T. C. No. 185-1

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### WELL RECORD

Drilling Contractor Henry Wilson Reg. No 227 Well Permit No. 7583

1. Town Mint Hill County Mech
2. Location 3416 Briggs Ln. Quadrangle No
   Show a sketch of location on back of form
3. Owner W. R. Stevens
   Address 4501 Museum Dr. Matthews, NC.
4. Topography draw slope hilltop valley, flat
5. Use of Well Domestic Date Completed 7-2-81
6. Rig type or method Diamond Total Depth 160
7. Casing: Depth Diam Type
   From 0 to 22 ft. 6 in. PVC
8. Grout Depth Material Method
   From 20 to ft. in.
9. Screen Depth Diam Type and Opening
   From to ft. in.
10. Water Zones (depth) 25
11. Static Water Level 25 ft above / below top of casing
    which is ft above land surface Elev
    Date 7-2-81
12. Yield (gpm) 5 Method of testing
13. Pumping Water Level 25 ft after hrs.
    at gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method Chlorine
16. Permanent Pump: Yes Type Jet Make Meyers
    Installed — Date 7-2-81 By Henry Wilson
    Capacity (gpm) Hp 1/2
    Intake depth Airline depth
17. Remarks:

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

Henry Wilson
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

| Depth From | To | Formation |
|---|---|---|
| | | |

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

Date Received 3 June '14

Application No. 7583
T. C. No. 195-641-1
Map Date 12-14-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Thomas (LAST) William (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Ln. Matthews, Nc ZIP 28105

PHONE NO. Home 545-4993 Office same

LOCATION OF PROPERTY 3916 Biggs St. (STREET OR COUNTY ROAD)

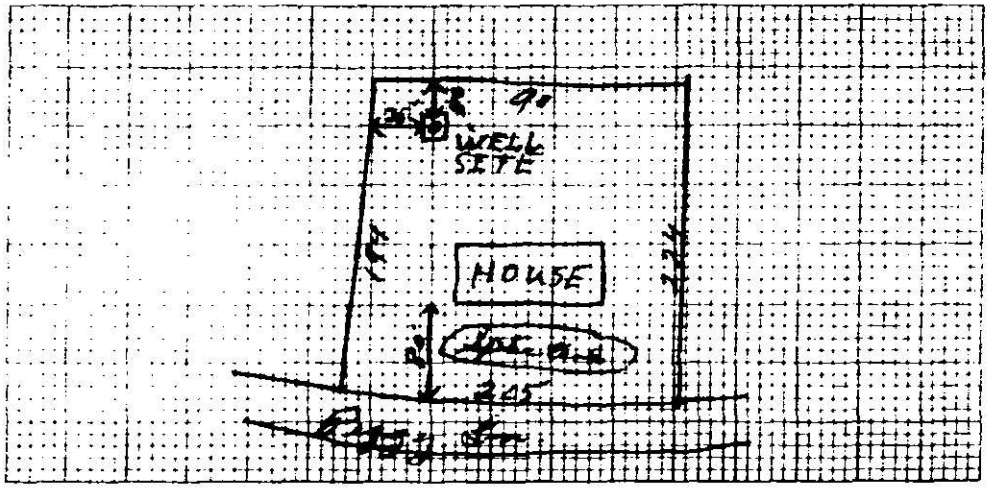
SUBDIVISION W. E. Thomas (prop) LOT NO. 10 BLOCK NO. H

MAP BOOK NO. 17 PAGE NO. 252

DEED REFERENCE. DEED BOOK 3513 PAGE NO 526

WELL CONTRACTOR Henry Wilson LICENSE NO. 227

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

May 6, 1974
DATE OF APPLICATION

W. E. Thomas
OWNER

Application approved and permit hereby granted

Permit No: 7583

Jerry Burleson
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 3-7-74 APT No. [illegible]

T C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER 49[illegible] Ne. 55th Ln. Matthews ZIP 28105

3) PHONE NO Home [illegible] Office 5454993

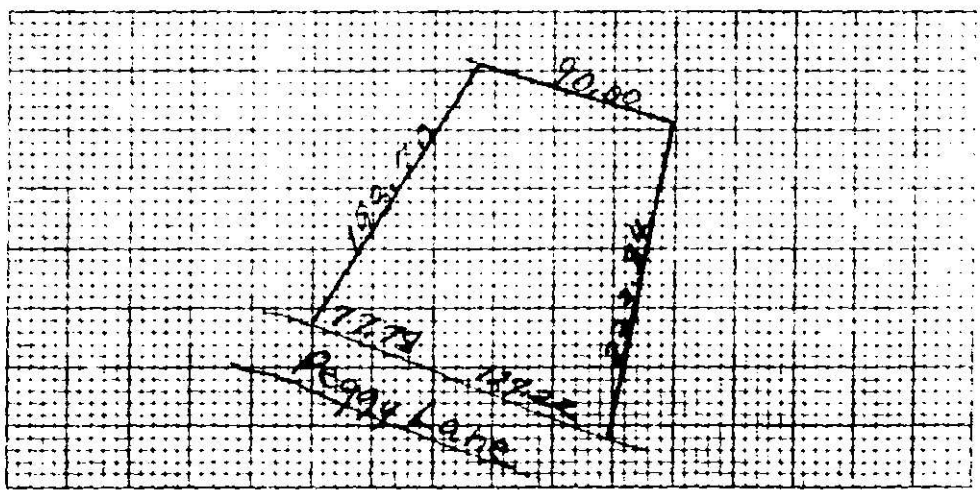
4) LOCATION OF PROPERTY 3[illegible] Peay Ln Matthews (STREET OR COUNTY ROAD)

5) SUBDIVISION W. A. Thomas Property LOT NO 10 BLOCK NO A

MAP BOOK NO 17 PAGE NO 252

6) DEED REFERENCE DEED BOOK 3513 PAGE NO. 526

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

[signature]
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 4119

PTR No 7583
P.O.
T C No 195-041-22

Date Issued March 12, 1974

Map Date 12-14-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

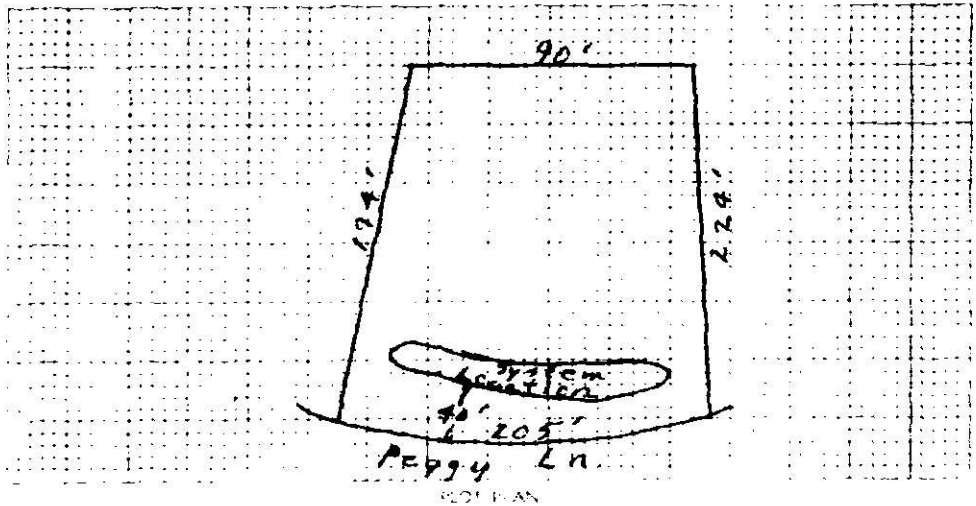
## PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4301 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 3916 Feggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION W. P. Thomas Property LOT NO 10 BLOCK NO A




PLOT PLAN

The [illegible] to see that proper [illegible] have been run and [illegible] the Mecklenburg County Health Department [illegible] on that portion of the lot as indicated on the plot plan.

The percolation rate determined from the test was 60*min/in. The [illegible] approved for the installation of an individual septic tank system with water treatment as follows: [illegible] absorption effluent discharge subject to the following terms and conditions:

1. A permit must be obtained from the Mecklenburg County Health Department prior to the installation of the septic tank system on the lot.
2. The size of the septic tank system to be installed must be determined by the Health Department prior to the issuance of the permit and will be based on the size and type of building constructed thereon.
3. This approval is for the system installed in the immediate area where the test was run.
4. This approval is void after [illegible] unless the construction includes the entire area where the percolation test was performed on the lot which is the property of the Health Department unless the area where the test was performed is unsuitable for the installation of the system under the terms of such a lien.

This approval is granted subject to the laws of the State of North Carolina and the rules and regulations of the Board of Health and the Mecklenburg County Health Department in effect on the date hereof but any change in the future prior to the completion of the system, these laws, rules and regulations are changed such that this permit would not have been granted had the new or revised laws, rules, and regulations been in effect at the time of issue date.

*Results determined by soil analysis.

W. Everette Cannon Jr. — Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 5-21-74

RECEIVED
MAY 21 1974
ENVIRONMENTAL HEALTH DIVISION

(CARES) Application No [illegible]

T C No 195-041-22

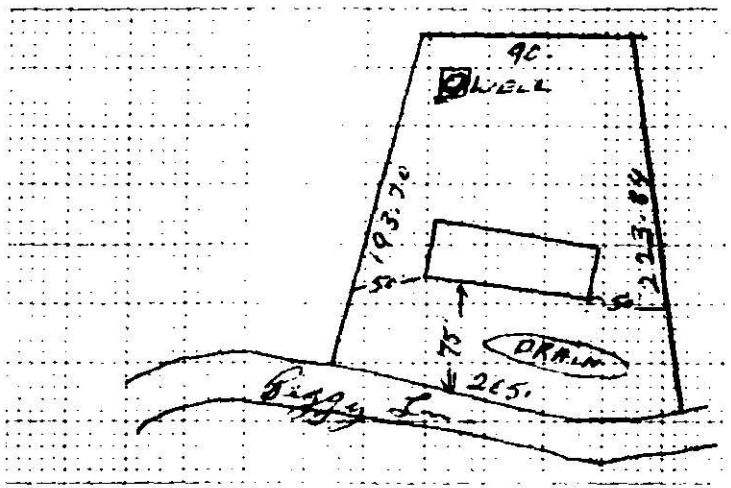
Map Date 12-14-73

# 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)

13) NAME OF OWNER Braswell (LAST) Robert (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER 4126 Nelson Rd., Matthews, N.C.

15) PHONE NO Home 545-5068 Office 847-4171

16) LOCATION OF SYSTEM 3916 Giggy Ln. (STREET OR COUNTY SEAT)

17) SUBDIVISION N. S. Herman (Orig.) Lot No 10 Block No A

Map Book No 17 Page No 252

18) DEED REFERENCE - DEED BOOK 3513 AT PAGE 526 SB⇒60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN March 12, 1974

20) PTR NUMBER See Instructions 7542

The undersigned property owner agrees that he has read the foregoing application and that the contents of same are true to the best of his knowledge and that any permit applied for hereby shall be void in effect if any of the above facts are not true

5/13/74
DATE OF APPLICATION

OWNER Robert T. Braswell

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 21, 1974

**Serial No. 4088**

LA No 7583
P.O.
T C No 195-041-22

IMPROVEMENTS PERMIT

Map Date 12-14-73

# 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 Braswell (LAST) Robert (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 4126 Nelson Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 3916 Peggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION W. P. Thomas Property LOT NO 10 BLOCK NO A

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 and 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 7583 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. A. Kirby
Environmentalist

John R. Adkisson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR (S) Permit No 7583

Date Issued 12 Aug 74

Pc T C No 195-041-27

Map Date 14 Mar 73

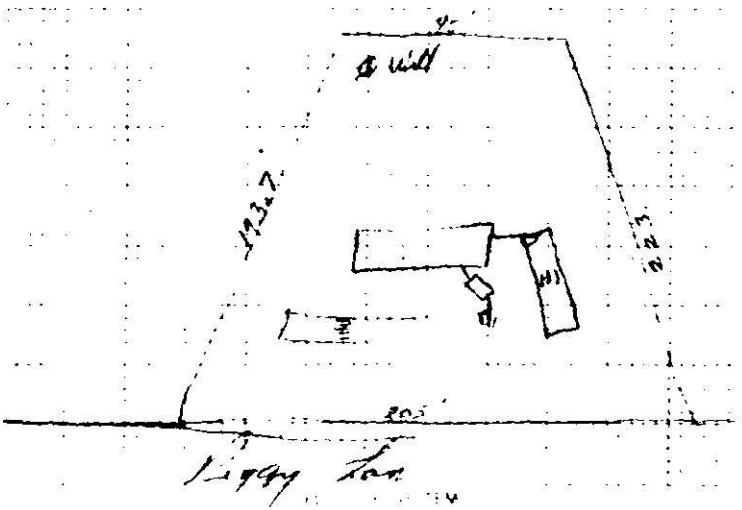
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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: ✓ Install or Construct ___ Alter or Repair the individual septic tank wastewater treatment [illegible] with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon information supplied on application 7583, dated 21 May 74 [illegible] and the terms and conditions of this permit as provided in the application. A permit shall be issued to [illegible] after which it is the responsibility of the owner to [illegible].




| | |
|---|---|
| [illegible] | 60 |
| [illegible] Tank | 1500 |
| [illegible] | PC |
| [illegible] | |
| [illegible] | 600 + 150 (DM 3 (0% + 50% (7)) |
| [illegible] | 5 (12 x 12 [illegible] |
| [illegible] | 10 |
| [illegible] | 15 |
| [illegible] | 100 |

NAME OF OWNER: Brassell, Robert S.

LOCATION OF PROPERTY: 3916 Piggy Lane (Lot 10-A)

This permit is issued subject to the requirements as set forth in the Rules and Regulations of the Mecklenburg [illegible] in effect on this date of the granting of this permit. A certificate of [illegible] be issued by the Director before any system can be covered or otherwise rendered inaccessible or concealed.

Comments: Crazy Horse Campsite (Center)

Date of Inspection Final

Environmentalist [signature]

This permit is void if installation or construction of the new [illegible] is not completed by the [illegible] Mecklenburg Health Director. It is unlawful for any person to cover the [illegible] signature of the [illegible] an existing system is being altered or repaired.

E-5-8-1-72

Serial No.

C of A (s) No 7583

P.O. T C No 195-041-22

Date Issued 8-16-74

Map Date Dec. 14, 1973

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 Braswell, Robert D. (LAST, FIRST, MIDDLE)

Location of Property 3916 Peggy Lane (Lot 10-A)

Application Number 7583 Permit Number 7583

**Inspection Date:**

Liquid Capacity of Tank 1500 Tank Material PC 3(7½' x 50' x 17")

Total Length of Drain Tile 600' + 150' wm Number of Lines 5 (12½' x 120' x 12")

Depth of Filter Material 17" Cover Depth 15" - 24"

Water Supply Source Ind. well Distance from Water Source 100'

Excavation Inspected 8-16-74 (DATE) Tank Inspected 8-16-74 (DATE)

Nitrification Field Inspected 8-16-74 (DATE)

Washing Machine Line Inspected If Applicable 8-16-74 (DATE)

This is to certify that the Individual Septic Tank System with subsurface soil absorption of effluent described above and it has been ✓ constructed installed 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 is not a guarantee that the system will operate properly and relieve any person owning 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 any restrictions and conditions which may exist in addition to those listed below under comment. This Certificate of Approval shall be void 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 Honeycutt (contractor)

V. J. Ottenbreit
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENTS COPY

Date Received 4/2/15 Tk Application No. [illegible]

T. C. No. 195-144-22

Map Date 12-14-[illegible]

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER [illegible] ZIP [illegible]

PHONE NO. Home [illegible] Office [illegible]

LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

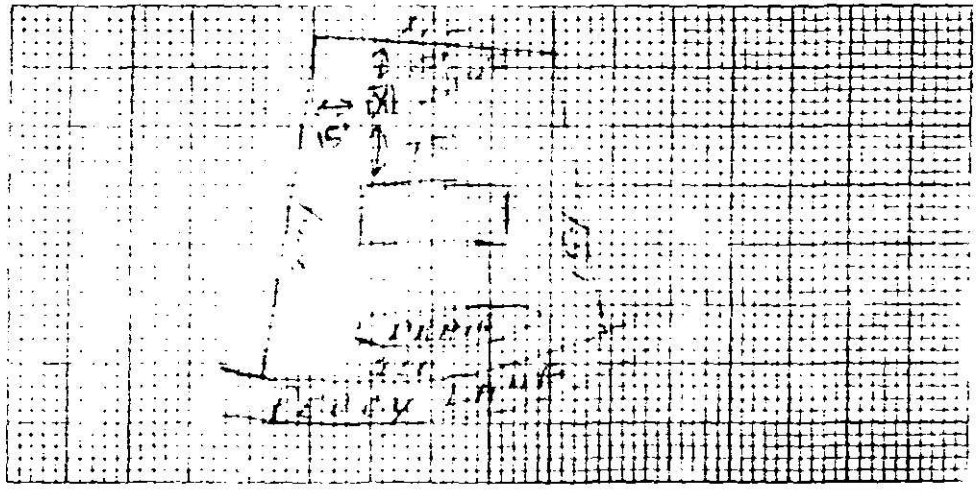
SUBDIVISION [illegible] LOT NO. [illegible] BLOCK NO. [illegible]

MAP BOOK NO. [illegible] PAGE NO. [illegible]

DEED REFERENCE: DEED BOOK [illegible] PAGE NO [illegible]

WELL CONTRACTOR [illegible] LICENSE NO. [illegible]

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 [illegible] individual, _____ semi public, or _____ public water supply




ACCURATELY DIAGRAM & DIMENSION LOT

DATE OF APPLICATION [illegible] OWNER [illegible]

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST [illegible]

FORM NO. E-20-9-1-72 HEALTH DEPARTMENT'S COPY