WELL RECORD Well Permit No. 12220

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 29 1977
ENVIRONMENTAL HEALTH

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Driller Contractor [illegible]

1. Location of property [illegible]
2. Name of owner [illegible]
   Address [illegible]
3. Does this well replace an existing well? _____
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well _____ Date completed _____
6. Rig type or method _____ Total depth _____
7. Casing:

| | Depth | | Inside Diam. | Wall thick. or Wt./ft. | Type |
|---|---|---|---|---|---|
| From | | to | ft. | in. | |
| | | | | | |
| | | | | | |

8. Grout:

| | Depth | | Material | Method |
|---|---|---|---|---|
| From | | to | ft. | |
| | | | | |

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) _____
11. Static water level: _____ ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) _____ Method of testing _____
13. Pumping water level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water quality _____ Temperature (°F) _____
15. Well sterilization method _____
16. Permanent pump: _____ Type _____ Make _____
    Installed – Date _____ By _____
    Capacity _____ gpm. Hp _____ TDH _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

DRILLING LOG

| Depth From | Depth To | Formation |
|---|---|---|
| [illegible] | | |

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

[illegible]
SIGNATURE OF CONTRACTOR OR AGENT

EHD-S-76

Date Received 9/12/11 Appt. No. (S) _____ Application No. (W) 12220

T. C. No. 061-091-39

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER McCLEAVE (LAST) William (FIRST) Robinson (MIDDLE)

ADDRESS OF OWNER 111 Evergreen Circle Rockingham ZIP 28730

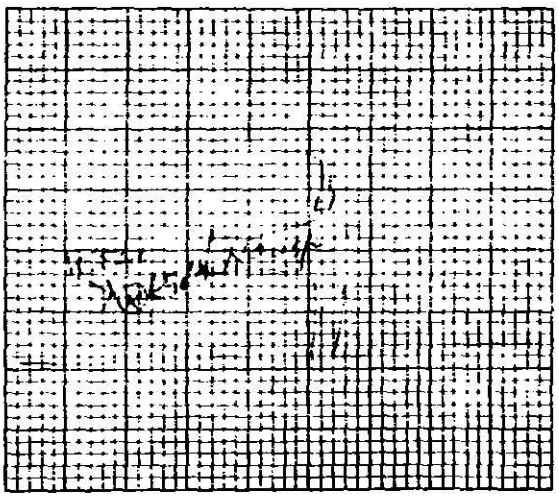
PHONE NO. Home 803-327-4915 Office 373-6087

LOCATION OF PROPERTY #9A Stough Farm Rd
STREET OR COUNTY ROAD

WELL CONTRACTOR / LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health 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

DATE OF APPLICATION _____ OWNER W. R. McCleave Jr.



Remarks: _____

ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: 12220

ENVIRONMENTALIST _____

EHD-5-76

**Environmental Health Department's Copy**

Date Received 4/19/77

APT No. 1220

T. C. No. 091-391-15

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER STOUGH (LAST) ALICE (FIRST) Johnston (MIDDLE)

2) ADDRESS OF OWNER PO Box 2137 Davidson, N.C. ZIP 28036

3) PHONE NO. Home 892-1395 Office 892-1575

4) LOCATION OF PROPERTY ON Stough Farm Rd (STREET OR COUNTY ROAD) 1st Right OFF Rd 2251 (Meta...)

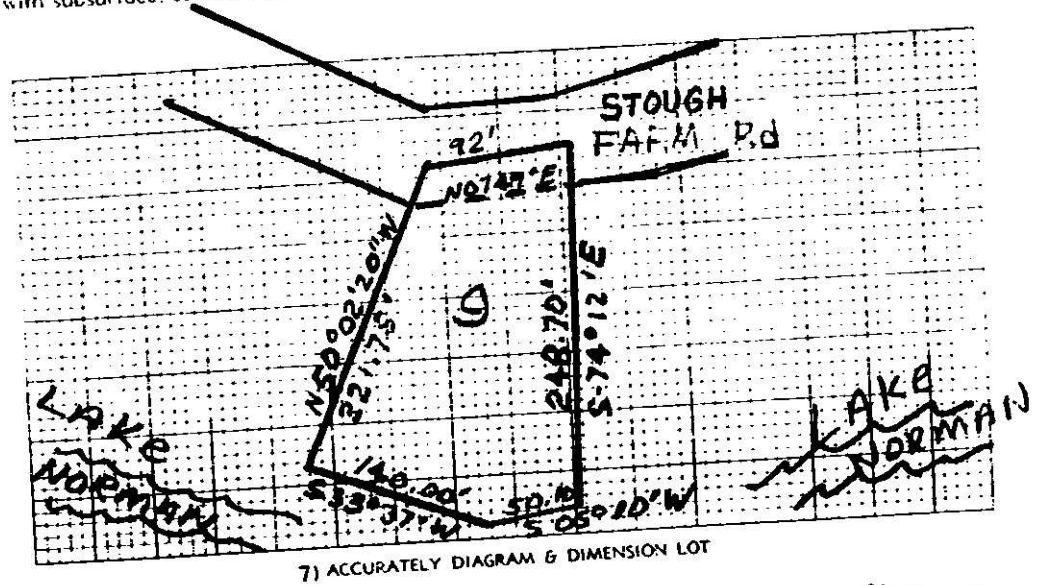
5) SUBDIVISION _____ LOT NO 9 BLOCK NO. B

MAP BOOK NO 18 PAGE NO 33

6) DEED REFERENCE: DEED BOOK 2405 PAGE NO 346

* See OWNER For Additional Info = ONLY HOUSE ON Stough Farm Rd

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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

Alice Johnston Stough
OWNER

EHD-5-76

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation April 25, 1977 APT NO. 12220

Owner Alice Stough

Location of Property Stough Farm Rd. lot No. 9 Block B

Soil Suitability Ratings Tax Code No. P.O.001 091-07

| Soil Properties | Soil 1 | Soil 2 | Soil 3 | Soil 4 |
|---|---|---|---|---|
| 1. Soil Series | Cecil | | | |
| 2. Soil Slope | suitable 3-16% | | | |
| 3. Soil Depth | suitable > 48" | | | |
| 4. Soil Texture | provisionally suitable clay | | | |
| 5. Soil Structure | provisionally suitable blocky | | | |
| 6. Restrictive Horizons | — | | | |
| 7. Soil Drainage | suitable water table 60 to 76" | | | |
| 8. Soil Permeability (Percolation Rate) | provisionally suitable moderate | | | |
| 9. Other | Colluvium | | | |
| 10. Overall Rating | provisionally suitable | | | |

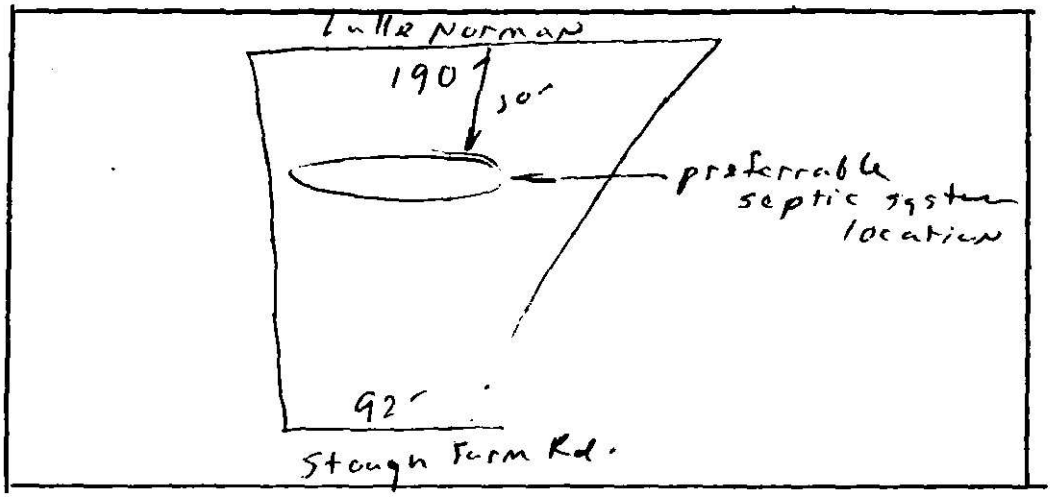
Remarks
Recommendations Based on this investigation the lot was found to have an adequate area of ~~soil~~ provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of Colluvium

See diagram on back

W. Edward Cockerham
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY




3/18/75

EHR 339

Serial No. 0689

PTR No. 12220

Date Issued 4/27/77

T. C. No. 001-091-37

Map Date -

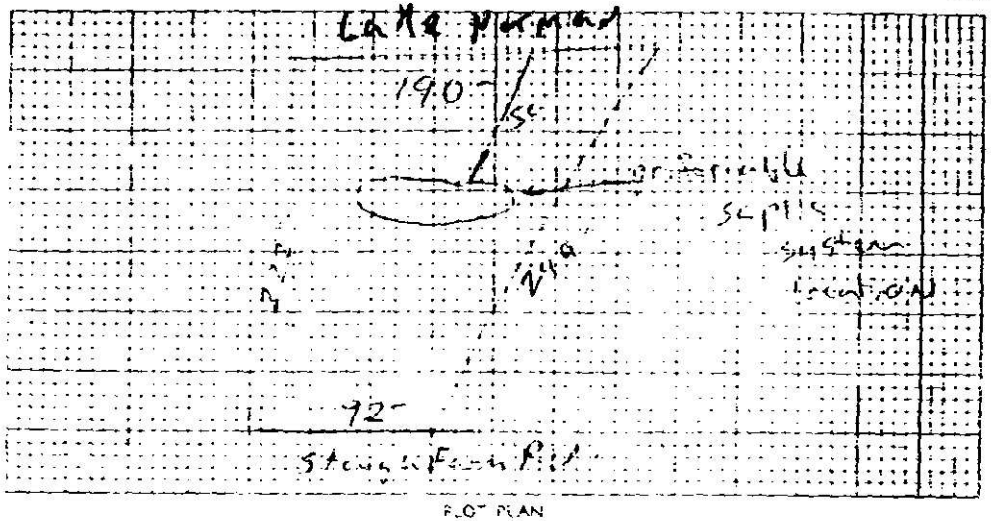
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER Stough (LAST) Alice (FIRST) Johnston (MIDDLE)

ADDRESS OF OWNER P. O. Box 2137, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY Stough Farm Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 9 BLOCK NO. #1




PLOT PLAN

This property was inspected on [illegible] by a representative of the Mecklenburg County Department of Environmental Health and a soil investigation was conducted on [illegible] and found to be Provisionally Suitable

The permeability rate determined on this lot was 60Min./In. The said lot is approved for the installation of an individual single family wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. [illegible] the Mecklenburg County Department of Environmental Health [illegible] this wastewater treatment system on the said lot.
2. The [illegible] the system shall be determined by the Mecklenburg County Department of Environmental Health at the time [illegible] are obtained and shall be sized [illegible] building [illegible]
3. This approval [illegible] system is based on the minimum area [illegible] acceptable for system installation [illegible] the above lot.
4. This approval [illegible] soil [illegible] performed on the lot as shown on the plot plan by Mecklenburg County Department of Environmental Health [illegible] and found acceptable for system installation or suitable for installation [illegible] system.

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

Edward [illegible]
Soil Scientist

John R Atkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6/20/77

ICAR(S) Application No. 12220

T. C. No. 001-01439

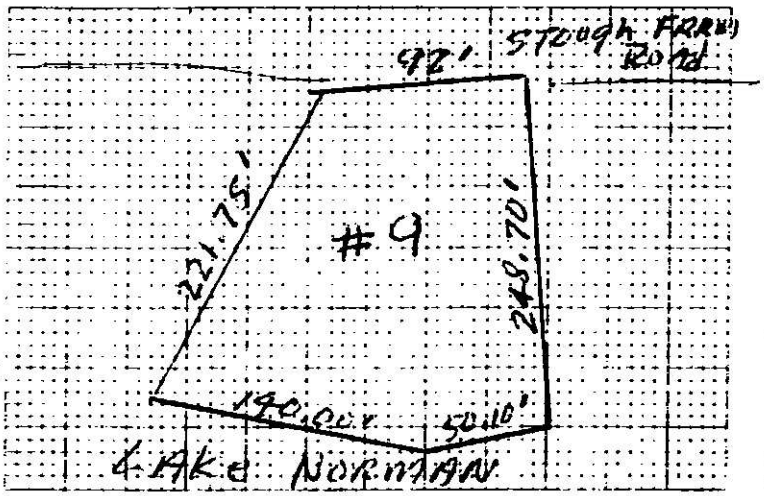
Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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) Mobile Home Yes ___ No ___
Residence ✓ Yes ___ No
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 McCleave (LAST) William (FIRST) Robinson (MIDDLE)

14) ADDRESS OF OWNER 111 Evergreen Cir, Rock Hill S. C

15) PHONE NO Home ___ Office 373-8087

16) LOCATION OF SYSTEM #9 Stough Farm Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 9 Block No. A

Map Book No 18 Page No. 33

18) DEED REFERENCE — DEED BOOK 2405 AT PAGE 346

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4/27/77

20) PTR NUMBER (See Instructions) 12220

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.

6/15/77
DATE OF APPLICATION

Wm McCleave
OWNER

EHD-S-76

**Environmental Health Department's Copy**

Serial No. 0929

LA No. 12220

Date Issued June 20, 1977

T. C. No. ~~001291-07~~ 091-091-31

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER McCleave (LAST) William (FIRST) Robinson (MIDDLE)

ADDRESS OF OWNER 1111 Evergreen Circle, Rock Hill SC ZIP

LOCATION OF LOT Stough Farm Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 9 BLOCK NO. A

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 12220 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 soil investigation 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

Environmental Health Director, or Authorized Section Head

EHD-5-76

**Environmental Health Department's Copy**

Date Issued [illegible]

Serial No. 1239

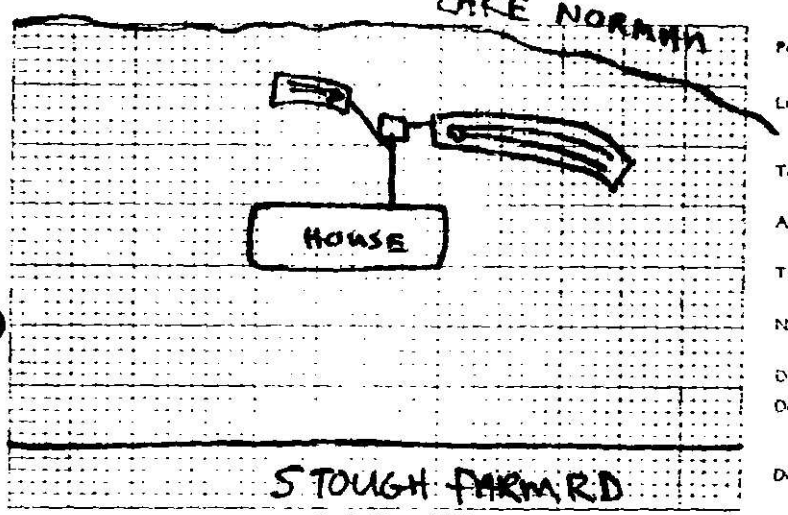
ICAR(S) Permit No. 1222 13446

T. C. No. [illegible] 291

Map Date 001-091-34

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## 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 13446, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or complete. All work shall be completed on or before 6 [illegible] 92, after which date this permit shall be null and void.




FRONT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction P.C.

Absorption and or Nitrification Lines.

Total Line Length 495'-45'

Number of Lines 5-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY Stough Farm RD. Lot 9 Block A

The system shall meet all requirements as set forth in the Regulations of the Mecklenburg County Health Department in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible for inspection. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments

Division or Section Head

R. M. Reynolds
Environmentalist

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

12220

Date Issued 7 Feb 78 **Serial No. 1303** C of A (s) No. 13146

P.O.

T. C. No 001-0941-37

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

## CERTIFICATE OF APPROVAL

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

Name of Owner Mc-Cleve, Wm. (LAST, FIRST, MIDDLE)

Location of Property S Tough Farm Rd Lot 9, Blk A

Application Number 13146 Permit Number 13146

**Inspection Data:**

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 495'-125' Number of Lines 5-3

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7 Feb 78 (DATE) Tank Inspected 7 Feb 78 (DATE)

Nitrification Field Inspected 7 Feb 78 (DATE)

Washing Machine Line Inspected, If Applicable 7 Feb 78 (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 Health Commission 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

J M Reynolds
Environmentalist

EHD-S-76

**Environmental Health Department's Copy**