Date Received 4/25/77 Apt. No. (S) _____ Application No. (W) 12239

T. C. No. 197-0738

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER ROBERTS (LAST) DEVEL (FIRST) & CONST. INC (MIDDLE)

ADDRESS OF OWNER 3801 LARKSTON ZIP 28211

PHONE NO. Home _____ Office _____

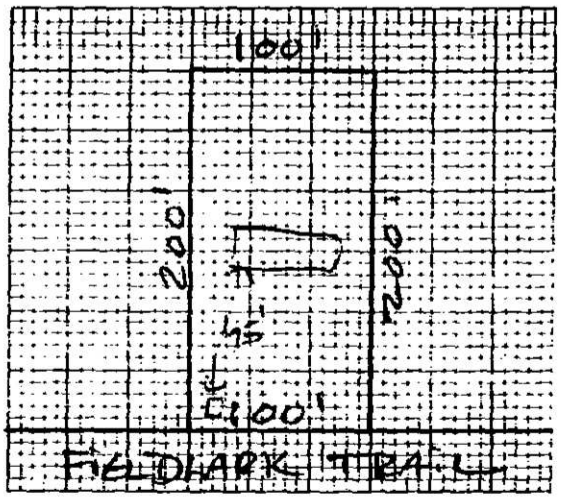
LOCATION OF PROPERTY LOT 11B FIELDARK TRAIL (STREET OR COUNTY ROAD)

WELL CONTRACTOR _____ LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health 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.

25 APRIL 77
DATE OF APPLICATION

K B Roberts
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: _____

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA DEPARTMENT OF NATURAL AND ECONOMIC RESOURCES
OFFICE OF WATER AND AIR RESOURCES
GROUND WATER DIVISION
P. O. BOX 27687 – RALEIGH, N. C. 27611

6817 71B

WELL RECORD

DRILLING CONTRACTOR: CAROLINA WELL DRILLING REG. NO. 2 WELL CONSTRUCTION PERMIT NO.

1. WELL LOCATION: (Show a sketch of the location on back of form)
   Nearest Town: ZEBULON County: WAKE
   (Road, Community or Subdivision and Lot No.) Quadrangle No.
2. OWNER: AVCO LYCOMING CO
3. ADDRESS: ZEBULON
4. TOPOGRAPHY: draw, valley, slope, hilltop, (flat)
5. USE OF WELL: DOM DATE: 7-21-77
6. DOES THIS WELL REPLACE AN EXISTING WELL? (NO)
7. TOTAL DEPTH: 105 RIG TYPE OR METHOD: AIR
8. FORMATION SAMPLES COLLECTED: ☐ YES No. of Bags
9. CASING:

From	Depth to	ft.	Inside Diam.	Wall thick. or weight/ft.	Type
0	40		6 5/8	5.4	STEEL

10. GROUT:

From	Depth to	ft	Material	Method
0	40		CEM.	POUR

11. SCREEN:

From	Depth to	ft	Diam.	Type and Opening

12. GRAVEL:

From	Depth to	ft.	Size	Material

13. WATER ZONES (depth): 100
14. STATIC WATER LEVEL: 20 ft. above / below top of casing.
    Casing is ft above land surface. ELEV.
    DATE MEASURED: 7-22-77
15. YIELD (gpm): 15 METHOD OF TESTING: AIR
16. PUMPING WATER LEVEL: ft. after hours
    of gpm.
17. CHLORINATION: Type HTH Amount 1 LB
18. WATER QUALITY: TEMPERATURE (°F)
19. PERMANENT PUMP: (Show a sketch of well head on back of form)
    Date Installed 7-22-77 Type JET Make BERKELEY
    Capacity (gpm) HP 1 1/2
    Intake Depth 100 Airline Depth
20. HAVE YOU INFORMED THE WELL OWNER OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS? YES
21. REMARKS:

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

SIGNATURE OF CONTRACTOR OR AGENT DATE

DRILLING LOG

DEPTH FROM	DEPTH TO	FORMATION DESCRIPTION
0	40	CLAY
40	105	CLAY & GRAVEL

Form GW-1

White Copy - Office of Water and Air Resources; Blue - Drillers Copy; Green - Owners Copy

WELL HEAD COMPLETION: Draw a sketch of the well head showing casing, pump piping, seals, vents, access port, grout, and enclosure.

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Date Received 8/4/77

APT No. 12232
C O
T. C. No. 197-073-08

Map Date 6/29/76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Kibler Tim of Carol Inc.
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 3501 Whitestone Ln. ZIP 28211

3) PHONE NO. Home 364-4561 Office 364-4567

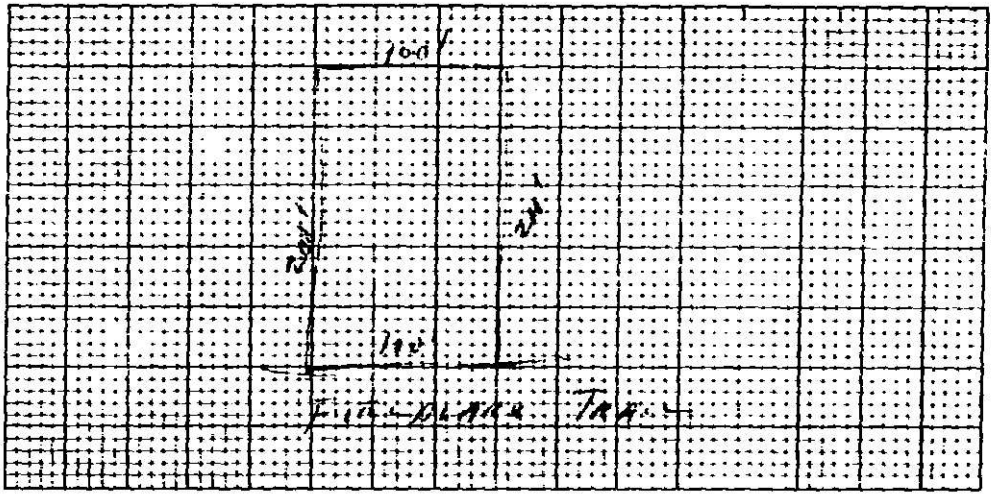
4) LOCATION OF PROPERTY Fieldcrest Lane
STREET OR COUNTY ROAD

5) SUBDIVISION Fieldcrest Trail LOT NO. 11 BLOCK NO. E

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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

By C. Kibler Mgr.
OWNER
Asst Sec

EHD-5-76

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation Apr. 20, 1977 AET NO. 12232

Owner Roberts Development and Construction Co.

Location of Property Field Lark Lane lot No. 11 Block B Tax Lot No. P.O. 197-073-08

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	HELENA		Cecil	
2. Soil Slope	suitable 2-6%		suitable 2-6%	
3. Soil Depth	Suitable >48"		suitable >48"	
4. Soil Texture	unsuitable 2:1 Expanding clay		provisionally suitable clay	
5. Soil Structure	unsuitable massive		provisionally suitable blocky	
6. Restrictive Horizons	—		—	
7. Soil Drainage	unsuitable perched high water table		suitable water table >6'	
8. Soil Permeability (Percolation Rate)	unsuitable Very slow >2 Comin./in		provisionally suitable moderate 60 Comin./in.	
9. Other	—		—	
10. Overall Rating	unsuitable		provisionally suitable	

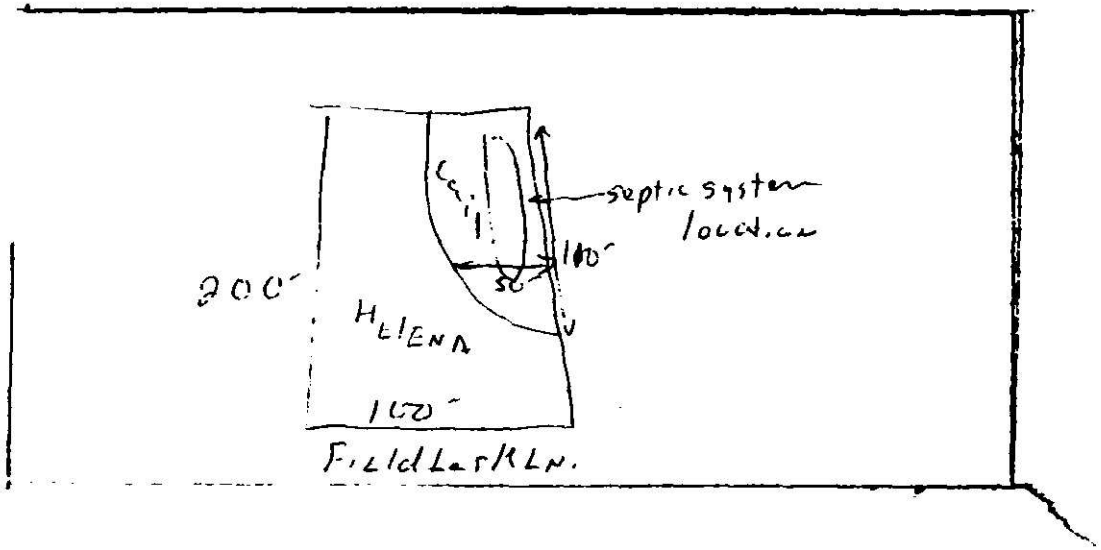
Remarks
Recommendations Based on this investigation, an adequate area of provisionally suitable soil was found for installation of a septic tank system. However, this area is limited to an area of 100' x 50'. System design should be based on 60 Comin./in. and should be placed in the area of Cecil soils.

See diagram on back

W Edward Casement
Soil Scientist

3/10/75
EHC 539

DIAGRAM OF PROPERTY



3/18/75

FEB 539

Serial No. 0655

PTR No. 12232

T. C. No. P.O. 197-073-08

Date Issued 4/22/77

Map Date -

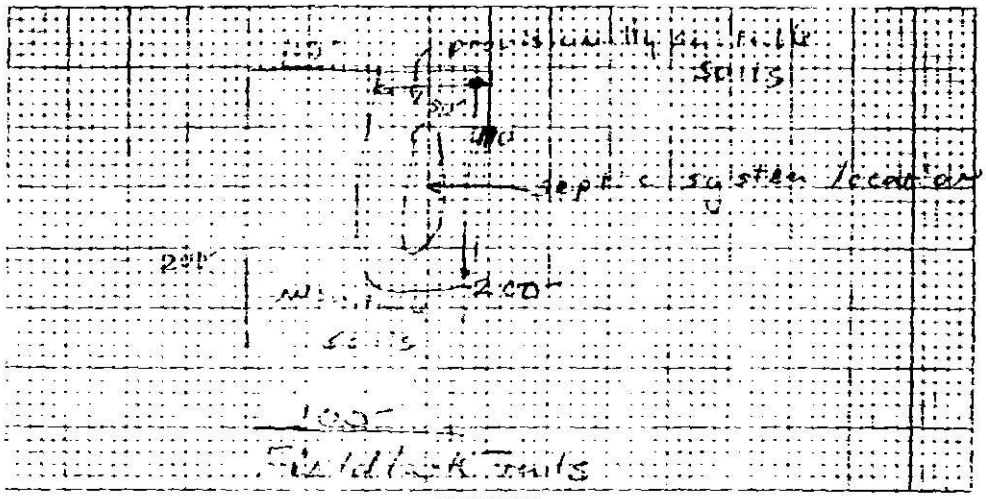
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Roberts Development & Const. Inc.

ADDRESS OF OWNER 3801 Larkston Drive, Charlotte, N. C. ZIP 28211
(LAST / FIRST / MIDDLE)

LOCATION OF PROPERTY Fieldlark Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Fieldl ark Trails LOT NO 11 BLOCK NO. B



PLOT PLAN

[illegible] Mecklenburg Count. [illegible] was conducted [illegible] Provisionally Suitable [illegible] 60Min./In. [illegible] said lot is approved [illegible] subsurface, soil ab[illegible] effluent discharge [illegible] following terms and conditions

1. [illegible] Mecklenburg County Depart[illegible] wastewater treatment [illegible]
2. [illegible] the Mecklenburg [illegible] above [illegible]
3. [illegible] acceptable for system installation [illegible]
4. [illegible] performed on the [illegible] which [illegible] Mecklenburg [illegible] Department of Environmental Health [illegible] indicated as acceptable [illegible] system [illegible] construction [illegible] system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future prior to 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.

[illegible] Soil Scientist

John R. Adkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

✓ Date Received 4/27/77

ICAR(S) Application No. 12,238

T. C. No. 80-197-073.02

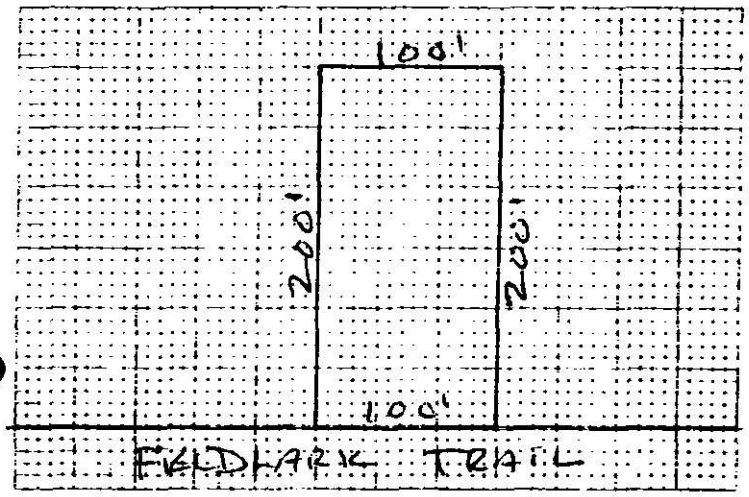
Map Date ———

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
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. Governmental System ___
C. Community System
1. Well source ___
2. Governmental 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. MCRV 27320

13) NAME OF OWNER ROBERTS (LAST) DELL (FIRST) & CONST INC. (MIDDLE)

14) ADDRESS OF OWNER 3801 LARKSTON DR 28211

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM FIELDLARK TRAIL (STREET OR COUNTY ROAD)

17) SUBDIVISION FIELDLARK TRAILS Lot No. 11 Block No. 13

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN ___

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.

25 APRIL 77
DATE OF APPLICATION

OWNER [signature]

EHD-S-76

Environmental Health Department's Copy

Serial No. 0695

LA No. 12232

T. C. No. 197-073-08

Date Issued April 25, 1977

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Roberts Development & Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 3801 Larkston Drive, Charlotte, N.C. ZIP 28211

LOCATION OF LOT Fieldlark Trails
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 11 BLOCK NO. B

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 _____. 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 soil investigation 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.

L. P. Brigman
Environmentalist

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 9-29-77

Serial No. 1112

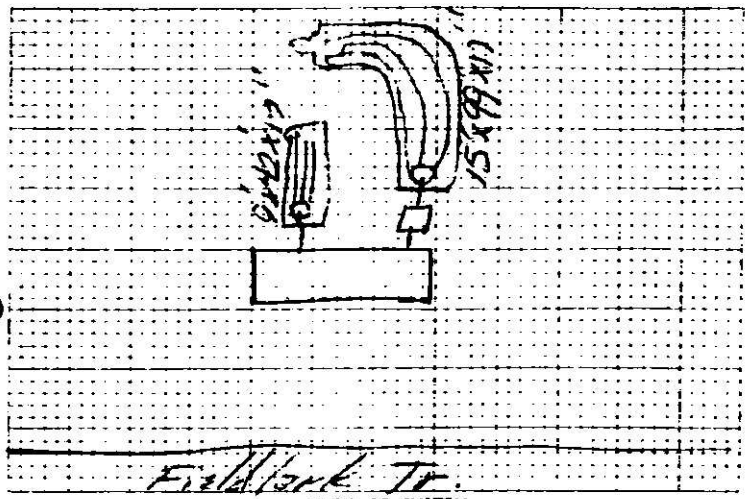
ICAR (S) Permit No. 12232

T. C. No. 77-073-08

Map Date

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 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 12232, dated 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 10-29-77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption Lines or Nitrification Lines

Total Line Length 495' 125'

Number of Lines 5 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100

NAME OF OWNER August Higgins Co.

LOCATION OF PROPERTY Fieldlark Dr. IIB

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission 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: **The issuance of this permit does nto in any way guarantee that the system anticipated to be constructed willl operate properly, or relieve any person now or hereafter woning, controlling or using such system from any liability resulting from the failure of the system to operate properly.** 15'x99'x10"

9'x42'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-5-76

Environmental Health Department's Copy

Serial No. 1084

C of A (s) No. 12232

Date Issued 9-30-77

T. C. No. PO 197-073-06

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner August Higgins Co. (LAST / FIRST / MIDDLE)

Location of Property Fieldcrest Dr. #16

Application Number 12232 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 495' - 125' Number of Lines 5 - 3

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 9-30-77 (DATE)

Nitrification Field Inspected 9-30-77 (DATE)

Washing Machine Line Inspected, If Applicable 9-30-77 (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 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

Bonnie Oakes

Environmentalist

EHD-5-76

Environmental Health Department's Copy