RECEIVED
JUN 5 1975
Environmental Health Division

T. C. No. 9680

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
WELL RECORD

Drilling Contractor MCCALL BROS - Reg. No. 30 Well Permit No. 9680

1. Town CHARLOTTE N C — County MECK
2. Location Hwy 49 & Shopton Rd West — Quadrangle No. 5-47
   Show a sketch of location on back of form
3. Owner COLE HOLDEN
   Address 5811 PINEVILLE
4. Topography: draw, slope, hilltop, valley, flat 14 C
5. Use of Well Residence — Date Completed 7-30-75
6. Rig type or method Air — Total Depth 200'
7. Casing: Depth From 0 to 92 ft. — Diam. 6 in. — Type Galvanized
8. Grout: Depth From 0 to 20 ft. — Material Cement — Method Pumped
9. Screen: Depth From ____ to ____ ft. — Diam. ____ in. — Type and Opening ____
10. Water Zones (depth) Wet @ 6 GPM AT 150 ft
    Wet @ 16 GPM AT 190 ft
11. Static Water Level: 30 ft. above (below) top of casing
    which is 1 ft. above land surface. Elev. ____
    Date ____
12. Yield (gpm) 20 Method of testing AIR
13. Pumping Water Level: ____ ft. after ____ hrs.
    at ____ gpm.
14. Water Quality ____ 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.

William L Davis
SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Formation
0'	92'	Red Clay + Sand
92'	200'	Blue Rock + Granite

Form no. E-GD-9-1-72

Date Received 7/11/75

APT No. 9680

T C. No. 199-011-13

Map Date 12-14-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Vaughan (LAST) Carl (FIRST) S. (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 135 Pineville NC ZIP 28134

3) PHONE NO Home 588-0531 Office 588-1523

4) LOCATION OF PROPERTY Hwy 49 S. (York Road) (STREET OR COUNTY ROAD) & Shopton Rd W.

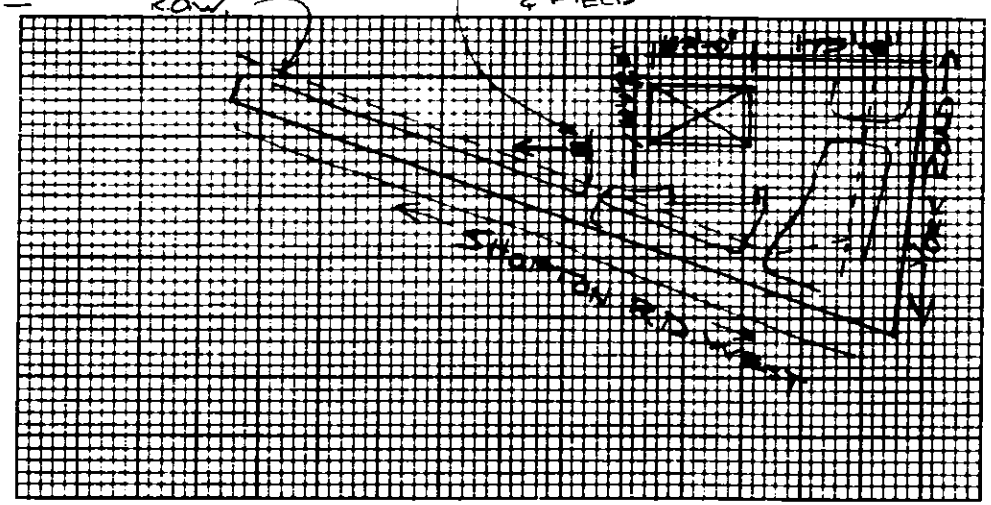
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 3326 PAGE NO. 91

6) DEED REFERENCE DEED BOOK _____ PAGE NO. 40

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.

Corner Lot
Shopton — Row
+
Hwy 49



7) ACCURATELY DIAGRAM & DIMENSION LOT

Carl S Vaughan
OWNER

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

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation 2.2.1975 APT NO. 9680

Owner Carl S. Vaughn

Location of Property York Rd + Shipton Road W. TCN 199-011-03

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	suitable 2-3%			
3. Soil Depth	suitable >48"			
4. Soil Texture	marginal clayey			
5. Soil Structure	marginal sabk			
6. Restrictive Horizons	N.A.			
7. Soil Drainage	suitable W.T. >6'			
8. Soil Permeability (Percolation Rate)	marginal 60 min. min.			
9. Other	N.A.			
10. Overall Rating	marginal			

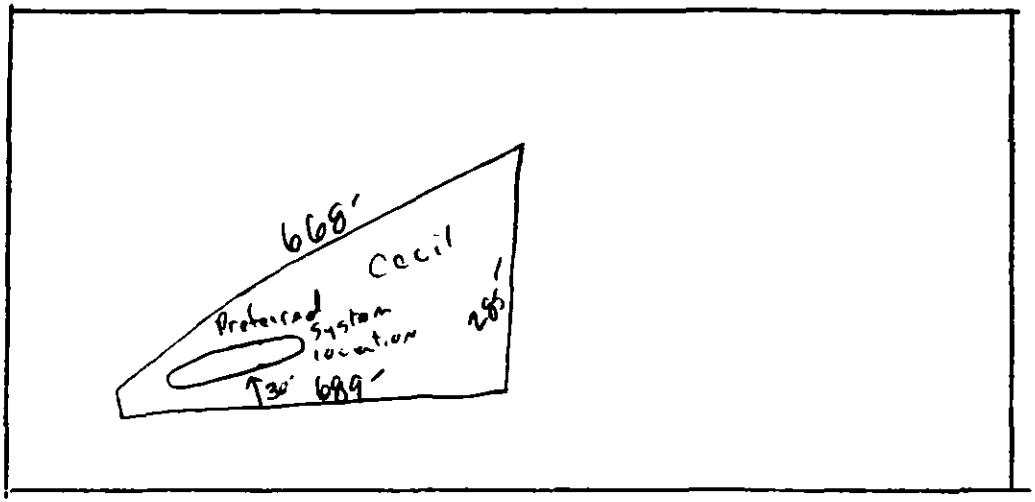
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

W. Edward Casavant
Soil Scientist

3/18/75
RMD 539

DIAGRAM OF PROPERTY



3/18/75

KHD 539

Serial No. 5484

PTR No. 9888

Date Issued July 22, 1975

T C No. 199-081-03

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

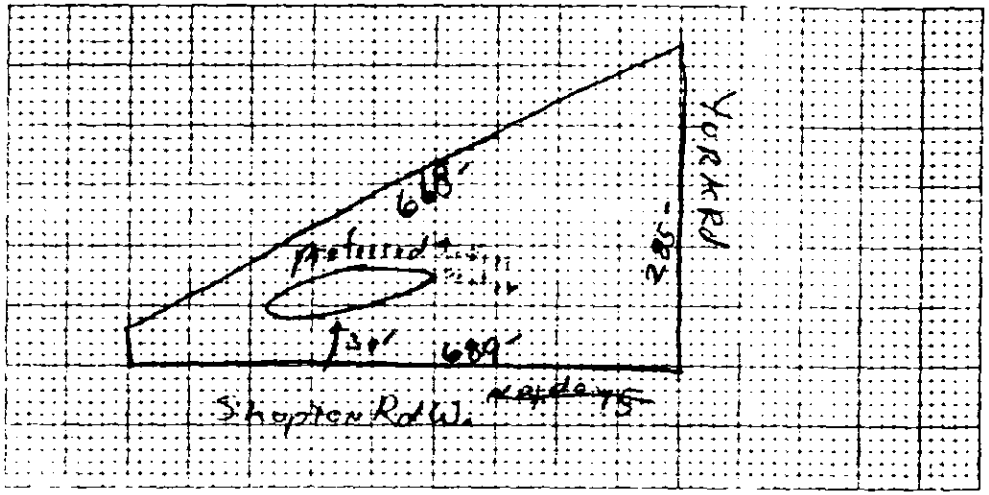
NAME OF OWNER Vaughan (LAST) Carl (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 135, Pineville, N. C ZIP 28134

Corner:

LOCATION OF PROPERTY Highway 49 South (York Road & Shopton Road West)
(STREET OR COUNTY ROAD)

SUBDIVISION - LOT NO - 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 building 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 valid only if the system is installed in the immediate area where the percolator 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 Cosquant
Soil Scientist

John M. Johnson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 7/11/75

ICAR (S) Application No. 9680

T C No 199-011-23

Map Date 12-14-1[illegible]

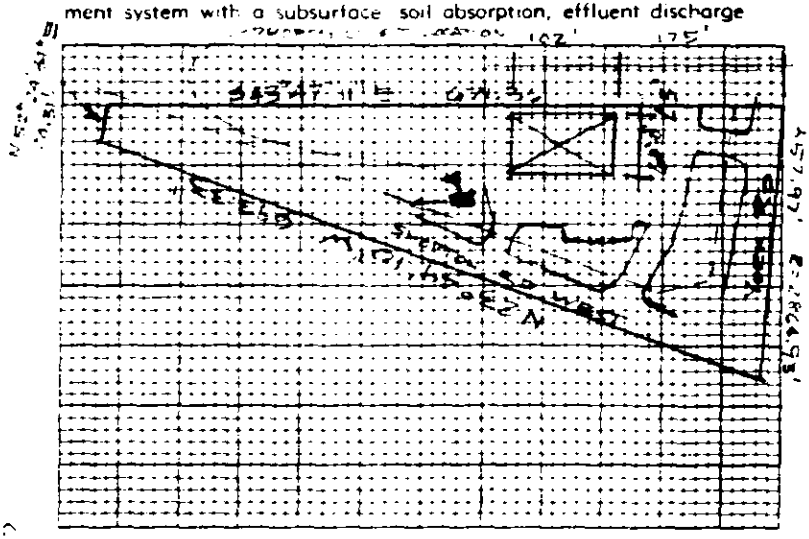
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4) No of Rooms 2

5) Business Use ___ Max No Employees 4

6) Washing Machine ___Yes ✓No

7) Garbage Disposal ___Yes ✓No

8) Dishwasher ___Yes ✓No

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

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 Humphries (LAST) Carl (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 145 Pineville N.C.

15) PHONE NO Home 537-2151 (Office) 588-1523

16) LOCATION OF SYSTEM Hwy 49 S. Park Rd & Shamrock (STREET OR COUNTY ROAD)

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

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3324 AT PAGE 91

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.

7-9-75
DATE OF APPLICATION

Carl S. Humphries
OWNER

FORM NO E 4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued July 22, 1975

Serial No. 5143

IMPROVEMENTS PERMIT

LA No. 9680

T C No 199-011-03

Map Date 12-14-73

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 Vaughan (LAST) Carl (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 148, Pineville, N. C. ZIP 28134

LOCATION OF LOT Corner: Highway 49 South & Shopton Road West (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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./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 9680. 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. Gibson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3690 ICAR (S) Permit No. 9656

Date Issued 15 Sept

T C No 14-4-113

Map Date 14 Aug

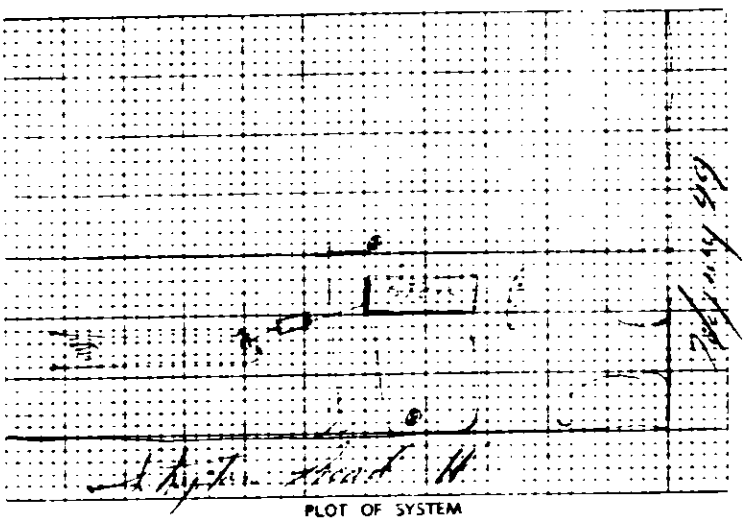
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 9656, dated 9 Sept 72 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 15 Sept 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 1000

Tank Construction SC

Absorption and/or Nitrification Lines

Total Line Length 200

Number of Lines 4 (4 x 25 ft)

Distance from House 50'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: Town Creek (Gilt)

Division or Section Head

Environmentalist W. L. Finley

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-B-1-72

Serial No. 6207

C of A (s) No. 9680

Date Issued 21 Aug 75

T C No 199-011-03

Map Date 14 Nov 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number 9647 Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 @ 10 X 75' & 1 @ 17'

Depth of Filter Material 12" Cover Depth 36"-48"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 21 Aug 75 (DATE) Tank Inspected 21 Aug 75 (DATE)

Nitrification Field Inspected 21 Aug 75 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption effluent disposal as described above and it has been ___ installed or constructed ___ in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at the date of issuance of the permit. The issuance of this Certificate of Approval is not a guarantee that the system will operate properly or relieve any person making or supervising the construction of such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to these restrictions and conditions shown in the permit as 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: Serves Office Complex

_____

_____

_____

_____

_____

_____ Environmentalist

FORM NO E-6-8-1-72

HEALTH DEPARTMENT'S COPY