T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros Reg. No. 30 Well Permit No. 7277

1. Town _____ County Meck

2. Location _____ Quadrangle No. A-11

Show a sketch of location on back of form

3. Owner Charlotte Dept.

Address Char. N.C. Lot 3 Block 8 Jennings Dr.

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

5. Use of Well _____ Date Completed _____

6. Rig type or method _____ Total Depth _____

7. Casing:

	Depth		Diam.	Type
From	to	ft.	in.	

8. Grout:

	Depth		Material	Method
From	to	ft.	in.	

9. Screen:

	Depth		Diam.	Type and Opening
From	to	ft.	in.	

10. Water Zones (depth) _____

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 Packer Jet Make SHJD Borks

Installed — Date 12-18-74 By McCall Bros

Capacity 12 (gpm) Hp. 1½

Intake depth _____ Airline depth _____

17. Remarks: Jet @ 32'

Pressure Tank 202 Extra

18 Gal. Drawoff Tank

I do hereby certify that this well record is true and exact. Equiv. to 42 gal. Tank

William McCall

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation

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

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros Reg. No. 30 Well Permit No. 7277

1. Town Cha. County Mech.
2. Location 1605 Greenway Dr. Quadrangle No. G 6 S
   Show a sketch of location on back of form
3. Owner Chas. Hdw. Co.
   Address 6725 old Pineville Rd
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Home Date Completed 12-13-74
6. Rig type or method Rotary Total Depth 55
7. Casing: Depth Diam. Type
   From 0 to 37 ft. 2 in. Std W.I.
8. Grout: Depth Material Method
   From 0 to 20 ft. ____ in. Cement Grout
9. Screen: Depth Diam. Type and Opening
   From ____ to ____ ft. ____ in. ____
10. Water Zones (depth) 40'
11. Static Water Level: 20 ft. above / below top of casing
    which is ____ ft. above land surface. Elev. ____
    Date 12-13-74
12. Yield (gpm) 5 Method of testing Jet Pump
13. Pumping Water Level: 20 ft. after 3 Hours hrs.
    at 5 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method H.T.H
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 Shearer
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	5	Brown Clay
5	37	Blue Schist
37	55	Blue Granite

FORM NO. E-22-0-1-72

Date Received 17 Oct 74

Application No. 7277
T. C. No. 032-023-11
Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] (LAST FIRST MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Rd, Charlotte ZIP 28211

PHONE NO. Home _____ Office 366 2283

LOCATION OF PROPERTY Glenwyn Drive (STREET OR COUNTY ROAD)

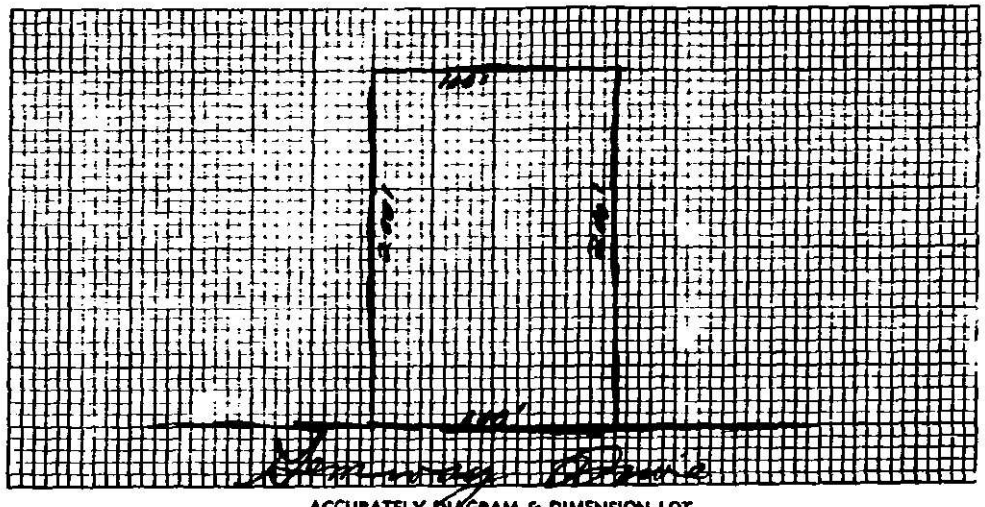
SUBDIVISION Edmore Estates LOT NO. 3 BLOCK NO. 8

MAP BOOK NO. 14 PAGE NO. 167

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Bros. LICENSE NO. 75

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

9-5-74
DATE OF APPLICATION

[signature], V-P
OWNER

Application approved and permit hereby granted

Permit No: 7277

17 Oct 74
[signature]
ENVIRONMENTALIST

FORM NO. E-69-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-30-23 APT No. 7277

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Charlotte Realty Co (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 6616 Providence Rd ZIP 28211

3) PHONE NO. Home Office 366-2283

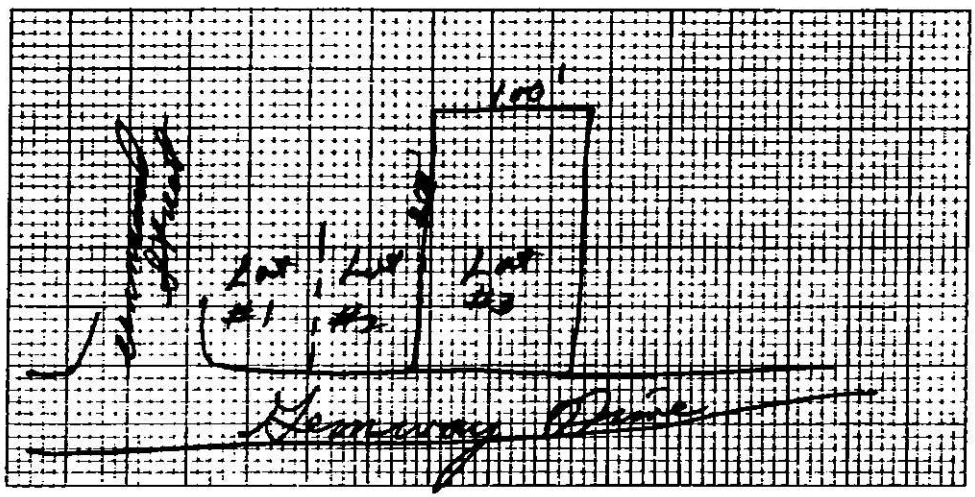
4) LOCATION OF PROPERTY Hennway Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Edmore Estates LOT NO. 3 BLOCK NO. 8

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

11-30-23

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3856

PTR No. 7277

T C No. 037-073-11

Date Issued December 5, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

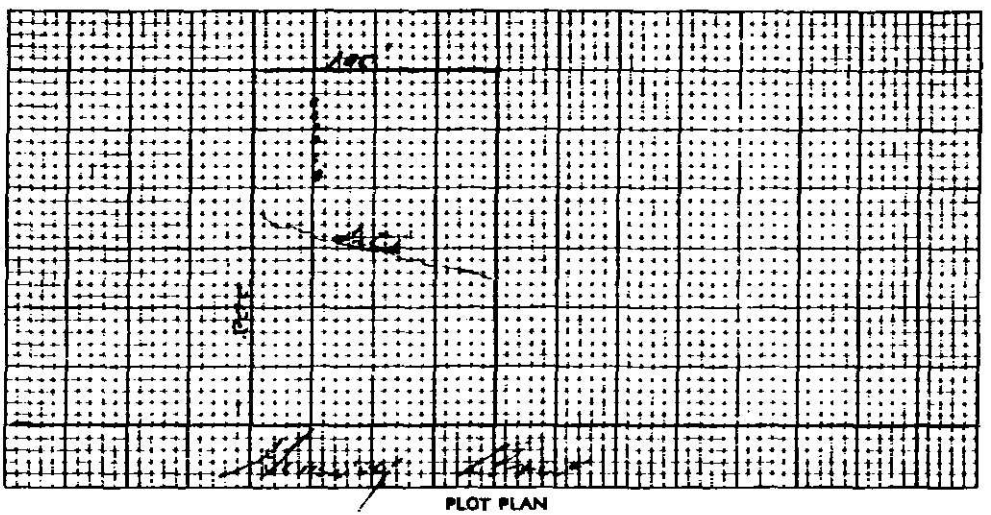
PERCOLATION TEST REPORT

NAME OF OWNER Charlotte Development Company
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 131 Old Providence Road ZIP

LOCATION OF PROPERTY Gerway Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Edmore Estates LOT NO 3 BLOCK NO. 8



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 60 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.

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 12-20-23 ICAR(S) Application No 7277

T. C. No 037-073-11

Map Date 9 5 23

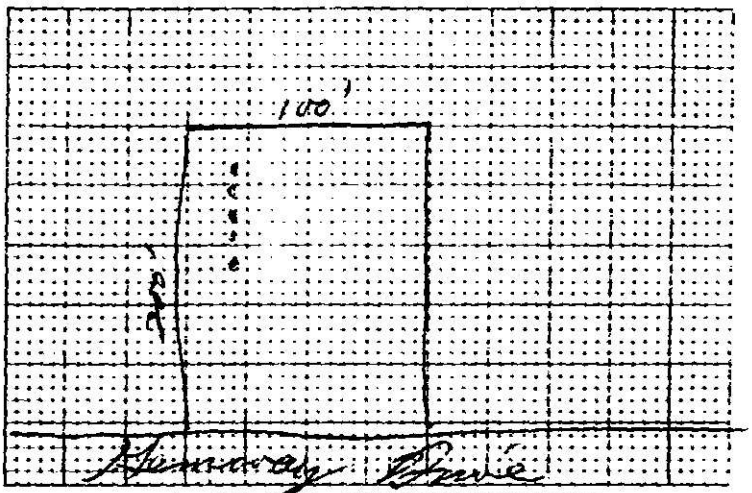
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Disp. Yes ___ No ✓

8) Dishwasher Yes ___ No

9) Water Supply
A- Individual Res ✓
B- Government ___
C Community System
1 Well source ___
2 Government ___

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 Charlotte Development Co (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 6225 Old Providence Rd

15) PHONE NO. Home ___ Office 366-2283

16) LOCATION OF SYSTEM Hennessy Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Elmore Estates Lot No. 3 Block No. 8

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ PR760

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 12-4-23

20) PTR NUMBER (See Instructions) 7277

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 12-13-23

Ronald Hayes - V.P.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued December 21, 1973

Serial No. 3710

IMPROVEMENTS PERMIT

LA No. 7277

T. C. No. 037-073-11

Map Date 9-5-73

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 Charlotte Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP _____

LOCATION OF LOT Gemway Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Edmore Estates LOT NO. 3 BLOCK NO. 8

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 60 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 7277. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-9-74

ICAR (S) Application No 7277

T C No 031-073-11

Map Date 9-5-73

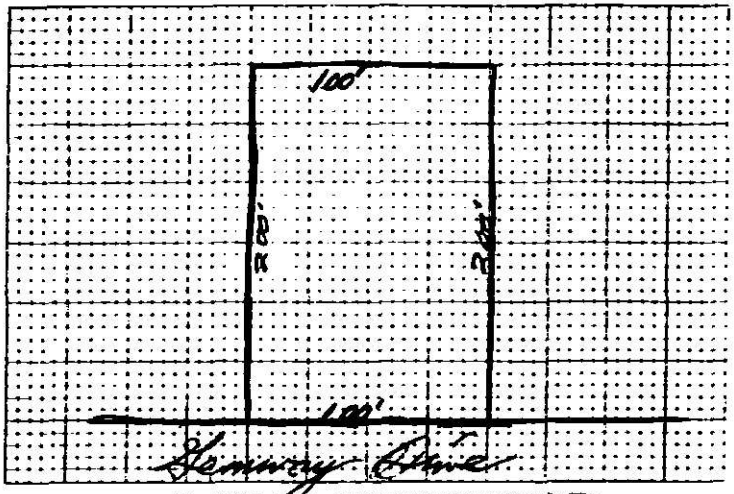
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 Bedroom 3

5) Business Use Max No Employee _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disp Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well yes
B) Government _____
C) Community _____
1) Well _____
2) Government _____

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 235-549

13) NAME OF OWNER Charlotte Development Co
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6725 Old Providence Rd

15) PHONE NO. Home _____ Office 366-2283

16) LOCATION OF SYSTEM Kenway Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Edinboro Est Lot No. 3 Block No. 8

Map Book No. 14 Page No. 167

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) 7277

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.

9-5-74
DATE OF APPLICATION

OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 17 Oct 74 Serial No. 5882 ICAR (S) Permit No. 7277

T. C No. 037-073-11

Map Date 9-5-73

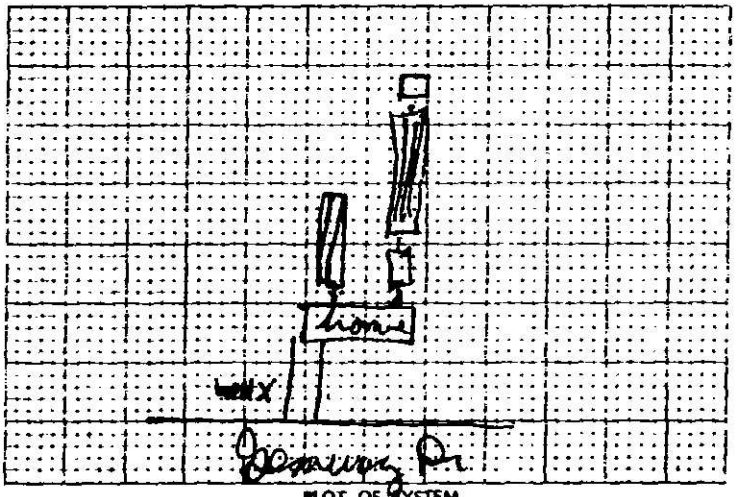
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7277, dated 12-20-73 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 17 Oct 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction R

Absorption and/or Nitrification Lines:

Total Line Lenght 400' & 150'

Number of Lines 6(15' x 6 7½' x 17") 3(7½' x 50' + 1 x.)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 85'+

NAME OF OWNER Charlotte Development Co.

LOCATION OF PROPERTY Pevenwood Dr (Elmore Estates)

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: aeration pit 2½' x 7' x 4' stone (bond)

Division or Section Head _____

Environmentalist Richard Boulton

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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. 12-72 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 27 Nov 74

Serial No. 5525

C of A (s) No. 7277

T. C. No. 037-023-11

Map Date 5-4-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Charlotte Development Co. Inc.
(LAST, FIRST, MIDDLE)

Location of Property Hennessy Street

Application Number 7277

Permit Number 7277

Inspection Data:

Liquid Capacity of Tank 1000 gal

Tank Material PC

Total Length of Drain Tile 400' + 150' W/M

Number of Lines 4 (10'x27' x17") & (15'x67½' x17")

Depth of Filter Material 17"

Cover Depth 18-24"

Water Supply Source Land Well

Distance from Water Source 100 85'

Excavation Inspected 27 Nov 74 (DATE)

Tank Inspected 27 Nov 74 (DATE)

Nitrification Field Inspected 27 Nov 74 (DATE)

Washing Machine Line Inspected, If Applicable 27 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 (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: Grease Trap (Cast-)

M. L. Kirby
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY