T. C. No. 108-122-07

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros Reg. No. 30 Well Permit No. 6661

1. Town Charlotte County Mecklenburg
2. Location _____ Quadrangle No. Q-14
   Show a sketch of location on back of form
3. Owner John Cirik
   Address P.O. Box 12054 Charlotte
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Home Date Completed 9-5-74
6. Rig type or method D. D Total Depth 125'
7. Casing:

From	to	ft.	in.	Type
0	83	2"	S	

8. Grout:

From	to	ft.	In.	Material	Method
0	20			Cement	

9. Screen:

From	to	ft.	In.	Type and Opening

10. Water Zones (depth) 102
11. Static Water Level: 6' ft. above/below top of casing
    which is 1' ft. above land surface. Elev. _____
    Date 9-5-74
12. Yield (gpm) 5 Method of testing _____
13. Pumping Water Level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method _____
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.

_____
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	30	[illegible]
30	83	[illegible]
83	125	[illegible]

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

Date Received 28 August 74

Application No. 6661

T. C. No. 108-122-07

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Civil Realty
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER P.O. Box 12054 Charlotte, N.C. ZIP 28205

PHONE NO. Home Office 536-8836

LOCATION OF PROPERTY 9808 Windrift Road
(STREET OR COUNTY ROAD)

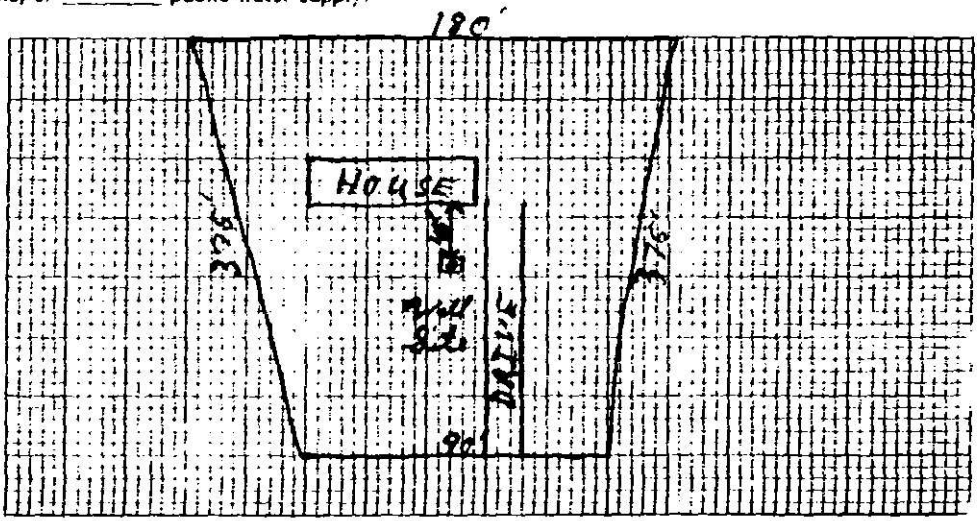
SUBDIVISION Mayfield Park LOT NO. 7 BLOCK NO. 2

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR McCall Brothers, Inc. LICENSE NO. 30

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

28 August 74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 6661

ENVIRONMENTALIST 28 aug 74

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

HEALTH DEPARTMENT'S COPY

R

Date Received 7-16-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 16 1973

APT No. 6661

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Civil Realty
LAST FIRST MIDDLE

2) ADDRESS OF OWNER P.O. Box 12054 Chas 28205 ZIP

3) PHONE NO Home 535-0509 Office 536-5836

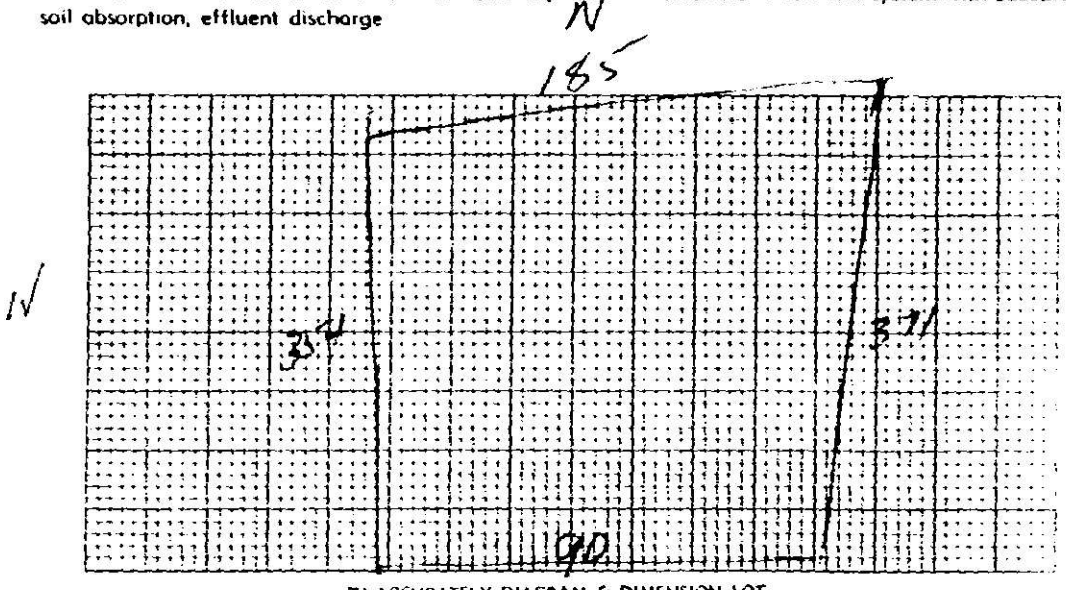
4) LOCATION OF PROPERTY Windrift Rd
STREET OR COUNTY ROAD

5) SUBDIVISION Mayfield Park LOT NO 7 BLOCK NO 2

MAP BOOK NO 14 PAGE NO 543

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 on 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

Windrift Rd

S

John L. Civil
OWNER
Civil Realty, Inc.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: November 7, 1973

TO: John Adkisson
Environmentalist

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

SUBJECT: APT #6661 (Civil Realty)
Lot No. 7-2, Windrift Road
11-5-73

Soils were found to be of the Cecil series on the rear of the lot (away from Windrift Road). These soils have good drainage, good aeration and moderate permeability.

Soils were found to be fill material to a depth of 2 to 4 feet on the front of the property. This fill material overlies an area of alluvial soils which have a seasonal high water table. This factor results in inadequately slow percolation rate and permeability.

It is recommended that the lot be granted conditional approval for installation of a septic tank system with design based on a 60 min./in. perc. rate. The system must be located in the area of Cecil soils as specified on the "Percolation Test Report".

WEL:jdg

Serial No. 3801

PTR No. 6661

T C No 108-122-07

Map Date _____

Date Issued November 6, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

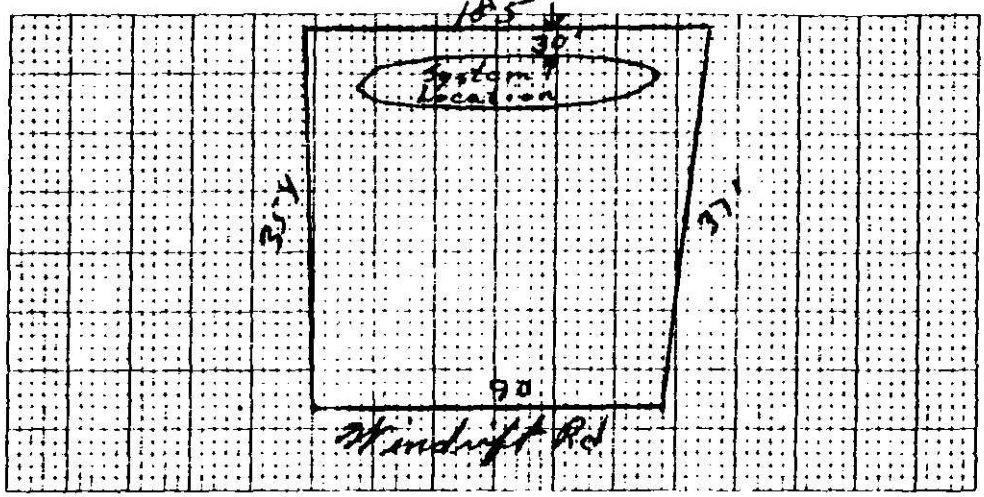
PERCOLATION TEST REPORT

NAME OF OWNER Civil Realty (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 12054 ZIP 28205

LOCATION OF PROPERTY Windrift Road (STREET OR COUNTY ROAD)

SUBDIVISION Mayfield Park LOT NO 7 BLOCK NO 2



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 sub-surface, 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 treatment 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.

John A. Akesson
Director, Environmental Health Division or Authorized Section Head

W. Everette Lynn, Jr.
Soil Scientist

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No 6661

T C No 109-12207

Map Date

RECEIVED
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

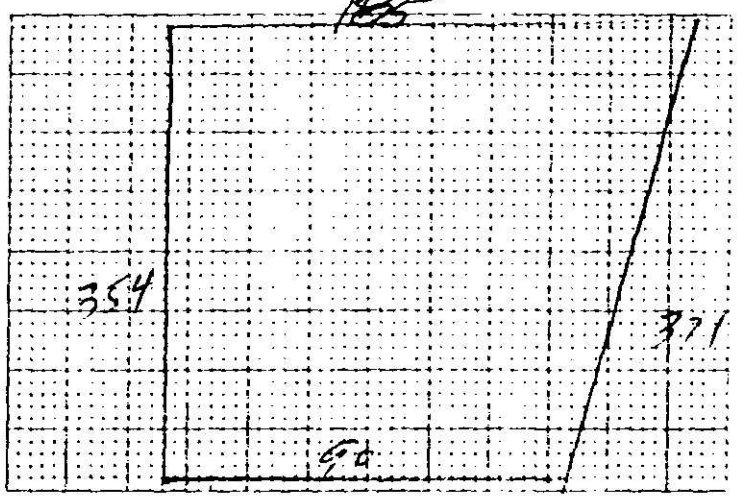
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Disposal _____ Yes ✓ No

8) Dishwasher _____ Yes _____ No

9) Water Supply
a) Individual Well ✓
b) Government _____
c) Community System
1. Well Owner _____
2. Governmental _____

Sewage System
Is property within 200 feet of public sewer? _____ Yes _____ No
Is property within 1,000 feet of community sewer? _____ Yes _____ No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER Civil Realty, Inc. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 12054 Charlotte, NC. 28205

15) PHONE NO Home 535-5059 Office 536-8836

16) LOCATION OF SYSTEM Windrift Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Hickory Field Park Lot No 7 Block No 2

Map Book No 14 Page No 343

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 11-5-73 (K-76)

20) PTR NUMBER (See Instructions) 6661

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 11-7-73

Julie K Curd
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3604

LA No. 6661

Date Issued November 8, 1973

T C. No. 108-122-07

IMPROVEMENTS PERMIT

Map Date

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 Civil Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 12054 ZIP 28205

LOCATION OF LOT Windrift Road
(STREET OR COUNTY ROAD)

SUBDIVISION Mayfield Park LOT NO 7 BLOCK NO. 2

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 6661. 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.

John R Atkisson
Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9 Oct 74 Serial No. 5828 ICAR(S) Permit No 6661

T C No 108-122-07

Map Date

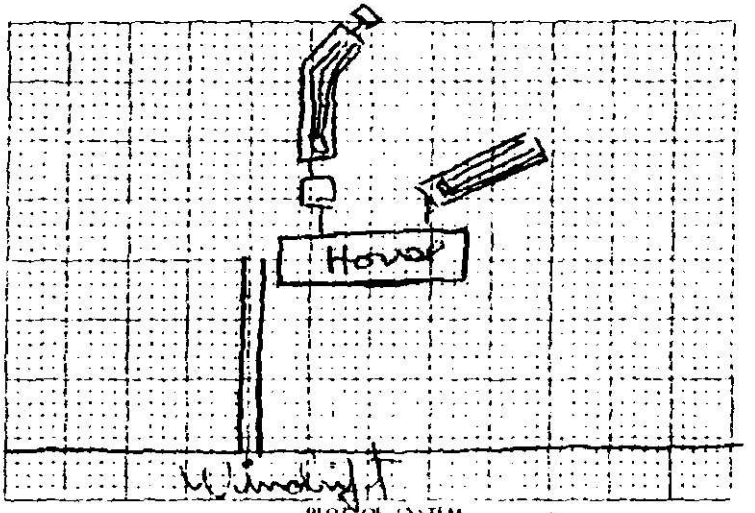
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6661, dated 11-7-73 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 9 Nov 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 400 ft & 150 ft

Number of Lines (5) 12½' x 80'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Civil Realty Inc.

LOCATION OF PROPERTY Windrift Lot 7 Bl. 2

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 7½' x 50'

aeration pit 2½' x 7' x 4' stone

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

E-5-9-1-72

Date Issued 18 Oct 74. Serial No. 5353 C of A (s) No 6661

T C No 108-122-07

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 Civil Realty Inc. (LAST / MIDDLE)

Location of Property Windwright Lot 7 Block 2

Application Number 6661 Permit Number 6661

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 400ft & 150ft Number of Lines 5 12½'x80'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source ~~100'~~ 75'

Excavation Inspected 18 Oct 74 (DATE) Tank Inspected 18 Oct 74 (DATE)

Nitrification Field Inspected 18 Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable 18 Oct 74 (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 or controlling 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 and 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 aeration pit O.K

G. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72