Date Received 4-11-74

Application No. 6360

P.O T. C. No. 139-271-15

Map Date 14 26 23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Homecraft Builders
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 3547 N Sharon Amity ZIP 28212

PHONE NO. Home — Office 535-1460

LOCATION OF PROPERTY 8508 Ukwbound Rd.
(STREET OR COUNTY ROAD)

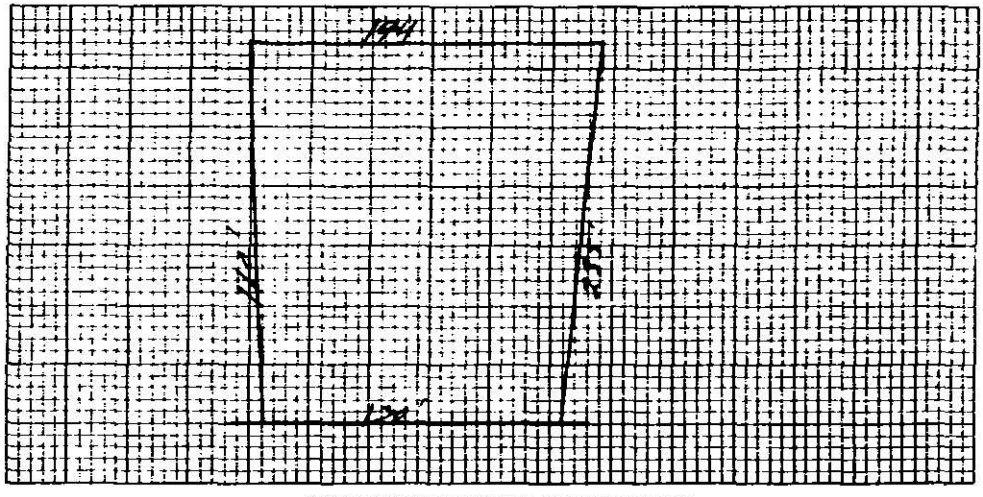
SUBDIVISION Hillandale Acr. LOT NO. 17 BLOCK NO.

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR 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 X individual, ____ semi public, or ____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

9-14-74
DATE OF APPLICATION

Homecraft Builders
OWNER

Application approved and permit hereby granted

Permit No: 6360

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received _____ Application No. _____

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER _____
LAST FIRST MIDDLE

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY _____
STREET OR COUNTY ROAD

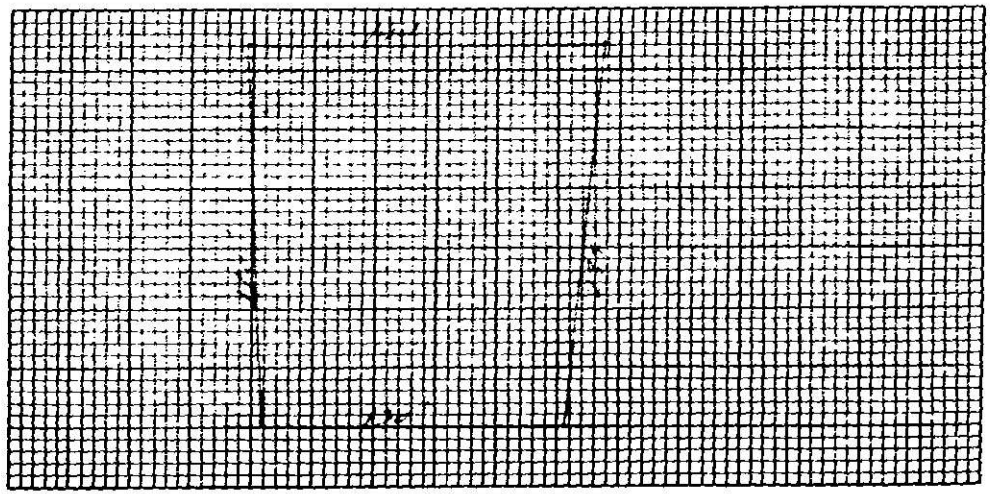
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR _____ 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 1 *individual,* _____ *semi public, or* _____ *public water supply:*



ACCURATELY DIAGRAM & DIMENSION LOT

_____ _____
DATE OF APPLICATION OWNER

Application approved and permit hereby granted

WELL CONSTRUCTION PERMIT

Permit No: 6360

_____
ENVIRONMENTALIST

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

ENVIRONMENTALIST'S COPY

Date Received _____ Application No. _____

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER _____
LAST FIRST MIDDLE

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY _____
STREET OR COUNTY ROAD

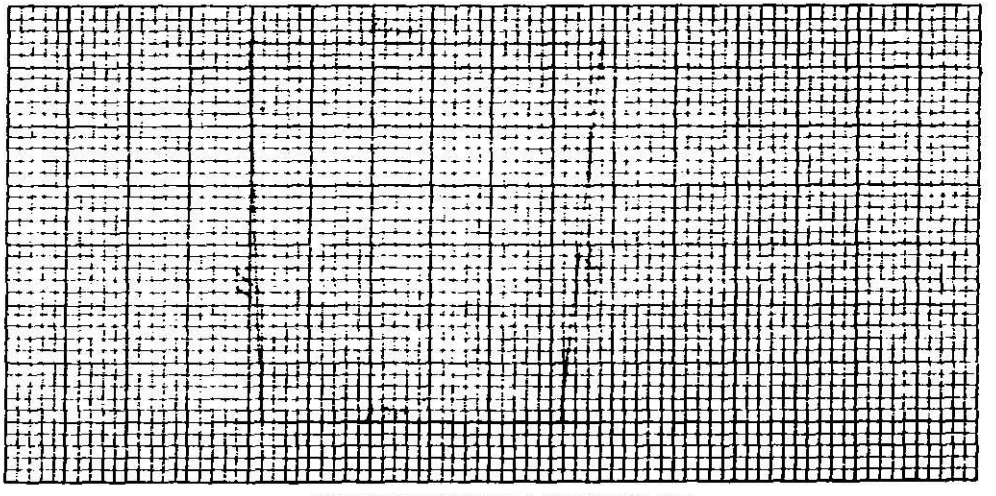
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR _____ 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

_____ _____
DATE OF APPLICATION OWNER

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

FORM NO. E-20-9-1-72 OWNER'S COPY

WELL RECORD Well Permit No. 6360

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Drilling Contractor _____

1. Location of property _____
2. Name of owner _____

   Address _____
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: _____

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

_____
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation

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

Date Received 5 23 23

APT No 6360

T C No 139-29408

Map Date 4 19 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Brief Road Development Company
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1740 E. INDEPENDENCE BLVD. ZIP 28205

3) PHONE NO Home _____ Office 333-5492

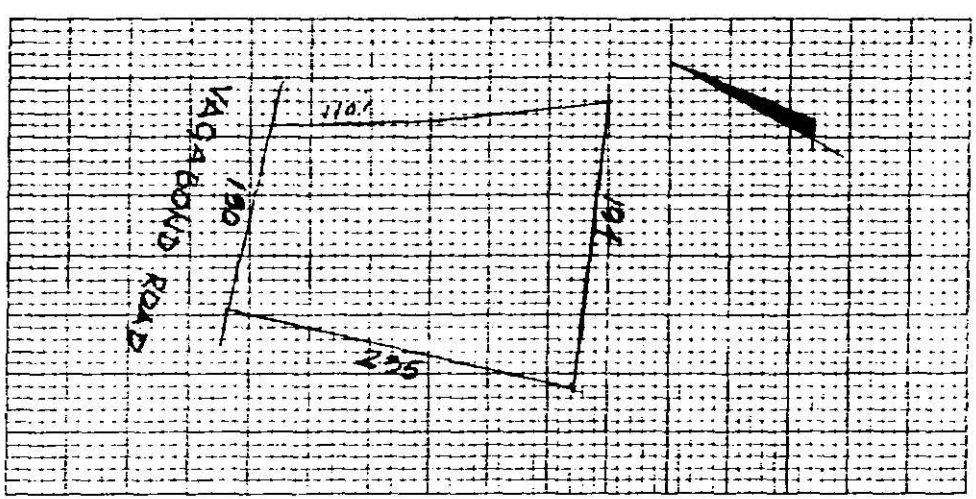
4) LOCATION OF PROPERTY LOT 17, VAGABOND ROAD
STREET OR COUNTY ROAD

5) SUBDIVISION HILLANDALE Acres Addition LOT NO. 17 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

Brief Road Development Company

MAY 14, 1973

OWNER PRESIDENT

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3787

PTR No 6360

T C No 139-27~~1-8503~~

Date Issued November 2, 1973

Map Date ~~2-14-73~~ 4-19-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

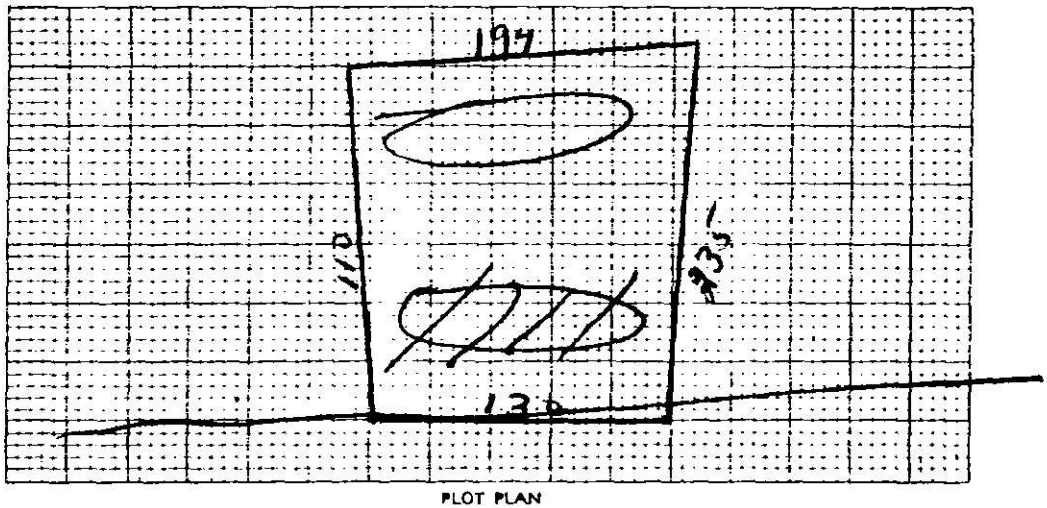
PERCOLATION TEST REPORT

NAME OF OWNER Brief Road Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 E. Independence ~~Blvd~~ Blvd. ZIP 28205

LOCATION OF PROPERTY Vagabond Road
(STREET OR COUNTY ROAD)

SUBDIVISION Hillandale Acres Addition LOT NO 17 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 48 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 waste water 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 void and, 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. Robinson

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 9-10-74

ICAR'S Application No 6360

T C No 139-274-08

Map Date 4-19-74

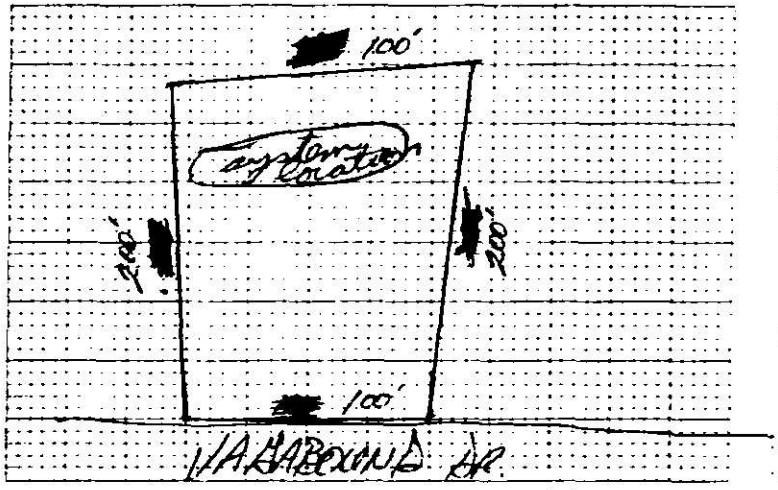
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 X Yes ___ No

7) Garbage Disposer ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
A Individual Well X
B Governmental System ___
C Community System ___
1 Well ___
2 Governmental ___

10) Sewage System
House located within 200' of public sewer ___ Yes X No
House located within 200' of community sewer ___ Yes X No

11) EHA Case No ___

12) VA Case No ___

13) NAME OF OWNER HOMECRAFT Builders (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER Box 12002 Charlotte N.C.

15) PHONE NO Home 535-1460 Office ___

16) LOCATION OF SYSTEM Vagabound Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Hillandale Est. Lot No 17 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ PR. 48

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN Nov-2, 1973

20) PTR NUMBER (See Instructions) 6360

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 X Homecraft Builders

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Sept. 10, 1974

Serial No. 4423

LA No 6360

T C No 139-274-08

IMPROVEMENTS PERMIT

Map Date 4-19-74

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 Homecraft Builders
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Box 12002 ZIP

LOCATION OF LOT Vagabond Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Hillandale Acres LOT NO 17 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 48 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 6360. 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.

A M Reynolds
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 30 Oct 74 Serial No. [illegible]8 ICAR(S) Permit No. 6360

T C No 139-274-05

Map Date 449-74

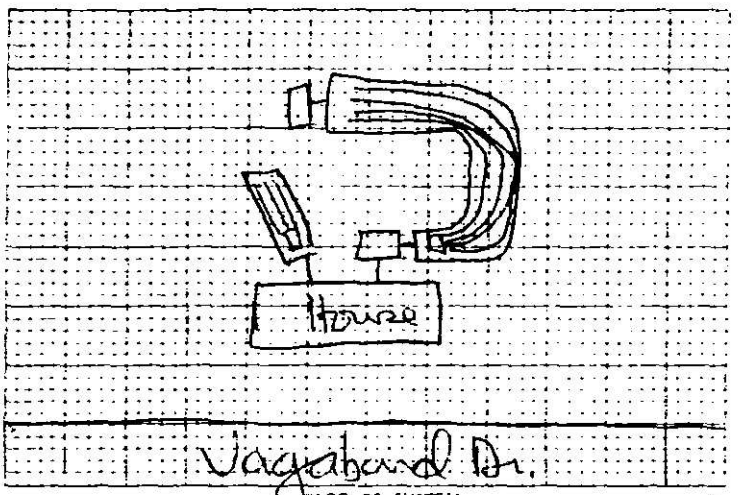
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6360, 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 30 Nov 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 550' & 150'

Number of Lines (5) 12½' X 110'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 162'

NAME OF OWNER Homecraft Builders

LOCATION OF PROPERTY Vagabond Drive Lot #17

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: washer

aeration pit 2½' x 7' x 4' stone

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 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. E-5-9-1-72

Date Issued 8 Nov-74 Serial No. 5197 C of A (s) No 6360

T C No 139-274-05

Map Date 4-19-74

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 Homecraft Builders (LAST / FIRST / MIDDLE)

Location of Property Vagabond Drive Lot #7

Application Number 6360 Permit Number #6360

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 550' & 150' Number of Lines (5) 12½' & 110'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 8 Nov-74 (DATE) Tank Inspected 8 Nov-74 (DATE)

Nitrification Field Inspected 8 Nov-74 (DATE)

Washing Machine Line Inspected, If Applicable 8 Nov-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 issued 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 aeration pit O.K.

G. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72

U.S. GOVERNMENT PRINTING OFFICE