



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: **Ralph Mason, III**

Name of System:

DAVIDSON CO ENVIRONMENTAL HEALTH
 915 GREENSBORO STREET
 Lexington, NC 27292

Neil Thomas

EIN: 566000294EH

Delivery: **NC Courier**

Davidson County

StarLiMS ID: **ES220510-0067**

Date Collected: 05/09/2022

Time Collected: 11:40

By: **Ralph Mason III**

Date Received: 05/10/2022

Time Received: 08:05

By: **Krystal Plemmons**

Sample Source: Well water

Sampling Point: Well head

Sample Type:

GPS No.

Treatment:

Well Permit No. 2021-48

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			05/10/2022
E. coli	Absent			05/10/2022

Report Date: 05/11/2022

Reported By: **KPLEMMONS**

RECEIVED
 MAY 16 2022
 BY: *Darretta Leonard*

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. 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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Inorganic Chemistry

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Certificate of Analysis

FINAL REPORT

Report to: Bryson Jones

Name of System:

DAVIDSON CO ENVIRONMENTAL HEALTH

Neil Thomas

915 GREENSBORO STREET

3583 Bethesda Rd

LEXINGTON, NC 27292

Lexington, NC 27295

EIN: 566000294EH

Delivery:

StarLiMS ID: **ES220113-0017**

Date Collected: 01/12/2022

Time Collected: 15:50

By: Bryson Jones

Date Received: 01/13/2022

Time Received: 07:39

Sample Type: Raw

Sampling Point: Well Head

Well Permit No. 2021-48

Sample Source: New Well

Receipt Temp.: 1.5 °C

GPS Number:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	<0.001	0.010	mg/L	
Barium	<0.1	2.0	mg/L	
Cadmium	<0.0001	0.005	mg/L	
Calcium	24		mg/L	
Chloride	6.2	250	mg/L	
Chromium	<0.001	0.10	mg/L	
Copper	<0.01	1.3	mg/L	
Fluoride	0.313	4.00	mg/L	
Iron	<0.06	0.30	mg/L	
Lead	0.008	0.015	mg/L	
Magnesium	1		mg/L	
Manganese	0.03	0.05	mg/L	
Mercury	<0.0004	0.002	mg/L	
Nickel	<0.01	0.1	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	7.9		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.01	0.10	mg/L	
Sodium	22.0		mg/L	
Sulfate	<5	250	mg/L	
Total Alkalinity	101		mg/L	
Total Hardness	66		mg/L	
Zinc	<0.05	5.0	mg/L	

RECEIVED
FEB 22 2022
BY: *Nanette Leonard*



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Environmental Sciences

Inorganic Chemistry

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Raleigh, NC 27699-1918

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Certificate of Analysis

FINAL REPORT

Report Date: 02/17/2022

Reported By:

Marc Komlos

RECEIVED
FEB 22 2022
BY:



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FINAL REPORT

Report to: **Bryson Jones**

Name of System:

DAVIDSON CO ENVIRONMENTAL HEALTH
 915 GREENSBORO STREET
 Lexington, NC 27292

Neil Thomas
 3583 Betheda Rd.
 Lexington, NC 27295

EIN: 566000294EH

Delivery: **NC Courier**

Davidson County

StarLiMS ID: **ES220113-0079**

Date Collected: 01/12/2022

Time Collected: 15:50

By: Bryson Jones

Date Received: 01/13/2022

Time Received: 08:14

By: Krystal Plemmons

Sample Source: New Well

Sampling Point: Well head

Sample Type: Raw

GPS No.

Treatment:

Well Permit No. 2021-48

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Present			01/13/2022
E. coli	Absent			01/13/2022

Report Date: 01/14/2022

Reported By: **KPLEMMONS**

RECEIVED
 JAN 19 2022
 BY: *Nasette Leonard*

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. 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.



**DAVIDSON COUNTY
HEALTH DEPARTMENT**

Protecting, Caring, Serving Our County

Lillian Koontz, MPA, REHS
HEALTH DIRECTOR

Rebecca Daley, RN, MHA
CHAIR, BOARD OF HEALTH

Michael Garrison, MD
MEDICAL DIRECTOR

08/17/21

Neil Thomas
413 Cameronden Court
Kernersville, NC 27284

RE: Well Permit #2021-48

Dear: Mr. Thomas:

A drinking water well was recently constructed at your property located at 3583 Bethesda Road. As part of the well permitting and approval process, our department is required to take water samples and send them to the State Laboratory for analysis. In order to complete the final approval of your water supply, please verify the following:

- **Well Head construction is complete: Access Port, Well Contractor Identification Plate, Pump Installation Information Plate, and sample tap.**
- **Power is supplied to the well so a sample can be taken**
- **No chlorine smell is present. Sufficient water has been run off to eliminate any chlorine residual.**

Please contact our office when these items are complete so the inspection and sampling can be done.
336-242-2310

Your water supply should not be considered safe until all sampling results are returned from the State Laboratory. Please be advised that this process may take several weeks

If you have any questions, please call 336-242-2310

Sincerely,

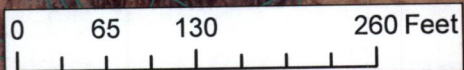
Jason M. Koontz REHS

Jason Koontz
Registered Environmental Health Specialist



preferred well location
per applicant
2021-48

Legend



2021-48

2021-48

Davidson County Environmental Health
Well Permit Application

IF THE INFORMATION IN THIS APPLICATION FOR A WELL PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL PERMIT SHALL BECOME INVALID. THE PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE. THIS APPLICATION IS VALID FOR 1 YEAR FROM THE DATE OF SUBMISSION.

APPLICANT/PROPERTY OWNER INFORMATION	
Permit Requested By: <u>Neil P. Thomas</u>	Property Owner: <u>Neil P. Thomas</u>
Current Mailing Address: <u>413 Cameronden Ct., Kernersville, N.C. 27284</u>	Current Mailing Address: <u>413 Cameronden Ct., Kernersville, N.C. 27284</u>
Daytime Phone: <u>336-706-8350</u>	Daytime Phone: <u>336-706-8350</u>
e-mail address: <u>neilthetaxman@y3hoo.com</u>	e-mail address: <u>neilthetaxman@y3hoo.com</u>
Well Contractor Name: <u>Hall Well Drilling</u>	Daytime Phone: <u>336-643-5035</u>
Address: <u>PO Box 861, Oak Ridge, NC 27310</u>	
SITE INFORMATION	
Road: <u>Bethesda Rd.</u>	Subdivision: <u>N/A</u>
Site Address: <u>3581 Bethesda Rd</u>	Tax ID: <u>303 A</u> Lot No: <u>51A</u>
Directions to Site: _____	
DEVELOPMENT INFORMATION	
Permit Type: New Well <input checked="" type="checkbox"/>	Well Repair <input type="checkbox"/> Well Abandonment <input type="checkbox"/> Other (specify) _____
Facility Type: Residential <input checked="" type="checkbox"/>	Food Service <input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
Are There Any Septic Systems Currently On The Site? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> permit on file	
Do You Intend To Install A New Septic System On This Site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> permit on file	
I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.	
Property Owner/Legal Representative Signature: <u>Neil P. Thomas</u>	
Date: <u>6-11-2021</u>	

Date Application Submitted: 6/11/21 Date Site Ready to Evaluate: 6/11/21
Initial Site Visit Date: 06.21.21 San ID: Jmk Permit Date: 07.01.21 San ID: Jmk

Paid ck 10685: \$300
6/11/21 SS



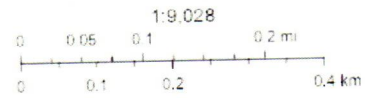
Area of Interest (AOI) Information

Area : 3,134,508.78 ft²

Jul 6 2021 12:04:46 Eastern Daylight Time



- | | |
|---------------------------------|--------------------------|
| Parcels (Polygons) - Parcels | Projected Route |
| Non-System Roads | Other State Agency Route |
| Federal Route | Secondary Route |
| Non-System | Primary Roads |
| Other System Roads | Interstate |
| Ramps, Rest Areas, Non-Mainline | US Route |
| | NC Route |



NGDDI GIS Unit Esri NASA NOAA USGS FEMA Esri Community Maps
 Contributors: State of North Carolina DOT Esri HERE Garmin SafeCrack
 INCREMENT P METI/NASA USGS EPA NPS US Census Bureau
 USDA

2021-48

2021-48

Davidson County Environmental Health
Well Permit Application

IF THE INFORMATION IN THIS APPLICATION FOR A WELL PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL PERMIT SHALL BECOME INVALID. THE PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE. THIS APPLICATION IS VALID FOR 1 YEAR FROM THE DATE OF SUBMISSION.

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Daytime Phone: <u>336-706-8350</u>	Daytime Phone: <u>336-706-8350</u>
e-mail address: <u>neilthetaxman@yahoo.com</u>	e-mail address: <u>neilthetaxman@yahoo.com</u>
Well Contractor Name: <u>Hall Well Drilling</u>	Daytime Phone: <u>336-643-5035</u>
Address: <u>PO Box 861, Oak Ridge, NC 27310</u>	
SITE INFORMATION	
Road: <u>Bethesda Rd.</u>	Subdivision: <u>N/A</u>
Site Address: <u>3581 Bethesda Rd.</u>	Tax ID: <u>303A</u> Lot No: <u>51A</u>
Directions to Site: _____	
DEVELOPMENT INFORMATION	
Permit Type: New Well <input checked="" type="checkbox"/>	Well Repair <input type="checkbox"/> Well Abandonment <input type="checkbox"/> Other (specify) _____
Facility Type: Residential <input checked="" type="checkbox"/>	Food Service <input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
Are There Any Septic Systems Currently On The Site? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> permit on file	
Do You Intend To Install A New Septic System On This Site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> permit on file	
I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.	
Property Owner/Legal Representative Signature: <u>[Signature]</u>	
Date: <u>6-11-2021</u>	

Date Application Submitted: 6/11/21 Date Site Ready to Evaluate: 6/11/21
Initial Site Visit Date: _____ San ID _____ Permit Date _____ San ID _____

Paid ck 10685: \$300
6/11/21 SS

Davidson Co., NC

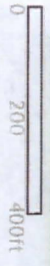
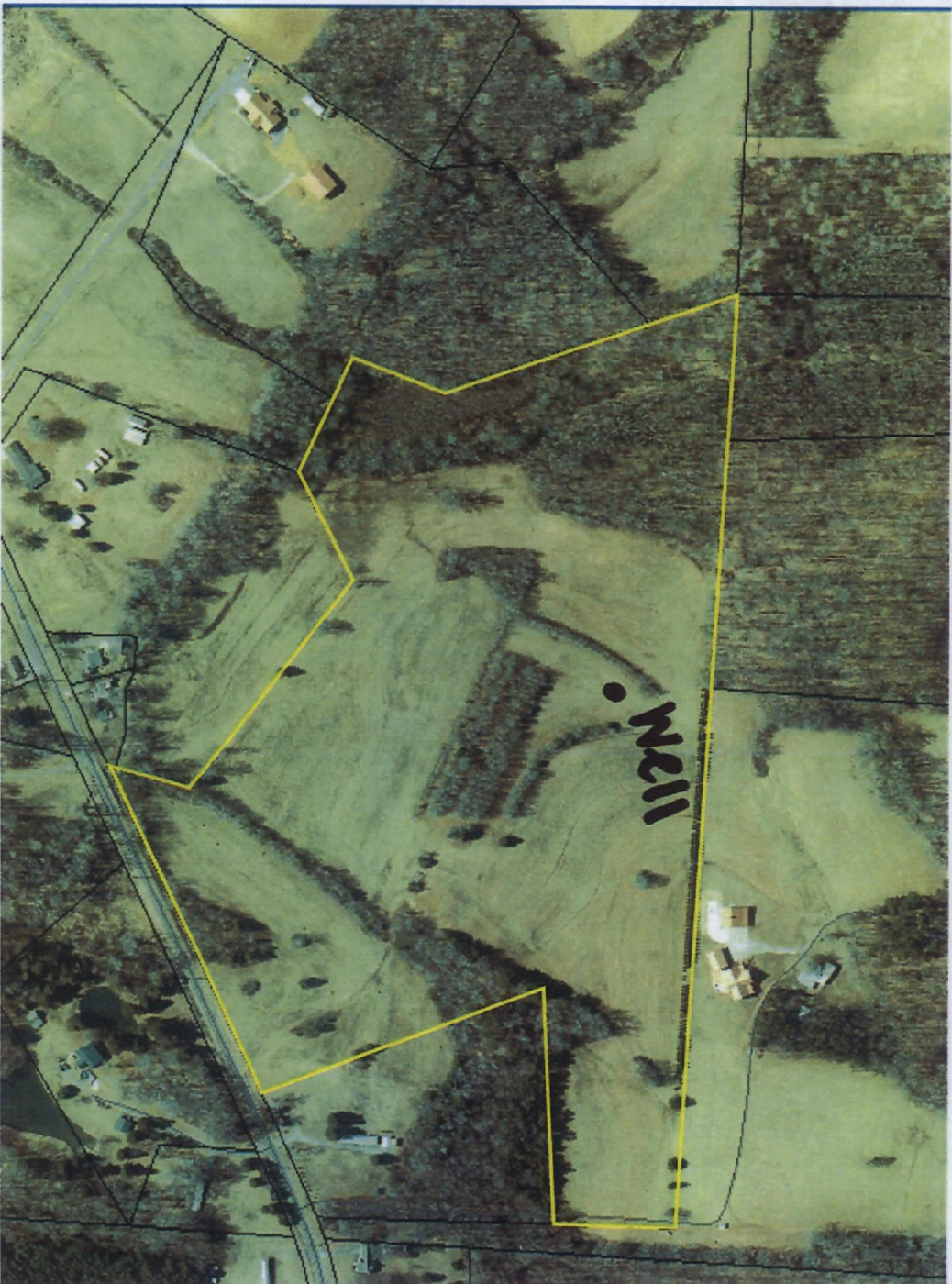
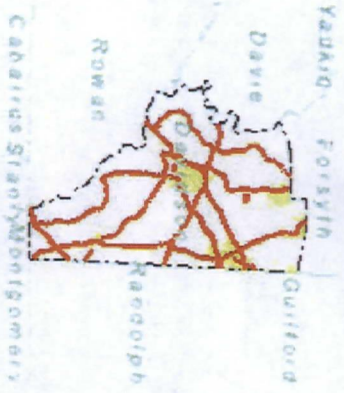
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- Zoom In
- Zoom Out
- Pan
- Identify
- Search
- Query
- Clear Map
- Print Map
- Help
- Previous
- Measure
- Scale
- Zoom XY
- Buffer

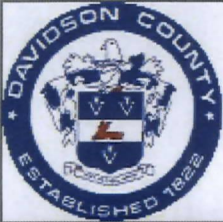
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Layers

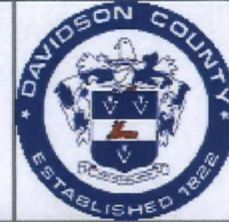
On Active Name

- Sewer Pump Station
- Sewer Structure
- Sewer Force Main
- Sewer Gravity Main
- Topography 4ft contours
- Spot Elevation
- Flood Hazard Areas
- NC Counties
- Parcels
- Railroads





Davidson County GIS



Parcel Number : 11303A0000051A
Pin Id : 6748-01-08-8738
Owner : THOMAS NEIL P
413 CAMERONDEN CT
KERNERSVILLE NC 27284

Property Address: 3583 BETHESDA RD
Township: 11

Building Value:
Land Value:

Assessed Value:

Legal Description : L51A BK2452-1895 BETHESDA CHURCH RD

Land Units: 35.68 AC
Deed Book: 2452 Pg: 1895
Deed Date: 01/15/2021

Account Number: 9251188
Exempt Code:

\$0 Other Building Value: \$0
Market Value: \$257,790
Deferred Value: \$201,740