T. C. No. 031-051-05

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 7419

1. Town Mt. Holly County Mecklenburg
2. Location Stoneyridge Dr. - Pine Island Country Club Quadrangle No.
   Show a sketch of location on back of form Lot 37 - Blk. 1
3. Owner William F. White
   Address 6716 Elgywood Lane
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4-23-74
6. Rig type or method Air Rotary Total Depth 145
7. Casing: Depth From C to 37 ft. Diam. 6¼ in. Type .165
8. Grout: Depth From C to 30 ft. Material in. Method Sakrite
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 100 ft.
11. Static Water Level: 45 ft. above / below top of casing
    which is 1 ft. above land surface. Elev.
    Date 4-23-74
12. Yield (gpm) 4 Method of testing Air
13. Pumping Water Level: 100 ft. after 8 hrs.
    at 4 gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method HTH
16. Permanent Pump: ✓ Type Sub Make Myers
    Installed — Date 4-23-74 By Crawford
    Capacity 15 (gpm) Hp. ½
    Intake depth Airline depth
17. Remarks:

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

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
C	10	Yellow Clay
10	37	Yellow Shell
37	145	Blue Granite

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

Date Received April 19 1974

Application No. 7419

T. C. No. 038-051-05

Map Date 5 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER White (LAST) William (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 6706 Elmwood Lane Apt.#6 Charlotte,N.C ZIP

PHONE NO. Home 596 5087 Office 588 1220 ext 272

LOCATION OF PROPERTY Stoneyridge Drive (STREET OR COUNTY ROAD)

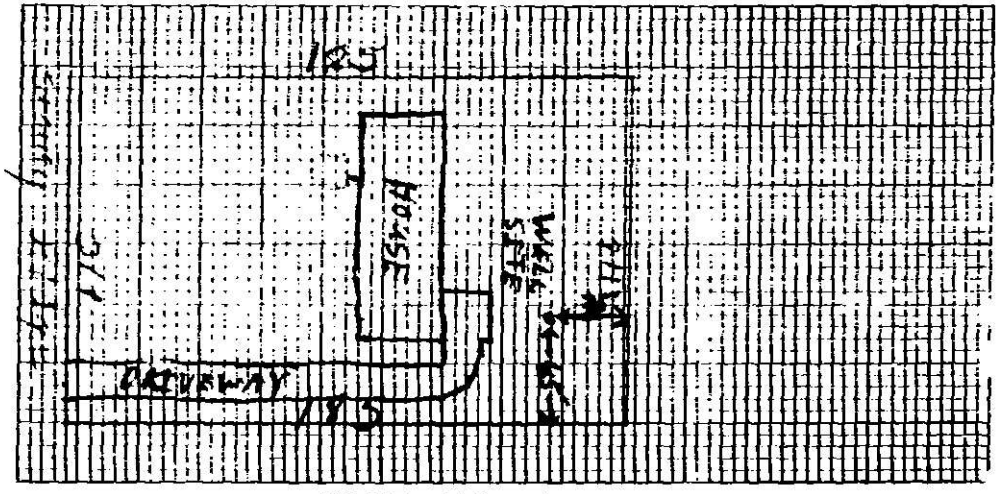
SUBDIVISION Pine Island Country Club LOT NO. 39 BLOCK NO. 1

MAP BOOK NO. 12 PAGE NO. 365

DEED REFERENCE: DEED BOOK 2918 PAGE NO. 282

WELL CONTRACTOR Crawford Well Drilling 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

2/21/74
DATE OF APPLICATION

William F. White
OWNER

Application approved and permit hereby granted

Permit No: 7419

Jerry Burleson
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

D

Date Received 1-10-74

APT No. 7419

T. C. No. 031-051-05

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WHITE (LAST) WILLIAM (FIRST) F. (MIDDLE)

2) ADDRESS OF OWNER 6706 APT 6 ELGYWOOD LANE ZIP 28213

3) PHONE NO Home 596-5087 Office 588-1220 EXT 272

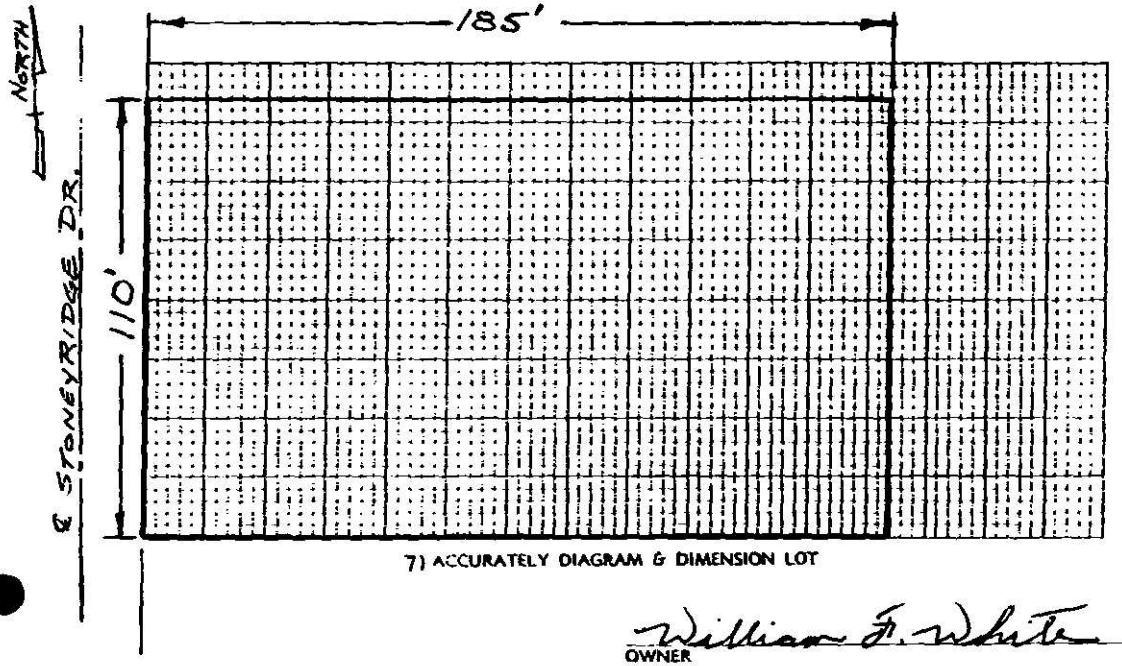
4) LOCATION OF PROPERTY STONEYRIDGE DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION PINE ISLAND COUNTRY CLUB INC LOT NO 39 BLOCK NO 1

MAP BOOK NO 12 PAGE NO 365

6) DEED REFERENCE DEED BOOK 2918 PAGE NO 282

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

William F. White
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: February 4, 1974

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7419 (W. F. White)
Lot No. 39, Block 1, Stoneybridge Drive
2-4-74

Soils were found to be of the Enon series. These soils have plastic and sticky clay subsoils which contain swelling clay minerals. These factors result in inadequately slow percolation rate and permeability.

Based on this investigation, the lot appears unsuitable for installation of a septic tank system.

WEL:jdg

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. 2-[illegible]-74
2. _____
3. _____

SDR No. 7419
T.C. No. 031-051-05
9-5-73

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER White, William [illegible]

ADDRESS OF OWNER 6706 Apt. [illegible] Lane ZIP 28213

LOCATION OF LOT Stoneyridge [illegible] Lot 39-1

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	[illegible]	[illegible] min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 2-4-74 - Soils were found to be of the [illegible] series. These soils have plastic and sticky clay subsoils with the swelling clay minerals. These factors result in inadequately slow percolation rate and permeability.

Soil Scientist

Environmentalist

(Stencil No.)
HHD 398
8/70

FORM NO.
R-19-8-14-70

Date Received 22 Feb 1974 [SEE INSTRUCTIONS ON BACK] ICAR(S) Application No 7419

T C No 031-051-05

Map Date 9-5-73

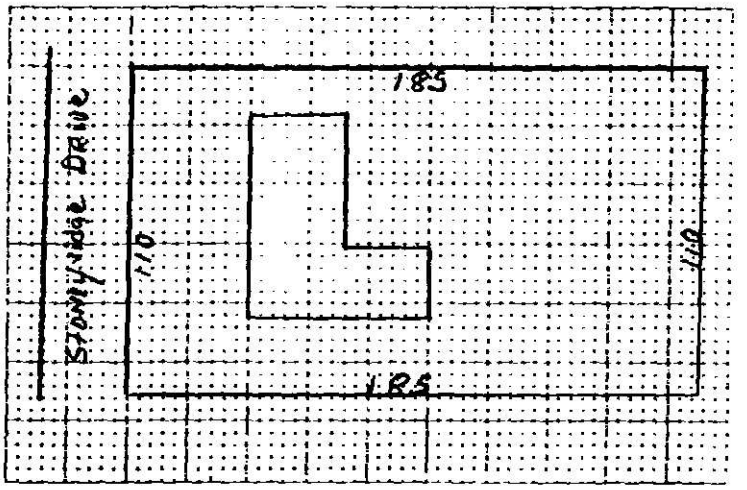
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 3

5) Estimated Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply
A) Individual Well X
B) Government Water System ____
C) Community System ____
1) Well ____
2) Government ____

Sewage System
Distance from nearest ____ foot of public water ____ Yes X No
Distance from nearest ____ foot of Community sewer ____ Yes X No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER White (LAST) William (FIRST) F (MIDDLE)

14) ADDRESS OF OWNER 6706 Elgywood Lane Apr. # 6 Charlotte, N.C.

15) PHONE NO. Home 596 5067 Office 588-1220 ext. 272

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

17) SUBDIVISION Pine Island Country Club Lot No 39 Block No. 1

Map Book No 12 Page No. 365

18) DEED REFERENCE — DEED BOOK 2918 AT PAGE 282

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN PR=120 2-9-74

20) PTR NUMBER (See Instructions) 7419

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.

2/21/74
DATE OF APPLICATION

William F. White
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

SEPTIC TANK AGREEMENT

Date 2/12/74

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property described as Stoneyridge Drive

Lot 39, Block 1, of Pine Island Subdivision, as recorded in Map Book 12, Page 366, of the Mecklenburg County Registry (tax code Number 031-061-05)

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

1974 Feb 13 PM 3 13
REGISTER OF DEEDS MECKLENBURG CO. N.C.
CROWDER
PROOF OF REGISTRATION

Unsuitable soil:
Percolation Rate of 120 minutes per inch

Soils were found to be of the Enon series. These soils have plastic and sticky clay subsoils which contain swelling clay minerals. These factors result in inadequately slow percolation rate and permeability.

Owner William F. White

Attested Bobby F. Jackson

State of North Carolina
County of Mecklenburg

I, Pamela R Yost a notary public in and for the said County and State, do hereby certify that Bobby F. Jackson personally appeared before me this day and being duly sworn certified that in his presence William F. White signed the foregoing instrument.

Pamela R Yost
Notary Public

My commission expires 2-25-76

EHD 506
11/16/73

LA No 7419

Serial No. 3856

Date Issued 22 February 1974

T C No 031-051-05

Map Date 9-5-73

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 WHITE, WILLIAM F.
LAST FIRST MIDDLE

ADDRESS OF OWNER 6706 Elgywood Drive,Charlotte,N.C. ZIP

LOCATION OF LOT Stoneyridge Drive
STREET OR COUNTY ROAD

SUBDIVISION Pine Island Country Club LOT NO. 39 BLOCK NO. 1

MAP BOOK NO. 12 PAGE NO. 365

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 *120 , 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 7419 . 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

*Agreement card signed and record ed February 13,1974 in book at Register of Deeds Office

Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

-175[illegible]

Date Issued 5-1-74 Serial No. 5168 ICAR (S) Permit No 7419

T C No

Map Date

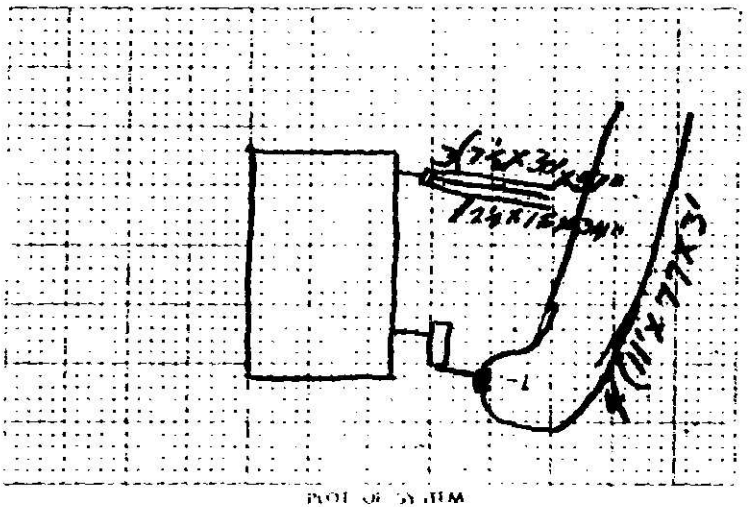
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 7419, dated 2/22/74 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 5/10/74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 120

Liquid Capacity of Tank 1250

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length ST 300 g WM 300 g

Number of Lines 5 3

Distance from House 10'(-)

Distance from Property Lines 10' min

Distance from Well 90'+

NAME OF OWNER WILLIAM F, WHITE

LOCATION OF PROPERTY Lot 39 Bl. 1 STONEYRIDGE 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 AGENT CARD F Hunnicutt

Division or Section Head JA / RRB

Environmentalist L P Bridgeman

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.

E-5-8-1-72

Serial 4676

C of A (s) No. 7419

Date Issued 5-1-74

T C. No.

Map Date

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 WHITE (LAST) WILLIAM (FIRST) F (MIDDLE)

Location of Property LOT 39 BLK 1 STONEY RIDGE DR.

Application Number 7419 Permit Number 7419

Inspection Data:

Liquid Capacity of Tank 1250 gal Tank Material PC

Total Length of Drain Tile 700 Number of Lines 4

Depth of Filter Material ST. 3' WM 4' Cover Depth 24"

Water Supply Source IND WELL Distance from Water Source 90'+

Excavation Inspected 5-1-74 (DATE) Tank Inspected 5-1-74 (DATE)

Nitrification Field Inspected 5-1-74 (DATE)

Washing Machine Line Inspected, If Applicable 5-1-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: _____

L B Ridgeway

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY