T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Dyn. Inc. Reg. No. 30 Well Permit No. 7187

1. Town Charlotte County Mech

2. Location Parkdale Quadrangle No. 366

Show a sketch of location on back of form

3. Owner Mayda Corp. Co.

Address 3549 Statesville Ave. Charlotte

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

5. Use of Well Home Date Completed 1-8-76

6. Rig type or method Diamond Core Total Depth 145

7. Casing: Depth From 0 to 120 ft. Diam. 2 in. Type Drill Hole.

8. Grout: Depth From 0 to 20 ft. Material _____ in. Method Cement Grouting

9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____

10. Water Zones (depth) 140 ft

11. Static Water Level: 5 ft. above / below top of casing

which is _____ ft. above land surface. Elev. _____

Date 1-8-76

12. Yield (gpm) 4 Method of testing Jet Pump

13. Pumping Water Level: 5 ft. after 2 hrs.

at 4 gpm.

14. Water Quality _____ Temperature (°F) _____

15. Well sterilization method Direct Chlorination

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.

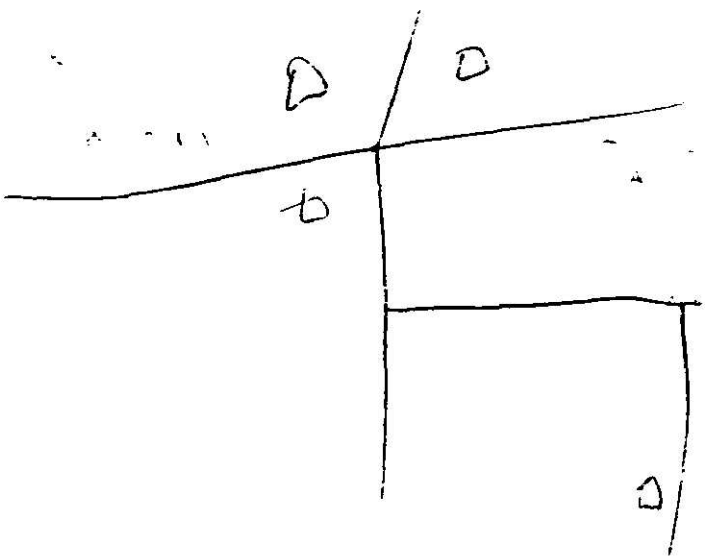
William Stevens

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	10	Red & Yellow Clay
10	120	Soft rock
120	145	Hard rock & granite

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



Received 1-5-76

Application No. 7187

T. C. No. 037-024-13

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)

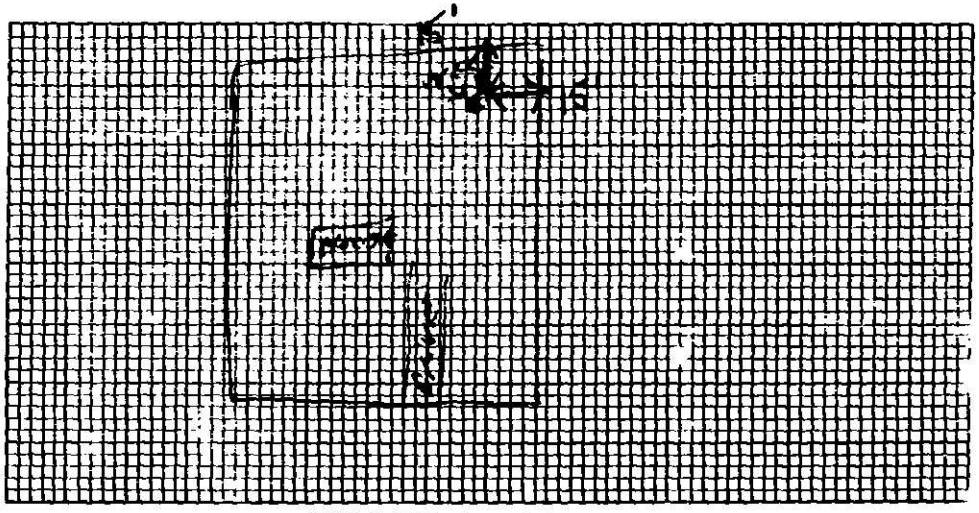
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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-20-0-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-29-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 29 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 7187

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Charlotte Development Co
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 6525 Old Providence ZIP 28211

3) PHONE NO. Home _____ Office 366-2283

4) LOCATION OF PROPERTY Raven Hale Drive
STREET OR COUNTY ROAD

5) SUBDIVISION Eastdale III LOT NO. 6 BLOCK NO. 6

MAP BOOK NO. 9 PAGE NO. 349

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 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

OWNER [signature]

10-25

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

HEALTH DEPARTMENT'S COPY

Serial No. 3790

PTR No. 7187

T. C. No. 037-024-13

Date Issued November 5, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

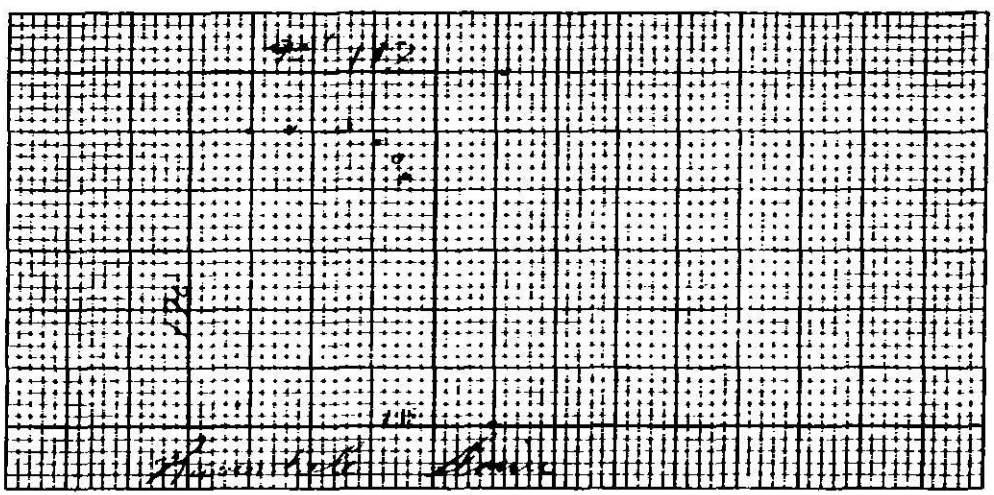
PERCOLATION TEST REPORT

NAME OF OWNER Charlotte Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP 28211

LOCATION OF PROPERTY Ravendale Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Oakdale III LOT NO. 6 BLOCK NO. 6



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.

John R Atkinson

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 11-13-73

ICAR(S) Application No 7187

T C No 037-024-13

Map Date 9 5 73

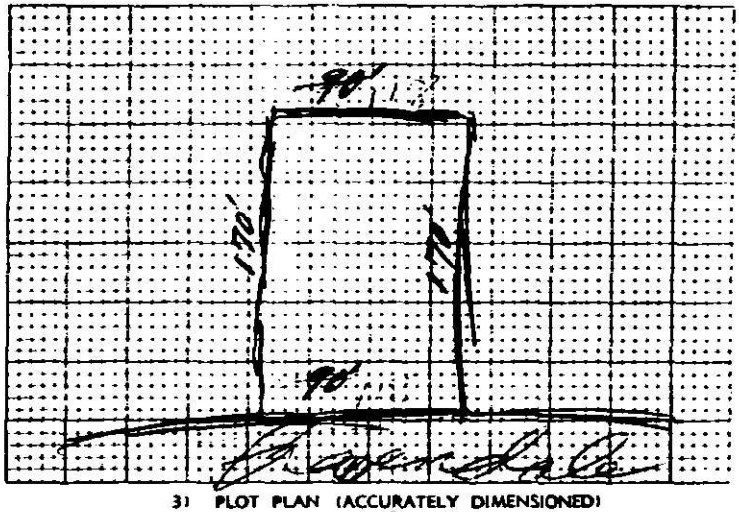
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

NOV [illegible]
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 on 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 Charlotte Beechem & Co
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 6725 Old Providence Rd

15) PHONE NO. Home ___ Office 366-2283

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

17) SUBDIVISION Oakdale Lot No. 6 Block No. 6

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 11-2-73 SR-760

20) PTR NUMBER (See Instructions) 7187

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 11-12-73

OWNER [signature]

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

7

SOIL INVESTIGATION REPORT

Date of Investigation NOVEMBER 17, 1975 APT NO. 7187

Owner MATY Construction Co.

Location of Property Ravendale, lot No. 6 [redacted] and 5 TCN 037-024-06 & 037-024-

Soil Properties	Soil Suitability Ratings Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	ENON	Helena		
2. Soil Slope	suitable 2-6%	suitable 2-6%		
3. Soil Depth	Suitable >48"	Suitable >48"		
4. Soil Texture	unsuitable 2:1 Expanding clay	unsuitable 2:1 expanding clay		
5. Soil Structure	marginal blocky	marginal blocky		
6. Restrictive Horizons	—	—		
7. Soil Drainage	unsuitable perched high water table	unsuitable perched high water table		
8. Soil Permeability (Percolation Rate)	unsuitable >200min/in	unsuitable >200min/in		
9. Other	—	—		
10. Overall Rating	unsuitable	unsuitable		

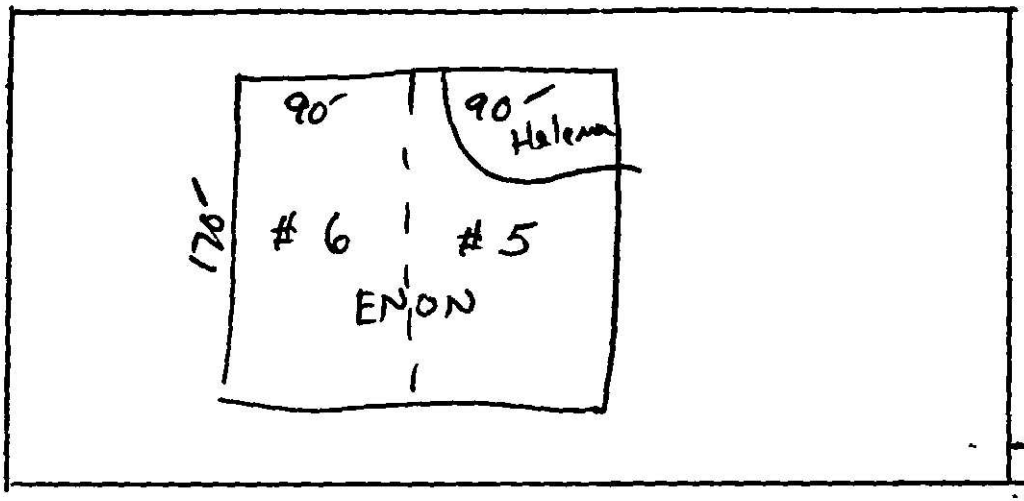
Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system

See diagram on back

W. Edward Casavant
Soil Scientist

WEC
3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

KMD 539

Date Issued November 14, 1973 Serial No. 3614

LA No. 7187

T. C. No. 037-024-13

IMPROVEMENTS PERMIT

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 Ravendale Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Oakdale III LOT NO. 6 BLOCK NO. 6

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 7187. 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

Date Issued 12-15-75

Serial No. 7097

ICAR (S) Permit No. 7187

T. C. No. 632-024-13

Map Date 9-5-73

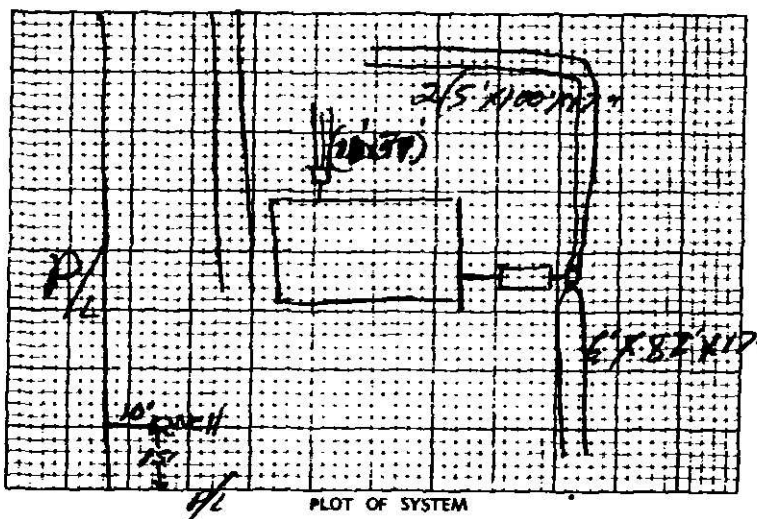
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7187, dated 11-13-73 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 15 Jun 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 90

Liquid Capacity of Tank 1000

Tank Construction PC.

Absorption and/or Nitrification Lines:

Total Line Lenght 400' 150' w.m

Number of Lines ~~4~~ 2 (5'x100'x17") (4'x82'x17")

Distance from House 10

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Charlotte Development Co.

LOCATION OF PROPERTY 1116 Ravendale Dr.

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: w.m. (~~1250'~~) (10'x37')

Division or Section Head

Samuel Spencer Jr.
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.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 1-9-76 Serial No. 6571 C of A (s) No. 7187

T. C. No. 037-024-13

Map Date 9-5-73

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 Charlotte Development Co. (LAST / FIRST / MIDDLE)

Location of Property 1116 Ravendale Rd.

Application Number 7187 Permit Number 7187

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material P.C.

Total Length of Drain Tile 400' of 150' wm Number of Lines 4 st 4 wm

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 1-9-76 (DATE) Tank Inspected 1-9-76 (DATE)

Nitrification Field Inspected 1-9-76 (DATE)

Washing Machine Line Inspected, If Applicable 1-9-76 (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 25' taken off back & moved to front. Aeration Lit OK.

Samuel Spence Jr
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 1-9-76

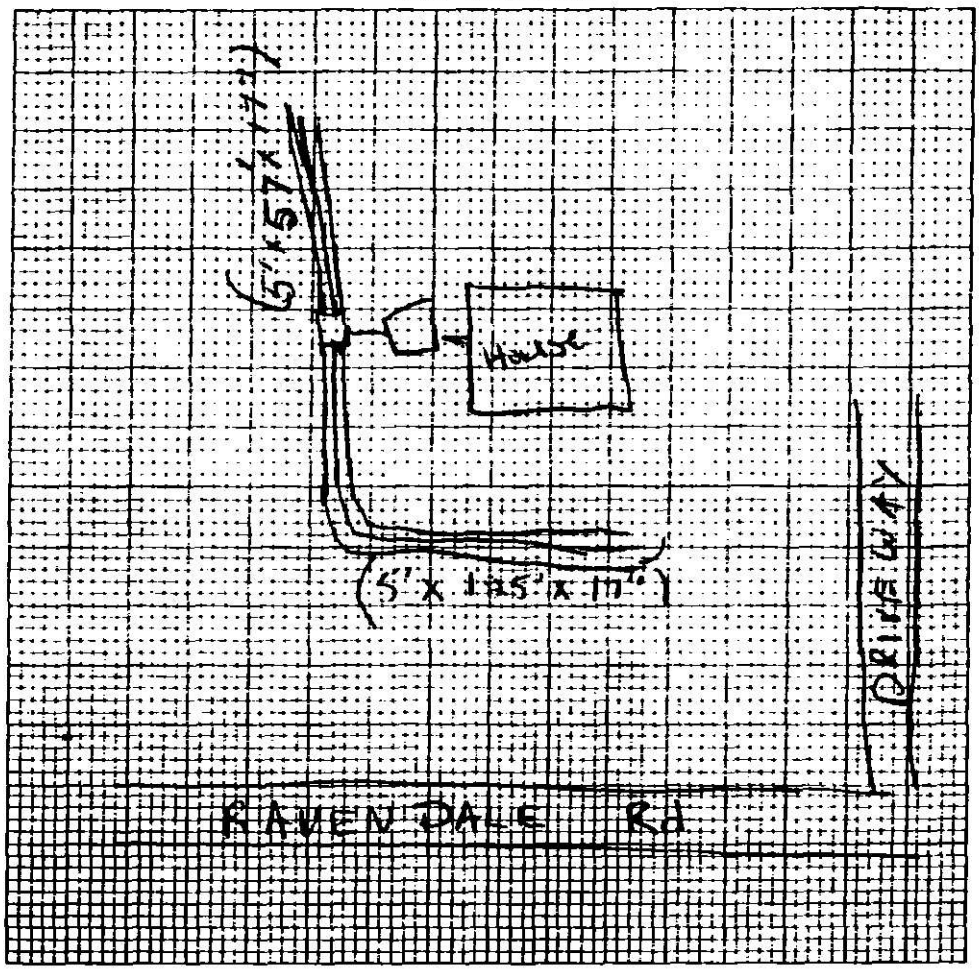
C of A (s) No. 7187

T. C. No. D37-024-13

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Samuel Spencer Jr

Environmentalist

FORM NO. E-7-7-1-70

HEALTH DEPARTMENT'S COPY