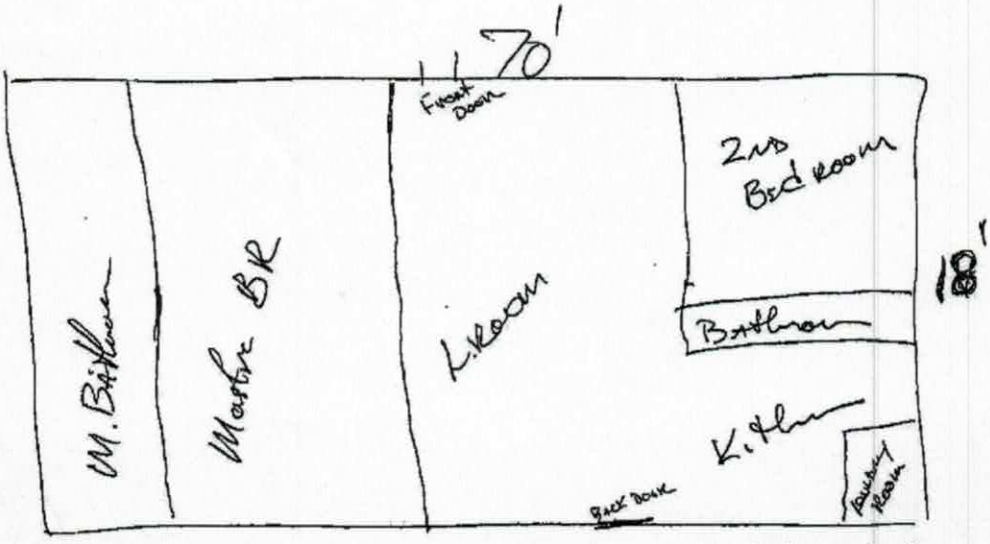



**USE THIS SPACE TO DRAW YOUR SITE PLAN**




**Signature:** _____ 4/9/18

*REQUIRED* property owner or owner's legal representative signature. DATE




Acknowledgement
Plans Submittal ONLY!
Date 2/18/17
Date

# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| 225121 |
| Issue Date: 02/20/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4659231886.000 | 159 PARKERTOWN ROAD, MOORESVILLE, NC 28115 | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: CLARK JAMES EDGAR | Applicant: CLARK JAMES EDGAR |
| Address: 157 PARKERTOWN RD<br>MOORESVILLE, NC 28115 | Address: 157 PARKERTOWN RD<br>MOORESVILLE, NC 28115 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| DOUBLEWIDE | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 3.426 | 35.00 | 35.00 | 15.00 | 15.00 | PACL | X |

**Remarks:**

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

| Permit Number | 93966 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|



# North Carolina Department of Health and Human Services
## Division of Public Health

Roy Cooper
Governor

Mindy Cohen, MD, MPH
Secretary

Daniel Staley
Division Director

Onsite Water Protection Branch
April 13, 2018

Audrie and Dwight Johnson
121 Clarktown Drive
Mooresville, NC 28117

**Re: Approval No. JMB1373**

Private Well Located Less Than 100' from a Septic System [Rule 15A NCAC 2C .0107(a)(2)(A)]

Property location:
121 Clarktown Drive
Mooresville, NC 28117

Dear Mr. and Mrs. Johnson:

On April 12, 2018 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for a variance concerns a water supply well on the referenced property currently serving one dwelling. Another home is proposed to share the well. The closest septic system is more than fifty feet away from the well, but closer than the required one hundred feet.

Specifically, the variance request grants you permission to use an existing water supply well at a distance closer than the one hundred foot setback to a septic system. Achieving the one hundred foot setback would be difficult given the challenges of the property.

Based upon information provided by the Iredell County Health Department, and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters as required for newly constructed wells. If samples indicate contaminants, further repairs/treatment may be required.
3) No potential sources of groundwater contamination shall be stored near the well-head.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

# Analytical Results




## Dwight Johnson

121 Clarktown Drive
Mooresville, NC 28115

**Receive Date:** 06/06/2018

**Reported:** 06/12/2018

**For:** 159 Parkertown Road Mooresville NC 28115

**Comments:** Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L, Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

| Sample Number | Parameter | Sample ID | Result | Unit | Method | Analyzed | Analyst |
|---|---|---|---|---|---|---|---|
| 180606-20-01 | E. Coli | | Absent | | 9223B | 06/06/2018 | WC |
| 180606-20-01 | Lead | | <0.0025 | mg/L | SM3113B-2004 | 06/12/2018 | MD |
| 180606-20-01 | Nitrate | | <1 | mg/L | 353.2 | 06/08/2018 | CL |
| 180606-20-01 | Nitrite | | <0.1 | mg/L | 353.2 | 06/08/2018 | CL |
| 180606-20-01 | Total Coliforms | | Absent | | 9223B | 06/06/2018 | WC |

Respectfully submitted,

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

**Statesville Analytical, Inc.**
122 Court Street; PO Box 228; Statesville, NC 28687
Phone (704) 872-4697 ; Fax (704) 878-2787

**Client Name:(usually buyer)** _____

**Address (where sample taken)** 59 Interstate Rd 28115

**Location of Sample Taken** Well (kitchen, bath, outside, etc.)

**Sampling Time** 12 : 50 PM **Sampling Date** 6/6/18

**Person collecting sample** [illegible]

**Parameters requested for analysis:**
**Please check tests needed:**

☒ Total Coliform Bacteria ☒ Lead ☒ Nitrate ☒ Nitrite

**Other** _____

**Mail Results to:**
Dwight Johnson
121 Interstate Dr 28115
704 880-5745
**Phone:** _____ **Fax:** _____ **Email:** [illegible]

**LABORATORY ID# 37755**

| CONTAMINANT | METHOD CODE | RESULTS PRESENT [1,2] | ABSENT | INVALID CODE [3] |
|---|---|---|---|---|
| Total Coliform | 319 | | ✓ | |
| Fecal/E. coli | 320 | | ✓ | |

| | DATE: (MM/DD/YY) | TIME: | |
|---|---|---|---|
| ANALYSES BEGUN: | 06/06/18 | 15:00, | PM (Specify AM or PM) |
| ANALYSES COMPLETED: | 06/07/18 | 9:30, | AM (Specify AM or PM) |

**Laboratory Log #:** 180606-20 **Certified By:** W. Cook

**Comments:** _____

PAID

(form for private wells and real estate transactions)