T.C. No. 001-M-281-07 H

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MECK. COUNTY HEALTH DEPT. RECEIVED MAY 3 1974 ENVIRONMENTAL HEALTH DIVISION

6949

WELL RECORD

Drilling Contractor McCall Bros Inc. Reg No 3

1. Town Mooresville NC County Iredell
2. Location Yoke Norman off of #2153 Quadrangle No M 6 8
   Show a sketch of location on back of form
3. Owner Mr. J.T. Yount
   Address 2827 Sunset Drive
4. Topography: draw, (slope), hilltop, valley, flat
5. Use of Well Home Date Completed 5-28-74
6. Rig type or method D.J. Total Depth 95
7. Casing:

From	to	ft.	in.	Depth	Diam.	Type
0	76				6	

8. Grout:

From	to	ft.	in.	Depth	Material	Method
	2					

9. Screen:

From	to	ft.	in.	Depth	Diam	Type and Opening

10. Water Zones (depth) 25
11. Static Water Level: 20 ft above / below top of casing
    which is 1 ft above land surface Elev.
    Date 5-28-74
12. Yield (gpm) 4 Method of testing Jet Pump
13. Pumping Water Level: 25 ft. after 4 hrs.
    at 4 gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method Direct Chlorine
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 Sluice
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
0	20	Red Clay
20	76	Yellow Sand Clay
76	95	Soapstone

FORM NO. E-22-8-1-72

Date Received 14 May 74

Application No. 6949

T. C. No. 001-281-5 / 11

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Land (LAST) J (FIRST) T (MIDDLE)

ADDRESS OF OWNER 2827 Sunset Drive-Charlotte,N.C. ZIP 28209

PHONE NO. Home 375-4188 Office 372-1450

LOCATION OF PROPERTY 2110 Kinkaid Trail (STREET OR COUNTY ROAD)

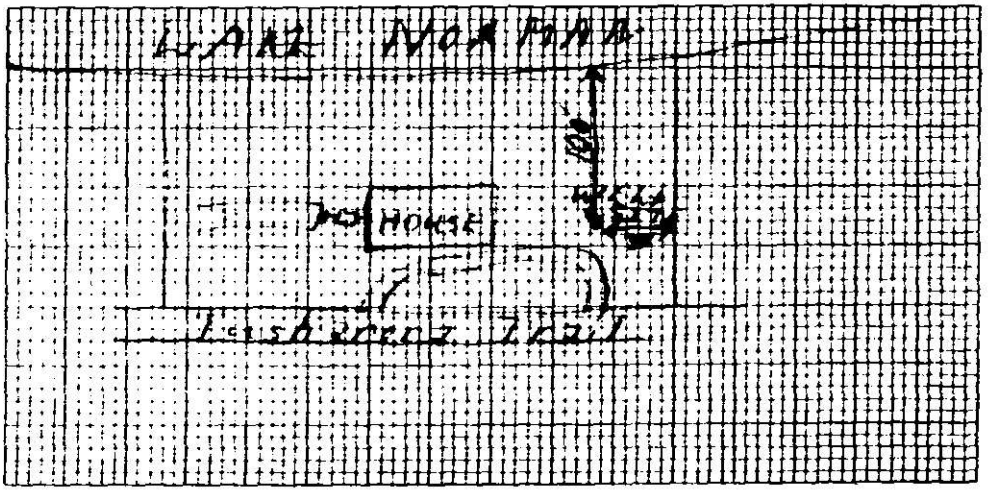
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Brothers, Inc. LICENSE NO. 30

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

14 May 74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 6949

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 9-5-73

APT No. 6749

T C No. 001-38407H

Map Date 24 Nov 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) (FIRST) T. (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

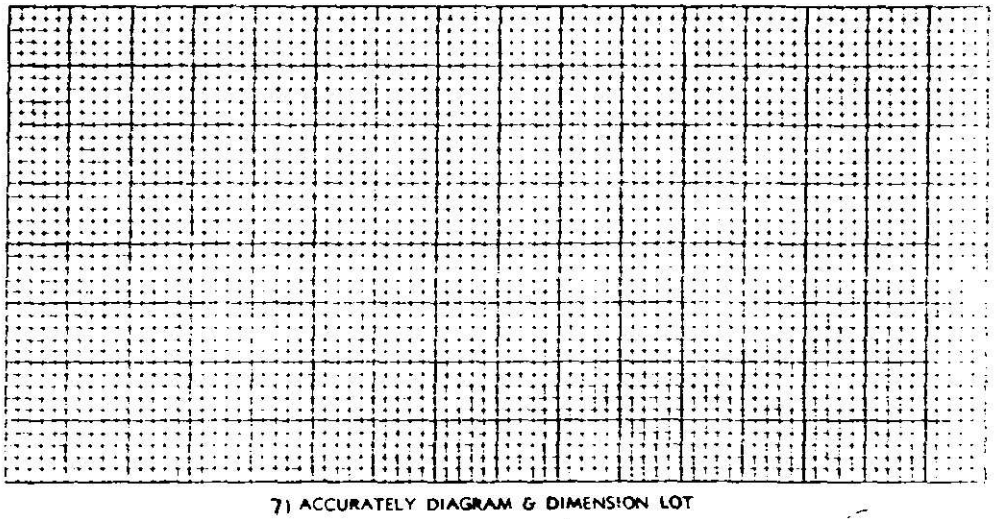
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO 353 BLOCK NO [illegible]

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

[signature] OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3584

PTR No. 6949

Date Issued September 10, 1973

T C No. 001-281-07 H

Map Date 3-24-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

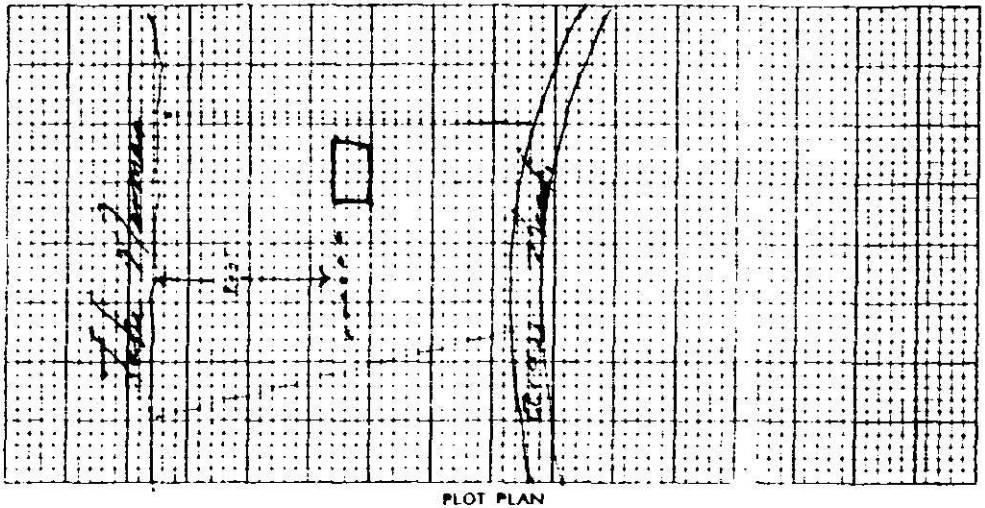
PERCOLATION TEST REPORT

NAME OF OWNER Land (LAST) John (FIRST) T. (MIDDLE)

ADDRESS OF OWNER 2827 Sunset Drive ZIP

LOCATION OF PROPERTY Tuskarora Trail (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman LOT NO 353 BLOCK NO Section 6



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 30 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 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 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 R Adkisson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2 4 1 71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-5-73

ICARIS Application No 6949

T C No 091-281-07 N

Map Date 24 Mar 72

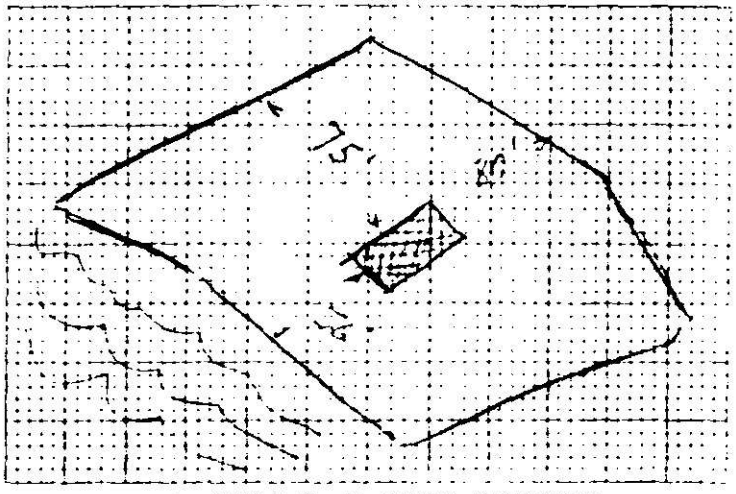
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereafter 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 2

5) Income Use Max No Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Governmental System
C) Community System
1 Well
2 Governmental

Sewage System
How is property now served
If public sewer Yes X No
How is property to be served
Community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 353 Block No _____

Map Book No _____ Page No _____

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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

DATE OF APPLICATION _____ OWNER _____

REVISED 8-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3395

LA No. 6949

Date Issued September 10, 1973

T C No. 001-281-07 H

Map Date 3-24-72

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 Land (LAST) John (FIRST) T. (MIDDLE)

ADDRESS OF OWNER 2827 Sunset Drive ZIP 28209

LOCATION OF LOT Tuskarora Trail (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman LOT NO 353 BLOCK NO Section 6

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 30 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 6949. 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.

W. A. Kirby
Environmentalist

John R. Abusson
Director Environmental Health Division or Authorized Section Head

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12 July 73

Serial No. 4299

ICAR(S) Permit No. 6949

T. C. No. 001-281-07 H

Map Date 24 Mar '72

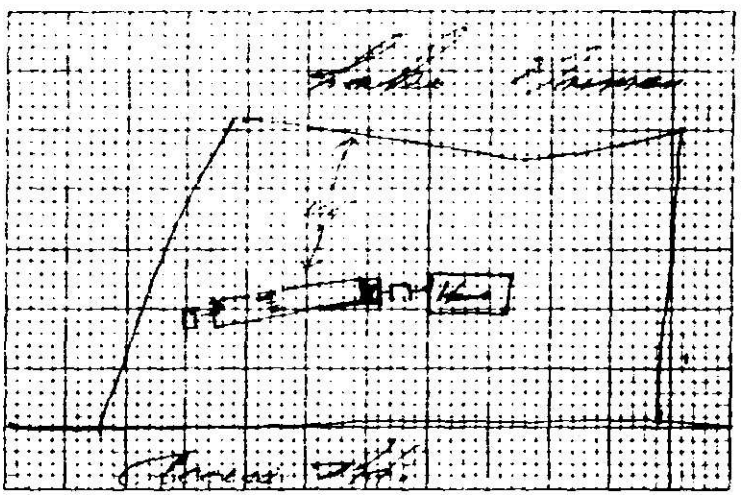
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to 1 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 6949, dated 5 July 73 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 12 Oct 73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 300'

Number of Lines 5 (12½ X 60' X 17")

Distance from House 10'

Distance from Property Line 25'

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: [illegible]

Division or Section Head

Environmentalist

* 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 NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3886

C of A (s) No. 6949

Date Issued 12 July 23

T. C. No. 001-281-07 H

Map Date 24 Feb 22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Leach (LAST) John (FIRST) E (MIDDLE)

Location of Property 4[illegible] Lankford Road (Mint Hill)

Application Number 6949 Permit Number 6949

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5 (12½'x60'x17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected 17 July 23 (DATE) Tank Inspected 17 July 23 (DATE)

Nitrification Field Inspected 12 July 23 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: Claudius Henderson (Cont.)

M. L. Eudy
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY