T. C. No. 731

MECKLENBURG COUNTY HEALTH DEPARTMENT

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB 6 1977

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

OR 64 HR.

Drilling Contractor Lee Bell Bros Reg. No. 300 Well Permit No. Driller

1. Town Pineville N C County Meck
2. Location Providence Rd West Quadrangle No. F 64
   Show a sketch of location on back of form
3. Owner E H Sharpe
   Address 9218 Providence Rd West
4. Topography: draw, slope, hilltop, valley, flat Mathews
5. Use of Well House Date Completed 2-4-77
6. Rig type or method Rotary Air Total Depth 300'
7. Casing: Depth From 0 to 95 ft. Diam. 6 in. Type Galvanized
8. Grout: Depth From 0 to 20 ft. Material Cement Method
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) Wet 2 GPM AT 130 ft
11. Static Water Level: 30' ft. above (below) top of casing which is 1 ft. above land surface. Elev ____
    Date ____
12. Yield (gpm) 2 Method of testing AIR
13. Pumping Water Level: ____ ft. after ____ hrs. at ____ gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method MTH
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	40	red clay
40	45	sand
45	300	spec granite

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

Date Received 12-6-73

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DEC 06 1973

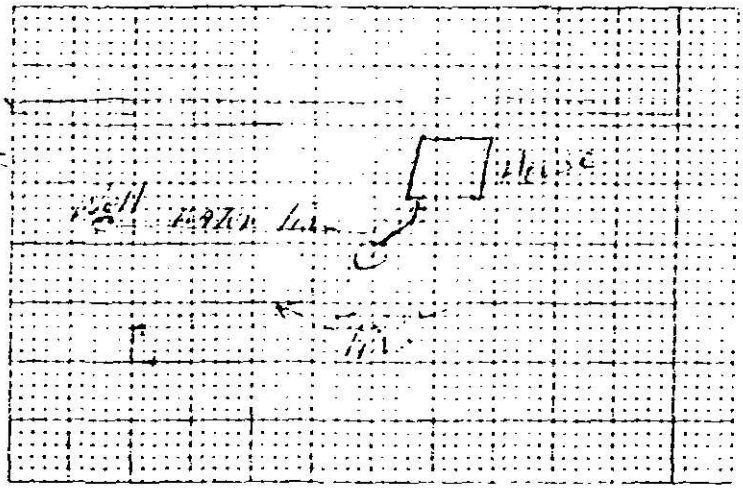
CARES Application No 7301
T C No
Map Date

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) Community System
C) Community System
1) Well
2)
Other Water Systems
Has water been tested? Yes
Is public water available? Yes No
Private water supply within 100 feet of proposed system?
Community sewer Yes No
10) FHA Case No
11) VA Case No

13) NAME OF OWNER Pope Ethel Mabry
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5611 Providence Road West Matthews

15) PHONE NO Home 364-5451 Office

16) LOCATION OF SYSTEM 5611 Providence Rd West Matthews 28105
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No 1 Page No. 57

18) DEED REFERENCE — DEED BOOK 1331 AT PAGE 276

19) HAS A PERCOLATION TEST BEEN RUN? X 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.

12-6-73
DATE OF APPLICATION

OWNER Ethel Pope

Form No E-4-8-1-72

HEALTH DEPARTMENT'S COPY