MECK COUNTY HEALTH DEPT.
RECEIVED
JUN 6 1974
ENVIRONMENTAL HEALTH DIVISION

T. C. No. 108-132-15

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor [illegible] Reg. No 3 Well Permit No. [illegible]

1. Town [illegible] County [illegible]
2. Location [illegible] Quadrangle No [illegible]
   Show a sketch of location on back of form
3. Owner [illegible]
   Address [illegible]
4. Topography: draw, (slope) hilltop, valley, flat
5. Use of Well Not Used Date Completed [illegible]
6. Rig type or method [illegible] Total Depth [illegible]
7. Casing:

Depth From	to	ft.	Diam. in.	Type
0	115	5"		Field Set

8. Grout:

Depth From	to	ft.	Material In.	Method
0	20	Cem.		Grout

9. Screen:

Depth From	to	ft.	Diam in.	Type and Opening

10. Water Zones (depth) 105
11. Static Water Level: 20 ft. above / below top of casing
    which is [illegible] ft. above land surface. Elev. [illegible]
    Date 6-5-74
12. Yield (gpm) 60 Method of testing Air Lift
13. Pumping Water Level: 90 ft. after [illegible] hrs.
    at 6 gpm.
14. Water Quality [illegible] Temperature (°F) [illegible]
15. Well sterilization method [illegible]
16. Permanent Pump: [illegible] Type [illegible] Make [illegible]
    Installed — Date [illegible] By [illegible]
    Capacity [illegible] (gpm) Hp. [illegible]
    Intake depth [illegible] Airline depth [illegible]
17. Remarks: [illegible]

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

[illegible]
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	2	[illegible]
2	[illegible]	[illegible]
115	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

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

Date Received 30 May 74

Application No. 666

T. C. No. 10-12-15

Map Date 9-1-70

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 596-3836

LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

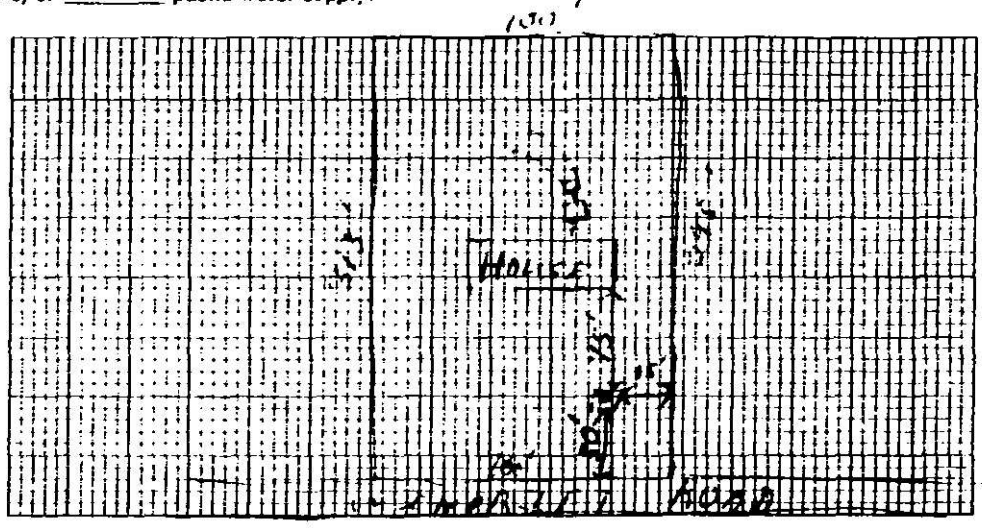
SUBDIVISION _____ LOT NO. 5 BLOCK NO. 2

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. 53

WELL CONTRACTOR _____ LICENSE NO. 3C

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 1 individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

30 May 74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 666

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

N

Date Received 7-16-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 16 1973

APT No 6663

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Civic (LAST) Realty (FIRST) (MIDDLE)

2) ADDRESS OF OWNER PO Box 12054 CHARLOTTE ZIP 28205

3) PHONE NO Home 535-0509 Office 536-8836

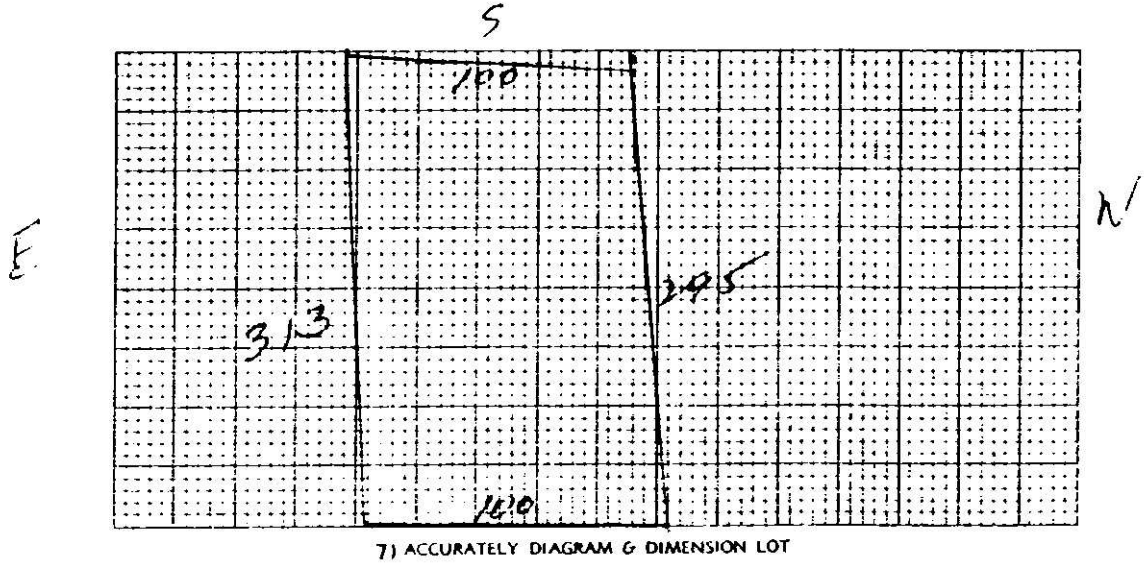
4) LOCATION OF PROPERTY Windrift Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Mayfield Park LOT NO 15 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 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

WINDRIFT Rd

N

OWNER John L Civil
Civil Realty, Inc.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5749

PTR No. 6663

Date Issued October 26, 1973

T C No. 108-122-15

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

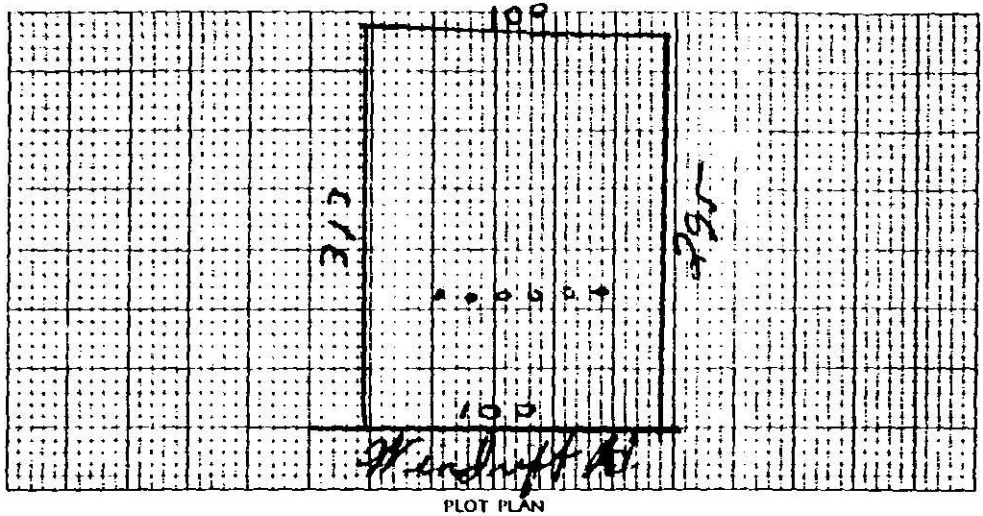
PERCOLATION TEST REPORT

NAME OF OWNER Civil Realty, Inc.
(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 15 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 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, or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater teratment 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.

John D. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 10-25-73

RECEIVED
OCT 26 1973
MECKLENBURG COUNTY HEALTH DIVISION

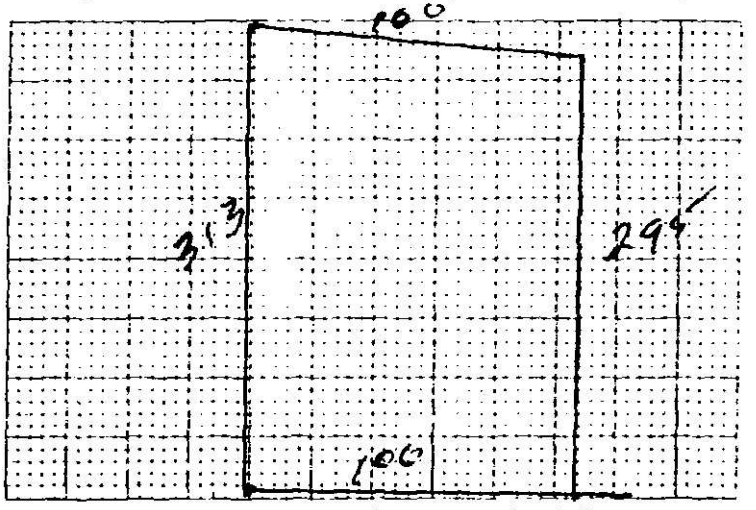
ICAR (S) Application No 6663
T C No 108-122 15
Map Date 9-1-70

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)

3

4) No of Bedrooms ___
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 ___
C) Community System
1) Well ___
2) Governmental ___
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 ___

13) NAME OF OWNER Civil Realty (LAST) (FIRST) (MIDDLE)
14) ADDRESS OF OWNER P.O. Box 2251 CHARLOTTE NC 28205
15) PHONE NO Home 5350509 Office 5368836
16) LOCATION OF SYSTEM Windrift Rd (STREET OR COUNTY ROAD)
17) SUBDIVISION Mayfield Park Lot No 15 Block No 2
Map Book No 14 Page No 43
18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-25-73 PX-60
20) PTR NUMBER (See Instructions) 6663

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 21 Oct 73
OWNER John K Civil

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 29, 1973 Serial No. 3568

IMPROVEMENTS PERMIT

LA No. 6663

T. C. No. 108-122-15

Map Date 9-1-70

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 (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 12054 ZIP

LOCATION OF LOT Windrift Road (STREET OR COUNTY ROAD)

SUBDIVISION Mayfield Park LOT NO 15 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 6663. 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 Atkesson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8 May 74 Serial No. 5189 ICAR(S) Permit No 6663

T C No 108-122-15

Map Date 9-4-72

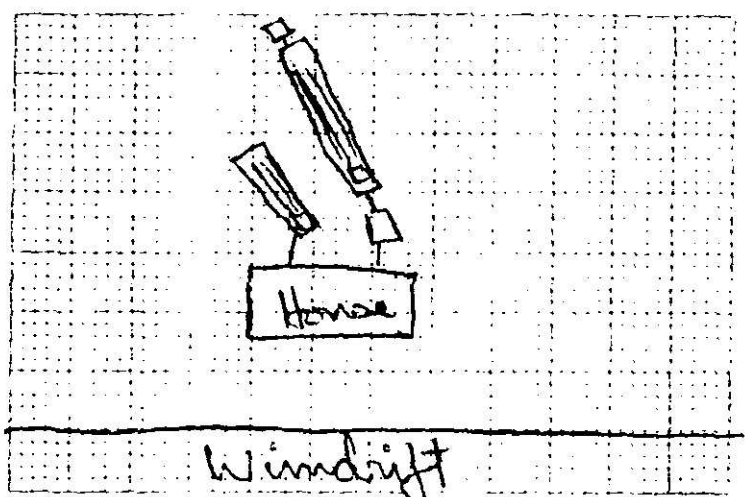
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water treatment system with subsurface, soil absorption effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application 6663 dated 2 May 74 and this permit shall be void and of no effect if the information supplied in the application is not true and correct. All work shall be completed on or before 8 June 74 after which date this permit shall be null and void



Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Length 400' & 50'

Number of Lines (A) 10' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Civil Realty

LOCATION OF PROPERTY Windrift Rd Lot 15 Block 7

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 excavation pit 26'x2'x4' deep

G. M. Reynolds
Environmentalist

Division of Sanitation Head

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

Form E-5-9-1-72

Date Issued 7 June 74 Serial No. 4882 C of A (s) No 6663

T C No 108-12-15

Map Date 9-1-70

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 (LAST) (FIRST) (MIDDLE)

Location of Property Winterhaven Rd Lot #15 Block 1

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines (4) 10' x 100'

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7 June 74 (DATE) Tank Inspected 7 June 74 (DATE)

Nitrification Field Inspected 7 June 74 (DATE)

Washing Machine Line Inspected, If Applicable 7 June 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, 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 acceptable put C.K

G. M. Reynolds

Environmentalist

FORM NO E-6-9-1-72