Date Received 9-13-74

Application No. 8011

T. C. No. 059-141-07

Map Date 12-21-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Terrence (LAST) Robert (FIRST) Allen (MIDDLE)

ADDRESS OF OWNER 5521 Paw Creek Rd ZIP 28214

PHONE NO Home 399136 Office

LOCATION OF PROPERTY Lake Wray Drive (STREET OR COUNTY ROAD)

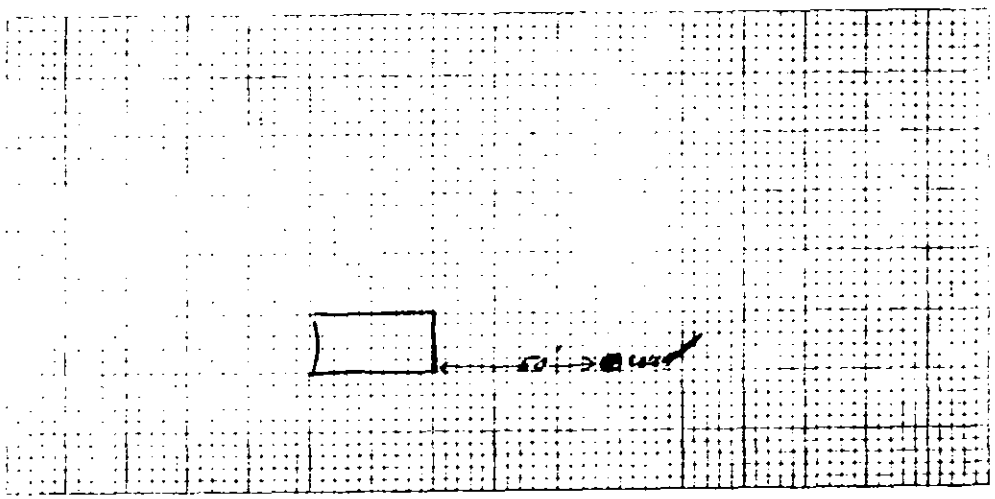
SUBDIVISION Westview Hills LOT NO 128-137 BLOCK NO

MAP BOOK NO. 059 PAGE NO. 14

DEED REFERENCE DEED BOOK 3605 PAGE NO 0637

WELL CONTRACTOR [illegible] 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 [illegible] individual, _____ semi-public, or _____ public water supply



ACCURATELY DIAGRAM & DIMENSION LOT

9-13-74
DATE OF APPLICATION

Patricia Allen Terrence
OWNER

Application approved and permit hereby granted

Permit No: 8011

ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

MECK COUNTY HEALTH DEPT.
RECEIVED
13 1974

WELL RECORD

Well Permit No. 8011

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N C 28203

Drilling Contractor LASSITER & HARKEY WELL DRILLING

1. Location of property Lakeway Dr. at Lakewood Ct
2. Name of owner Robert Allen Torrence
   Address 5521 Paw Creek Rd., Charlotte, N. C. 28214
3. Does this well replace an existing well? ____
4. Topography (circle one): draw slope hilltop valley flat
5. Use of well ____ Date completed 2-15-74
6. Drilling method Air Total depth 185

Casing &	Depth From	Depth To	Inside Diam	Wall thick or Wt. ft	Type
	0	50	6"	I3pd	Galv.

Grout	Depth From	Depth To	Material	Method
	0	20'	cement	pumped

9. Other wells: Depth ____ Diameter ____
   Nearest well drilled and abandoned ____
10. After treatment: depth and gpm ____
11. Static water level 22 ft. above / below top of casing
    at ____ ft. above land surface Elev. ____
    Date ____
12. Yield gpm 10 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 ____ TDH
    Intake depth ____ Airline depth ____
17. Remarks ____

DRILLING LOG

Depth From	Depth To	Formation
0	50	Red clay
50	185	White sand & mica

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

JVL/bps

SIGNATURE OF CONTRACTOR OR AGENT

FORM NO. E-22-5-1-73

Date Received 5-22-74

APT No. 8011

T C No 059-141-07

Map Date 12-21-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Torrence (LAST) Robert (FIRST) Allen (MIDDLE)

2) ADDRESS OF OWNER 5521 Pawcreek Rd. ZIP 28214

3) PHONE NO Home 399-7136 Office

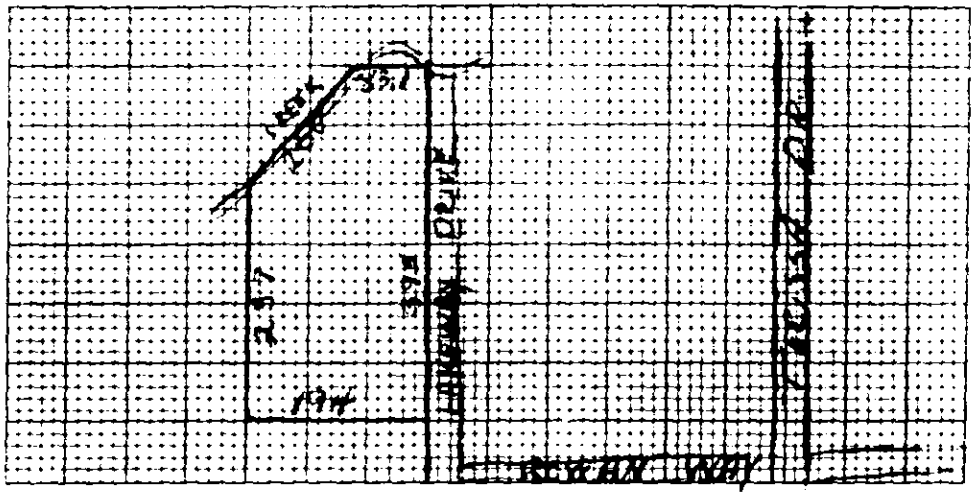
4) LOCATION OF PROPERTY Lake Way Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Westview Hills LOT NO 7 128-137 BLOCK NO [redacted]

MAP BOOK NO 6 PAGE NO 671

6) DEED REFERENCE DEED BOOK ~~1467~~ 3609 PAGE NO ~~629~~ 06-37

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and 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

Robert Allen Torrence
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No 4380

PTR No 8011

T C No 059-141-07

Date Issued [illegible]

Map Date 12-21-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

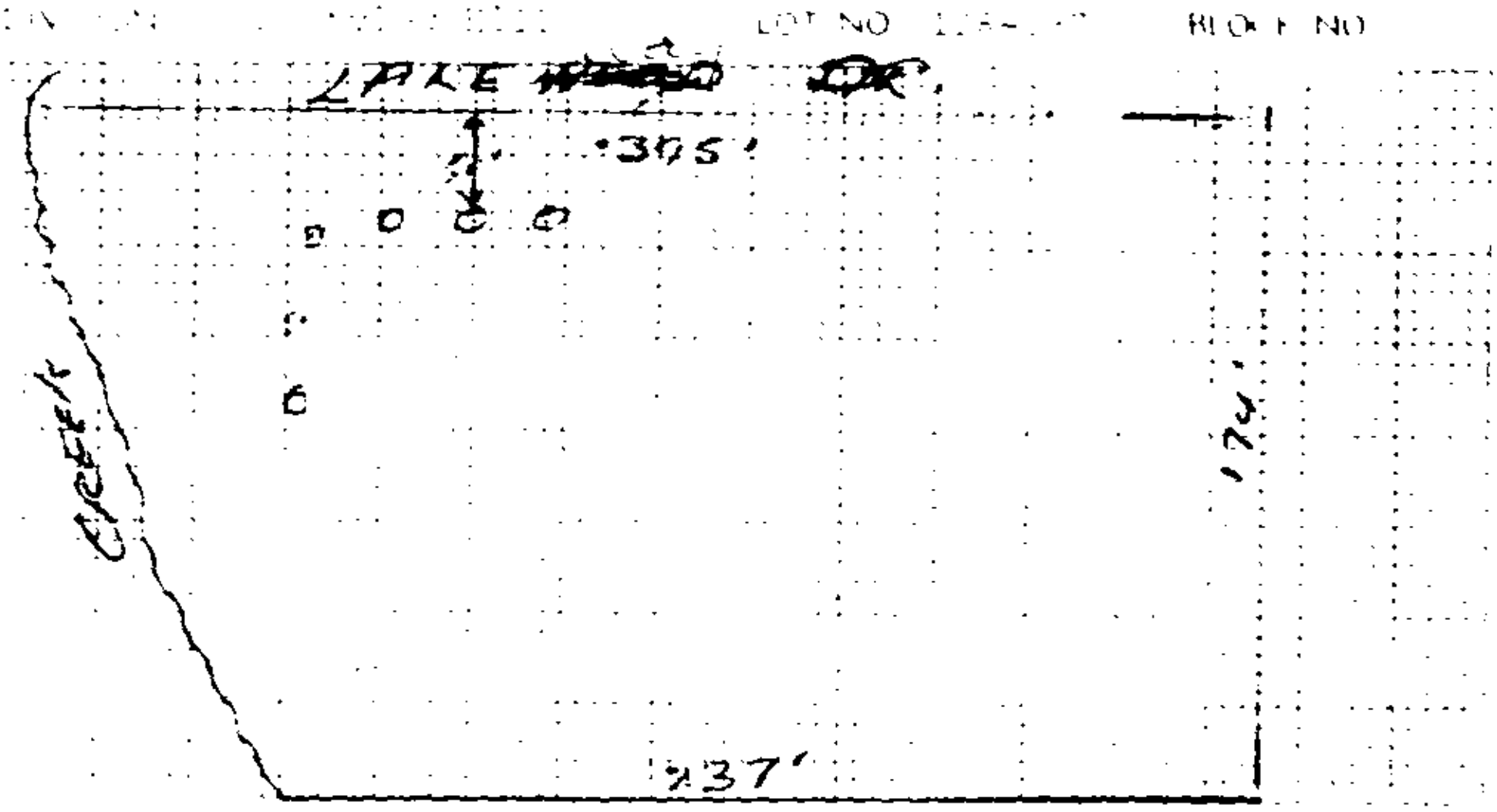
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) Allen (MIDDLE)

ADDRESS OF OWNER [illegible] ZIP 28214

LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO



PLOT PLAN

[illegible] the Mecklenburg [illegible] that portion [illegible]

[illegible] min/In [illegible] the [illegible]

[illegible] following terms [illegible]

1. [illegible] Mecklenburg County [illegible]

2. [illegible] the Health [illegible] size and type of building [illegible] structed thereon.

3. [illegible] test was run [illegible] performed on the [illegible] unsuitable for the [illegible] system.

[illegible] the laws [illegible] State of North [illegible] the rules and regulations [illegible] Board of Health [illegible] Mecklenburg County Board of Health which were in effect [illegible] at any time in the future prior to the completion of the [illegible] laws [illegible] regulations are changed such that [illegible] would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

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 6-3-74

ICAR-S Application No. 8011

T C No. 059-141-07

Map Date 12-21-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

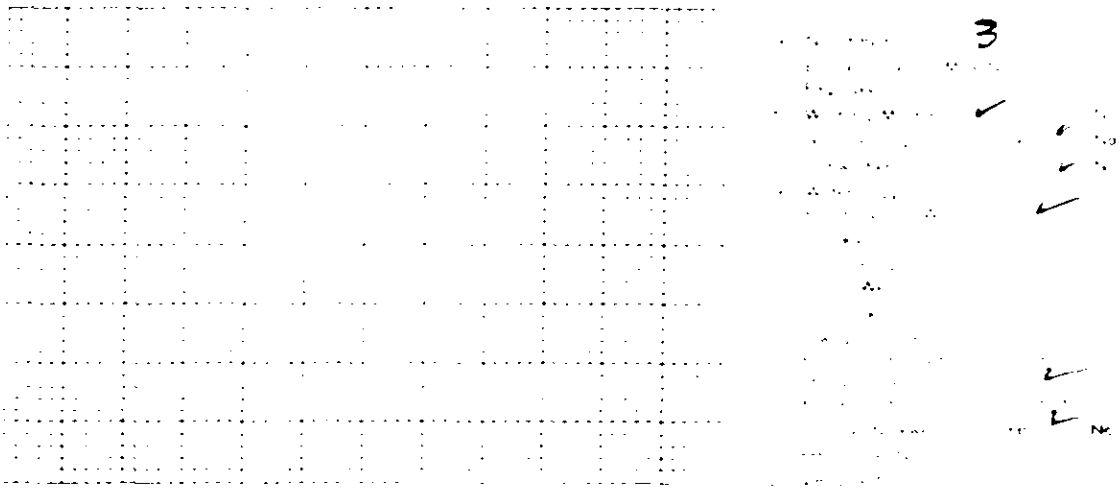
ENVIRONMENTAL HEALTH DIVISION

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

The undersigned hereby applies to the Mecklenburg County Health Department for a permit to

X Install a new system

Alter or Repair an existing system which does not meet current standards for subsurface, soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DRAWN AND LABELED

13 NAME OF OWNER Lorence Bert Allen
(LAST) (FIRST) (MIDDLE)

14 ADDRESS OF OWNER 5221 Lake Way Drive 28214

15 PHONE NO. Home 3097136 Office

16 LOCATION OF SYSTEM Lake Way Drive
(STREET OR ROUTE NUMBER)

17 SUBDIVISION Westview Hills Lot No (128-137) 07 Block No 141

Map Book No 059 Page No 14

18 DEED REFERENCE DEED BOOK 3609 AT PAGE 0637

19 HAS A PERCOLATION TEST BEEN RUN? X YES NO DATE RUN 5-29-74

20 PTR NUMBER (Sanitarian's Use) 8011 By Mr Bridgeman

The undersigned hereby agrees that he has read the foregoing application and that the statements herein are true to the best of his knowledge and belief and that no agent or employee of the Health Department has made any statement or representation to the undersigned which is in any way inconsistent with the statements herein. The undersigned further agrees that he will not cause or allow the system to be used or occupied until a permit for such use or occupancy has been issued by the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the system or in the plans for the system after the same have been approved by the Health Department, and that any such change without approval will be sufficient grounds for the revocation of any permit issued. The undersigned further agrees that he will not cause or allow any change to be made in the use of the property served by the system without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the number of bedrooms served by the system without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the water supply without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the location of the system without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the size of the system without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the type of the system without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the ownership of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the address of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the telephone number of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the name of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the description of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the boundaries of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the easements of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the restrictions of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the covenants of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the conditions of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the terms of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the agreements of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the contracts of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the leases of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the mortgages of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the liens of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the taxes of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the insurance of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the maintenance of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the repairs of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the improvements of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the additions of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the deletions of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the modifications of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the alterations of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the corrections of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the revisions of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the updates of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the amendments of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the supplements of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the exhibits of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the schedules of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the appendices of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the addenda of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the errata of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the corrigenda of the property without first obtaining approval from the Health Department. The undersigned further agrees that he will not cause or allow any change to be made in the addenda et corrigenda of the property without first obtaining approval from the Health Department.

5-30-74
DATE OF APPLICATION

Robert Allen Lorence
OWNER

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 3, 1974

Serial No. 4146

LA No 8011

T C No 059-141-07

IMPROVEMENTS PERMIT

Map Date 12-21-73

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 Torrence (LAST) Robert (FIRST) Allen (MIDDLE)

ADDRESS OF OWNER 5521 Paw Creek Road ZIP 28214

LOCATION OF LOT Lake Way Drive (STREET OR COUNTY ROAD)

SUBDIVISION Mattview Hills LOT NO 129-137 BLOCK NO

MAP BOOK NO PAGE NO

This lot is approved by the Mecklenburg County Health Department for the installation of an individual sewage disposal system with subsurface soil absorption effluent discharge based on the percolation test results which indicated a percolation rate of 40 min/inch per inch and upon the information supplied in the Application for an Installation Construction Alteration and/or Repair Permit number 8011. This approval is subject to the following terms and conditions:

1. That the system is to 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 altered 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.

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued: 9-10-74

ICAR (S) Permit No. 8011

T C [illegible]: 059-144-07

M[illegible]: 12-21-73

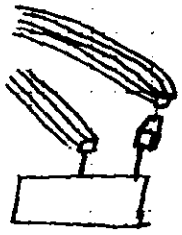
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted to ✓ Install or Construct / Alter / Repair the individual septic tank waste water treatment and subsurface soil absorption effluent disposal system at the above location. This permit is granted based upon the information contained on application # 8011 dated 5-30-74 and the plot plan submitted therewith. This permit is valid for one year from the date of issuance. As-built plans must be submitted to the Health Department within 10-10 74 days after completion of the system.



Proposed Flow	49
Septic Tank Size	1500*
Pump	PC
Trench Length	370' + 150' wm 4 (10' x 38' x 17") 5 (12"2' x 74' x 17")
Trench Width	10'
Trench Depth	10'
Distance	100'

Lake Way

SYSTEM

NAME OF OWNER: Torrence, Robert Allen

LOCATION OF PROPERTY: 1316 Lake Way Drive.

This permit is issued subject to the requirements as set forth in the Regulations of the Mecklenburg County Board of Health in effect on the date of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unavailable for examination.

Comments: Oaks (contractor)

*Note: 1500 gal- Strongly recommended; 1000 gal. minimal.

R. J. Cottenack

Environmentalist

This permit constitutes the approval of the system as designed by the division or a Registered Sanitarian of the Health Department and is valid only with the signature of the Environmentalist. This permit is for a new system only and is not valid for existing systems being altered or repaired.

E-5-9-1-72

Cert A (s) No 8011

Serial No.

T C No CS-141-07

Date Issued 9-12-74

Map Date 12-21-73

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 Terrence, Robert Allen (LAST, FIRST)

Location of Property 1316 Lake Wheat Dr.

Application Number 8011

Permit Number 8011

Inspection Data:

Liquid Capacity of Tank 1000 gal.*

Total Length of Drain Tile 370 + 150' lum

Depth of Filter Material

Water Supply Source Municipal Well

Tank Material PVC

Number of Runs 3 (2 @ 120' & 1 @ 130')

Cover Depth 12" - 24"

Distance to Nearest Water Source 564'

Tank Inspected

Comments Cable (continuation).

*1000 gal. tank at owner's option.

Environmentalist

FORM NO E-6-9-1-72