T. C. No. /

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor D. L. Mullis Reg. No. 346 Well Permit No. 7294

1. Town Charlotte County Meck.
2. Location 5130 Carmel Club Dr. Quadrangle No.
   Show a sketch of location on back of form
3. Owner Jim Baker
   Address 5130 Carmel Club Dr
4. Topography: draw, slope, hilltop, (valley) flat
5. Use of Well Individual Date Completed 12-3-74
6. Rig type or method Air Drill Total Depth 150
7. Casing: Depth From 0 to 24 ft. Diam. 6¼ in. Type 13 lb. per Ft.
8. Grout: Depth From 0 to 20 ft. Material 2 in. Method CEMENT
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 80' - 150'
11. Static Water Level: 10 ft. above (caved) top of casing
    which is 1 ft. above land surface. Elev.
    Date 12-3-74
12. Yield (gpm) 5 Method of testing Sub-Pump
13. Pumping Water Level: 10 ft. after 8 hrs.
    at 5 gpm.
14. Water Quality Good Temperature (°F)
15. Well sterilization method H.T.H.
16. Permanent Pump: ✓ Type Sub Make Myers
    Installed — Date 12-3 By D. L. Mullis
    Capacity 12 (gpm) Hp. 1/2
    Intake depth 100 Airline depth
17. Remarks:

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

D. L. Mullis
SIGNATURE OF CONTRACTOR OR AGENT

12-3-74

DRILLING LOG

Depth From	Depth To	Formation
0	24	Sand Stone Brown
24	150	Black Granite

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

L. F. Mullis
Rt 1, Box 422
Charlotte, N.C.
28212

Date Received 11-19-74

Application No. [redacted]

T. C. No. 11-B2-08

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Earl Tim
LAST FIRST MIDDLE

ADDRESS OF OWNER 5130 Carmel Club Dr. ZIP

PHONE NO. Home Office

LOCATION OF PROPERTY 5130 Carmel Club Dr.
STREET OR COUNTY ROAD

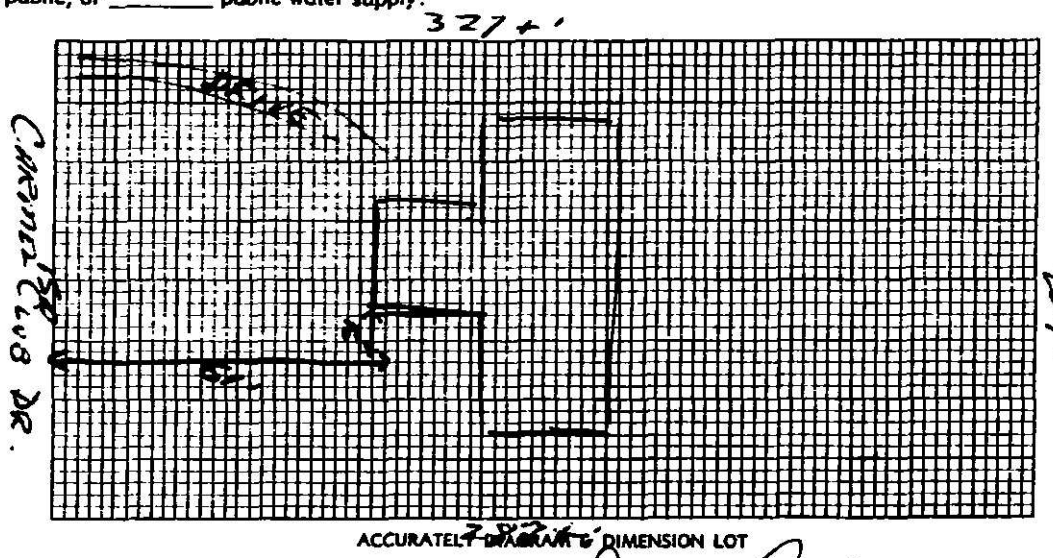
SUBDIVISION LOT NO. 8 BLOCK NO. 4

MAP BOOK NO. 1580 PAGE NO. 511

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR D. L. Mullis LICENSE NO. 316

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 DRAWN TO SCALE DIMENSION LOT

11-18-74
DATE OF APPLICATION

Jim Baker
OWNER

Application approved and permit hereby granted 7294

Permit No: [redacted]

L B Brinkley
ENVIRONMENTALIST

FORM NO. E-30-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 12-4-73

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 4 1973
ENVIRONMENTAL HEALTH DIVISION

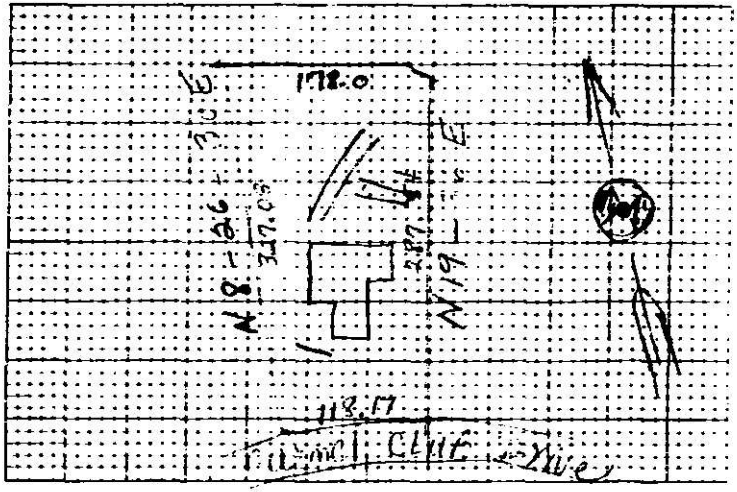
CAR (s) Application No 7294
T C No
Map Date

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 Well
B) Government System
C) Community System
1 Well source ✓
2 Government source
10) Sewage System
House located ___ feet of public sewer Yes No
House located ___ feet of community sewer Yes No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER VAN EVERY (LAST) IRVE (FIRST) Sheppard (MIDDLE)

14) ADDRESS OF OWNER 5130 Carmel Club Dr. - 28211

15) PHONE NO. Home 366-0[illegible] Office

16) LOCATION OF SYSTEM 5130 Carmel Club Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Tuxaway Park Lot No. # 8 Block No. 4

Map Book No. 1580 Page No. 511

18) DEED REFERENCE — DEED BOOK 3480 AT PAGE 19

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1958 (illegible)

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.

Dec 3 - 1973
DATE OF APPLICATION

Irve S. Van Every
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12-11-73

Serial No. 4752

ICAR(S) Permit No. 7294

T. C. No. 211-182-08

Map Date 9-5-73

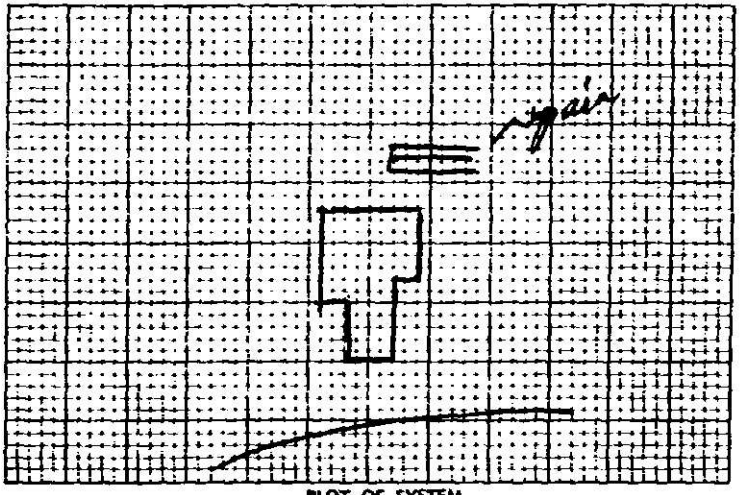
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 7294, dated 12-3-73 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 1-1-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair Data

Absorption and/or Nitrification Lines:

Total Line Lenght 150

Number of Lines 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Van Every, Tone & Heppard

LOCATION OF PROPERTY 5130 Carmel Club Drive

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: in bed 7½'x25'x36" #10 stone

Division or Section Head

John R Atkinson
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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 27 Dec 1973 Serial 4341

C of A (s) No. 7294

T. C. No. 211-182-08

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Van Every, Tone Sheppard
LAST FIRST MIDDLE

Location of Property 5136 Carmel Club Drive

Application Number 7294 Permit Number 7294

Inspection Date: Repair

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile ~~200~~ 150 L/ft Number of Lines 3 (2½ X 25' X 36"

Depth of Filter Material ~~24~~ 36" Cover Depth 24"

Water Supply Source — Distance from Water Source —

Excavation Inspected 12-13-73 DATE Tank Inspected — DATE

Nitrification Field Inspected 12-13-73 DATE

Washing Machine Line Inspected, If Applicable — 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: _____

John R Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 8-17-76

Serial No. 0119

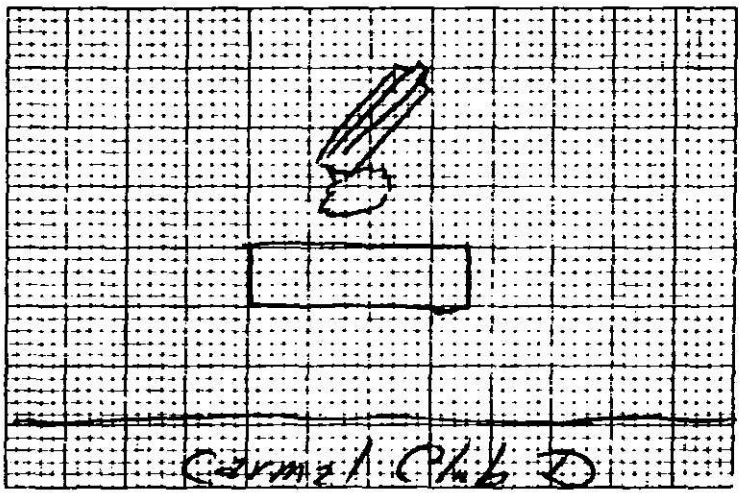
ICAR(S) Permit No. 2294

T. C. No. 211-192-05

Map Date 8-25-25

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 2294, dated 8-17-76, 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 9-17-76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate repair

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 4'

Distance from House 10

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Stan Hoke

LOCATION OF PROPERTY 5130 Carmel Club D

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: in bed 10'x50'x17

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Serial No. 0104

C of A (s) No. 2294

Date Issued 8-17-76

T. C. No. 211-182-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Hoke (LAST) Stan (FIRST) _____ (MIDDLE)

Location of Property 5130 Carmel Club Dr.

Application Number 2294 Permit Number _____

Inspection Data:

Liquid Capacity of Tank Repair Tank Material ———

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected ——— (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 8-17-76 (DATE)

Washing Machine Line Inspected, If Applicable ——— (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 Health Commission 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: Installed as permitted

Environmentalist

EHD-5-76

Environmental Health Department's Copy