SEE INSTRUCTIONS ON BACK

Date Received 7-9-73

ICAR(S) Application No 6607

T C No

Map Date

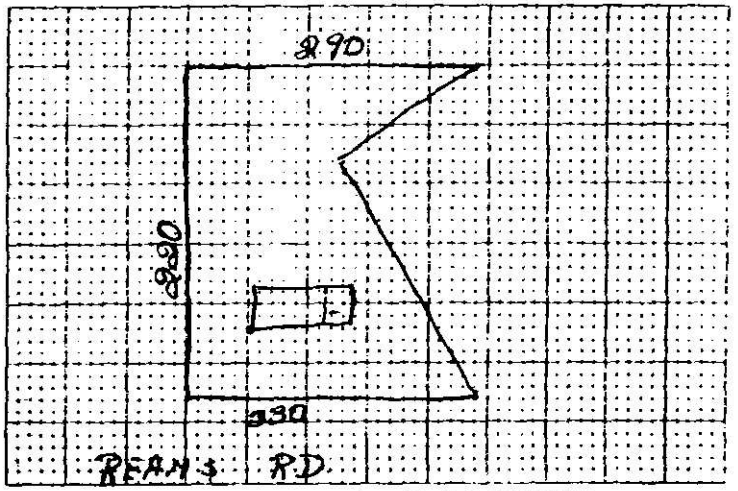
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use Max No Employees

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
- A) Individual well ✓
- B) Governmental system
- C) Community system
  - 1 Well source
  - 2 Governmental source

10) Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Donahue (LAST) Clarence (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER Rt. 13 Box 237 Charlotte N.C.

15) PHONE NO Home 596-1968 Office 375-3033

16) LOCATION OF SYSTEM Reams Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION 7-9-73

OWNER Clarence E. Donahue

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3173

LA No. 6607

Date Issued July 16, 1973

T. C. No. 037-184-05

Map Date 5-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Donahue (LAST) Clarence (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER Route 13, Box 237 ZIP _____

LOCATION OF LOT Reams Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * , on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6607. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* May use existing system to add 1 recreation room.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

MECK COUNTY HEALTH DEPT.

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

4 1975

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Bob Barnette 704

Drilling Contractor MCCALL BROS Rig No. 50 Well Permit No. 6408

1. Town MATTHEWS H C County MECK

2. Location COURTNEY LN OFF RT 51 Quadrangle No. 5-65

Show a sketch of location on back of form

3. Owner FRANCIS L. FITCH

Address OLD WELL POINT TWNT

4. Topography: draw, slope, hilltop, valley, flat CHAR-HL

5. Use of Well [illegible] Date Completed 28212

6. Rig type or method [illegible] Total Depth [illegible]

7. Casing: Depth Diam. Type

From [illegible] to 13 ft. [illegible] in. [illegible]

8. Grout: Depth Material Method

From [illegible] to [illegible] ft. [illegible] in. [illegible]

9. Screen: Depth Diam. Type and Opening

From _____ to _____ ft. _____ in. _____

10. Water Zones (depth) [illegible]

11. Static Water Level: _____ ft. above / below top of casing

which is _____ ft. above land surface. Elev. _____

Date 7-10-75

12. Yield (gpm) [illegible] Method of testing air

13. Pumping Water Level: 10 ft. after 2 hrs.

at 6 gpm.

14. Water Quality _____ Temperature (°F) _____

15. Well sterilization method _____

16. Permanent Pump: _____ Type _____ Make _____

Installed — Date _____ By _____

Capacity _____ (gpm) Hp. _____

Intake depth _____ Airline depth _____

17. Remarks: _____

I do hereby certify that this well record is true and exact.

Walter Stevens

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation

FORM NO. E-22-9-1-72