T. C. No. 7065

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros Reg. No. Well Permit No. 7065

1. Town Charlotte County Meck

2. Location Quadrangle No.

Show a sketch of location on back of form

3. Owner Peter Mady

Address 5427 Albemarle Rd

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

5. Use of Well Home Date Completed 10-3-75

6. Rig type or method D-2 Total Depth 105

7. Casing:

From	to	Depth ft.	Diam. in.	Type
0	58	8'		Steel Pipe

8. Grout:

From	to	Depth ft.	Material	Method
0	80		Cement	Pipe

9. Screen:

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

10. Water Zones (depth) 80

11. Static Water Level: 18 ft. above / below top of casing

which is 1 ft. above land surface. Elev.

Date 10-3-75

12. Yield (gpm) 3 Method of testing

13. Pumping Water Level: 18 ft. after 2 hrs.

at 3 gpm.

14. Water Quality Temperature (°F)

15. Well sterilization method H+H 1-Cup

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 Quercia

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	10	Brown Clay
10	58	Brown Sandy Clay
58	80	Yellow Clay
80	105	Blue Soapy Rock

RECEIVED OCT 1975

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

Date Received 9/30/75

Application No. 7065

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER MADY (LAST) PETER (FIRST) THURLOW (MIDDLE)

ADDRESS OF OWNER 5427 ALBEMARLE RD. 28217

PHONE NO. Home 568-0497 Office 568-0497

LOCATION OF PROPERTY 1907 FALCON HURST (STREET OR COUNTY ROAD)

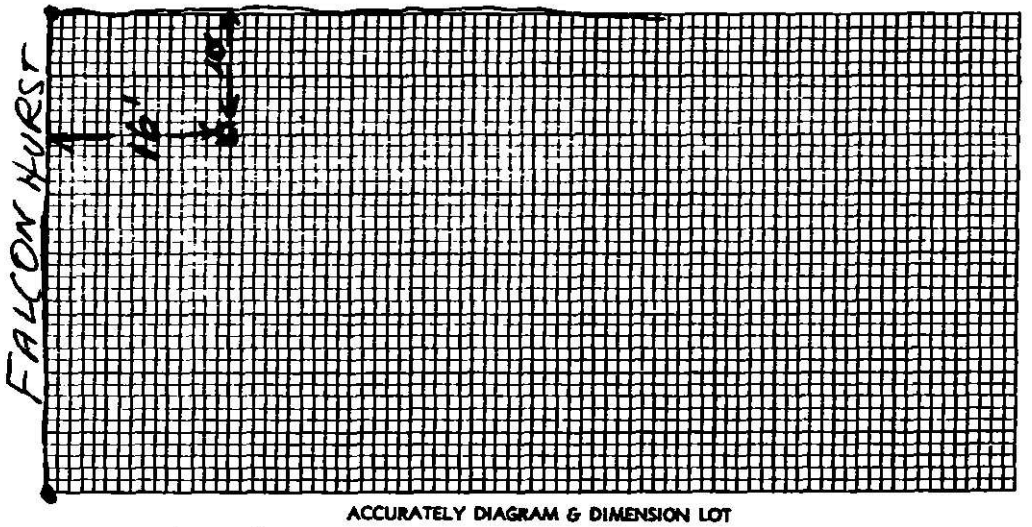
SUBDIVISION _____ LOT NO. 11 BLOCK NO. 3

MAP BOOK NO. _____ PAGE NO. _____

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 X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

9/30/75
DATE OF APPLICATION

Peter T. Mady
OWNER

Application approved and permit hereby granted

Permit No: 7065

L. P. Bridgeman
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-2-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 02 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 7065

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CHARLOTTE DEVELOPMENT COMPANY
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 6725 Old Providence Road ZIP 28211

3) PHONE NO. Home _____ Office 366-2283

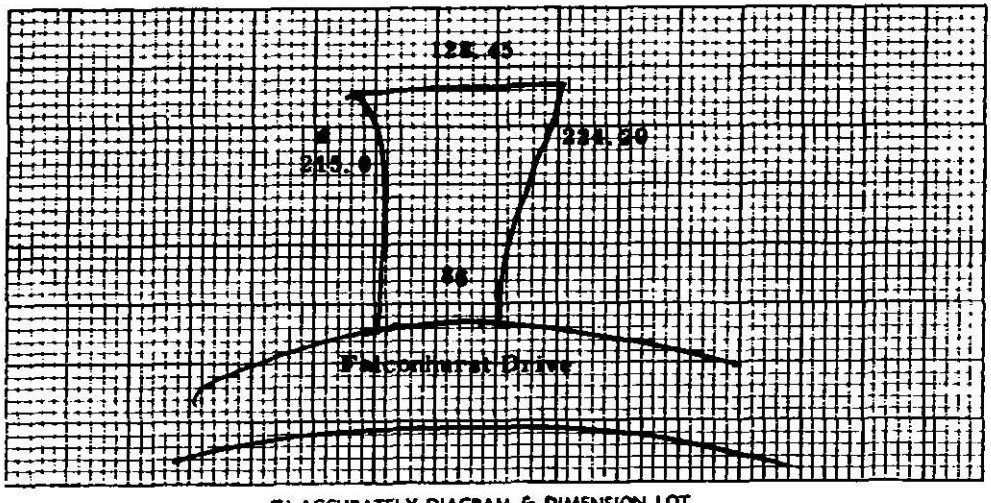
4) LOCATION OF PROPERTY Larkhaven Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Westbourne LOT NO. 11 BLOCK NO. 3

MAP BOOK NO 9 PAGE NO. 325

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

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

9=27

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. October 29, 1973
2. _____
3. _____

SDR No. 7065
T.C. No. ~~038-178-27~~ 1-22-73

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

NAME OF OWNER Charlotte Development Company

ADDRESS OF OWNER 6725 Old Providence Road ZIP _____

LOCATION OF LOT Falconhurst Drive, Lot 11-3

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
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 10-26-73 - No water at the test site.

_____

_____

_____

_____
Environmentalist

(Stencil No.)
EMD 398
8/70

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

Serial No. 3821

PTR No. 7065

T. C. No. 035-176-27

Date Issued November 14, 1973

Map Date 1-22-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

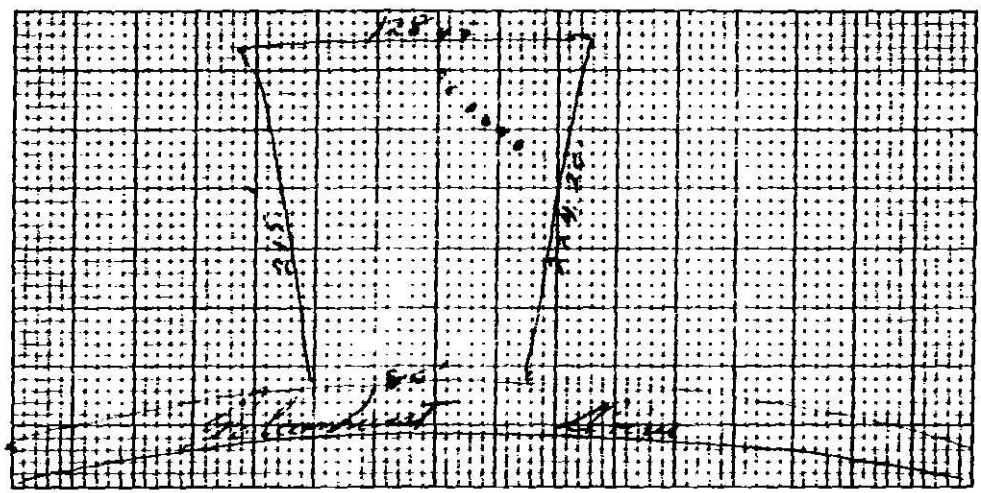
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 6725 Old Providence Road ZIP

LOCATION OF PROPERTY Falconhurst Drive (STREET OR COUNTY ROAD)

SUBDIVISION Westbourne LOT NO. 11 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 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 waste water 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

K

SEE INSTRUCTIONS ON BACK

Date Received 11-27-73

MECK COUNTY HEALTH DEPT CAR(S) RECEIVED NOV 2 - 1973 ENVIRONMENTAL HEALTH DIVISION

Application No 7065

T C No 035-176-27

Map Date 1-22-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

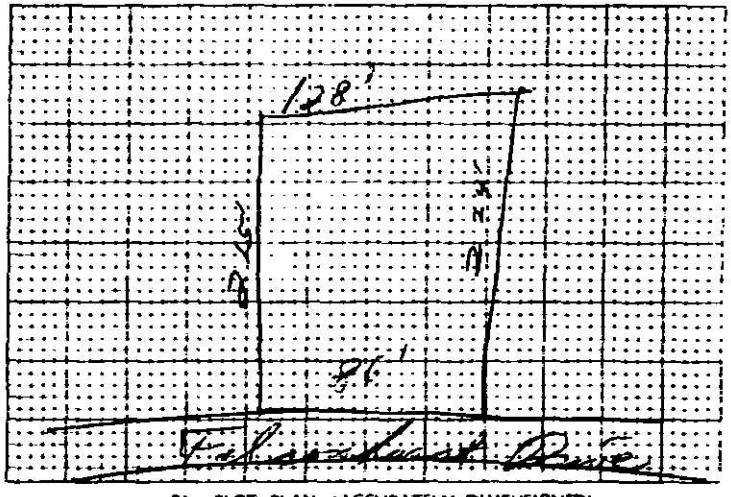
Application for an

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) ✓ 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 Supply Yes ✓
B) Government System ___
C) Community System ___
1) Well source ___
2) Government 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 Pipe Employment Co. (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 6725 Old Providence Rd. 28211

15) PHONE NO. Home ___ Office 366-2283

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

17) SUBDIVISION Westbourne Lot No. 11 Block No. 3

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 11-14-73 PR 60

20) PTR NUMBER (See Instructions) 7065

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 11-26-73

OWNER Ronald C Mayhew

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3653

LA No. 7065

Date Issued November 27, 1973

T. C. No. 035-176-27

IMPROVEMENTS PERMIT

Map Date 1-22-73

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 28211

LOCATION OF LOT Falconhurst Drive
(STREET ON COUNTY ROAD)

SUBDIVISION Westbourne LOT NO. 11 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 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 7065. 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. L. Ivey
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 10/20/75

Serial No. 6929

ICAR(S) Permit No. 7065

T. C. No. 035-176-27

Map Date 1-22-73

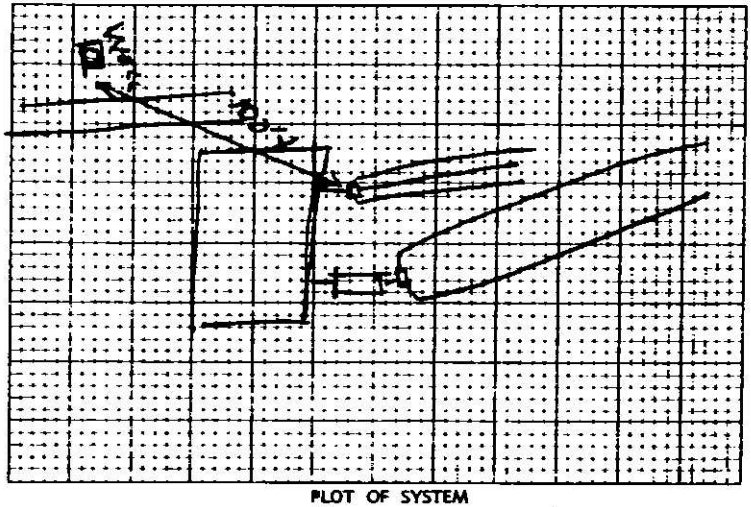
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7065, dated 11/27/73 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 10/30/75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines: ST WM

Total Line Lenght 400 150

Number of Lines 4 3

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 100' +

NAME OF OWNER PETER MADY

LOCATION OF PROPERTY 1907 FALCONHURST

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: ___

Division or Section Head ___

Environmentalist L. P. Burleson

* 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

Serial No. 8402

C of A (s) No. 7065

Date Issued 10/24/75

T. C. No 035-176-27

Map Date 1-22-73

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 MADY (LAST) PETER (FIRST) D (MIDDLE)

Location of Property 1907 FALCONHURST LOT 11 BL 3

Application Number 7065 Permit Number 7065

Inspection Data:

Liquid Capacity of Tank 1000gal ST / WM Tank Material PC ST / WM

Total Length of Drain Tile 400 / 150 Number of Lines 4 / 3

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source IND WELL Distance from Water Source 100

Excavation Inspected 10/24/75 (DATE) Tank Inspected 10/24/75 (DATE)

Nitrification Field Inspected 10/24/75 (DATE)

Washing Machine Line Inspected, If Applicable 10/24/75 (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: R. Oaks - Soil APPEARS CLAYEY

R R Bridgeman

Environmentalist

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

HEALTH DEPARTMENT'S COPY