T. C. No. 5896
225-111-24
C-10-75

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor CAROLINA WELL DRLG. No. 240 Well Permit No.

1. Town ~~CHARLOTTE, N.C.~~ MATTHEWS N.C. County MECK
2. Location Coil Lake PROP. Lane, Quadrangle No.
   Show a sketch of location on back of form
3. Owner James Wilkinson MATTHEWS N.C.
   Address Coil Lake Prop. Lane Charlotte
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well DOM Date Completed 7-8-75
6. Rig type or method AIR Total Depth 130
7. Casing: Depth From 0 to 21 ft. Diam. 6 5/8 in. Type TEC.
8. Grout: Depth From 0 to 20 ft. Material CEMENT Method POUR
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) 105
11. Static Water Level: 15 ft. above / below top of casing
    which is 1 ft. above land surface. Elev.
    Date 7-9-75
12. Yield (gpm) 15 Method of testing AIR
13. Pumping Water Level: ____ ft. after ____ hrs.
    at ____ gpm.
14. Water Quality ____ Temperature (°F)
15. Well sterilization method HTH
16. Permanent Pump: Y Type SUB. Make F+W
    Installed — Date 9/75 By C.W.D.
    Capacity 12 (gpm) Hp. 1/2
    Intake depth 100 Airline depth 15
17. Remarks:

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

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
0	20	RED CLAY
20	130	BLUE GRANIT

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

Date Received _____ Apt. No. (S) _____ Application No. (W) 5896

T. C. No. 225-111-29

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Wilkerson James
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 914-F McAlway Rd ZIP _____

PHONE NO. Home 364-8743 Office 333-0566

LOCATION OF PROPERTY Lake Pkwy. Lane
(STREET OR COUNTY ROAD)

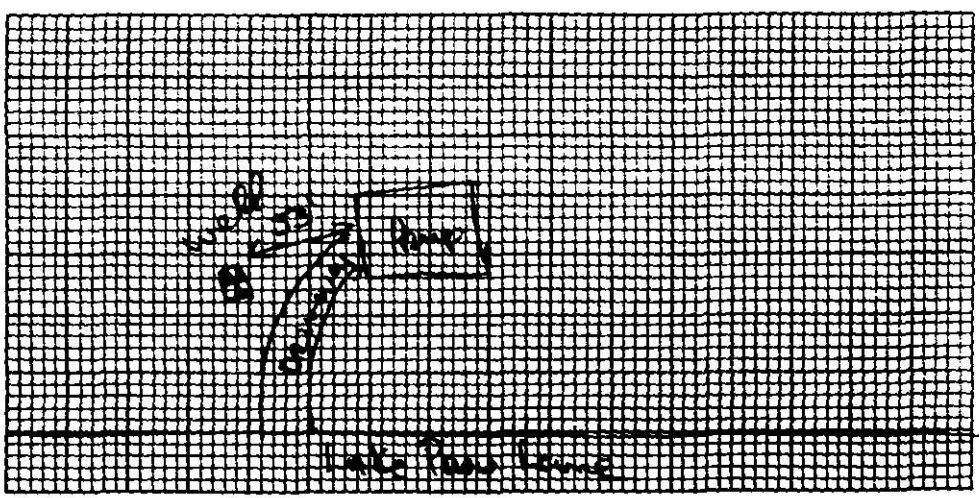
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN

WELL CONTRACTOR Carolina Well 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

Tamara P. Wilkerson
OWNER

Application approved and permit hereby granted

Permit No: 5896

E. M. Reynolds
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

3

Date Received 4-2-73

APT No. 5896

T. C. No. 225-11-24

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WILKERSON (LAST) JAMES (FIRST) LEE (MIDDLE)

2) ADDRESS OF OWNER 918-F Mc ALWAY ROAD CHARLOTTE NC ZIP 28211

3) PHONE NO Home 364-8743 Office 333-0566

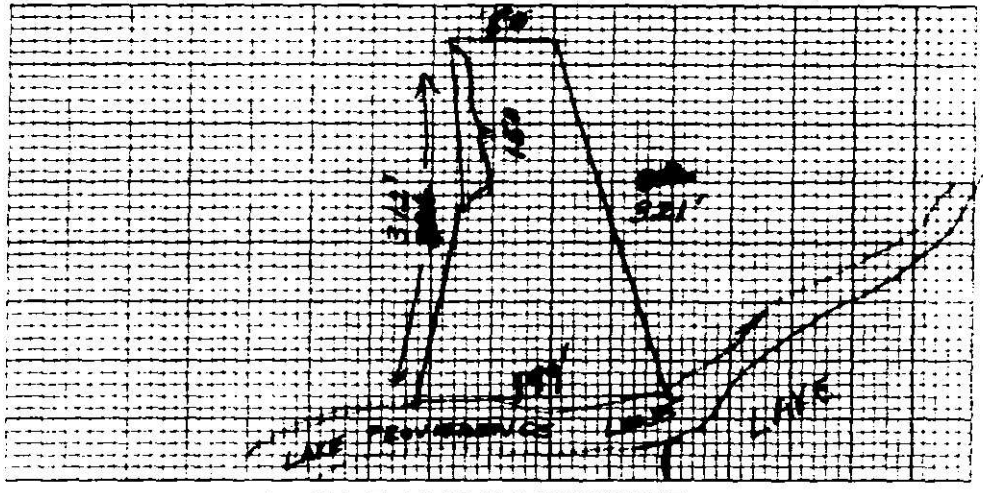
4) LOCATION OF PROPERTY LAKE PROVIDENCE LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION LAKE PROVIDENCE ESTATES LOT NO. 12 BLOCK NO 3
FORMALLY : GREENBRIAR SUBDIVISION
MAP BOOK NO None PAGE NO. None

6) DEED REFERENCE DEED BOOK 3451 PAGE NO. 569

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

Please mail results to: 918-F Mc Alway Road
Charlotte, NC 28211



7) ACCURATELY DIAGRAM & DIMENSION LOT

James Lee Wilkerson
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4580

PTR No. 5896

Date Issued August 5, 1974

T C No 225-111-24

Map Date 5-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

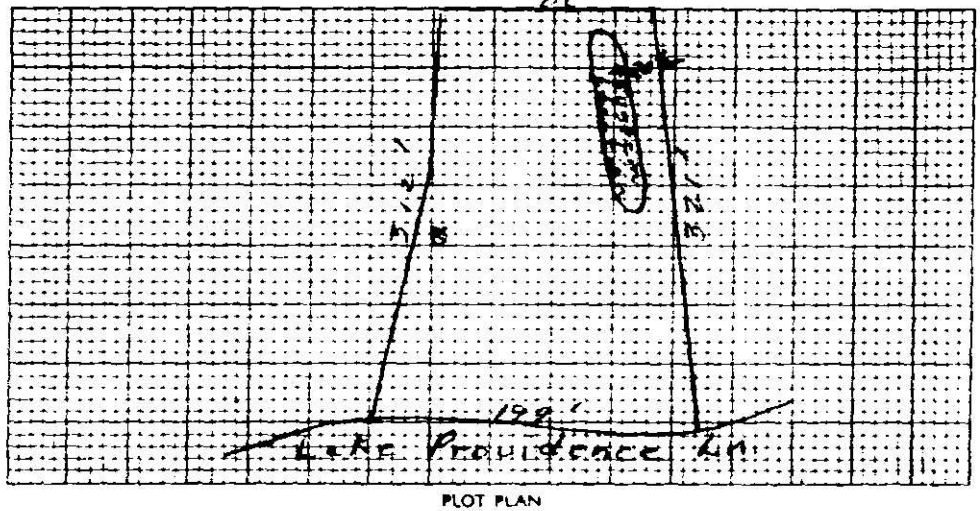
PERCOLATION TEST REPORT

NAME OF OWNER Wilkerson (LAST) James (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 914-F McAlway Road, Charlotte ZIP 28211

LOCATION OF PROPERTY Lake Providence Lane (STREET OR COUNTY ROAD)

SUBDIVISION Lake Providence Estates LOT NO 12 BLOCK NO 3



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 90* 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.

*Results determined by soil analysis.

Lal Puranthe Lyons Jr. Soil Scientist

John R. Thomson

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 4-22-73

ICAR(S) Application No. 5896

T. C. No. 225-111-24

Map Date 6-12-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

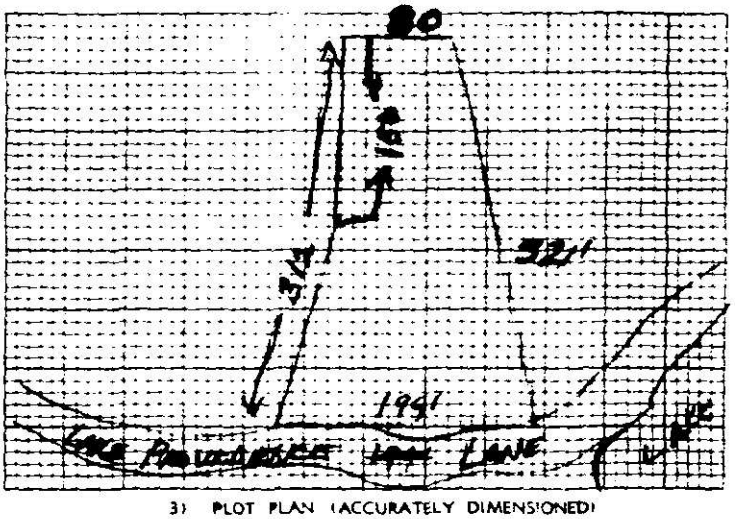
Please mail results to: 918-B McAlway Rd. Charlotte, NC 28211

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 WILKERSON (LAST) JAMES (FIRST) LEE (MIDDLE)

14) ADDRESS OF OWNER ~~918-B~~ 914-E McALWAY (STREET) ROAD CHARLOTTE, NC 28211

15) PHONE NO Home ~~364-8743~~ Office (317-5947) ~~333-0566~~ 847-4345

16) LOCATION OF SYSTEM LAKE PROVIDENCE LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION LAKE PROVIDENCE ESTATES Lot No. 12 Block No. 3
FORMALLY CALLED: GREENBRIAR SUBDIVISION
Map Book No none Page No. none

18) DEED REFERENCE — DEED BOOK 3451 AT PAGE 569

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 1968 approx.

20) PTR NUMBER (See Instructions) ___

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.

MARCH 30 1973
DATE OF APPLICATION

James Lee Wilkerson
OWNER

FORM NO E-4-4-1-31

HEALTH DEPARTMENT'S COPY

Date Issued August 5, 1974 Serial No. 4349

LA No 5896

T C No 225-111-24

Map Date 6-10-74

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 Wilkerson (LAST) James (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 914-F McAlway Road, Charlotte ZIP 28211

LOCATION OF LOT Lake Providence Lane (STREET OR COUNTY ROAD)

SUBDIVISION Lake Providence Estates LOT NO 12 BLOCK NO 3

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 90 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 5896. 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

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 24 June 75 Serial No. 5542 ICAR(S) Permit No. 5896

T C No 225-111-24

Map Date 6-10-74

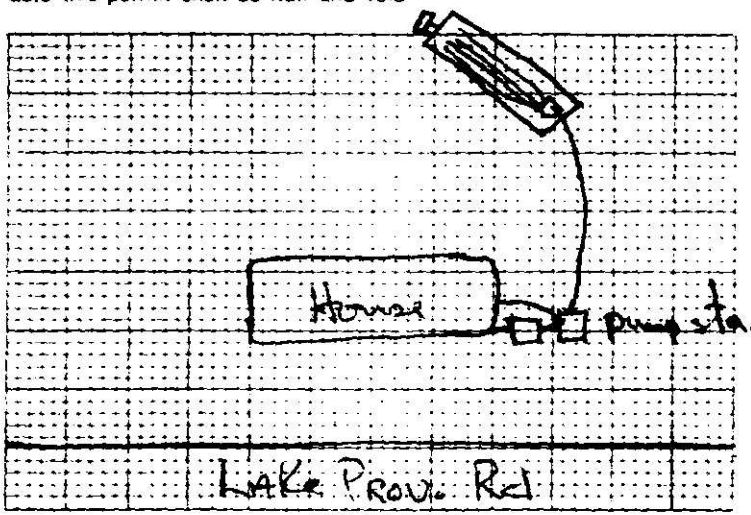
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5896, 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 24 July 75 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 90

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 900' & 200'

Number of Lines 6 15'x92'x34'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER W. Kerson, James Lee

LOCATION OF PROPERTY Lake Prov. Rd

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 line included with tank drainfield. Effluent to be pumped to drainfield. Pump station capacity = 475 gallons.

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

Form No. E-S-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Sept 1975 Serial No. 6241 C of A (s) No. 5896

CERTIFICATE OF COMPLETION T. C. No 225-111-24

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wilkerson, James Lee
LAST FIRST MIDDLE

Location of Property Lake Prov Rd

Application Number 5896 Permit Number 5896

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 900 ; 200 Number of Lines 6

Depth of Filter Material 34" Cover Depth —

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — DATE Tank Inspected 8-25-75 DATE

Nitrification Field Inspected 8-25-75 DATE

Washing Machine Line Inspected, If Applicable 8-25-75 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 installed as permitted

s/ R. Reynolds

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY