

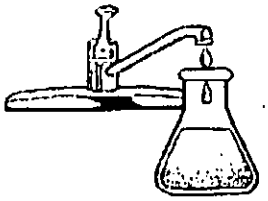
10401 BRIARHURST PL

13911518

5/28/08

marliwr

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



K & W Laboratories

9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 11/07/05

Client: Valeriy Solodyankin
5618 Beaver Dam Lane
Mint Hill, NC 28227

Project: Vera Loshkarev
10401 Briarhurst Drive
Charlotte, NC 28227

Sample Description: Drinking Water
Sample Number: D8513
Sample Date: 11/04/05
Sample Time: 13:50

Date Analysis Begun:	11/04/05	Time Analysis Begun:	17:00
Date Analysis Completed:	11/05/05	Time Analysis Completed:	17:00

Parameter	Results	Method
Total Coliform	**Absent**	Colilert
Fecal Coliform	**Absent**	Colilert

Parameter	Results	Units	Reporting Limit	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	1.0	SM4500-NO3-D	11/04/05
Nitrite	**<0.05**	mg/l	0.05	SM4500-NO2-B	11/04/05

EPA Maximum Contaminant Level
Nitrate 10 mg/l
Nitrite 1.0 mg/l

Certified By: G. KROSKA

NC Certification: 37767
SC Certification: 99051

11/4/05

EVERY THING IS OK EXCEPT FOR BACTERIA

NITRITE/NITRATE

ITE IS HAVING K+W LABS DO SAMPLE AS OF 11/4/05 @ 3:00

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000021 **Tax Parcel #:** 139-115-18
Property Owner: LOSHKAREVA VERA
Job Location Address:10401 BRIARHURST PL
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 6/20/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

Volatile Organic Compounds (VOC's)	Semi-volatile Compounds	Metals (Specify in Other Conditions)
Pesticides	Herbicides	Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

New Well Construction Tracking

Permit #: 10000021

1. Application & Well Siting

☑ Well siting visit completed.		4/20/20
☐ Registered Well Driller. Certification Number:	_____	
☑ Proposed well location meets setbacks.		4/20/20
☑ ARGU restrictions satisfied.		4/20/20
☑ Well permit Issued.		4/20/20
☐ Septic System permit issued.		

2. Onsite Inspection

☐ Observed	☑ Driller	Valid permit on site with registered driller.	6/17/20
☐ Observed	☑ Driller	Required setbacks satisfied, approved per permit.	6/17/20

Appropriate Materials Used for Construction:

☐ Observed	☑ Driller	Drilling fluids/additives	6/17/20
☐ Observed	☑ Driller	Casing material/Joint compounds	6/17/20

Source of Water:

☐ Observed	☑ Driller	Greater than 40 ft. below land surface.	6/17/20
☐ Observed	☑ Driller	Water NOT from a known contamination zone.	6/17/20

Well Casing:

☐ Observed	☑ Driller	Casing > than 40 ft. below land surface.	6/17/20
☐ Observed	☑ Driller	Non-potable zones effectively sealed.	6/17/20
☐ Observed	☑ Driller	Casing properly sealed.	6/17/20
☐ Observed	☑ Driller	Casing terminated at least 12 inches above land surface	6/17/20
☐ Observed	☑ Driller	All ASTM/NSF standards met.	6/17/20

Grouting:

☑ Observed	☐ Driller	Approved grouting materials used.	6/20/20
☑ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.	6/20/20
☐ Observed	☑ Driller	Grouted with 5 days of casing being set.	6/20/20
☐ Observed	☑ Driller	Proper depth to seal non-potable zones.	6/20/20
☐ Observed	☑ Driller	Drive shoe used.	6/20/20

Well Head:

☑ Well casing extended at least 12 inches above the land surface.

- [ ] Vented, sanitary well cover in place.
- [ ] Access port in place.
- [ ] Sample tap between pump and pressure tank properly constructed.

Well Disinfection:

- [ ] Notification of disinfection

Well Contractor Identification Plate

- [ ] Plate installed securely
- [ ] Information not obscured.
- [ ] Information accurately completed.

Pump Installer Identification Plate:

- [ ] Plate installed securely.
- [ ] Information not obscured.
- [ ] Information accurately completed.

3. Well Sampling

- [ ] Appropriate water samples collected as required by permit.

4. Approval

- [x] Well construction form (GW-1) on file 6/22/20
- [ ] Construction approval granted.
- [ ] Construction approval denied.

5. Additional Comments / Observations

Submit

#5524

WELL CONSTRUCTION RECORD

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MELVIN BELK-ULESS SIZEMORE CERTIFICATION # 2036 - 2040

WELL CONTRACTOR COMPANY NAME MULLIS WELL DRILLING PHONE # 704 5455694

STATE WELL CONSTRUCTION PERMIT# (If applicable) _____ ASSOCIATED WQ PERMIT# (If applicable) _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: MINT HILL County: MECKlenburg
16401 BRIARHURST PLACE
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting ☐Ridge ☐Slope ☐Valley ☐Flat (check appropriate box)

Latitude/longitude of well location _____ (degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: Nadia's Construction
Address 5417 N Creek Lane (Street or Route No.)
Mead WA 99021 (City or Town, State, Zip Code)
509-465-0714 (Area code - Phone number)

4. DATE DRILLED 6-17-05
5. TOTAL DEPTH: 190
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 15' FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1½' FT. Above Land Surface*
*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 8 METHOD OF TEST AIR
10. WATER ZONES (depth): 60'
11. DISINFECTION: Type HTH Amount 1#
12. CASING:

	Depth		Diameter	Well Thickness or Weight/Ft.	Material
From	+1½' To	42' Ft.	6.08"	.25"	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From	0 To	40' Ft.	cement	poured
From	To	Ft.		

14. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

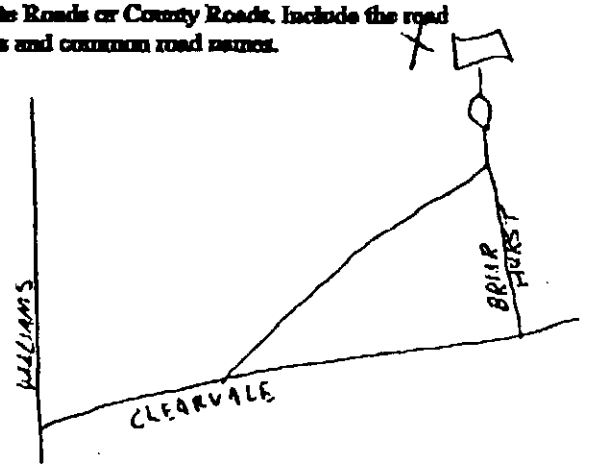
15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

DEPTH From	To	DRILLING LOG Formation Description
0'	30'	clay
30'	42'	sand
42'	190'	granite

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. REMARKS: _____

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Melvin Belk 6-17-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	DREW WALKER	FROM	ALLISON
Fax:	704-336-6894	Pages:	2
Phone:	704-545-5694	Date:	6-22-05
RE:	WELL RECORD	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: D.L MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

New Well Construction Tracking

Permit #: 10000021

1. Application & Well Siting

☑ Well siting visit completed.			4/20/20
☐ Registered Well Driller. Certification Number:			
☑ Proposed well location meets setbacks.			4/20/20
☑ ARGU restrictions satisfied.			4/20/20
☑ Well permit Issued.			4/20/20
☐ Septic System permit issued.			

2. Onsite Inspection

☐ Observed	☐ Driller	Valid permit on site with registered driller.	
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Appropriate Materials Used for Construction:

☐ Observed	☐ Driller	Drilling fluids/additives	
☐ Observed	☐ Driller	Casing material/Joint compounds	

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Well Disinfection:

☐ Notification of disinfection

Well Contractor Identification Plate

☐ Plate installed securely

☐ Information not obscured.

☐ Information accurately completed.

Pump Installer Identification Plate:

☐ Plate installed securely.

☐ Information not obscured.

☐ Information accurately completed.

3. Well Sampling

☐ Appropriate water samples collected as required by permit.

4. Approval

☐ Well construction form (GW-1) on file

☐ Construction approval granted.

☐ Construction approval denied.

5. Additional Comments / Observations

Submit

4,P21 356

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000021 **Tax Parcel #:** 139-115-18
Property Owner: LOSHKAREVA VERA
Job Location Address:10401 BRIARHURST PL
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 4/15/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
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- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

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Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

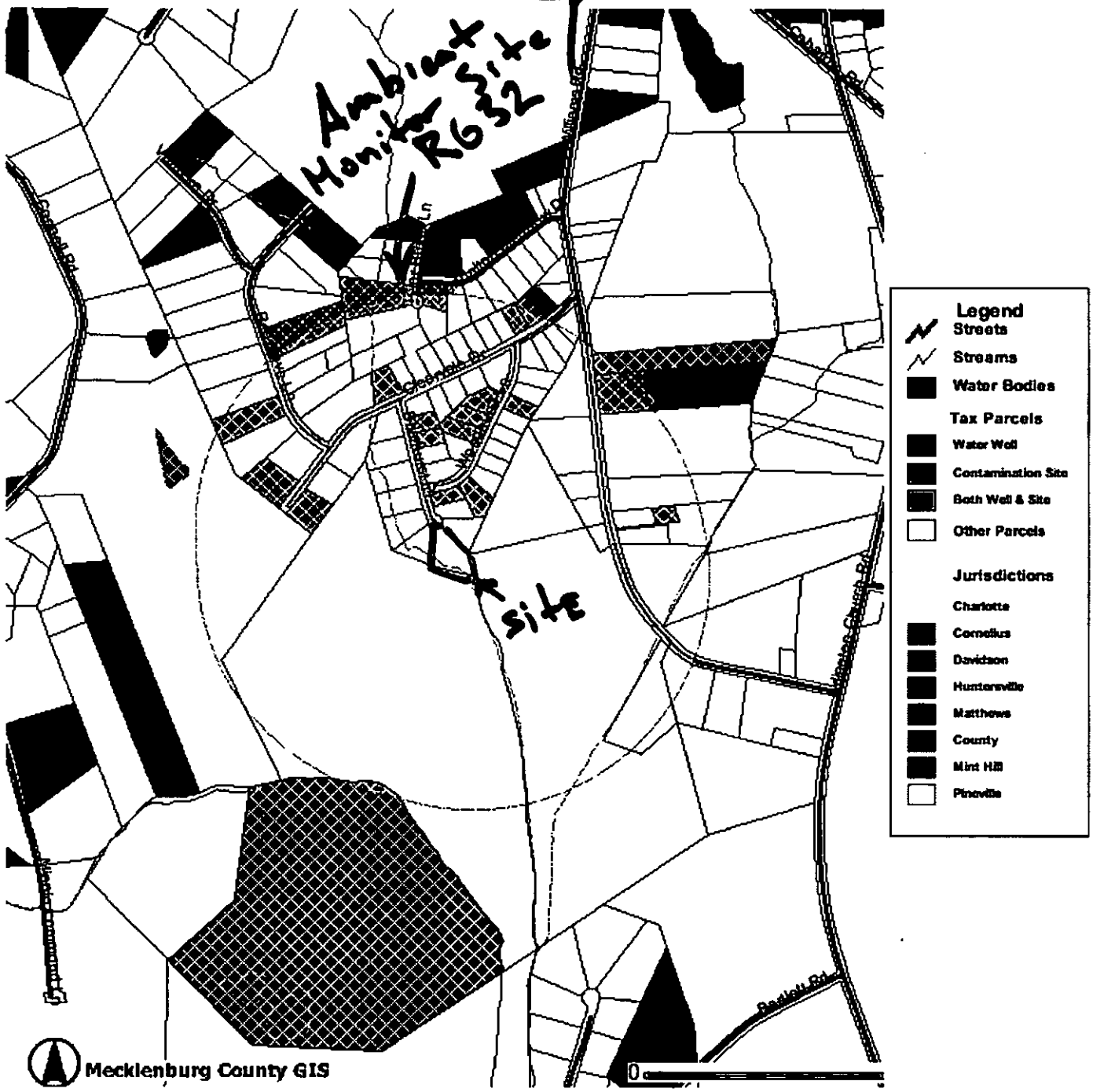
JACKSON A. WALKER
Authorized Agent: Print Name
Signature:

Valery Soloviyanik/V
Owner/Legal Agent: Print Name
Signature:

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

Nut AND MPL

10401 Briarhurst ARGU Review



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Created Mon Apr 18 10:57:07 EDT 2005

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

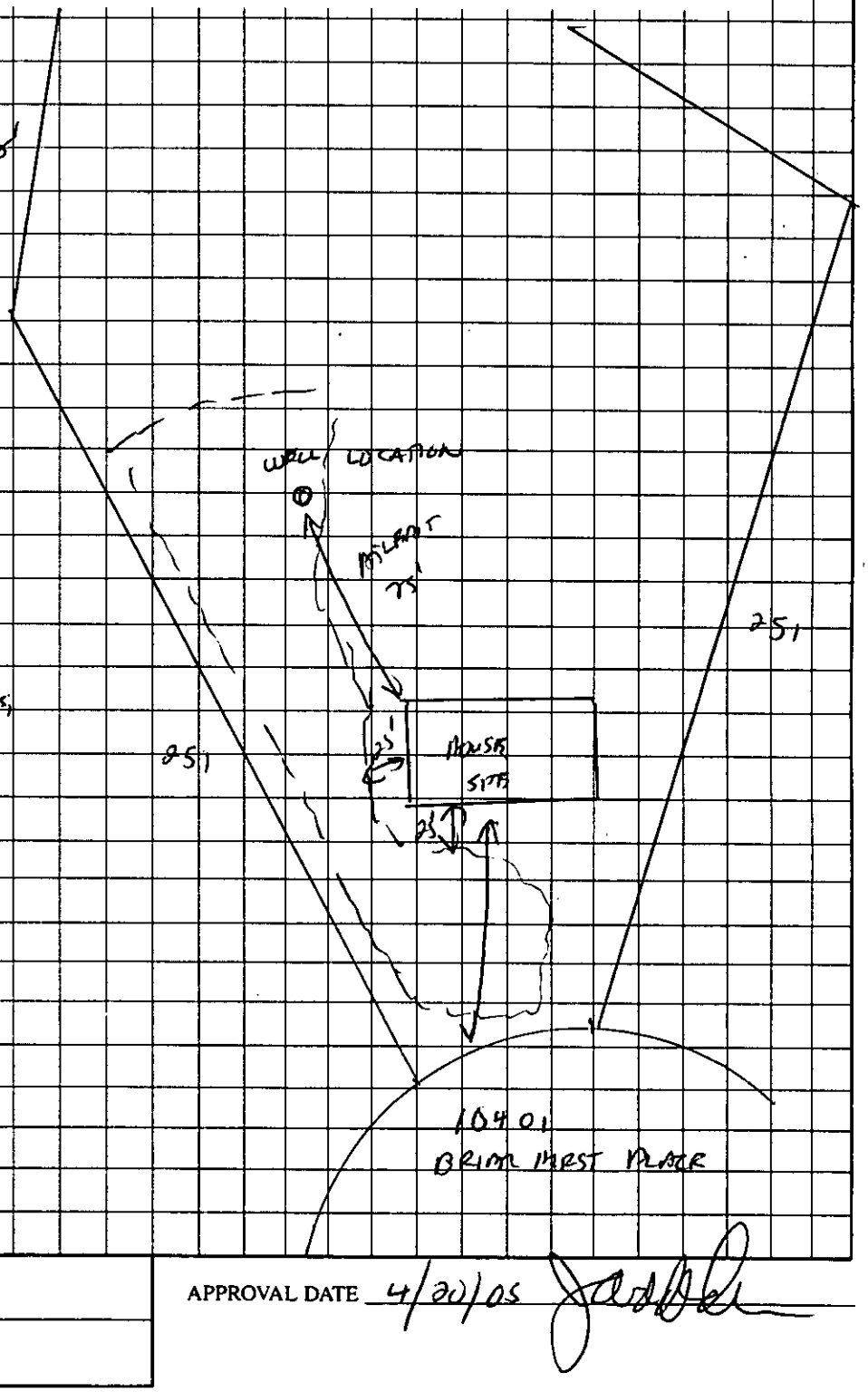
FILE: 5524

TC: 135-115-18

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SCALE 1" = 50

1. DO NOT INSTALL WELL IN SWIM BUFFER.
2. LOCATE WELL AT LEAST 100' FROM ALL SEPTIC TANK SYSTEMS.
3. LOCATE WELL AT LEAST 50' FROM ALL BUILDING FOUNDATIONS.
4. LOCATE WELL AT LEAST 50' FROM ALL SEWER LINES.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/20/05

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

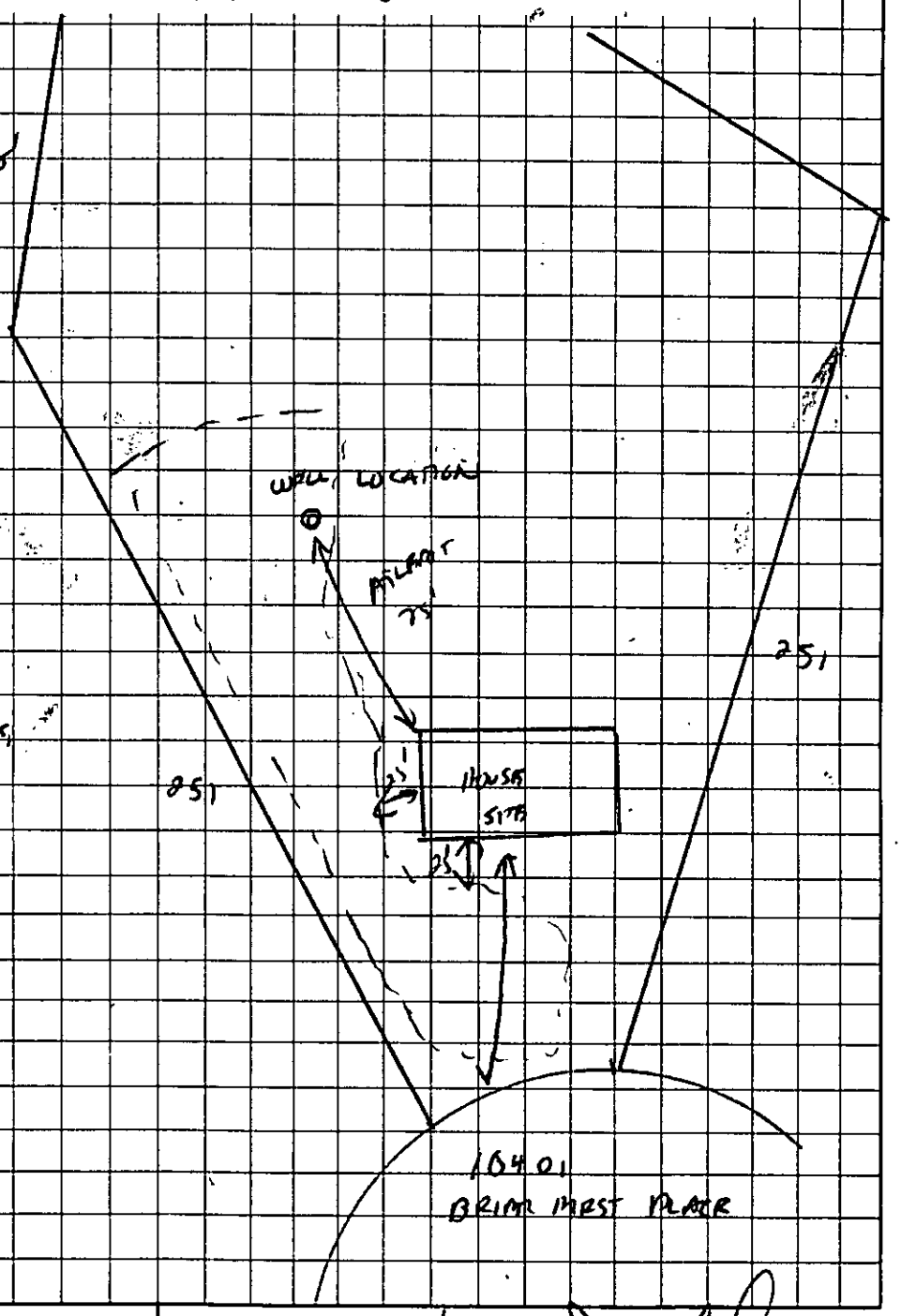
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/20/05

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

5524 ND 121556

GWS – RES. APP 12/04

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # ~~59560~~ 5524

WELL FEE: 400.00
DATE: 4/13/05 VAW
CRT [ ]
040513 AP

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:
TAX/PARCEL #: 13911 5
STREET ADDRESS: Briarhurst pl
CITY: Mint Hill (10401)
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 17.
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 2300
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☑ NO	DESIGNATED WETLANDS	☑ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO

PROPERTY OWNER:
NAME: Loshkareva Vera
ADDRESS: 5618 ~~Mint Hill~~ Beaverdam
CITY: Mint Hill
STATE: NC ZIP: 28226
HOME PHONE: 704 6900023 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

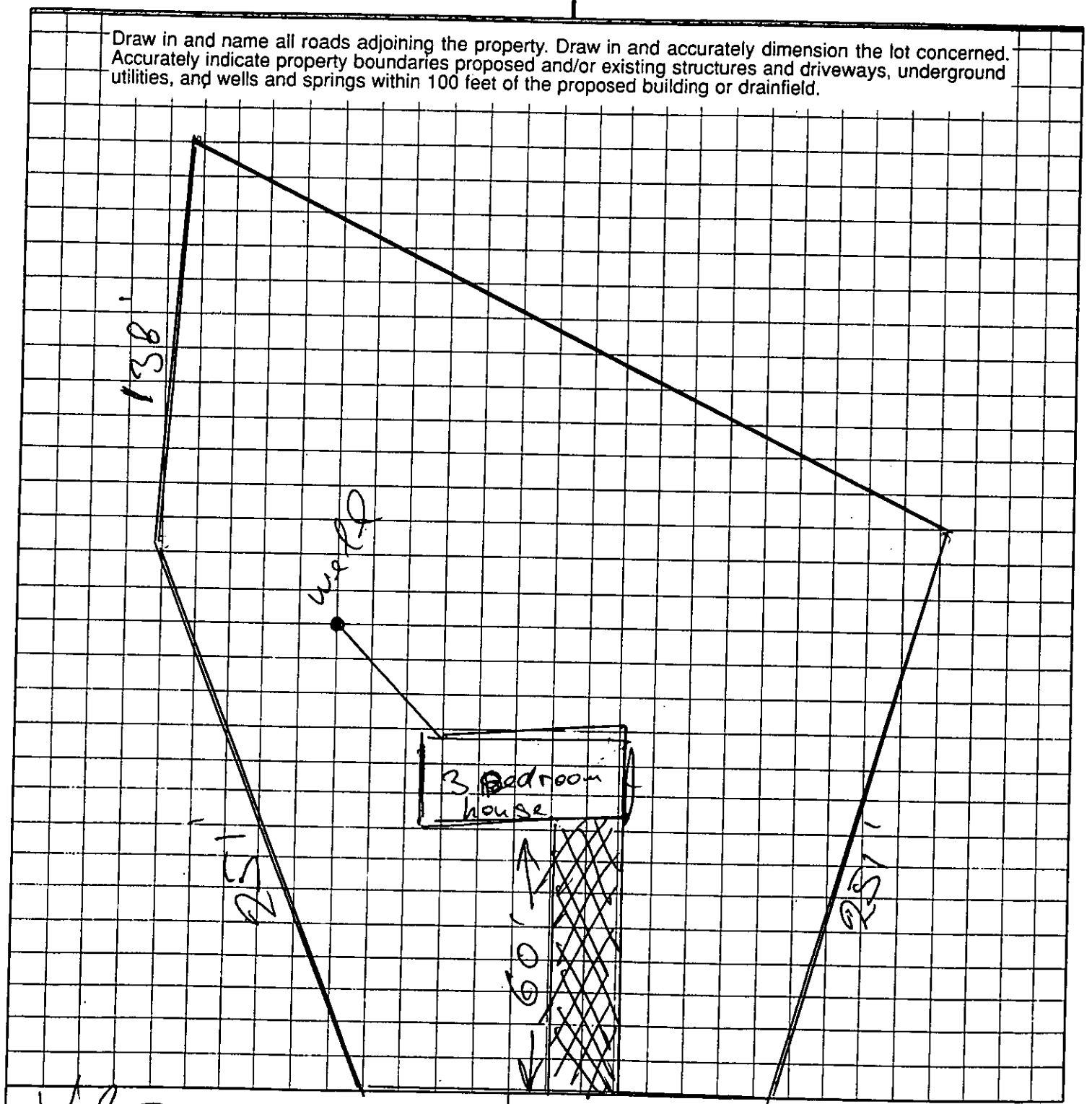
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5524

TC: 139-115-18

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 04.15.2005

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/13/05	**Amount:**	400.00
Receipt #:	33890	**Tendered:**	0.00
Check / Auth #:	VISA 046513	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: SOLODYANKIN VALERIV
Attn:
Address: 5618 BEAVERDAM
Address:
City/State/Zip: MINT HILL, NC 282260753

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New BRIARHURST PLACE PARCEL #13911578		1	400.00	400.00

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

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