Date Received 9-27-73

7056
APT No. 7057

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hodges (LAST) Eugene (FIRST) Wilson Jr. (MIDDLE)

2) ADDRESS OF OWNER Rt 8 Box 93 Charlotte N.C ZIP 28212

3) PHONE NO. Home 596-4776 Office 396-2350

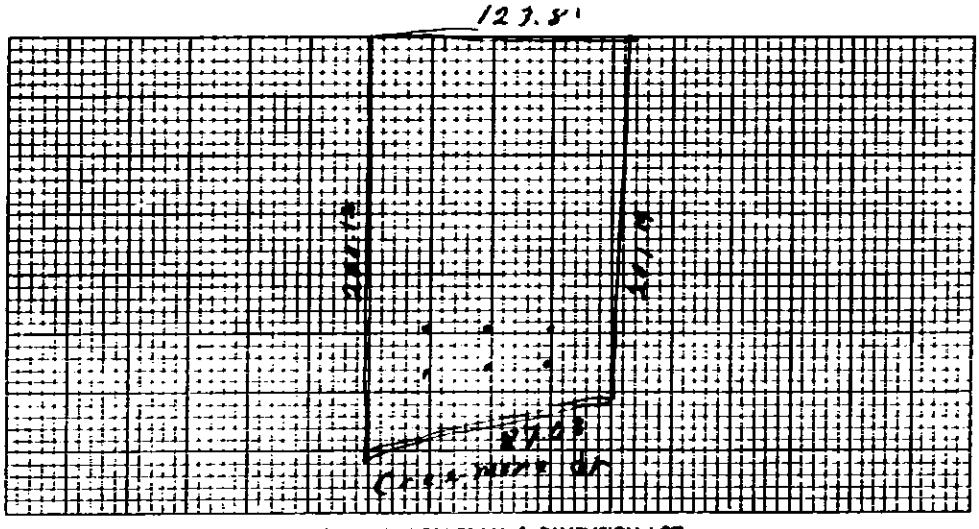
4) LOCATION OF PROPERTY 4428 Creek Maze dr (STREET OR COUNTY ROAD)

5) SUBDIVISION Rolling Acres LOT NO. 13 & 14 BLOCK NO. C

MAP BOOK NO 15 PAGE NO. 237

6) DEED REFERENCE: DEED BOOK 3295 PAGE NO 469

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

E W. Hodges jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

7056

Date Received 9-27-73

ICAR (S) Application No ~~7057~~

T C No

Map Date

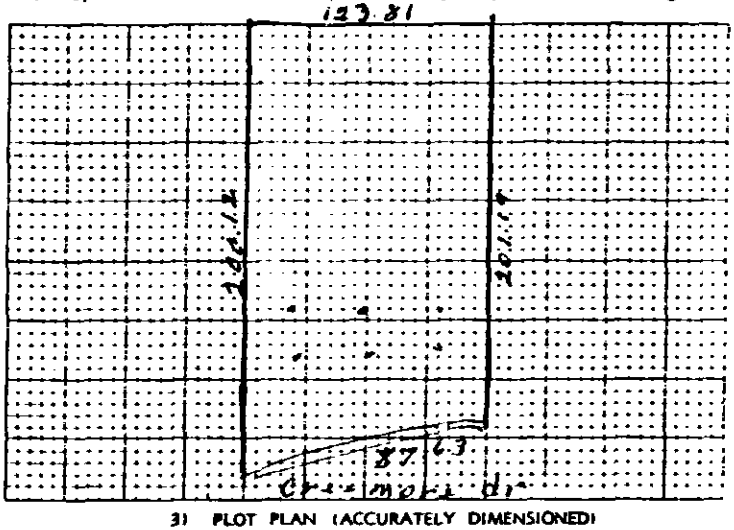
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 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 Hodges (LAST) Eugene (FIRST) Wilson Jr. (MIDDLE)

14) ADDRESS OF OWNER Rt 8 Box 93 Charlotte N.C.

15) PHONE NO. Home 596-4776 Office 596-2380

16) LOCATION OF SYSTEM 4425 Crest More dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Rolling Acres Lot No. 13 & 14 - C Block No. C

Map Book No. 15 Page No. 237

18) DEED REFERENCE — DEED BOOK 3295 AT PAGE 469

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.

9-24-73
DATE OF APPLICATION

E.W. Hodges Jr
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-27-73

ICAR (S) Application No 7056

T C No

Map Date

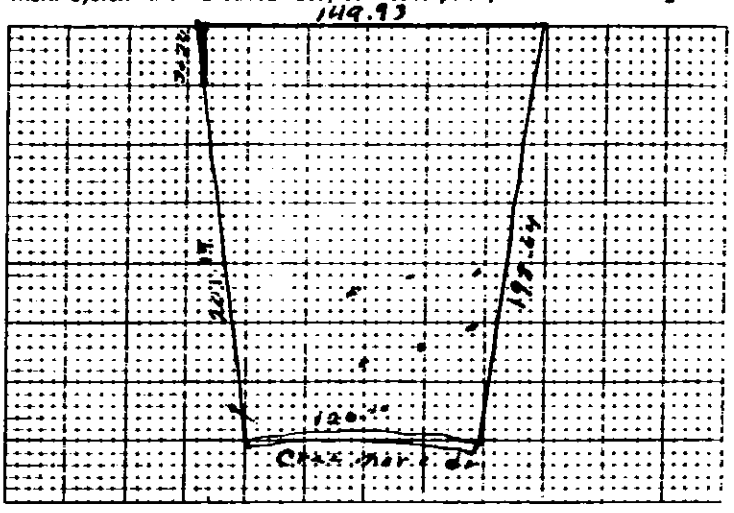
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Hodges (LAST) Eugene (FIRST) Wilson Jr. (MIDDLE)

14) ADDRESS OF OWNER Rt 8 Box 93 Charlotte NC.

15) PHONE NO. Home 596-4776 Office 596-2380

16) LOCATION OF SYSTEM 4420 Creamore dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Rolling Acres Lot No. 13 & 14 Block No. C

Map Book No. 15 Page No. 237

18) DEED REFERENCE — DEED BOOK 3295 AT PAGE 469

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.

9-26-73
DATE OF APPLICATION

C W Hodges Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 7856

T. C. No. 05-165 66

Map Date 4-27-73

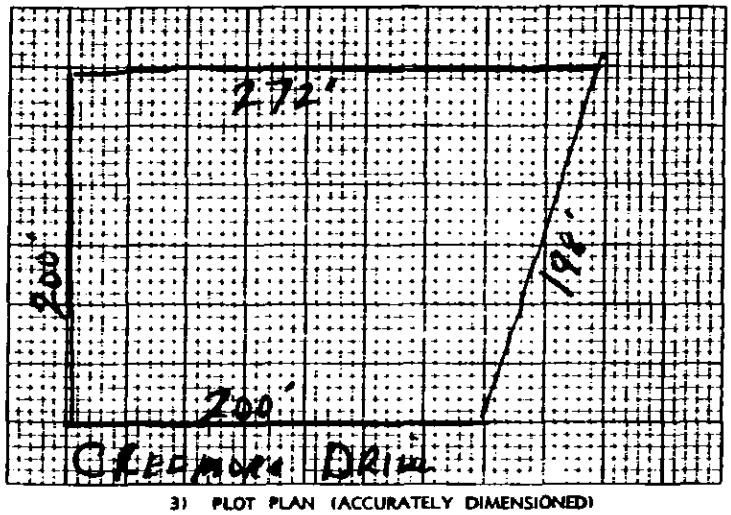
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



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 Rewels (LAST) John (FIRST) K (MIDDLE)

14) ADDRESS OF OWNER 4500 Creemore Drive

15) PHONE NO. Home 597 0341 Office 377 3689

16) LOCATION OF SYSTEM 4420 Creemore Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Rolling Acres Lot No. 13 & 14 Block No. C

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN 9/3/73 (GR)

20) PTR NUMBER (See Instructions) 7854

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.

5-17-76
DATE OF APPLICATION

John K. Rewels
OWNER

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY

WELL RECORD Well Permit No. 7056

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Drilling Contractor Robert M. Oehler

1. Location of property Rolling Acres
2. Name of owner John Reeds
   Address 4500 Greenmore Dr.
3. Does this well replace an existing well? No
4. Topography (circle one): draw (slope) hilltop, valley, flat
5. Use of well Domestic Date completed 7-19-76
6. Rig type or method Diamond Total depth 70
7. Casing:

Depth From	to	ft.	Inside Diam.	in.	Wall thick. or Wt./ft.	Type
0	46		2		Steel	Gal

8. Grout:

Depth From	to	ft.	Material	Method
0	25		Sand	pumped
			Cement	

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) 70
11. Static water level: 12 ft. above (below) top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 7-19-76
12. Yield (gpm) 2 Method of testing pumped
13. Pumping water level: 12 ft. after 24 hrs.
    at 2 gpm.
14. Water quality Good Temperature (°F) _____
15. Well sterilization method HTH
16. Permanent pump: _____ Type Jet Make Myers
    Installed – Date 7-19-76 By Robert M Oehler
    Capacity 2 gpm. Hp ½ TDH _____
    Intake depth 38 Airline depth _____
17. Remarks: _____

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

Robert M Oehler Sr
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	5	Clay
5	46	Sand
46	70	granite

MECK. COUNTY DEPARTMENT OF
RECEIVED
NOV 4 1976
ENVIRONMENTAL HEALTH

FORM NO. E-22-5-1-73

Date Received 7/12/76

Apt. No. (S)

MECK COUNTY DEPARTMENT OF
RECEIVED
NOV 8 1976
ENVIRONMENTAL HEALTH

Application No. (W) 7056
T. C. No. 105 165 67
Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Revels (LAST) John (FIRST) K (MIDDLE)

ADDRESS OF OWNER 4500 Creekmore Drive ZIP 28212

PHONE NO. Home 597 0391 Office 377 3659

LOCATION OF PROPERTY 4420 Creekmore Drive (STREET OR COUNTY ROAD)

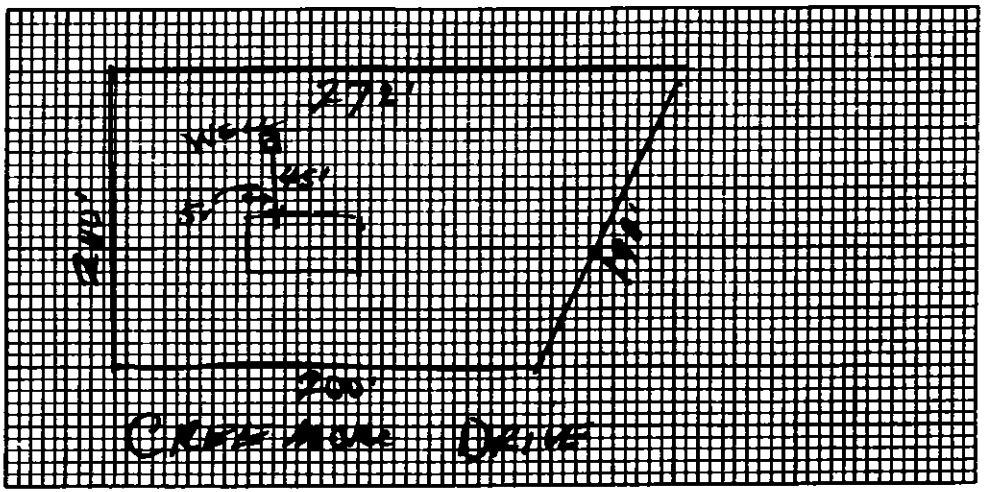
SUBDIVISION Rolling Acres LOT NO. 13 & 14 BLOCK NO. C

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

WELL CONTRACTOR Robert Ochler LICENSE NO. _____

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

5-17-76
DATE OF APPLICATION

John K. Revels
OWNER

Application approved and permit hereby granted

Permit No: 7056

L. P. Bridgeman
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation May 17, 1976 APP NO. 2256

Owner J. K. Reuals

Location of Property 4420 Greenacre Drive, Lots 13&14 Block A S

Soil Suitability Ratings TCN: 105-165-66/67

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Helena	Chewacla		
2. Soil Slope	acceptable 2-4%	—		
3. Soil Depth	acceptable 48"+	—		
4. Soil Texture	unacceptable 2:1 Expanding clay	—		
5. Soil Structure	unacceptable massive	—		
6. Restrictive Horizons	—	—		
7. Soil Drainage	unacceptable perched high water table	unacceptable poorly drained		
8. Soil Permeability (Percolation Rate)	unacceptable 2200min/in	unacceptable seasonal high water table <18" from surface		
9. Other	—	—		
10. Overall Rating	unacceptable	unacceptable		

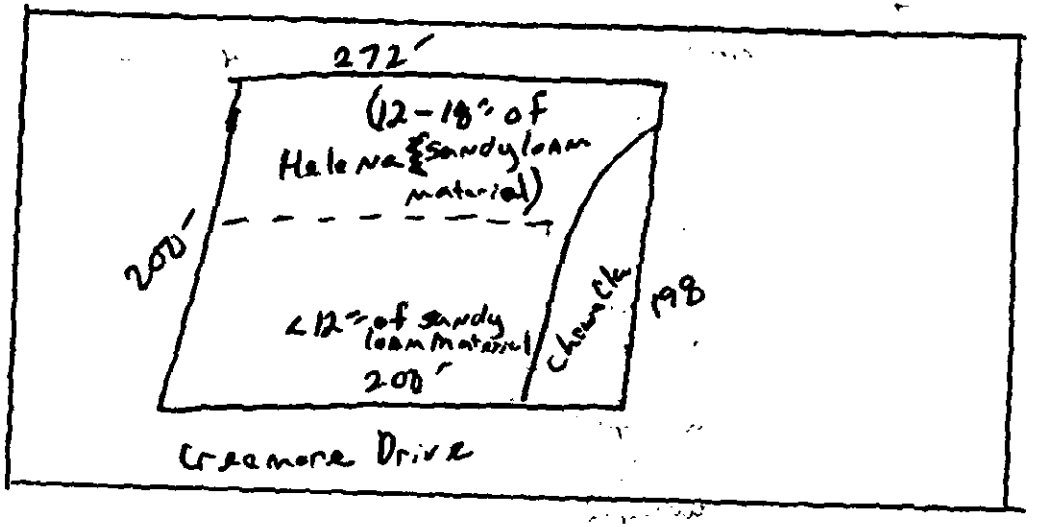
Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system.

See diagram on back

W. Edward Casmart
Soil Scientist

3/10/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

539

Date Received 9 27 13

APT No. 7056

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hodges (LAST) Eugene (FIRST) W. Lyon Jr (MIDDLE)

2) ADDRESS OF OWNER Rt. 8 Box 93 Charlotte N.C. ZIP 28212

3) PHONE NO. Home 596 4776 Office 596-2350

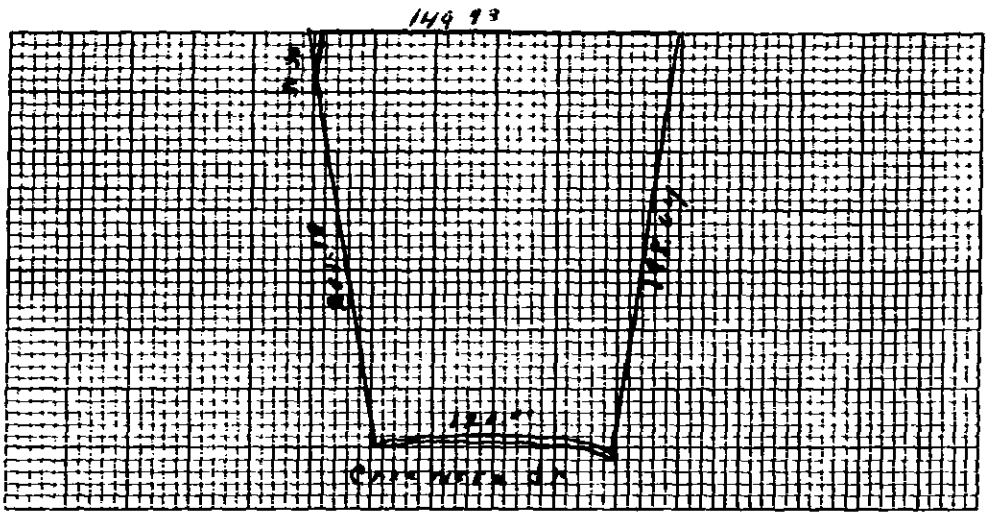
4) LOCATION OF PROPERTY 4426 Crae more dr (STREET OR COUNTY ROAD)

5) SUBDIVISION Belling Acres LOT NO. 13+14 BLOCK NO. C.

MAP BOOK NO. 15 PAGE NO. 237

6) DEED REFERENCE: DEED BOOK 3295 PAGE NO. 469

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

E.W. Hodges Jr
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3653

PTR No. 7056

T. C. No. 105-165-67

Date Issued October 3, 1973

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

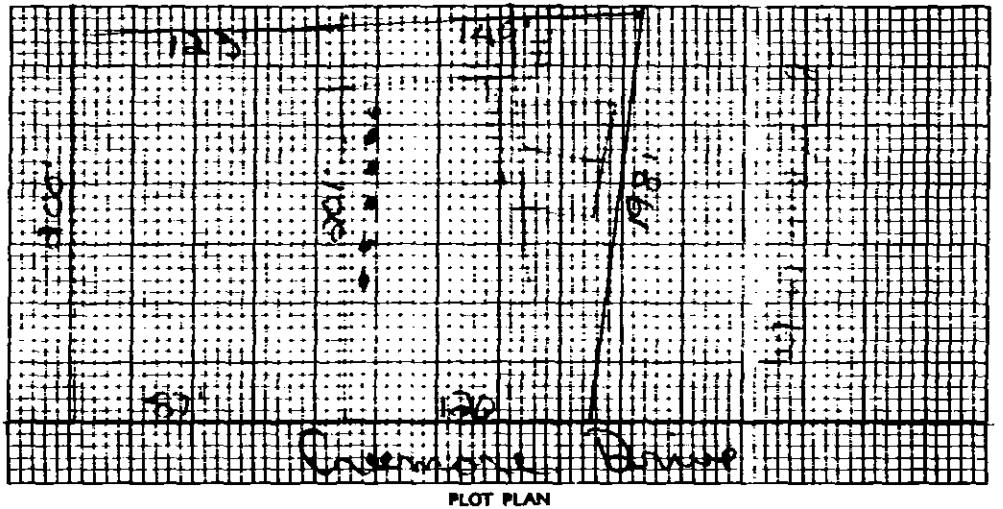
PERCOLATION TEST REPORT

NAME OF OWNER Hodges (LAST) Eugene (FIRST) Wilson, Jr. (MIDDLE)

ADDRESS OF OWNER Route 8, Box 93 ZIP 28212

LOCATION OF PROPERTY Creemore Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO. 13 & 14 BLOCK NO. C



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.

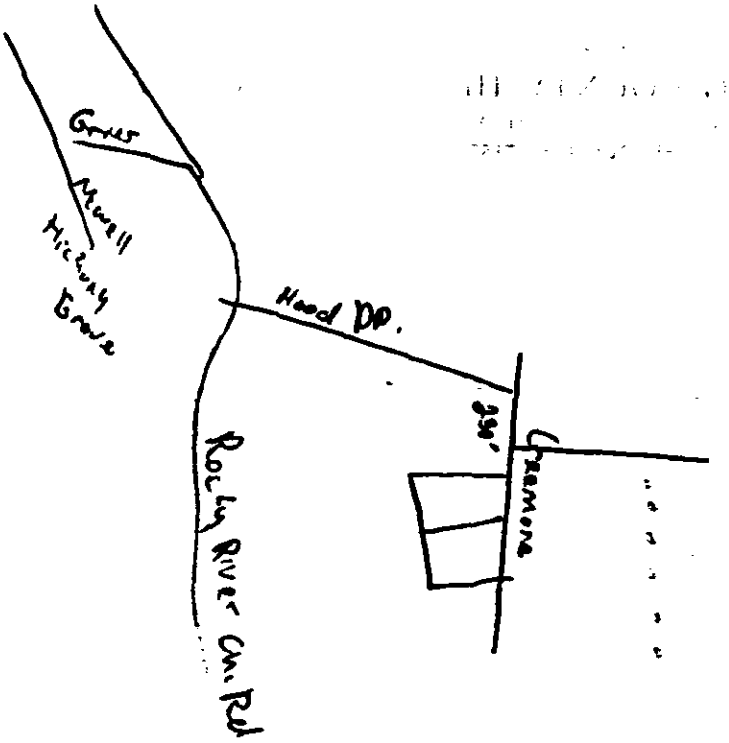
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion 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.

John R. Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY


Gravel
Mowell
Hickory
Grove
Head DP.
Rocky River Church Rd

Date Issued October 3, 1973

Serial No. 3481

IMPROVEMENTS PERMIT

LA No. 7056 56

T. C. No. 105-165-67

Map Date 4-27-73

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 Hodges (LAST) Eugene (FIRST) Wilson, Jr. (MIDDLE)

ADDRESS OF OWNER Route 8, Box 93 ZIP 28212

LOCATION OF LOT Creemore Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO 13 & 14 BLOCK NO. C

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 7056. 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.

R M Reynolds
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 7-7-76

Serial No. 7678

ICAR (S) Permit No. 7656

T. C. No. 105165-66

Map Date 4-27-23

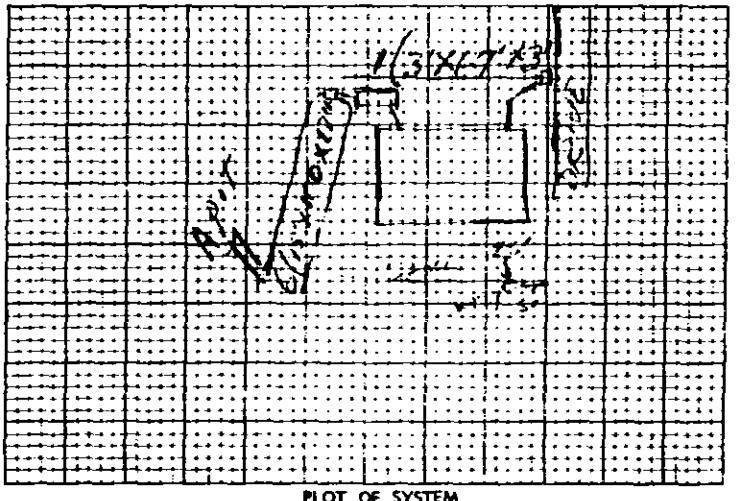
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___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 7656 dated 5-17-76 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 5/17/76 after which date this permit shall be null and void.


10.3X67.3X30
100'
10'
10'
10

Date Issued 14 July 76 Serial No. 7099

C of A (s) No. 7056

T. C. No. 105-165-66

Map Date 4-27-B

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 Revels, John K. (LAST, FIRST, MIDDLE)

Location of Property 4420 Creemore Drive

Application Number 7056 Permit Number 7056

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600'-150' Number of Lines 6-1

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 14 July 76 (DATE) Tank Inspected 14 July 76 (DATE)

Nitrification Field Inspected 14 July 76 (DATE)

Washing Machine Line Inspected, If Applicable 14 July 76 (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: _____

R. M. Reynolds
Environmentalist

FORM NO. E-6-2M-6-75

HEALTH DEPARTMENT COPY