Date Received 8-20-75 APT No. 6870

T. C. No. 215-151-56

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Morningstar Realty, Inc.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 14400 Springwater Drive, Matthews NC ZIP 28105

3) PHONE NO. Home _____ Office 847-6127

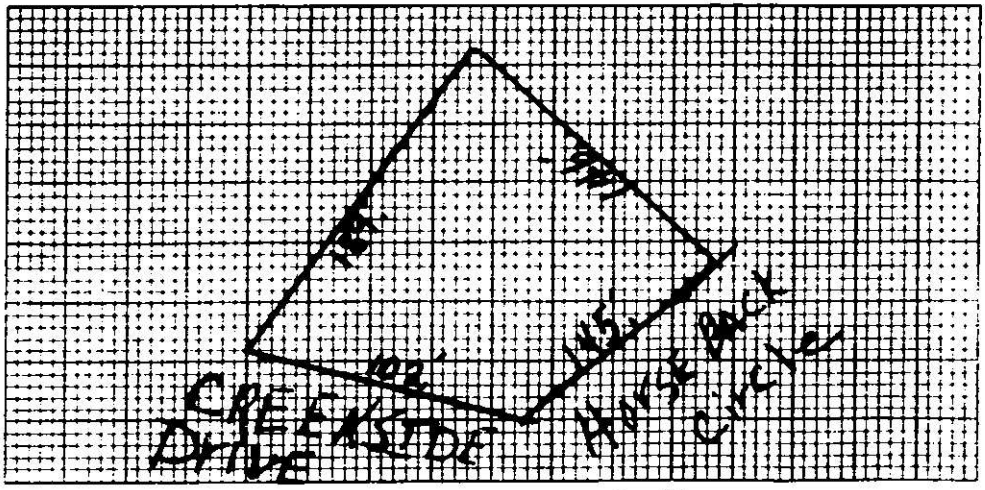
4) LOCATION OF PROPERTY Creekside Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Springwater LOT NO. 24 BLOCK NO. B

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 3326 PAGE NO. 459

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

Morningstar Realty, Inc.
By: _____
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3520

PTR No. [redacted]

T. C. No. 213-151-[redacted]56

Date Issued August 23, 1973

Map Date [redacted]

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

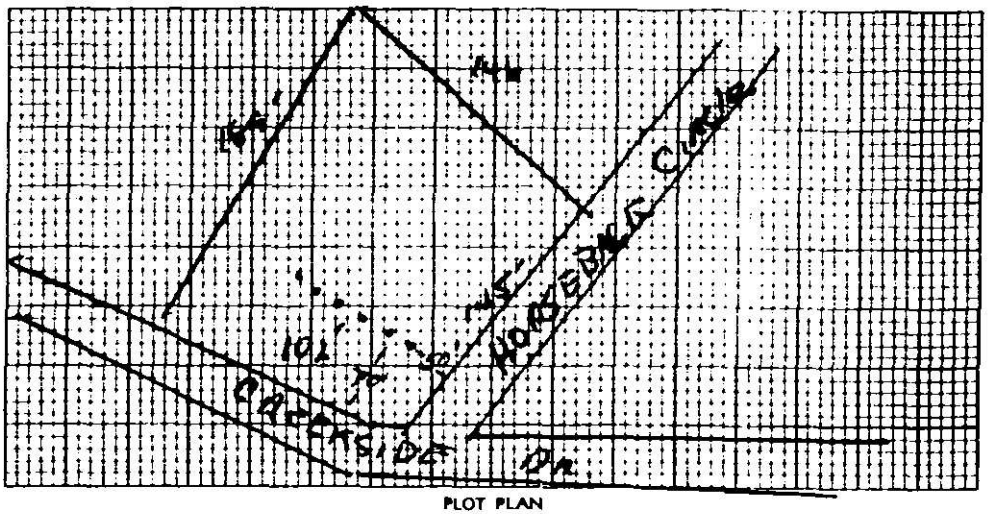
PERCOLATION TEST REPORT

NAME OF OWNER Morningstar Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 14400 Springwater Dr., Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Creekside Drive
STREET OR COUNTY ROAD

SUBDIVISION Springwater LOT NO 24 BLOCK NO. B



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 55 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 teratment 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

Date Received 3-12-74

SEE INSTRUCTIONS
MECK COUNTY HEALTH DEPT.
RECEIVED
MAR - 2 1974
ENVIRONMENTAL HEALTH DIVISION

10 AR(S) Application No. 6870

T C No. 315-151-376

Map Date 6-10-74

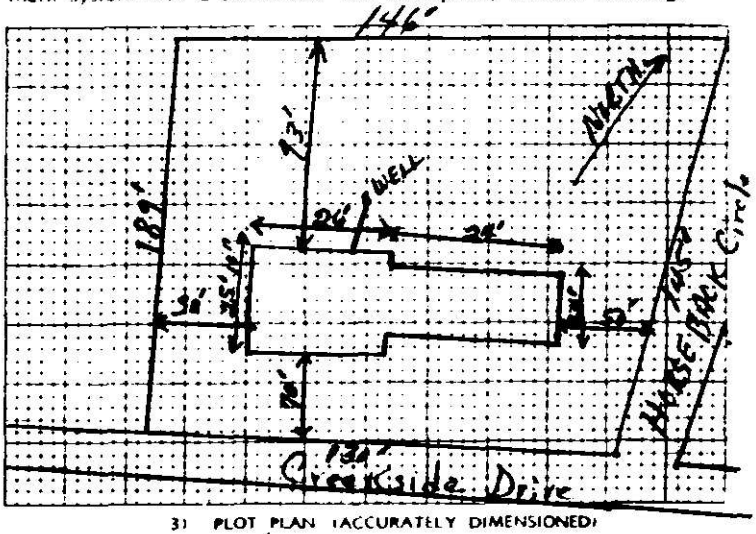
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an

Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of 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 MORNINGSTAR REALTY, INC.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 14400 Springwater Dr., Matthews, NC

15) PHONE NO Home ___ Office 847-6127

16) LOCATION OF SYSTEM 14201 Creekside Drive
(STREET OR COUNTY ROAD)

17) SUBDIVISION Springwater Lot No 24 Block No. B

Map Book No 17 Page No 207

18) DEED REFERENCE — DEED BOOK 3326 AT PAGE 459

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 8-22-73 & 5-5

20) PTR NUMBER (See Instructions) 6870

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.

3-8-74
DATE OF APPLICATION

MORNINGSTAR REALTY, INC.
By: David T. Simpson, Pres.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 13, 1974

Serial No. 3900

LA No. 6870

T. C. No. 215-151-[redacted]56

Map Date 6.10.74

IMPROVEMENTS PERMIT

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 Morningstar Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 14400 Springwater Dr., Matthews, N. C. ZIP 28105

LOCATION OF LOT 14201 Creekside Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Springwater LOT NO 24 BLOCK NO B

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 55 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 6870. 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

M. A. Kirby
Environmentalist

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

FORM NO E-3-B-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 15 Aug 74

Serial No. 5485

ICAR(S) Permit No. 6820

1.0 T C No. 215-151-07

Map Date 14 Aug 73

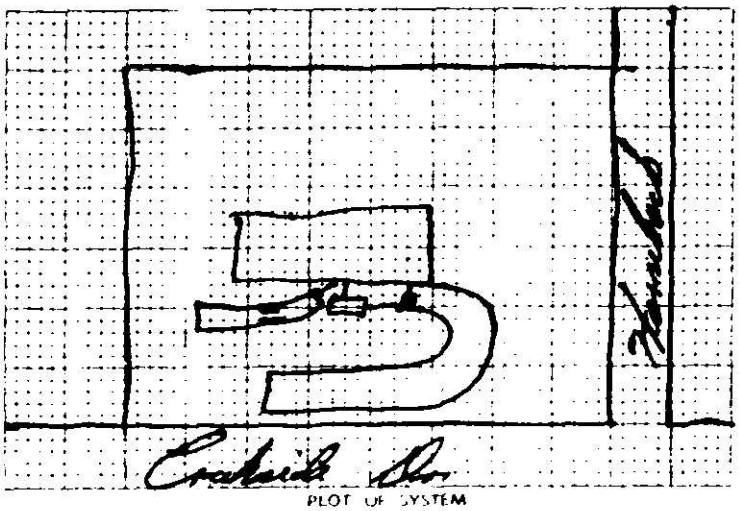
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6820 dated 12 Aug 74 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 15 Aug 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' [illegible]

Number of Lines 5 @ 24 x 150' x 36"

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Morningside Realty Co. Inc

LOCATION OF PROPERTY 14201 Crakside Dr (Lot 24-B)

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 Lloyd Honeycutt (Contr)

Division or Section Head

Environmentalist M. D. Finley

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.

PLEASE RETURN THIS COPY

Serial No. 5031

C of A (s) No. 6870

P.O.

T C. No 215-151-07

Date Issued 7-17-74

Map Date 2-14-73

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 Morningstar (LAST) Realty Co. Inc. (FIRST) (MIDDLE)

Location of Property 14201 Creekside Dr. (24-B)

Application Number 6870 Permit Number 6870

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600'+150' um Number of Lines 3(7½'x 25' x 36") 5 (12½'x 60'x 36")

Depth of Filter Material 36" Cover Depth 18"-24"

Water Supply Source Ind. well Distance from Water Source 100'

Excavation Inspected 7-17-74 (DATE) Tank Inspected 7-12-74 (DATE)

Nitrification Field Inspected 7-17-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-12-74 (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 nor his successors in any way from installing 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 as well as 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 Honeycutt (contractor)

V. I. Ottenbach

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

T. C. No. CO-215-151-17

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Expert Well Drilling Reg. No. 61 Well Permit No. 6871

1. Town Charlotte County Mecklenburg
2. Location 14209 Horsebrook Circle, Springwater Quadrangle No.
   Show a sketch of location on back of form
3. Owner Mornington Realty, Inc.
   Address 14200 Springwater Dr.
4. Topography: ~~drain~~ slope, ~~ridge~~, ~~valley~~, ~~flat~~
5. Use of Well Home Date Completed 5-20-74
6. Rig type or method 2 in Dia. Total Depth 95 ft
7. Casing: Depth From 0 to 40 ft. Diam. 2 in. Type galvanized
8. Grout: Depth From 0 to 20 ft. Material in. Method Cement + Sand
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth)
11. Static Water Level: 26 ft. above/below top of casing which is 4 in ft. above land surface. Elev.
    Date 5-20-74
12. Yield (gpm) 5 Method of testing 1/2 hp pump
13. Pumping Water Level: 26 ft. after hrs. at 5 gpm.
14. Water Quality good Temperature (°F)
15. Well sterilization method Chlorine
16. Permanent Pump: Type Jet Make F + W
    Installed — Date 5-20-74 By Eddie Cooper Jr.
    Capacity 5 (gpm) Hp. 1/2
    Intake depth 38 ft. Airline depth
17. Remarks:

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

Eddie Lee Cooper Jr.
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	40	Dirt
40	95	Sandstone

FORM NO. E-22-8-1-72


Idlewild Rd
Springwater Ln
Hwy 35
Independence Blvd