

15534 CABARRUS RD

13925219

4/28/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2040A WASPS App #: 1067

Primary ES assigned to project: Gina Buchanan

Secondary ES assigned to project: Kim Garrett

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☑ System installation completed ☐ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☐	No ☐	N/A ☑	
Signed permit	Yes ☑	No ☐		
Notification of disinfection	Yes ☐	No ☐	N/A ☑	
Sample Results	TC ☑	Nitrate/Nitrite ☑	Other ☐	N/A ☐
GW-1 Form / GW-30 Form	Yes ☑	No ☐		
Other related documentation	Yes ☑	No ☐	N/A ☐	

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 6/26/06 ES assigned date: 6/26/06 Permit issued date: 7/26/06

Well approval date: 4/25/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 4/26/07

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

April 17, 2007

Vitaly Chechun
7100 Shennopin Drive
Charlotte, NC 28270

Re: Well Water Sampling Results
15534 Cabbarus Road
Tax Parcel # 139-252-19

Dear Vitaly:

On April 2, 2007, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent , the Nitrate level was 2.9 mg/l (Nitrate-N levels are acceptable if ≤ 10 mg/l), and the Nitrite level was <0:05 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
kim.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/11/2007 01:41 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-72674
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/2/2007 11:00 CHAIN OF CUSTODY #: 070402143506
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC12179	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	4/2/2007	14:40	MKV
AC12179	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	4/2/2007	14:40	MKV

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water) Wheeler Residence
ADDRESS:	15534 Cabarrus Rd
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 070402143506
Sampled By (Print Name)
Kim Garrett

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
GWO-72674 AC12179	ksg	4/2/07 11:00 AM	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: **24 hour TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		4-2-07	1425
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.

Laboratory Analysis Report
Report Date: 4/12/2007 12:52 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-72674
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/2/2007 11:00 CHAIN OF CUSTODY #: 070402143618
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC12180	NITRATE	2.9	mg/L	0.10	EPA 353.2	4/3/2007	16:55	EWN
AC12180	NITRITE	<0.05	mg/L	0.05	EPA 353.2	4/3/2007	16:03	EWN

Comment:

Laboratory Supervisor: Brenda Shuttleworth

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

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	15534 Cabarrus Rd
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0704021436 18

Sampled By (Print Name)
Kim Garrett

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: Nitrate	Nitrite
GWO-72674 AC12180	ksg	4/2/07 11:00	N/A N/A	N	17.8	4°C				X	500 ml		1			X					(X)	
AC12180	ksg	4/2/07 11:00	N/A N/A	N	17.8	4°C				X	125 ml		1	X								(X)

Instructions:
Complete all yellow shaded sections

3-day TAT requested

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		4/2/07	1420
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

File # 2040A

JRS

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John M Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704 5455674
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 (1) ✓
DATE DRILLED 2-26-07
TIME COMPLETED 2-26-07 AM ☐ PM ✓

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
1553 Cabarrus Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
Verdes Path
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate box)
LATITUDE 35 12.836
LONGITUDE 80 35.992
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 VITALY CHEECHUN
STREET ADDRESS 5315 Millview Trace Ln
Charlotte NC 28227
City or Town State Zip Code
704 281-7614
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ✓
c. WATER LEVEL Below Top of Casing: 55 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated after below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 15 METHOD OF TEST AIR

6. DISINFECTION: Type HTH Amount 1QT

7a. WATER ZONES (depth):
From 100 To 110 From ____ To ____
From 115 To 125 From ____ To ____
From 140 To 145 From ____ To ____

8. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 96	Ft.	6"	SCH 40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 50'	Ft.	Cement	pumped
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

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

9. SANDIGRAVEL PACK:

	Depth		Size	Material
From NA	To NA	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0 -	90'	Red CLAY
90 -	60'	Gray CLAY
60 -	96	Brown SHALE
96 -	130'	Green Granite
130 -	150'	Blue Granite
150 -	200'	SAME

11. REMARKS:

FOR HORIZONTAL CLOSED-LOOP WELLS ONLY: 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.

DL Mullis 2-26-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
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 566.

Form GW-1a
Rev. 7/05

LD

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 #: 10001067 **File #:** 2040A **Tax Parcel #:** 139-252-19
Property Owner: VITALY CHECHUN
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 7/26/2006
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:

Cina Buchanan, RS.
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Vitaly chechun
Owner/Legal Agent: Print Name

Signature:

14532

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

WELL FEE: 400.00
DATE: 6/29/06
CRT [ ] QC

FILE # 2040A

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR PLOT PLAN New Owner

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 139-252-19
STREET ADDRESS: 15534 Cabbarus Rd.
CITY: ~~Mint Hill~~ Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☑ 7-MINT HILL

BUILDING INFORMATION: David

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1999
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: Vitaly Chechun
ADDRESS: 7100 Shannopin Dr.
CITY: Charlotte NC 28270
STATE: NC ZIP: 28270
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-281-7614 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? 9-12-1986
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 6-29-06 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 6-29-06 Date

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

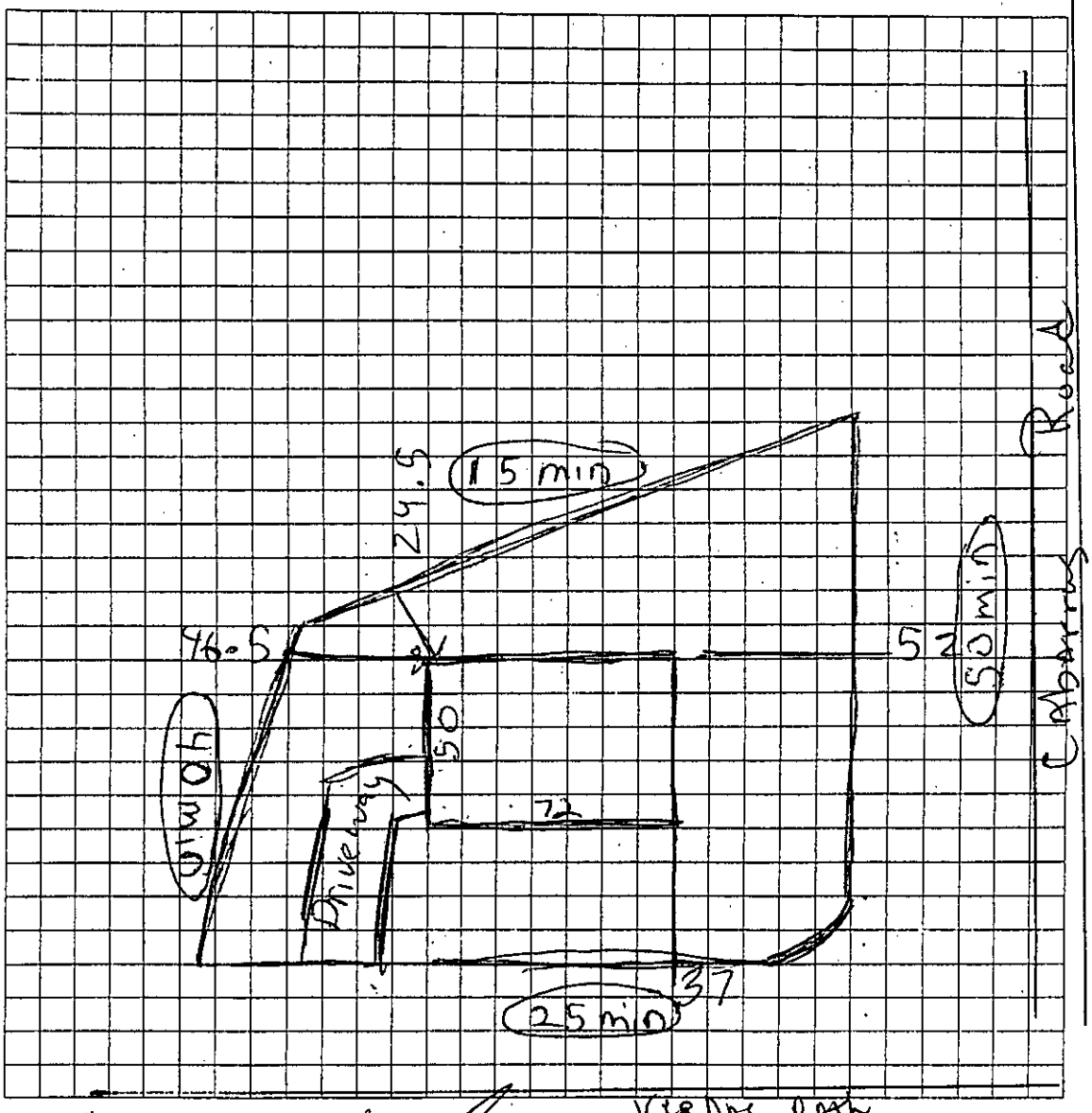
D153

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 2040A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	
Date	6-29-06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/29/06	**Amount:**	400.00
Receipt #:	44843	**Tendered:**	0.00
Check / Auth #:	VISA 145312	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CHECHUN VITALY
Attn:
Address: 7100 SHENNOPIN DR
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New VERDA'S PATH & CABARRUS RD/FILE 2040A		1	400.00	400.00

Outstanding Balances

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