T. C. No. 6367

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros. Reg. No. 30 Well Permit No. 6367

1. Town Cornelius County Iredell
2. Location _____ Quadrangle No. C-6
   Show a sketch of location on back of form
3. Owner Mid-Way Country Club
   Address 3845 Statesville Ave. Cha.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 1-6-77
6. Rig type or method Percussion Total Depth 135
7. Casing: Depth From 0 to 105 ft. Diam. 2 in. Type Galv.
8. Grout: Depth From 0 to 20 ft. Material _____ in. Method Cement Grout
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) 130
11. Static Water Level: 15 ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date 1-6-77
12. Yield (gpm) 4 Method of testing air pressure
13. Pumping Water Level: 15 ft. after 2 hrs.
    at 4 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method Chlorine
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.

William McCall
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	2	Red Clay
2	61	Clay and Rock
61	105	Clay and Rock
105	135	Clay and Rock

MECKLENBURG COUNTY DEPARTMENT OF
JAN 7 1977

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: July 19, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr.
Soil Scientist
WEL

SUBJECT: Soils investigation on Winget Road
APT #6369

Dear Mr. Bridgeman:

On July 17, 1973 a soils investigation was made on the lot in question on Winget Road to determine site suitability for a septic tank system. The soils were of the Wilkes series. These soils have plastic clay subsoils containing swelling clay minerals. In addition the soils are shallow to impervious decompesed rock material. As a result, the soils have inadequately slow permeability and perc. rate.

Based on these investigations, it is recommended that the site be disapproved for installation of a septic tank system.

WEL/jdg

B

Date Received 5-24-73

APT No 6369

T C No 99-121-06

Map Date 2-1-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CHOATE (LAST) Thomas (FIRST) William (MIDDLE)

2) ADDRESS OF OWNER Rt 2 Box 1137 Charlotte, N. C. ZIP 28210

3) PHONE NO. Home 588-0569 Office 376-1535

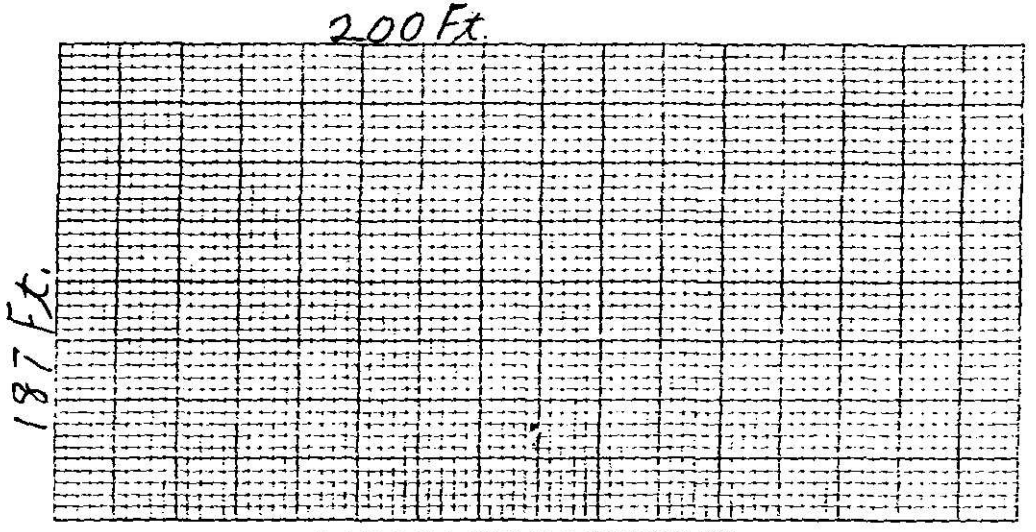
4) LOCATION OF PROPERTY Wright Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



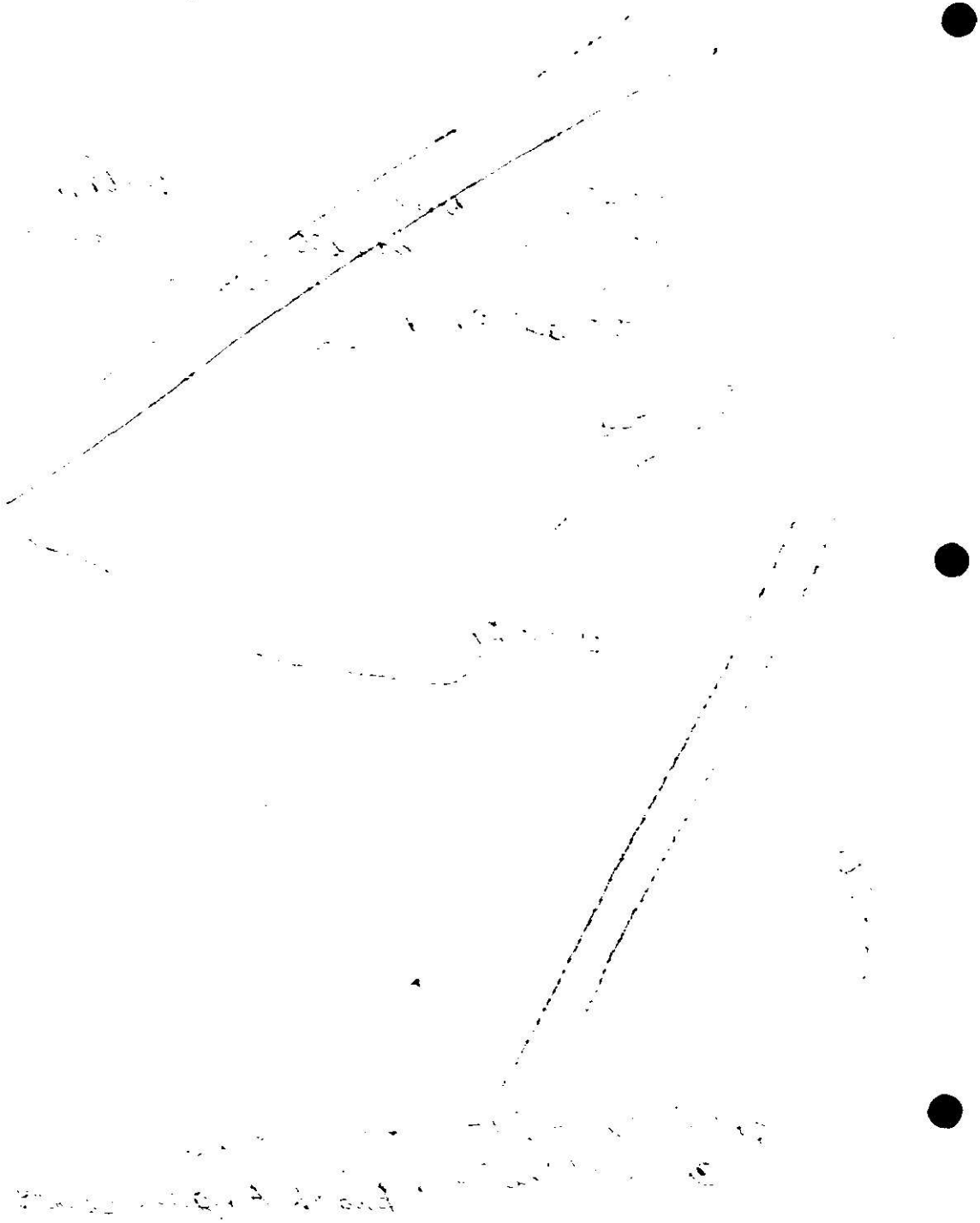
7) ACCURATELY DIAGRAM & DIMENSION LOT

Lot in First Left Corner of Pasture. T.W. Choate (OWNER)

Black Angus Cow's in Pasture

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY



Serial No. [illegible]

PTR No 6369
P.O.
T C No 199-121-06
Map Date 2-14-73

Date Issued August 31, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Choate (LAST) Thomas (FIRST) William (MIDDLE)

ADDRESS OF OWNER Route 2, Box 1137 ZIP

LOCATION OF PROPERTY Winget Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-31-73

ICAR'S Application No. 6369

T C No 199-121-06

Map Date 2-1-73

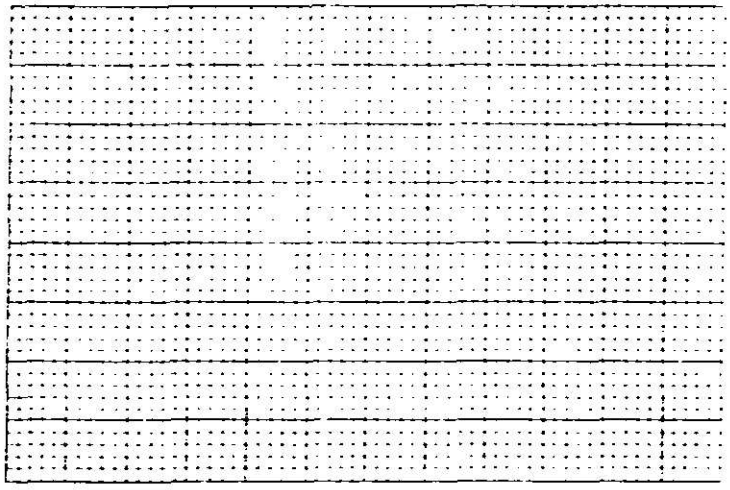
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



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 Used
2 Governmental System

10 Sewage System
House location within 200 feet of public sewer Yes No
House location within 200 feet of community sewer Yes No

11 FHA Case No.

12 VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Choate (LAST) Thomas (FIRST) William (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 1137

15) PHONE NO Home _____ Office 376-4535

16) LOCATION OF SYSTEM Wiget Rd. (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.

8/30 T.W. Choate

DATE OF APPLICATION OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3365

LA No. 6369
P.O.
T. C. No. 199-121-06

Date Issued August 31, 1973

Map Date 2-14-73

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 Choate (LAST) Thomas (FIRST) William (MIDDLE)

ADDRESS OF OWNER Route 2, Box 1137 ZIP

LOCATION OF LOT Winget 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 60 min/in 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 6369. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 7/11/74

Serial No. 492

ICAR(S) Permit No 6369

T C No

Map Date

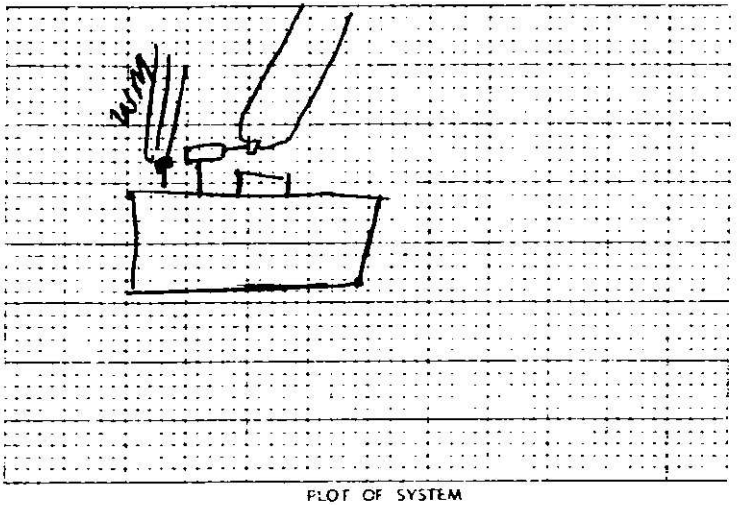
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, After or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6369, dated 8/31/73 and this permit shall be void and of no effect if the information supplied in the application is not true or is erroneous. All work shall be completed on or before 7/30/74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60 +500gal

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600

Number of Lines 6(100' X 15' X 17" W M 3(24' X 50' X 12"

Distance from House

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER CHOATE THOMAS

LOCATION OF PROPERTY WINGET RD.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments INSTALL SHALLOW - BACKFILL WITH TOP SOIL - MIN. 12" OPTIMUM 15"

ONLY

Division or Section Head TA/HRB

Environmentalist L H Bridgeman

If this permit is for the installation or construction of a new system it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

Form E-5-9-1-72

Serial No. 5038

C of A (s) No 6369

Date Issued 2/16/74

P.O.T.C No 199-121-06

Map Date 2-14-73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner CHOATE (LAST) THOMAS (FIRST) (MIDDLE)

Location of Property WINGET RD

Application Number 6369 Permit Number 6369

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 600 WM 150 Number of Lines ST 6 WM 3

Depth of Filter Material 17" Cover Depth 12-15"

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 2/16/74 (DATE) Tank Inspected 2/16/74 (DATE)

Nitrification Field Inspected 2/16/74 (DATE)

Washing Machine Line Inspected, If Applicable 2/16/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments UNSUITABLE SOIL

L P Bingleman

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT COPY