Date Received MAR 5, 1975

Application No. 7423

T. C. No. 105-222-64

Map Date 2-21-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Watson (LAST) Charles (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER 11500 A Fairview Rd P.O. Box 25607 ZIP 28212

PHONE NO. Home 537-3697 Office 847-5459

LOCATION OF PROPERTY Fairview Rd (STREET OR COUNTY ROAD)

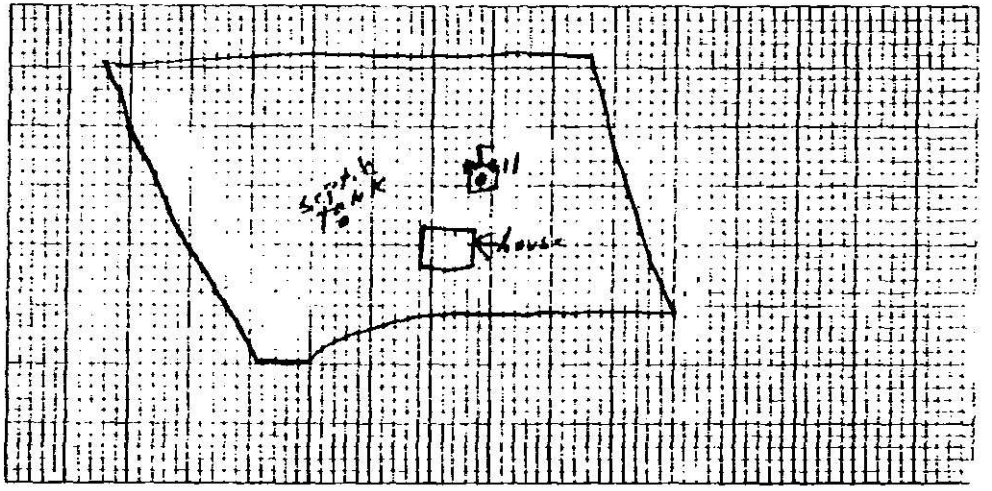
SUBDIVISION _____ LOT NO. 4A BLOCK NO. 222

MAP BOOK NO. 105 PAGE NO. 517

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Bros LICENSE NO. 30

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

MARCH 5, 1975
DATE OF APPLICATION

Charles H. Watson
OWNER

Application approved and permit hereby granted

Permit No: 7423

Paul A. Kiefer
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor [illegible] Reg. No 30 Well Permit No. 7427

1. Town Pineville Matthews County Mecklenburg

2. Location P.O. Box 2567 Charlotte Quadrangle No. G-64

Show a sketch of location on back of form

3. Owner _____

Address _____

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

5. Use of Well Home Date Completed 2-[illegible]

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

7. Casing: Depth Diam. Type

From [illegible] to [illegible] 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: [illegible] ft. above / below top of casing

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

Date [illegible]

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

13. Pumping Water Level: _____ ft. after _____ hrs.

at _____ gpm.

14. Water Quality _____ Temperature (°F) _____

15. Well sterilization method Chlorine (HTH)

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 Stevens

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

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

Date Received 3/2/75 — SEE INSTRUCTIONS ON [illegible] ✓

ICAR(S) Application No. 7423

T C No 049-33H11

Map Date

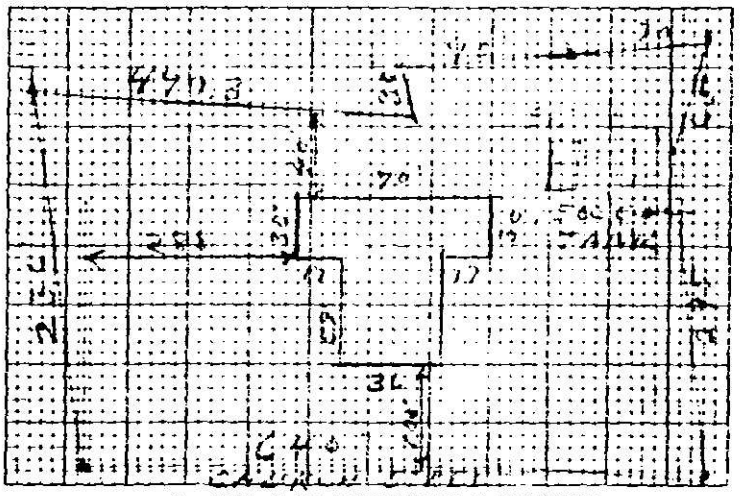
MECKLENBURG COUNTY HEALTH DEPARTMENT

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~~ [illegible]

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 [illegible] HAY [illegible] PRESBYTERIAN [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM ___
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 ___

OWNER [illegible]

FORM NO E-4-4-1-2)

HEALTH DEPARTMENT'S COPY

Date Issued March 24, 1975 **Serial No.** 4750

LA No 7423

T C No 049-331-11

Map Date -

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 New Hampton Presbyterian Church
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 216 Hampton Church Road ZIP

LOCATION OF LOT Hampton Church 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 7423. 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 reveked 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 septic tank

Paul A. Kiefer
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY