

14825 BRIGHTON PL

13912401

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 # 1966A

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 2005 ~~CAB~~ 2H CAB01. Tax Parcel #: 13912401

Property Owner: Petr Kandelia

Job Location Address: 14825 Brighton Place

City/ETJ: Charlotte State: NC Zip Code: 28227

Permit Issuance Date: 2/14/05

Use of Well: Potable

Type of Facility Served by Well: Residence

Sewage System Type: Septic

Area of Regulated Groundwater Usage Restrictions Apply: No If Yes, see requirements in Specific Conditions of This Permit.

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 be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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: _____ Owner/Legal Agent: James A Dudley
Print Name

Signature: Joshua R. Sellers R.S.I. 1876 Signature: James A Dudley Jr 2-14-05
02-18-05

JLS 12/13/04 Final

File#: 1966A

Permit#: 2005214 CABO1

Well Activity Checklist

1. Application & Well Siting

		Date
☑	Complete application on file	2/14/05
☑	Site plan and other appropriate documentation submitted	2/14/05
☑	Registered well driller Certification Number: _____	2/14/05
☐	Proposed well location meets required setbacks	
☐	**ARGU** restrictions satisfied (if applicable)	
☐	Well permit issued	
☐	Septic system permit issued (if applicable)	

2. Onsite Inspection

Observed	Driller		
☐	☐	Valid permit on site with registered well driller	
☐	☐	Required setbacks satisfied, approved location per permit	

Appropriate Materials Used for Construction:

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

Source of Water:

Observed	Driller		
☐	☐	Greater than 40 ft. below land surface	
☐	☐	Water NOT from a known contamination zone	

Well Casing:

Observed	Driller		
☐	☐	Casing > than 40 ft. below land surface	
☐	☐	Non-potable zones effectively sealed	
☐	☐	Casing properly seated	
☐	☐	Casing terminated at least 12 inches above land surface	
☐	☐	All ASTM/NSF standards met	
☐	☐	Drive shoe used	

Grouting:

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

Well Head:

☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	

☐ Sample tap between pump and pressure tank properly constructed _____

Well Activity Checklist Continued

Well Disinfection: **Date**

☐ Notification of disinfection _____

Well Contractor Identification Plate:

☐ Plate installed securely on well casing _____

☐ 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. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

Date: 2/10/05
Reviewed By: JLS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 139-124-01 File # 1966A

Street Address: 14825 Brighton Place

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 111-242-15 MPL # 11

Street Address: 14301 Albemarle Rd

DENR Incident #: 9572

Current Status: Active Remediation Why? High Risk site. On-site WSW contaminated with MTBE.

Responsible Party:

Responsible Party Contact Info: Pacemaker Leasing Co.
Mr. Pete Overton
PO Box 2359
Gastonia, NC 28053-2359

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

ARGU Review Worksheet
Job Location: 135-124-01
Page 2

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	**ARGU is a 1500-foot buffer around the maximum extent of contamination**

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	**Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.**
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: No restrictions, well is outside the 1500 foot radius.

V

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

WELL FEE: 400.00
DATE: 2/4/05
CRT #: 1C

FILE # 1966A

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 #: 139-124-01
STREET ADDRESS: 14825 Brighton PL
CITY: Charlotte
STATE: NC ZIP: 28227
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) (Planned) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

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: PETR Kandelya
ADDRESS: 6880 Poppy hills Apt#1431
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DANiil ILNitskiy
ADDRESS: 7300 Whitmire Ln
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE:
MOBILE PHONE: 980-254-0418 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? January 28, 2005
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.

P. Kandelya 2/5/5
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

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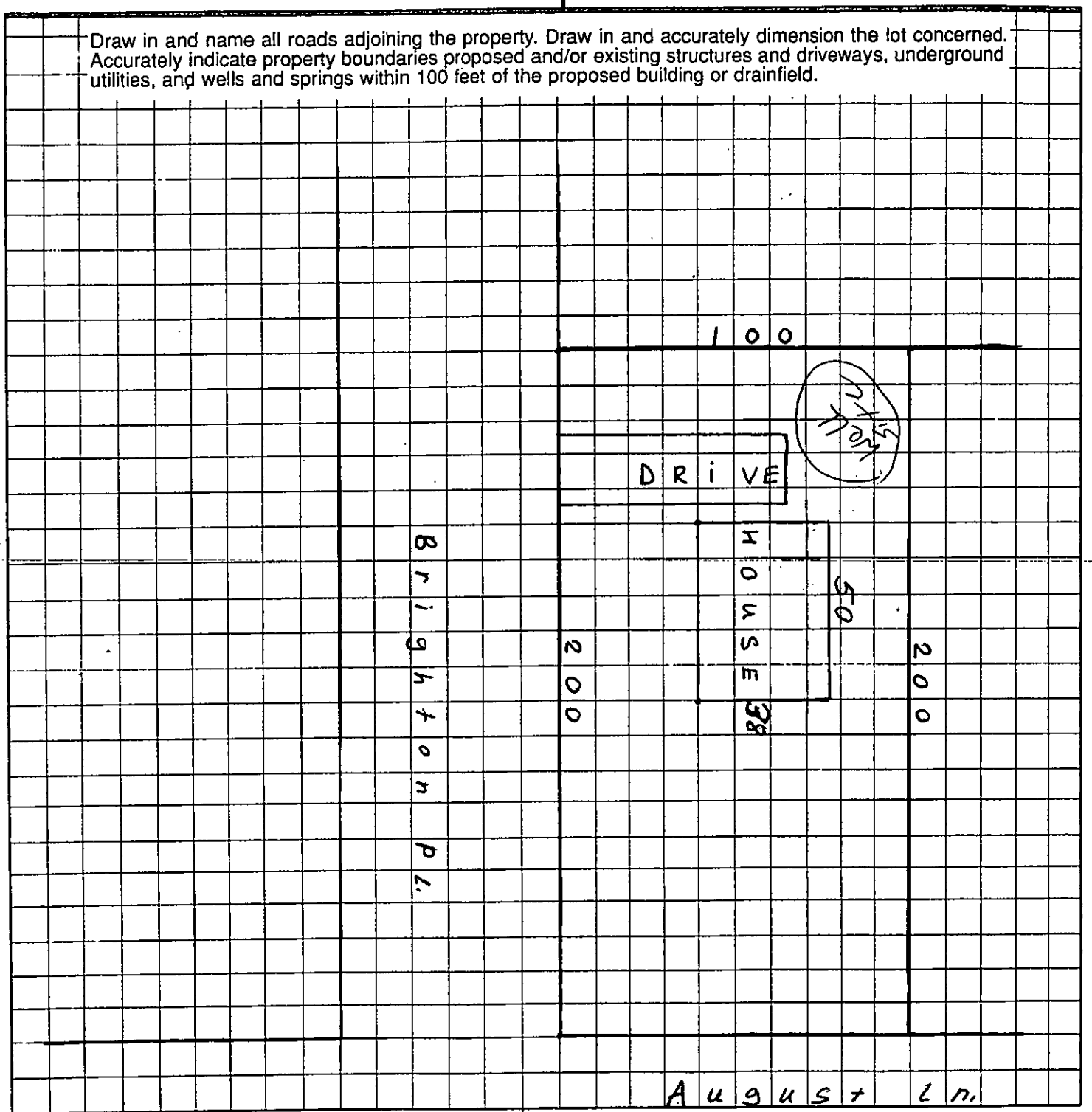
PROPOSED PLOT PLAN

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

FILE: 1964A

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.



P. Kandelga
OWNER/AGENT SIGNATURE

DATE 2/5/5

APPROVAL DATE _____

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