T. C. No. 7490

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Pettus,

WELL RECORD

By Mr. Kirby

Drilling Contractor ALL CALL BROS. Reg No. 3C Well Permit No.

1. Town PINEVILLE NC County LINCH
2. Location RT 521 Quadrangle No. F-65
   Show a sketch of location on back of form
3. Owner JIM CROWLEY
   Address 7501 MEADOWDALE LN.
4. Topography draw, slope, hilltop, valley, flat
5. Use of Well HOUSE Date Completed 7-16-74
6. Rig type or method ROTARY AIR Total Depth 130'
7. Casing: Depth From 0 to 80 ft. Diam 6" in. Type GALVANIZED
8. Grout: Depth From 0 to 20 ft. Material CEMENT Method
9. Screen: Depth From to ft. Diam in. Type and Opening
10. Water Zones (depth) AT 25 GPM AT 115 ft
11. Static Water Level 25 ft. above (below) top of casing
    which is 1 ft above land surface Elev.
    Date 7-16-74
12. Yield (gpm) 25 Method of testing AIR
13. Pumping Water Level: 2½ ft. after 2 hrs.
    at 25 gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method CHLOR
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'	80'	Red Clay & Sand
80'	115'	Blue Rock & Specked Granite

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

Serial No. 4247

Date Issued April 26, 1974

PTR No 7490

T C No 223-091-05

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

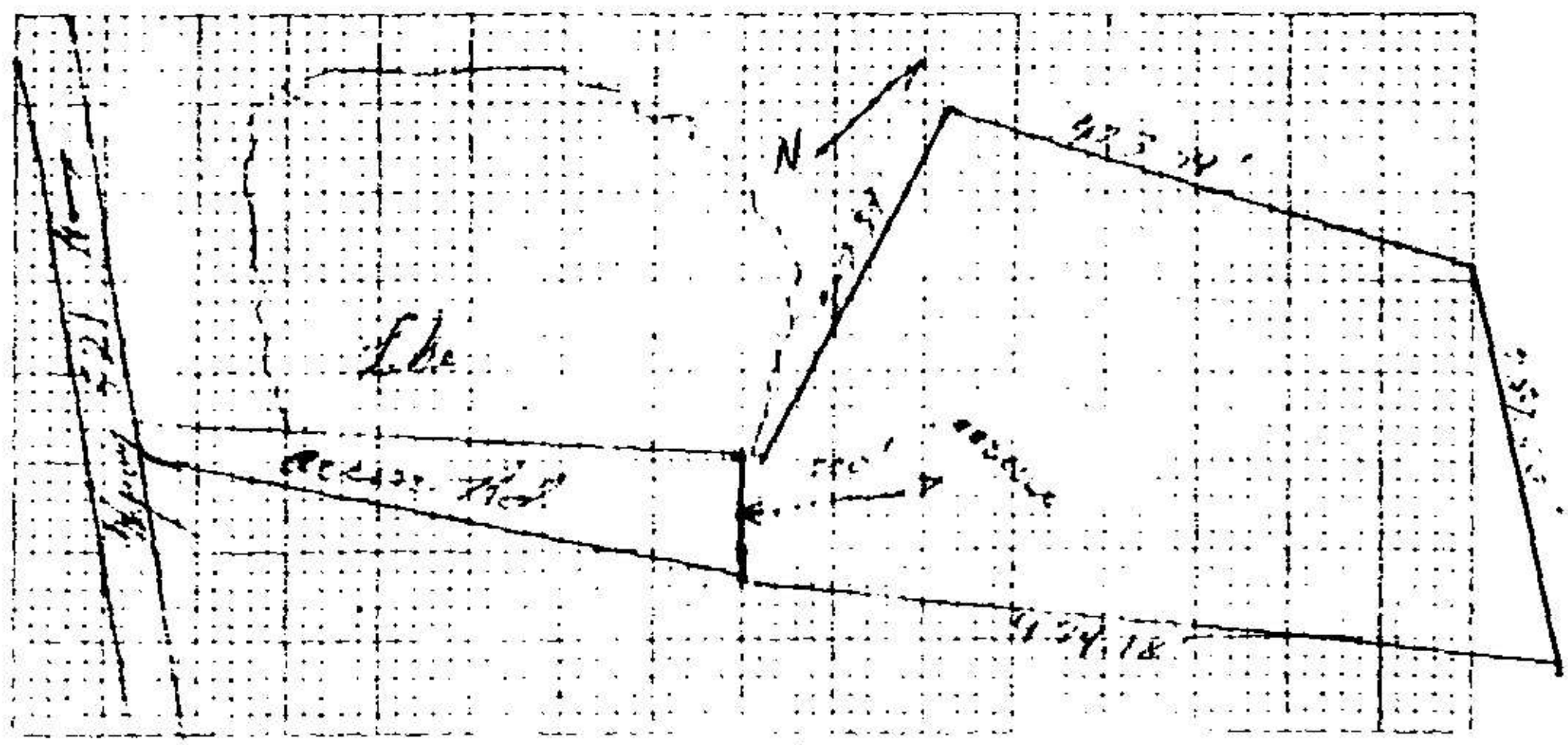
PERCOLATION TEST REPORT

NAME OF OWNER Pettus (LAST) William (FIRST) O. (MIDDLE)

ADDRESS OF OWNER P.O. Box 726, Pineville, N.C. ZIP 28134

LOCATION OF PROPERTY Highway 521 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and ... 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 plat.

The percolation rate determined by the test was 60 min/in The ... is approved for the installation of an individual septic tank wastewater treatment system with subsurface ... absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter or repair the septic 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 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 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 wells) 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

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-5-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-15-74 APT No 7490

T C No

Map Date

MAR 5 1974

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Fettes (LAST) W. Hiram (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 236 Lincolnton N C ZIP 28092

3) PHONE NO Home 704-735-2447 Office 519 7000

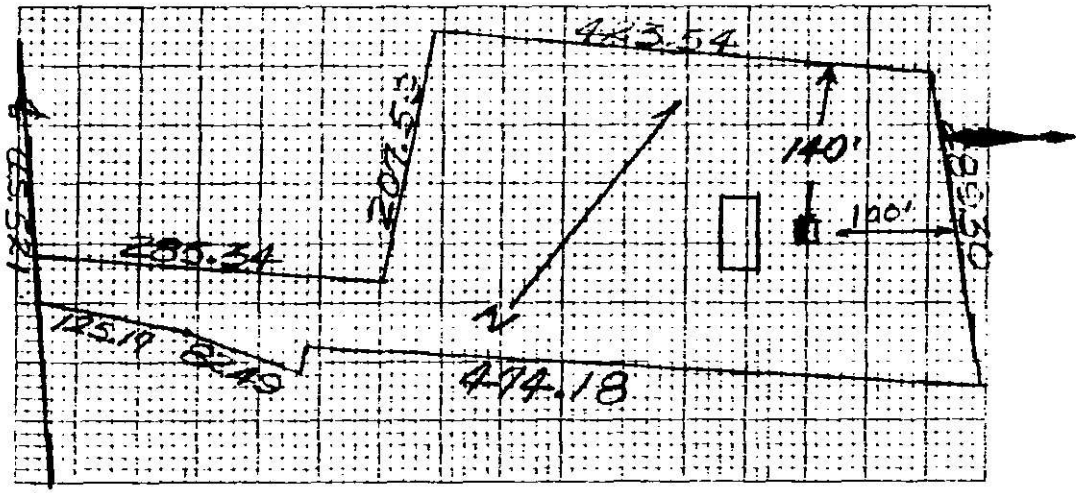
4) LOCATION OF PROPERTY 211 Ivey Trail (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 646 PAGE NO 366

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-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2/3/75

ICAIRS Application No. 7490

T C No. 223-091-05

Map Date 12 14 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

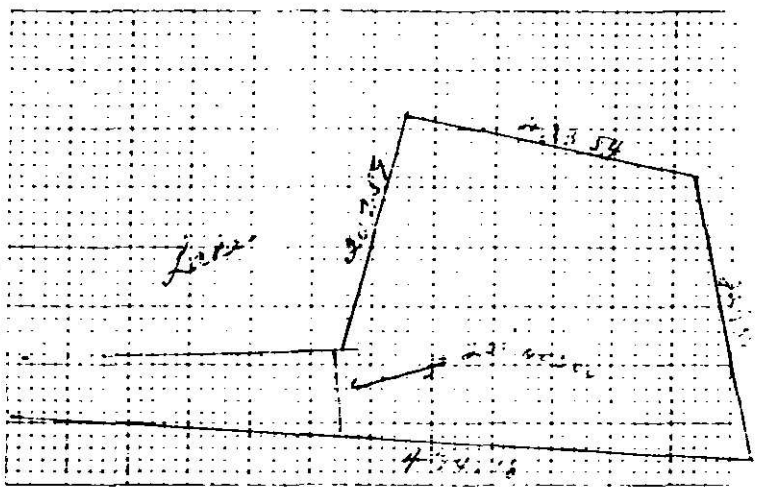
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of the 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

2



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER James A. Crowley (Formerly W. C. Pettus)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 726, Pineville, N. C.

15) PHONE NO Home 375-2551 Office

16) LOCATION OF SYSTEM U. S. Hwy 521, Pineville
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No 3661 Page No 46

18) DEED REFERENCE — DEED BOOK 3661 AT PAGE 46 PR-360

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 4-24-74

20) PTR NUMBER (See Instructions) 7490

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

1-30-75
DATE OF APPLICATION

Richard H. Kerr Contr.
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Feb. 3, 1975 **Serial No. 4661**

IMPROVEMENTS PERMIT

LA No 7490

T C No 223-091-05

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 Crawley (LAST) James (FIRST) A. (MIDDLE)

ADDRESS OF OWNER P. O. Box 726, Pineville, N. C. ZIP

LOCATION OF LOT U. S. Highway 521, Pineville, N. C. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO 3661 PAGE NO 46

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 60Min./Inon 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 7490. 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

R. P. Brinkman
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3/5/75

Serial No.

ICARIS Permit No 7496

T C No 2.13.C.9

Map Date 3-14-75

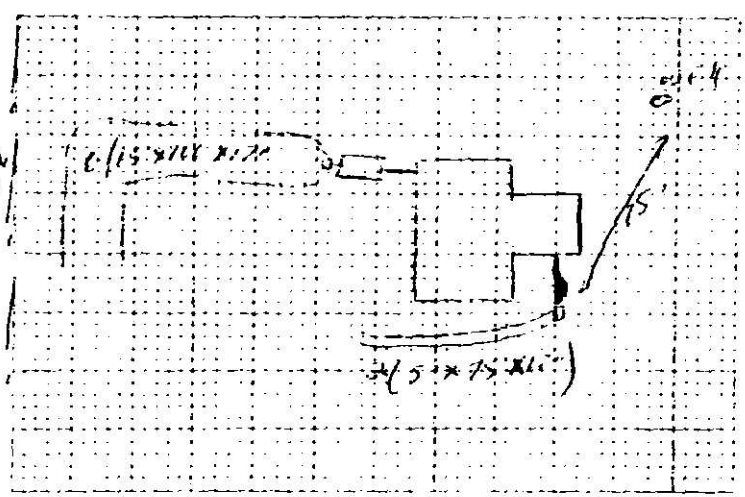
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 2/5/75 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 4-1-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60" 11½"

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption Field Distribution Lines

Total Line Length 600' 150'

Number of Lines 6 2

Distance from Well 75'

NAME OF OWNER Thos H Crowley

LOCATION OF PROPERTY S/S Hwy 521 .37 S. from Twelve Mile Branch

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

Director of Services Head T. P. Hall

Environmentalist L. E. Davidson

In the event for the installation or construction of a new system, it must be signed by the division or a [illegible] Environmental Health Director to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

Form E-5-9-1-72

Date Issued [illegible]

Serial No. [illegible]

C of A (s) No 7490

T C No 223-C11-C3

Map Date 3-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] LAST [illegible] FIRST [illegible] MIDDLE

Location of Property 5015 (2) [illegible]

Application Number 1692 Permit Number 7490

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material [illegible]

Total Length of Drain Tile 600 LF Number of Lines 2

Depth of Filter Material 12" Cover Depth [illegible]

Water Supply Source well Distance from Water Source [illegible]

Excavation Inspected 4-4-73 DATE Tank Inspected 4-6-73 DATE

Nitrification Field Inspected 4-4-73 DATE

Washing Machine Line Inspected, If Applicable 4-6-73 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent disposal as described above and it has been installed and constructed, substantially in accordance with the permit issued and the requirements of the Mecklenburg County Board of Health at the date of issuance of the permit. The issuance of this Certificate of Approval is not a guarantee that the system will operate properly or relieve any person owning or using the property from any liability resulting from the failure of the system to perform properly. This Certificate of Approval is issued subject to those restrictions and conditions listed in the permit in addition to those listed below under comments. This Certificate of Approval shall be void and of no effect if 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 [illegible]

[illegible]

Environmentalist

FORM NO E-6-9-1-72