

7105 REEVES ST

04321308

1/10/2008

duponbj

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

7/25/06

Mary

Building House -
need to drill well

Maria Vaciciana
7105 Reeves St
29269

New well needs reclorinating

Rowan Well Drilling
704 636-7879
Todd Adam

704-606-2307

Carrie Adams - said she would Re chlorinate Thurs. July 27-06 DH 7-25-06

Holding up Final

Debra,
Please call these guys and see if you can get them to re chlorinate ASAP.
Jack

Call me Need w/ questions

RECEIVED
JUN 0 8 2006
LUESA

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION #: 2522

1. WELL CONTRACTOR:
Todd Adams
Well Contractor (Individual) Name
Rowan Well Drilling
Well Contractor Company Name
STREET ADDRESS 4840 Sherrills Ford Rd.
Salisbury NC 28147
City or Town State Zip Code
(704) 636-7879
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 5-19-06
TIME COMPLETED 4:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY: Mecklenburg
7105 Reeves Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 18' 47.0"
LONGITUDE 80° 47' 48.2"
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Matilde Vaciana
STREET ADDRESS 1907 Kathmullan Dr.
Charlotte NC 28269
City or Town State Zip Code
(704) 606-2307
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 165
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 3 METHOD OF TEST Air

6. DISINFECTION: Type _____ Amount 2 oz.

8. WATER ZONES (depth):
From 80 To _____ From _____ To _____
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 28 Ft.			
From		To Ft.			
From		To Ft.			

7. GROUT:

	Depth		Material	Method
From	0	To 3 Ft.	Concrete	Gravity
From	3	To 20 Ft.	Bentonite	Gravity
From		To Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From		To Ft.		
From		To Ft.		
From		To Ft.		

10. DRILLING LOG

From	To	Formation Description
0	80	Rock
80	165	granite

11. REMARKS: Very fractured rock to 75 ft.

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.

Todd Adams 5/22/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Todd Adams
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 537

Form GW-1a
Rev. 7/05

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 #: 10000762 **File #:** 6475B **Tax Parcel #:** 043-213-08
Property Owner: MARIA MATILDE VACIANA
Job Location Address: 7105 REEVES ST
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28269
Permit Issuance Date: 5/15/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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 North Carolina Certified Well Contractor 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. ☐ Casing to bedrock

☐ Initial water sample to be 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:

Cira Buchanan RS
Authorized Agent: Print Name

Cira Buchanan, RS
Signature:

5/15/06

maria matilde Vaciana
Owner/Legal Agent: Print Name

Signature: mVaciana

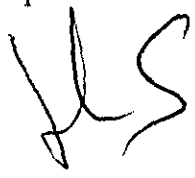
11/09/2006

Memo to File 6457B

RE: Well Abandonment

From: Jack L. Stutts

Ms. Vaciana called to request an extension for abandoning her well. She has made progress hooking CMU water but would like three additional weeks to get the well abandoned. I advised her that, since she has made progress to rectify the situation I would allow her until December 8, 2006 to achieve compliance with the abandonment requirements.



MODE = MEMORY TRANSMISSION START=SEP-20 00:54 END=SEP-20 00:55

FILE NO.=568

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	#	97043989180	001/001	00:00:14

-MECKLENBURG CO GWS -

********** - ***** - 704 336 6894- **********

CHARLOTTE

Laboratory Analysis Report
Report Date: 8/3/2006 04:53 PM

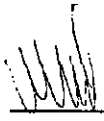
LABORATORY SERVICES DIVISION

LOCATION: G-638 7105 REEVES ST
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/31/2006 15:30
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 060/0681

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AR81320	E. COLI-PA	absent	P/A		SM 9223B	8/1/2006 11:02	NVR
AB81320	Total Coliform	present	P/A		SM 9223B	8/1/2006 11:02	NVR

Comment:

Laboratory Supervisor: 

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

Post-it® Fax Note 7671	Date 9 20 06	# of pages ▸ 1
To Chuck Cowherd	From Jack L. Stutts	
Co./Dept. CMU	Co. GWS	
Phone # 704-391-5101	Phone # 704-336-5133	
Fax # 704-398-9180	Fax # 704-336-6894	

9/20/06 - sent to CMU. Mrs Vaciana is hooking to cmu water. She requested we forward info to expedite her hook up.

SLS.

CHARLOTTE-MECKLENBURG UTILITIES
LABORATORY SERVICES DIVISION
ANALYSIS REPORT

Date: 8/3

To: Dina Howell

Thank you.

Masika T. Edwards
CMU-Lab Services

Office: (704) 336-5588
mtedwards@ci.charlotte.nc.us

Rev.-01: 08/02/05

CHARLOTTE.

Laboratory Analysis Report

Report Date: 8/3/2006 04:53 PM

LABORATORY SERVICES DIVISION

LOCATION: G-838 7105 REEVES ST
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/31/2006 15:30 CHAIN OF CUSTODY #: 06070681
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB81320	E. COLI-PA	absent	P/A		SM 9223B	8/1/2006 11:02	NVR
AB81320	Total Coliform	present	P/A		SM 9223B	8/1/2006 11:02	NVR

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/28/2006 09:40 AM

LABORATORY SERVICES DIVISION

LOCATION: 7105 Reeves St (G-672)
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/19/2006 10:20 CHAIN OF CUSTODY #: 06060404
SAMPLE DESCRIPTION: *Grab*

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76535	**NITRATE**	**0.08**	**mg/L**	0.05	EPA 353.2	6/21/2006 9:09	EWN
AB76535	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/20/2006 15:23	EWN
AB76535	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/20/2006 9:00	KEK
AB76535	**Total Coliform**	**present**	**P/A**		SM 9223B	6/20/2006 9:00	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7105 Reeves St., Charlotte, NC 28269
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060606404

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
A576535																						
G-672 762	DH	6-19-06 10:20am	N/A N/A	N	17.3	5.2				X	500 ml		1			X				✓	X	
G-672 762	DH	6-19-06 10:20am	N/A N/A	N	17.3	9.6				X	125 ml		1	X								X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include:

Metals: *Itemize the individual metals requested here -*

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/19/06	1110
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	*Groundwater* **(Potable Water)**
ADDRESS:	7105 Reeves St., Charlotte, NC 28269
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06060704

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AB76535																					
G-672	DH	6-19-06 10:20am	N/A N/A	N	N/A	4.0				X	100 ml		2						X	X	X

Instructions:
- Complete all yellow shaded sections
- *For each parameter requested circle the X to verify your request.*
- Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
- Metals: Itemize the individual metals requested here -
- For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
- Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/19/06	1110

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

762

GWS – RES. APP 07/05

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 # 6475B

WELL FEE: 400
DATE: 5/9/06
CRT [ ] Check 1500 JRA

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 043-213-08
STREET ADDRESS: 7105 Reeves St
CITY: Charlotte
STATE: NC ZIP: 28269
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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: 1,600
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

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: María Matilde Vaciana
ADDRESS: 1907 Rothmullan Dr
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: 704 717-9864 WORK PHONE:
MOBILE PHONE: 704 606-2307 FAX: 704 503-1164

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? 2-15-06

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.

M Vaciana 5-9-06
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.

M Vaciana 5-9-06
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

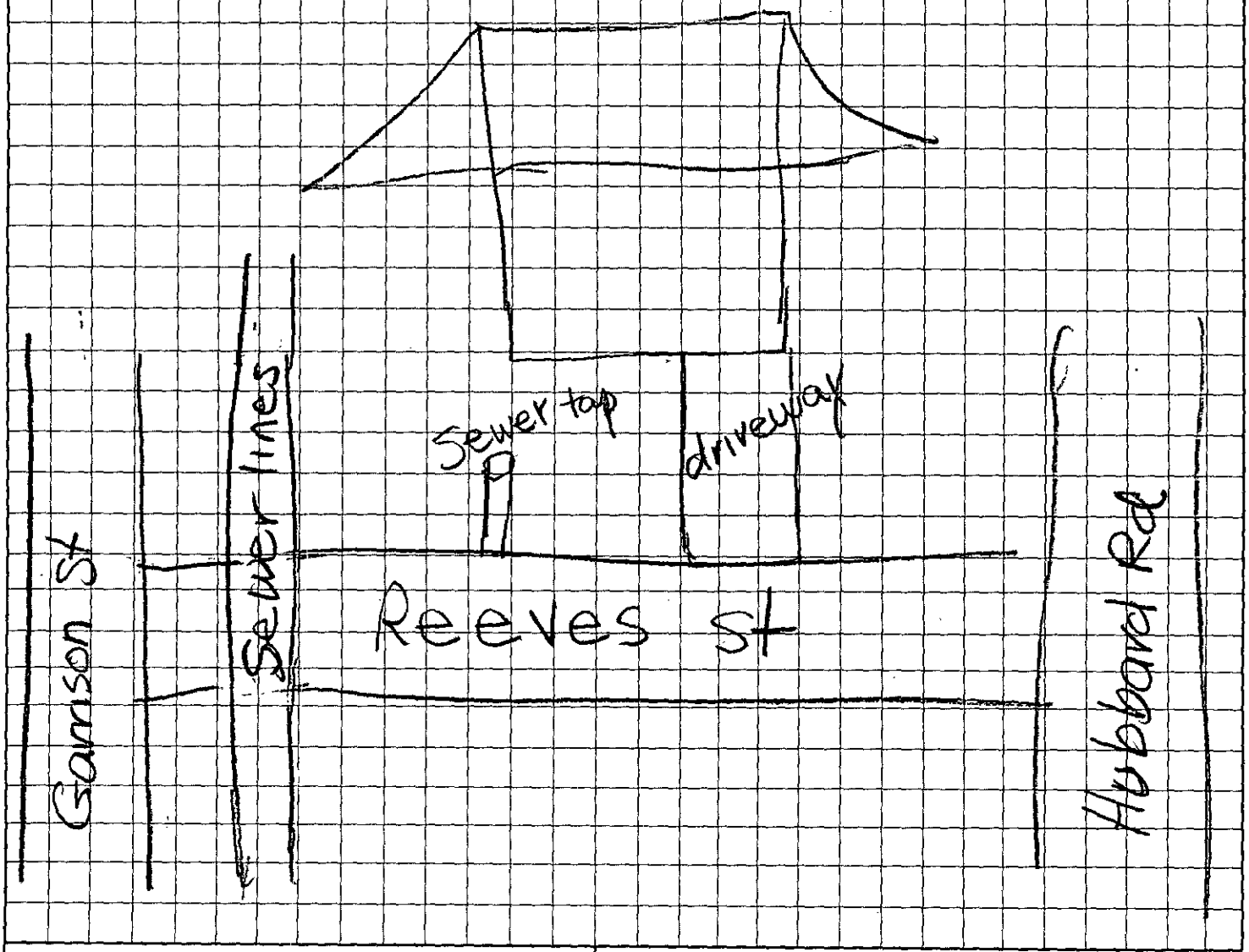
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

APPROVAL DATE _____

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