20.227-175-01

T. C. No. Grout

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

6001

Drilling Contractor CAROLINA WELL DRILLING Reg. No. 240 Well Permit No. [illegible]

1. Town CHARLOTTE, N.C. County MECK

2. Location FAIR FOREST DRIVE AND GRAY FOX LANE Quadrangle No.
Show a sketch of location on back of form

3. Owner PRIETTE, DOUGLAS M
Address 1115 CEDARWOOD LANE, CHARLOTTE, N.C.

4. Topography: draw, slope, hilltop, valley, flat

5. Use of Well DOM Date Completed 5-24-79

6. Rig type or method AIR Total Depth 130

7. Casing: Depth From 0 to 35 ft. Diam. 6 5/8 in. Type GAL TAC

8. Grout: Depth From 0 to 21 ft. Material GROUT in. Method PUMP

9. Screen: Depth From to ft. Diam. in. Type and Opening

10. Water Zones (depth) 120

11. Static Water Level: 20 ft. above / below top of casing
which is 1 ft. above land surface. Elev.
Date 5-25-79

12. Yield (gpm) 10 Method of testing AIR

13. Pumping Water Level: ft. after hrs.
at gpm.

14. Water Quality Temperature (°F)

15. Well sterilization method HTH

16. Permanent Pump: Type SUB Make [illegible]
Installed — Date [illegible] By [illegible]
Capacity 10 (gpm) Hp. [illegible]
Intake depth 100 Airline depth 20

17. Remarks:

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

[signature]
SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Formation
35	130	Blue Granite

FORM NO. E-22-8-1-72

Date Received 22 Apr 74

Application No. 6001

T. C. No. 227-175

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Pruette (LAST) Douglas (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 1115 Cedarwood Lane, Charlotte, N.C. ZIP 28212

PHONE NO. Home 537-5325 Office 334-8621

LOCATION OF PROPERTY Corner of Fair Forest Drive and Gray Fox Lane (STREET OR COUNTY ROAD)

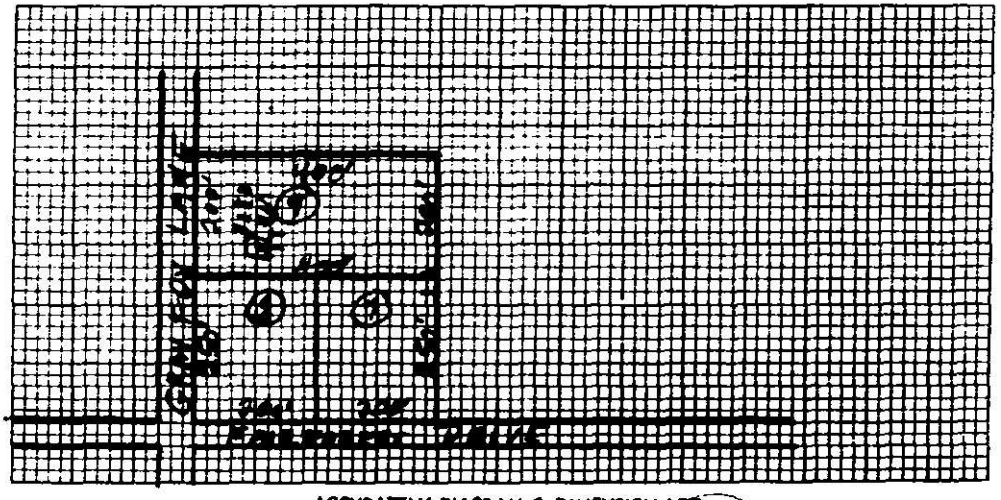
SUBDIVISION Country Acres LOT NO. 7, 8, & 9 BLOCK NO. None

MAP BOOK NO. Unrecorded PAGE NO.

DEED REFERENCE: DEED BOOK 2227 PAGE NO. 151

WELL CONTRACTOR CAROLINA WELL LICENSE NO. 240

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of + individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

4-23 74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 6001

ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 4-11-73

APT No. 6001

T. C. No. 227-175-01
Ap 227-Ey-10
Map Date 5 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Jun 60

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Pruette (LAST) Douglas (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER 1115 Cedarwood Lane, Charlotte, N. C. ZIP

3) PHONE NO. Home 537-5325 Office 334-8621

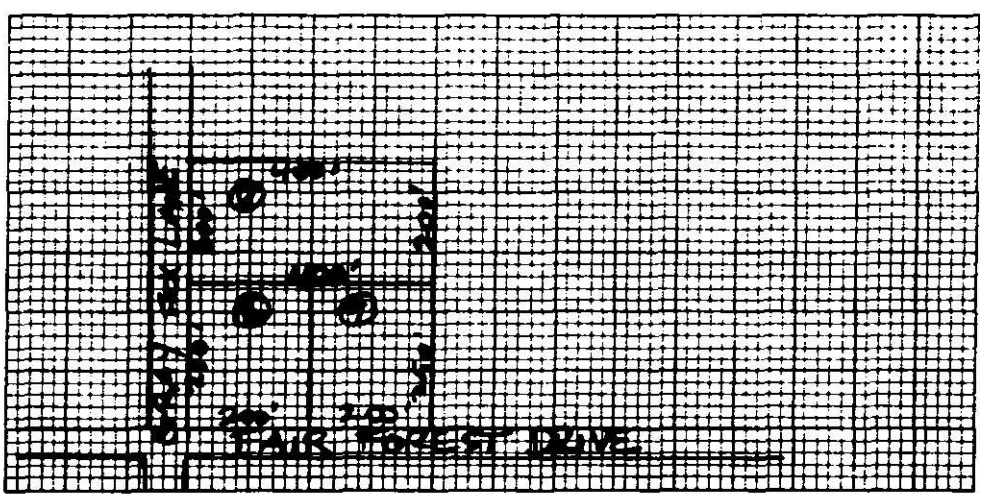
4) LOCATION OF PROPERTY Corner of Fair Forest Drive and Gray Fox Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Country Acres LOT NO. 7, 8, & 9 BLOCK NO. None

MAP BOOK NO. Unrecorded PAGE NO

6) DEED REFERENCE. DEED BOOK 2227 PAGE NO 151

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

OWNER D M Pruette

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 4337

PTR No 6001
~~Portion Of~~
T C No. 227-175-01
~~227-175-10~~
Map Date 9-5-73

Date Issued May 14, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

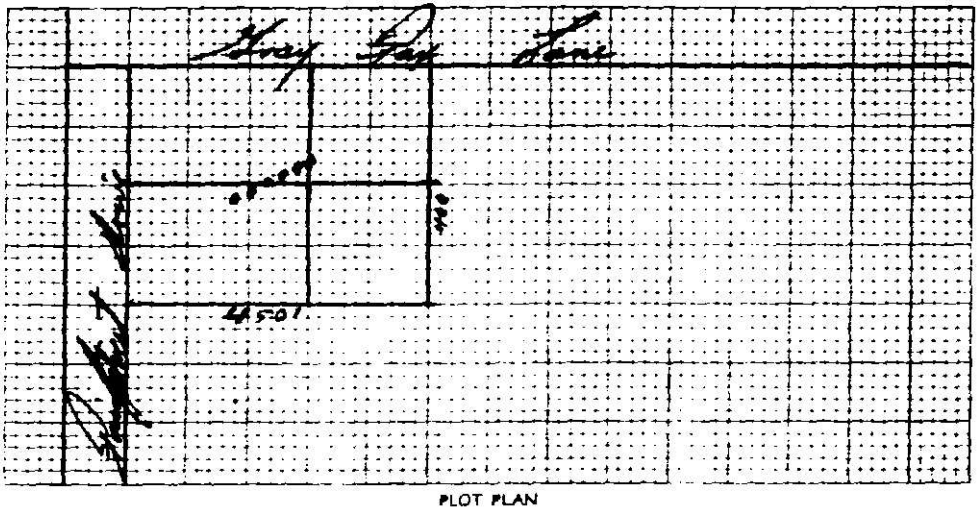
PERCOLATION TEST REPORT

NAME OF OWNER Pruette (LAST) Douglas (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 1115 Cedarwood Lane ZIP

LOCATION OF PROPERTY Fair Forest Dr. & Gray Fox Lane (STREET OR COUNTY ROAD)

SUBDIVISION Country Acres LOT NO 7, 8, & 9 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 treatment 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.

M. A. Kutz John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-11 73

ICAR(S) Application No. 6001

T. C. No.

Map Date

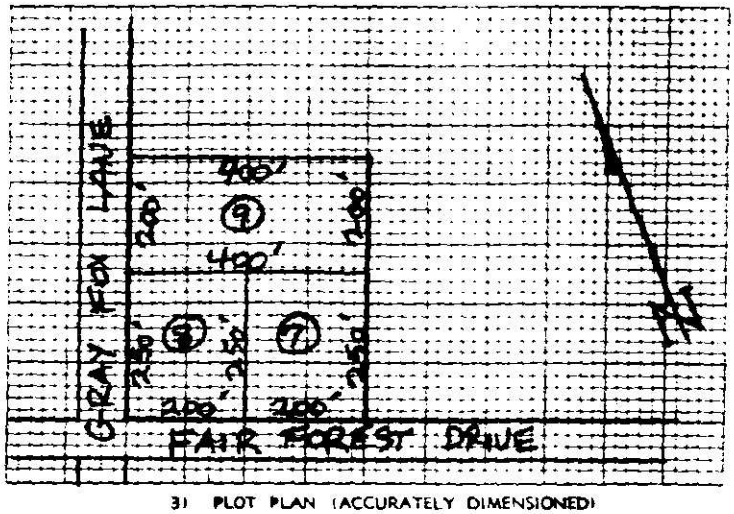
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Pruette (LAST) Douglas (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 1115 Cedarwood Lane Charlotte, N. C.

15) PHONE NO. Home 537-5325 Office 334-8621

16) LOCATION OF SYSTEM Corner of Fair Forest Drive and Gray Fox Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Country Acres Lot No. 7, 8, & 9 Block No. None

Map Book No. Not recorded Page No.

18) DEED REFERENCE — DEED BOOK 2227 AT PAGE 151

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

4-10-73
DATE OF APPLICATION

D.M. Pruette
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued May 14, 1974

Serial No. 4060

LA No 6001
~~Portion Of~~
T. C. No. 227-175-01
~~227-175-10~~
Map Date 9-5-73

IMPROVEMENTS PERMIT

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 Pruette (LAST) Douglas (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 1115 Cedarwood Lane ZIP _____

LOCATION OF LOT Fair Forest Drive and Gray Fox Lane (STREET OR COUNTY ROAD)

SUBDIVISION Country Acres LOT NO 7, 8, & 9 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 6001. 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

M. D. Kirby
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5480 ICAR (S) Permit No. 6001

Date Issued 26 Sep 74

T C No 127-125-

Map Date 5-Sep 73

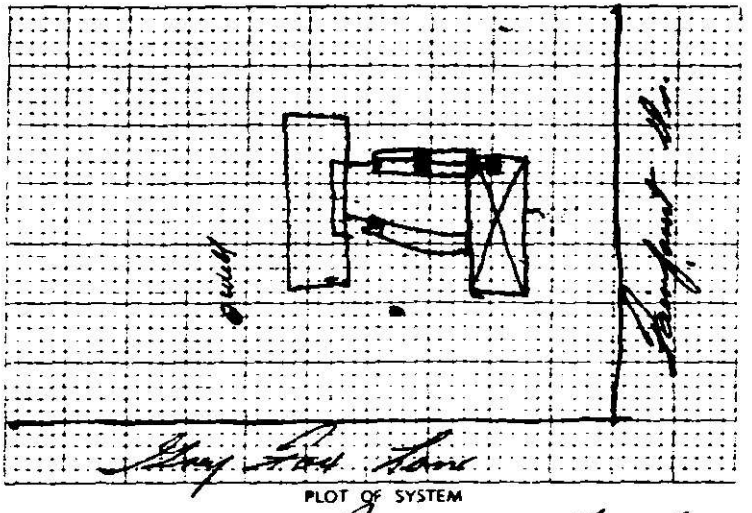
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Install or Construct, _ _ Alter 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 6001, dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 26 Sept 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' extra 3 (7½' x 30' x 17")

Number of Lines 6 (15' x 100' x 17")

Distance from House 15'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Pruitt, Douglas M.

LOCATION OF PROPERTY Corner Fairpoint Dr. & Hayfork Ln.

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: Jones Stewart (Contr.)

Division or Section Head _____

Environmentalist [signature]

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.

REV. 1 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5300

C of A (s) No. 6001

Date Issued 11 Oct 74

T. C. No. 227-175

Map Date 5-Sep 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 Pruitt, Douglas M. (LAST, FIRST, MIDDLE)

Location of Property Corner Rainfield Ln & Gray Fox Ln.

Application Number 6001 Permit Number 6001

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC (3 @ 7½' x 8' x 17")

Total Length of Drain Tile 600' + 150' WM Number of Lines 6 (5' x 100' x 17")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 11 Oct 74 (DATE) Tank Inspected 11 Oct 74 (DATE)

Nitrification Field Inspected 11 Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable 11 Oct 74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ 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: 4 Bdrm Home (Cont.)

M. B. Kirby
Environmentalist

FORM NO E-8-9-1-72

HEALTH DEPARTMENT'S COPY