Date Received 2/4/75

Application No. 5422

T. C. No. 197.155.09

Map Date 10.2.70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Moore (LAST) John (FIRST) Randall (MIDDLE)

ADDRESS OF OWNER 6621 Burkandt Drive, Charlotte, N.C. ZIP 28212

PHONE NO. Home 545-5107 Office 545-5900

LOCATION OF PROPERTY County Road # 3107 Rocky River Road
(STREET OR COUNTY ROAD)

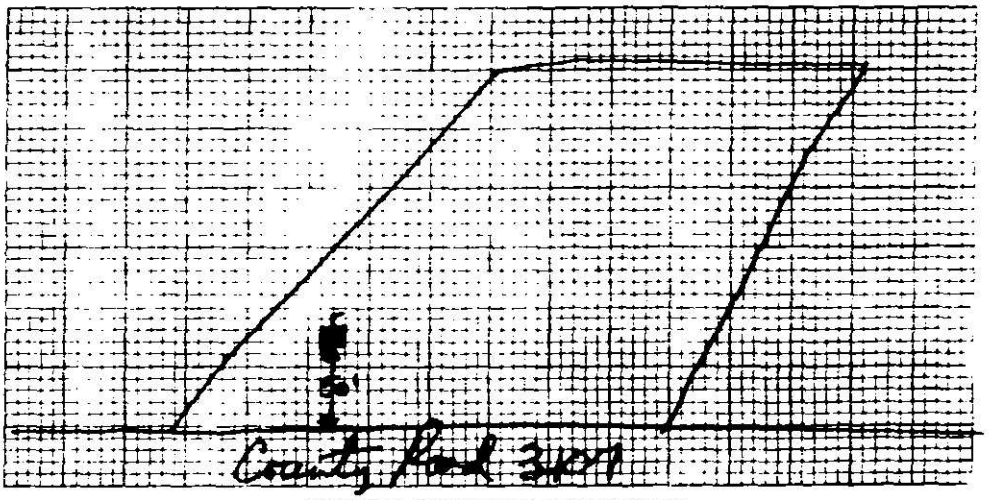
SUBDIVISION _____ LOT NO. 3 BLOCK NO. 155

MAP BOOK NO. 197 PAGE NO. 09

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Carolina LICENSE NO. 240

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

2-5-75
DATE OF APPLICATION

John R. Moore
OWNER

Application approved and permit hereby granted

Permit No: 5422

Paul R. Kiefer
ENVIRONMENTALIST

FORM NO. E-28-6-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1-10-73

APT No 5422

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hall (LAST) Donald (FIRST) L. (MIDDLE)

2) ADDRESS OF OWNER 7530 Cedarhurst Dr. ZIP 28213

3) PHONE NO Home 536-4761 Office 374-7267

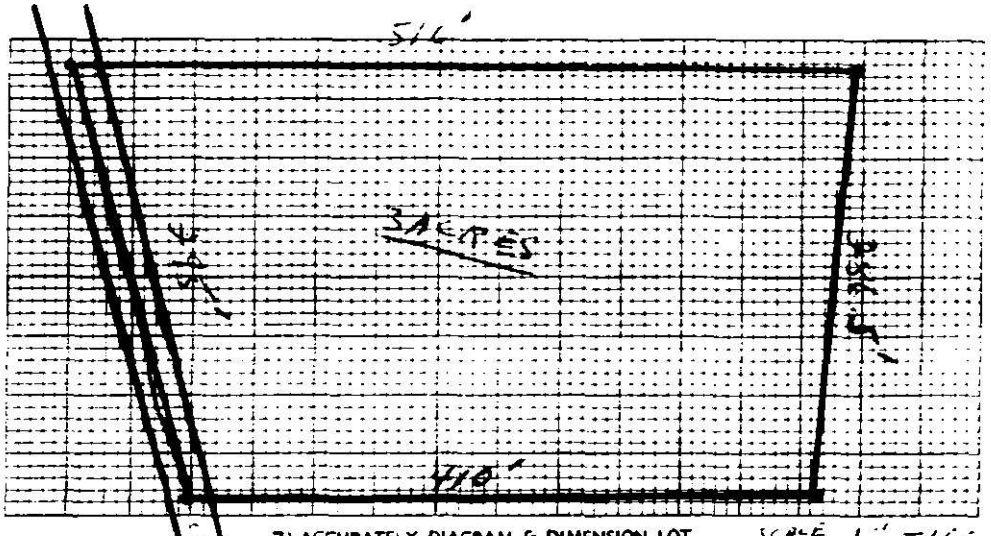
4) LOCATION OF PROPERTY SR 3107 (Mint Hill) (STREET OR COUNTY ROAD)

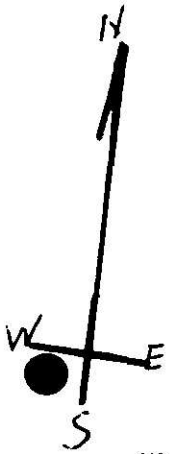
5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3022 PAGE NO 5

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 SCALE 1" = 100 FT.

Donald L. Hall
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Received 11-2-73

APT No. 9130

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER POOLE (LAST) JOHN (FIRST) LANDALL (MIDDLE)

2) ADDRESS OF OWNER 6621 BUCKANDT DR. CHARLOTTE ZIP 28212

3) PHONE NO Home 545-5107 Office 372-3385

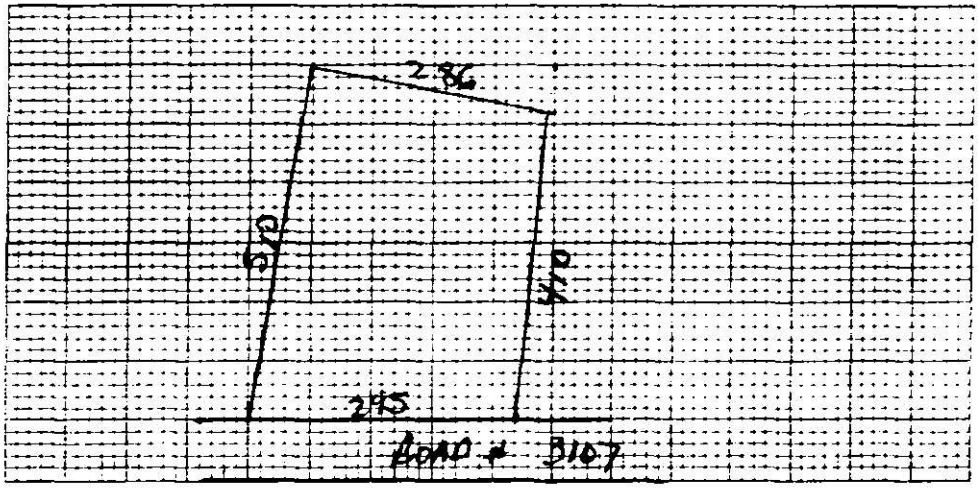
4) LOCATION OF PROPERTY County LD # 3107 (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 3 BLOCK NO. 155

MAP BOOK NO. 197 PAGE NO. 09

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

John L. Poole
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: March 13, 1974

RR

TO: Randy Reynolds
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #5422 (J. R. Poore)
Lot No. 3, County Road 3107
3-12-74

Soils were found to be of the Lignum series. These soils have silty clay subsoils. The extremely high content of silt and clay in these soils results in inadequately slow permeability and percolation rate. These soils are also highly variable in depth to rock, being quite shallow in some instances.

Based on this investigation, the lot appears unsuitable for installation of a septic tank system.

WEL:jdg

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

DATE ISSUED
1. Nov. 14, 1974
2. _____
3. _____

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIP NO. 5422
T.C. NO. 197-155-09
MAP DATE 10-2-70

NAME OF OWNER Poore, John Randall

ADDRESS OF OWNER 6621 Burkandt Drive

LOCATION OF LOT Country Road 3107, Lot 3

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Unsuitable Soil

Perc. rate in excess of 220

John R. Adkisson
Environmentalist
On Premises Waste Disposal Unit
Environmental Health Division

JRA:jjk

(Stencil No.)
EHD 398
8/74

FORM NO.
[illegible]-8-21-74

Copy

PRESENTED FOR REGISTRATION
1975 FEB 3 PM 2 16
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

SEPTIC TANK AGREEMENT

Date 1-31-75

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property located at

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me to this agreement.

Owner John R. Pence

State of North Carolina
County of Mecklenburg

I, Frances R. Pressley a notary public in and for the said County and State, do hereby certify that

John R. Pence personally appeared before me this day and being duly sworn signed the foregoing instrument.

Frances R. Pressley
Notary Public

My commission expires Aug. 24, 1976

EHD 506
7/25/74

SEE INSTRUCTIONS ON BACK

Date Received 2/4/75

ICAR (S) Application No 3422

T C No 197-155 09

Map Date 10-2-70

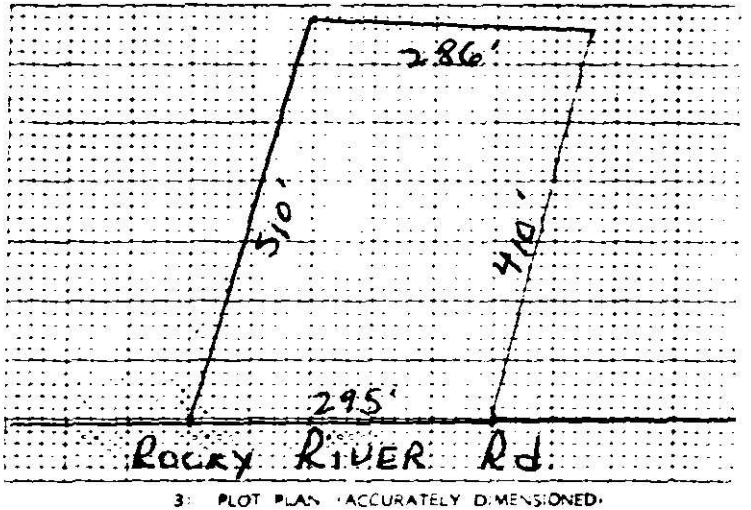
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 X 3

5) Business ... Max. No. Employees

6) Washing Machine ... Yes X No

7) Garbage Disposal ... Yes X No

8) Dishwasher ... Yes X No

9) Water Supply
A ... X
B ...
C ...
D ...
E ...

... Yes X No

... Yes X No

10) EHA Code No.

13) NAME OF OWNER Poore (LAST) John (FIRST) Randall (MIDDLE)

14) ADDRESS OF OWNER 6621 Burkandt Drive, Charlotte, North Carolina

15) PHONE NO Home 545-5107 Office 545-5900

16) LOCATION OF SYSTEM County Road # 3107 Rocky River Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 3 Block No 155

Map Book No 197 Page No. 09

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST 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.

2-3-75
DATE OF APPLICATION

John R. Poore
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Feb. 4, 1975 **Serial No. 4664**

LA No. 5422

T. C No 197-155-09

Improvements Permit

Map Date 10-2-70

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 Poore (LAST) John (FIRST) Randall (MIDDLE)

ADDRESS OF OWNER 6621 Burkandt Drive ZIP _____

LOCATION OF LOT Rocky River Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 3 BLOCK NO 155

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 * _____ 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 5422. 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

*Agreement card signed and presented for recording on Feb. 3, 1975

Paul A. Kiefer
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 28 Nov 1975 Serial No.

C of A (s) No 5422

T C No 197-155-09

Map Date 10-2-70

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

[redacted]

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

Name of Owner Poore, John Randall
LAST FIRST MIDDLE

Location of Property County Rd #3107

Application Number 5422 Permit Number No permit issued

~~Inspection~~ Date:

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 600 Number of Lines 5

Depth of Filter Material — Cover Depth —

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — DATE Tank Inspected — DATE

Nitrification Field Inspected — DATE

Washing Machine Line Inspected, If Applicable — DATE

~~The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent drainage 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 all information supplied by owner not permitted or inspected by this Department. Ground cover impervious - great amount of rock in area

[redacted]
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY