T. C. No. 5879

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

A.

WELL RECORD

Drilling Contractor LASSITER & HARKEY WELL DRILLING CO. Reg. No. 139 Well Permit No. 5879

1. Town Charlotte County Meck.
2. Location High Ridge Rd. & Lake Valley Rd., Lot 9 Quadrangle No.
   Show a sketch of location on back of form Providence Plantation
3. Owner Richard L. Kiser
   Address 5930 Creole Rd., Charlotte, N. C. 28211
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Rec. Date Completed 9-1-75
6. Rig type or method air Total Depth 185
7. Casing: From 0 Depth to 107 ft. Diam. 6" in. Type I3pd Galv.
8. Grout: From 0 Depth to 20 ft. Material cement Method poured
9. Screen: From Depth to ft. Diam. in. Type and Opening
10. Water Zones (depth)
11. Static Water Level: 30 ft. above / below top of casing
    which is ft. above land surface. Elev.
    Date
12. Yield (gpm) 30 Method of testing air
13. Pumping Water Level: ft. after hrs.
    at gpm.
14. Water Quality clear Temperature (°F)
15. Well sterilization method HTH
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. JVL/bps

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	Depth To	Formation
0	107	red dirt
107	185	blue speckled granite

RECEIVED JAN 1 1976

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

Date Received 8/20/75

Application No. 5879

T. C. No. 227 6\31

Map Date 2/1/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER KISER (LAST) RICHARD (FIRST) L (MIDDLE)

ADDRESS OF OWNER 3900 CREEK RD. CHARLOTTE N.C. ZIP 28211

PHONE NO. Home 366 1837 Office 366 1837

LOCATION OF PROPERTY HIGH RIDGE ROAD & LONE VALLEY ROAD (STREET OR COUNTY ROAD)

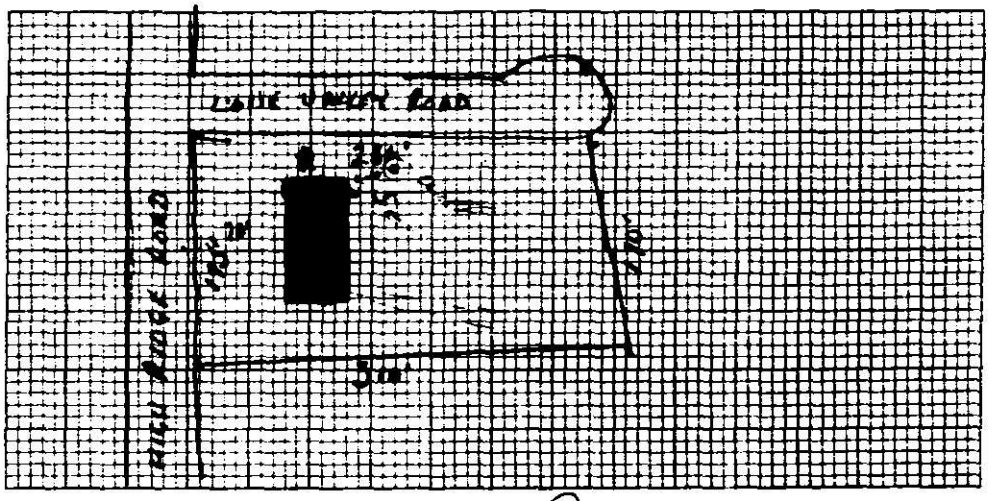
SUBDIVISION PROVIDENCE PLANTATION LOT NO. 9 BLOCK NO.

MAP BOOK NO. 15 PAGE NO. 303

DEED REFERENCE: DEED BOOK 3340 PAGE NO. 577

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

8-20-75
DATE OF APPLICATION

Richard L. Kiser
OWNER

Application approved and permit hereby granted

Permit No: 5879

W. A. Kirby
ENVIRONMENTALIST

FORM NO. E-28-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8/20/75

APT No. 5879

T. C. No. 227-101-31

Map Date 2 2175

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER KISER (LAST) RICHARD (FIRST) L. (MIDDLE)

2) ADDRESS OF OWNER 5960 CREOLA RD CHARLOTTE NC ZIP 28211

3) PHONE NO. Home 366-1887 Office

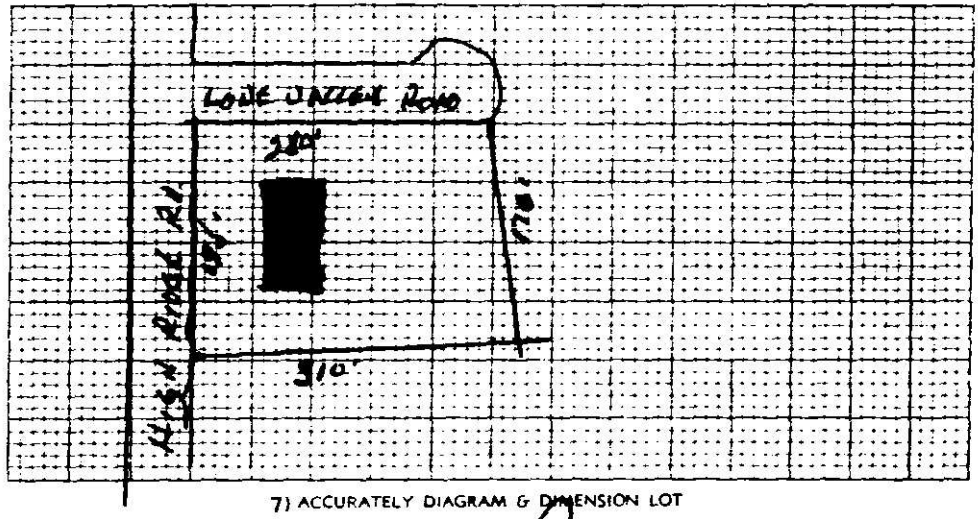
4) LOCATION OF PROPERTY HIGH RIDGE + LOWE JAMES ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION Mooresville Plantation LOT NO. 9 BLOCK NO.

MAP BOOK NO 15 PAGE NO. 303

6) DEED REFERENCE DEED BOOK 3340 PAGE NO. 577

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

Richard L Kiser
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation August 21, 1975 APT NO. 5879

Owner Richard L. Kaiser

Location of Property High Ridge and Lone Valley Rd. TCN 227-101-31

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Wodowa	Drange gully		
2. Soil Slope	suitable 2-8%	N.A.		
3. Soil Depth	suitable >48"	N.A.		
4. Soil Texture	marginal clay	N.A.		
5. Soil Structure	marginal blocky	N.A.		
6. Restrictive Horizons	N.A.	N.A.		
7. Soil Drainage	suitable W.T. >48"	unsuitable water runoff		
8. Soil Permeability (Percolation Rate)	marginal 60min/in	unsuitable floods		
9. Other	N.A.	N.A.		
10. Overall Rating	Marginal	unsuitable		

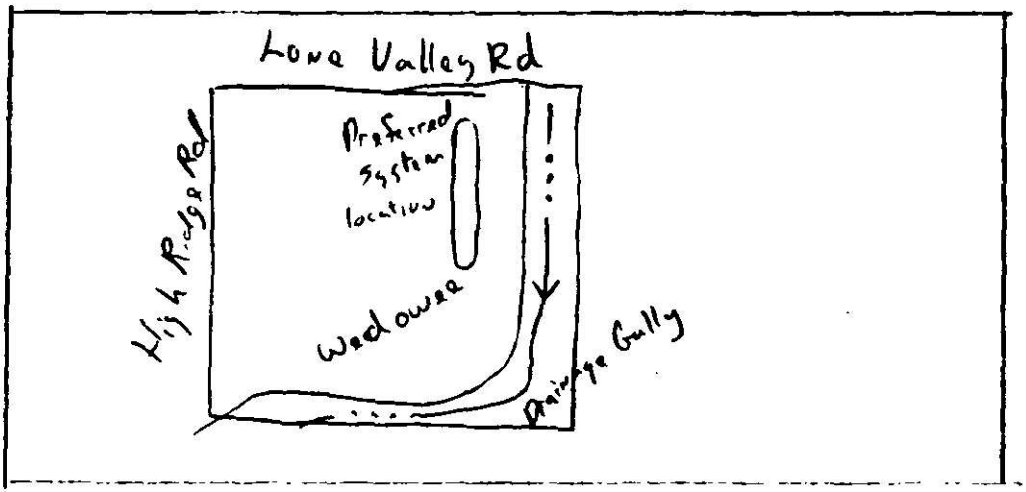
Recommendations Based on this investigation, the is recommended for installation of a septic tank system. System design should be based on 60min/in and should be kept out of the drainage area.

See diagram on back

G Edward Cessaveni
Soil Scientist

3/18/75
HMD 539
WH

DIAGRAM OF PROPERTY



3/18/75

BRD 539

Serial No. 5573

PTR No 5879

T C. No. 227-101-31

Date Issued August 21, 1975

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

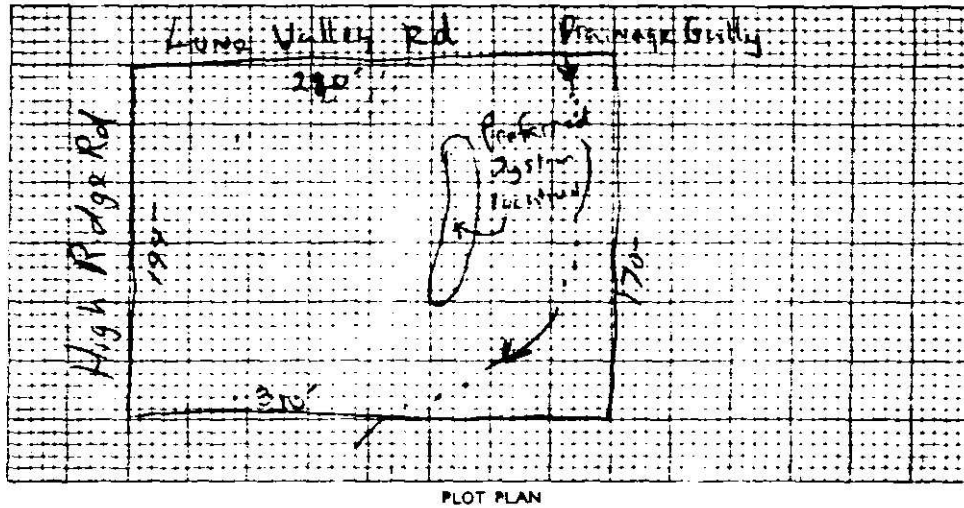
PERCOLATION TEST REPORT

NAME OF OWNER Kiser (LAST) Richard (FIRST) L (MIDDLE)

ADDRESS OF OWNER 5900 Creola Road, Charlotte, N. C. ZIP 28210

LOCATION OF PROPERTY High Ridge Rd. & Lone Valley Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 9 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 soil on 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 treatment 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 void 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. Edward Caravant
Soil Scientist

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 8/26/75

ICAR(S) Application No 5279

T C No

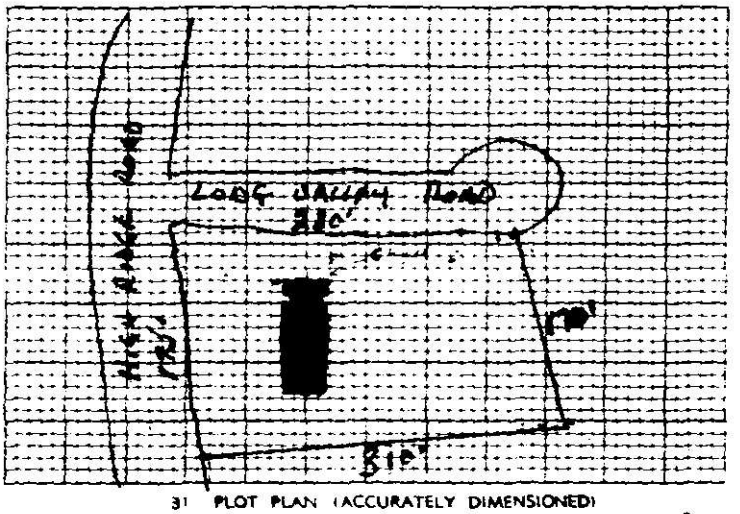
Map Date

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) Y Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4
5) Business Use Max No Employees ____
6) Washing Machine Y Yes ____ No
7) Garbage Disposal Y Yes ____ No
8) Dishwasher Y 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 KISER (LAST) RICHARD (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 3900 CREEK RD. CHARLOTTE N.C. 28211

15) PHONE NO Home 366-1837 Office ____

16) LOCATION OF SYSTEM HIGH RIDGE AND LONG VALLEY ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION PROVIDENCE PLANTATION No. 9 Block No. ____

Map Book No. 15 Page No. 303

18) DEED REFERENCE — DEED BOOK 3340 AT PAGE 377

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) 5279-1

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.

8-26-75
DATE OF APPLICATION

Richard L. Kiser
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued August 28, 1975 Serial No. 5251

LA No 5879

T C. No. 227-101-31

IMPROVEMENTS PERMIT

Map Date 2-21-75

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 Kiser (LAST) Richard (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 5900 Creola Road, Charlotte, N. C. ZIP 28211

LOCATION OF LOT Corner High Ridge Road & Long Valley Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 9 BLOCK NO

MAP BOOK NO 15 PAGE NO 303

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./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 5879. 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. Hudson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8 Jan 76 Serial No. 7144 ICAR'S Permit No. 5879

T C No 227-101-31

Map Date 21 Feb 75

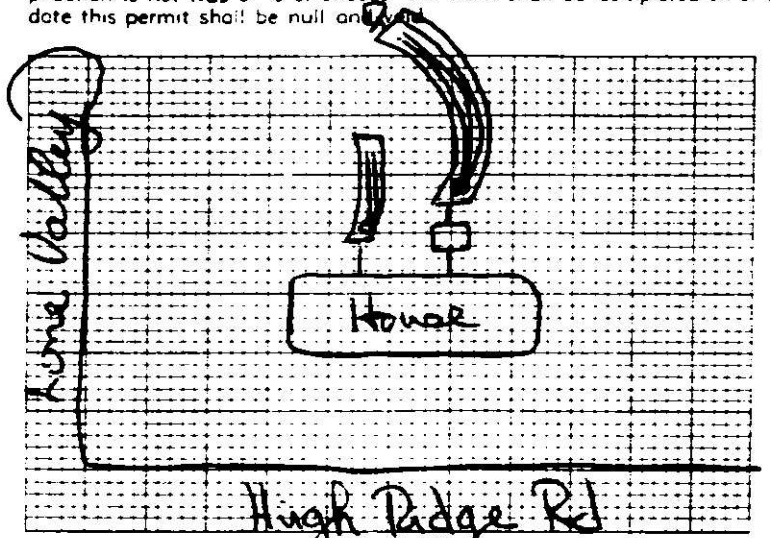
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 5879, dated 20 Aug 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 8 Feb 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 795' & 200'

Number of Lines 6 15'X133'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Kiser, Richard

LOCATION OF PROPERTY High Ridge & Lone Valley 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: washer 10'x50'
aeration pit 2½'x7'x4' stone

Division or Section Head

R. M. Reynolds
Environmentalist

If this permit is for the installation or construction of a new system, it 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 E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 10 Feb 76 Serial No. 6512 C of A (s) No. 5879

T. C. No 227-101-31

Map Date 21 Feb 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 KISER, Richard (LAST, FIRST, MIDDLE)

Location of Property High Ridge

Application Number 5879 Permit Number 5879

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 295' & 200' Number of Lines 6 & 4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 Feb 76 (DATE) Tank Inspected 10 Feb 76 (DATE)

Nitrification Field Inspected 10 Feb 76 (DATE)

Washing Machine Line Inspected, If Applicable 10 Feb 76 (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 aeration O.K.

G. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY