T C. No. 10 110

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor _____ Reg No _____ Well Permit No. _____

1. Town _____ County _____
2. Location _____ Quadrangle No _____
   Show a sketch of location on back of form
3. Owner _____
   Address _____
4. Topography draw, slope, hilltop valley, flat
5. Use of Well Home Date Completed 11-17-75
6. Rig type or method Air Total Depth 140'
7. Casing: Depth From 0 to 70 ft. Diam 6" in. Type galv.
   _____ _____ _____ _____
   _____ _____ _____ _____
8. Grout: Depth From 0 to 70 ft. Material cement in. Method pumped
   _____ _____ _____ _____
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
   _____ _____ _____ _____
10. Water Zones (depth) 5 gpm 90' 15 gpm 100'
11. Static Water Level: 70 ft. above (below) top of casing
    which is _____ ft. above land surface. Elev. _____
    Date 11-17-75
12. Yield (gpm) 30 Method of testing Blow
13. Pumping Water Level: 20 ft. after 3 hrs.
    at 30 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method HTH chlorine
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.

William Stevens
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	10	red clay
10	70	clay
70	110	gravel
		[illegible]
110	140	rock

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

Date Received _____ Apt. No. (S) _____ Application No. (W) 10110

T C. No 2C A15 C5.2 C1

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (Middle)

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

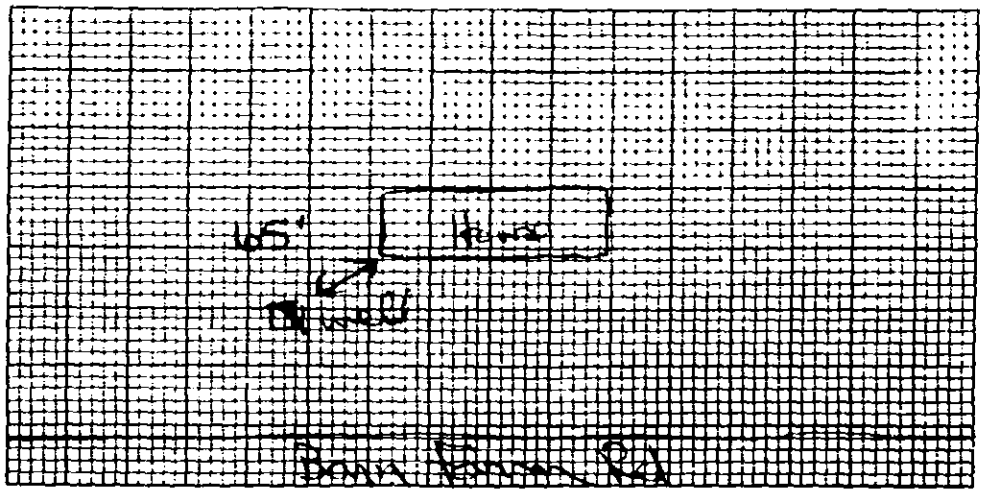
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE DEED BOOK _____ PAGE NO. _____ VA LOAN

WELL CONTRACTOR _____ LICENSE NO. _____

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

DATE OF APPLICATION _____ OWNER _____

Application approved and permit hereby granted

Permit No: 10110

ENVIRONMENTALIST _____

FORM NO. E-20-5-1-73 HEALTH DEPARTMENT'S COPY

Date Received 10/8/75

APT No 1010 P.O.

T C No 11-052-01

Map Date 6/4/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Godwin (LAST) S. (FIRST) T. (MIDDLE)

2) ADDRESS OF OWNER P. O. Box 23039, Charlotte, N. C. ZIP 28212

3) PHONE NO. Home 537-8937 Office 545-6181

4) LOCATION OF PROPERTY Bain Farm Road #3107; TOWN OF MINT HILL, NC - Charlotte 28212 (STREET OR COUNTY ROAD)

5) SUBDIVISION Tracts 1 - 2 & 3 LOT NO BLOCK NO

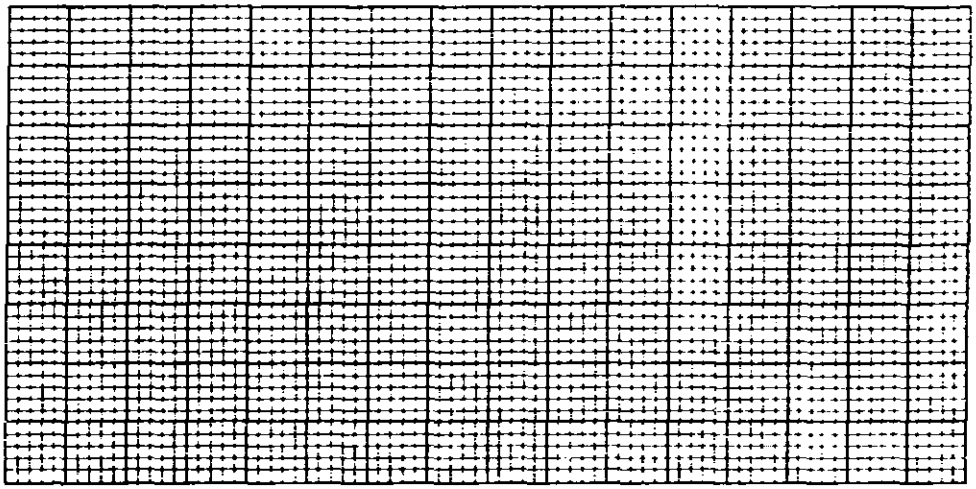
Part of 195-052-01. 267'Bain Farm Road

MAP BOOK NO 195-052-01 PAGE NO X525'AX250X512.35. 3 Acre Tract.

6) DEED REFERENCE DEED BOOK 2265 PAGE NO 114

See attached Survey for Reference.

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

D. J. Godwin

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation 12/9/75 APT NO. 1010

Owner G. T. Godwin

Location of Property Lot C Bass Farm Rd.
TCR: P.O. 195-05Z-01

Soil Suitability Ratings

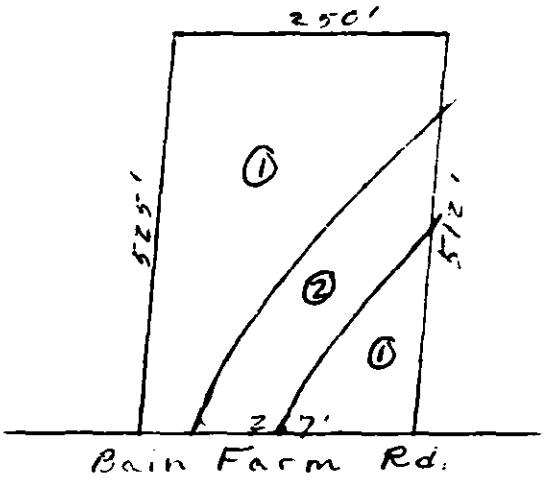
Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	Cecil-Helena Intergrade		
2. Soil Slope	Suitable 2-6%	Suitable 2-9%		
3. Soil Depth	Suitable >48"	Suitable >48"		
4. Soil Texture	Marginal clay	Marginal clay		
5. Soil Structure	Marginal blocky	Marginal blocky		
6. Restrictive Horizons	—	—		
7. Soil Drainage	Suitable W.T.>48"	Suitable W.T.>48"		
8. Soil Permeability (Percolation Rate)	Marginal 60 min/in	Marginal 90 min/in		
9. Other	—	—		
10. Overall Rating	Marginal	Marginal		

Recommendations Conditional Approval - System located in area of Cecil soils; system design based on a 60 min/in perc. rate.

See diagram on back

W. Everett Symmes Jr.
Soil Scientist

3/18/75
EHD 539


250'
525'
512'
①
②
③
217'
Bain Farm Rd.

Serial No. [illegible]

PTR No 10110

Date Issued 10/10/75

T C No P.O. 195-052-01

Map Date 6-4-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

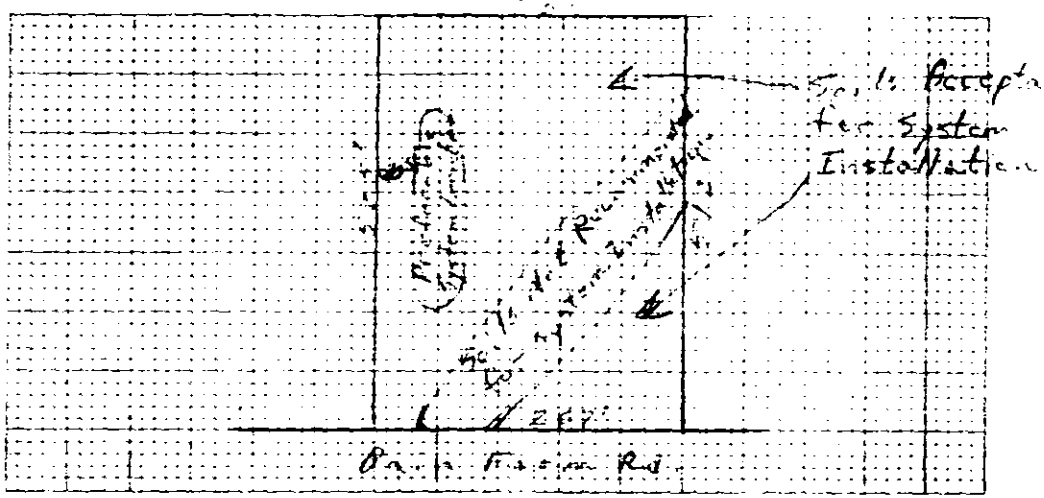
PERCOLATION TEST REPORT

NAME OF OWNER Godwin (LAST) G. (FIRST) T. (MIDDLE)

ADDRESS OF OWNER P. O. Box 23039, Charlotte, N. C. ZIP 28212

LOCATION OF PROPERTY Bain Farm Road (STREET OR COUNTY ROAD)

SUBDIVISION Tracts 1 & 2 & 3 LOT NO C BLOCK NO



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 *60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, 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 on 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/or 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

W. Everette Lyons Jr.
Soil Scientist

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

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10/13/75

ICAR(S) Application No 10110

T C No PS 1615 0552d

Map Date 6 W E

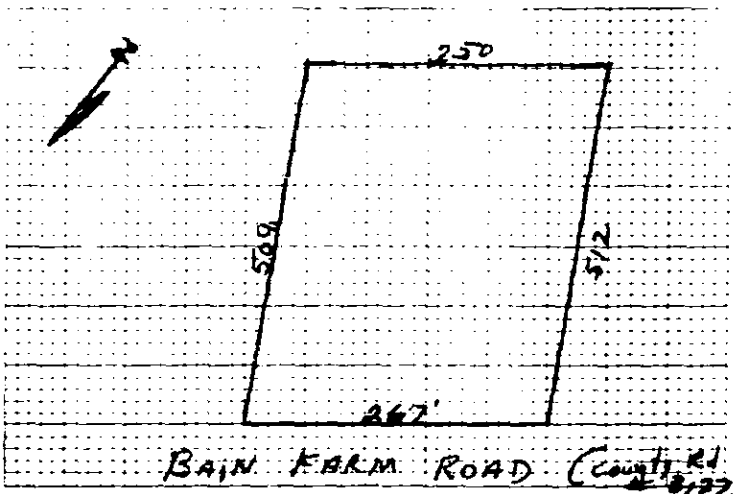
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

The undersigned owner or agent, described herein, hereby applies to the Mecklenburg County Health Department for a permit to:

✓ Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. Persons 5

5) Existing Well(s) No

6) Employee(s) No

7) Water Well(s) ✓ Yes No

8) Sewage System(s) Yes ✓ No

9) Driveway(s) ✓ Yes No

10) Water Supply
A) Individual Well ✓
B) Government System(s)
C) Community System
1) Well source(s)
2) Government source(s)

11) Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No

12) FHA Case No

13) VA Case No

13) NAME OF OWNER Wimbish (LAST) Donald (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER 6841 Hillswick Drive

15) PHONE NO Home 536 5188 Office 5351721

16) LOCATION OF SYSTEM Bain Farm Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Incl 1-2-3 Lot No. C Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 2285 AT PAGE 114

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 10/8/75 & 10/10

20) PTR NUMBER (See Instructions) 10110

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.

10-13-75
DATE OF APPLICATION

Donald W. Wimbish
OWNER

FORM NO. E-[illegible]

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-24-75

ICAR (S) Application No 10116

T C No

Map Date

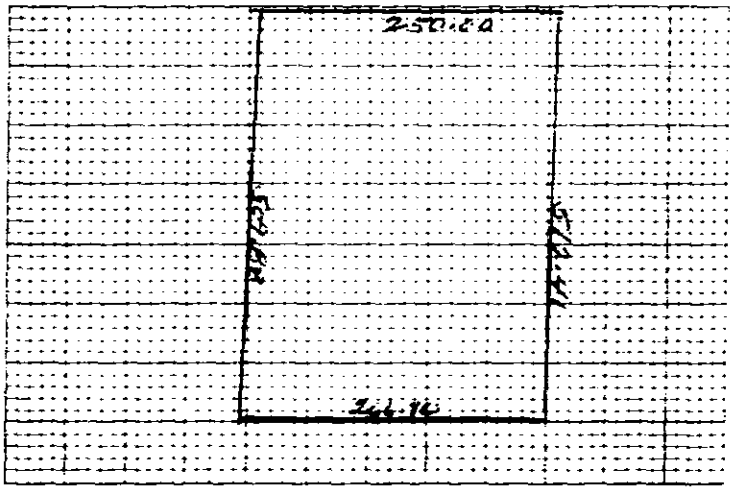
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 4

5) Number Persons Max No Sept (est) ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A Individual Well X
B Governmental System ___
C Community System:
1 Well source ___
2 Governmental source ___

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Wimbish (LAST) Donald (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 6841 Hillswick Drive

15) PHONE NO Home 536 5188 Office 535 1721

16) LOCATION OF SYSTEM 2540 Bain Farm Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2485 AT PAGE 114

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-8-75

20) PTR NUMBER (See Instructions) 10116

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.

11-24-75
DATE OF APPLICATION

Donald W. Wimbish
OWNER

FORM NO E-4-4-(-2)

HEALTH DEPARTMENT'S COPY

Date Issued 10/13/75

Serial No. 5264

IMPROVEMENTS PERMIT

LA No 10110

T C No P.O. 195-052-01

Map Date 6-4-75

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 Wimbish (LAST) Donald (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 6841 Hillswick Drive, ZIP

LOCATION OF LOT Bain Farm Road (STREET OR COUNTY ROAD)

SUBDIVISION Tracts 1, 2, 3 LOT NO C BLOCK NO

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 60Min./Inan 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 10110. 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 A Adkisson

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2 Dec 75 Serial No. 7074 ICAR-S Permit No. IC11C

T. C. No.

Map Book

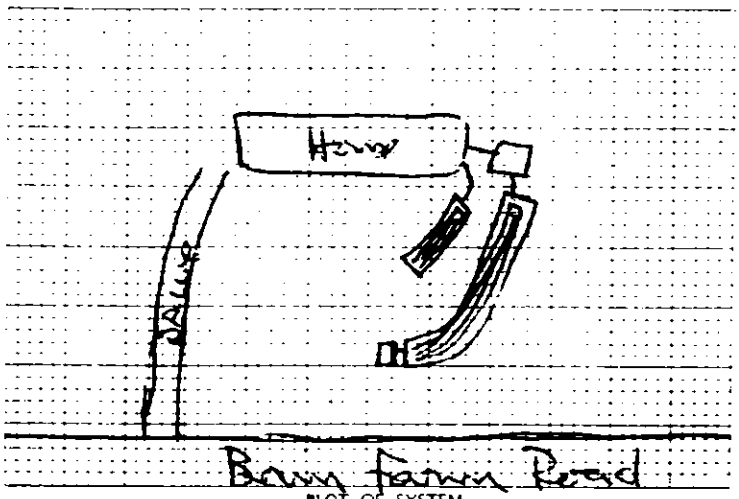
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ✓ Install or Construct Alter or Repair the following septic tank waste water treatment and disposal system with subsurface soil absorption effluent discharge proposed at the described location. This permit is granted based on the information supplied in application IC11C dated K-13-75 and this permit shall be void and of no effect if the proposed construction or alteration is not completed on or before 2 Jan 75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Bedrooms 4C

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption Area Type Construction

Total Absorption Area 795' & 200'

Number of Lines (6) 15'X133'

Distance from Nearest Water Supply 10'

Distance from Property Lines 10'

Distance from Any Cut 75'

NAME OF OWNER Wimbish Dan W.

LOCATION OF PROPERTY Barn Farm Road

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: aeration pit 7'x7'x4' stone

Director of Sanitation or Health

Environmentalist

This permit for the installation or construction of a new system must be signed by the division or 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. EHS-4 (MH-67)

HEALTH DEPARTMENT COPY

Serial No.

C of A 1st No 10110

T C No PO 195-05301

Date Issued 11 Dec 75

Map Date 6-4-75

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 Woodlock Don (A). (LAST, FIRST, MIDDLE)

Location of Property Bain Farm Rd

Application Number 10110 Permit Number 10110

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 175' / 100' Number of Lines 2 x 33

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 11 Dec 75 (DATE) Tank Inspected 11 Dec 75 (DATE)

Nitrification Field Inspected 11 Dec 75 (DATE)

Washing Machine Line Inspected, If Applicable 11 Dec 75 (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 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 C.K

Environmentalist

FORM NO E-6-9-1-72