T. C. No. 7053

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor D L Mullis Reg. No. 346 Well Permit No. 7053

1. Town Pineville, N C County Mck
2. Location Glenn Valley Dr. Quadrangle No.
   Show a sketch of location on back of form
3. Owner David R. Cribaugh
   Address 5816 McTeer Rd.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Indiv Date Completed 2-1-76
6. Rig type or method AIR Total Depth 105
7. Casing: Depth From 0 to 47 ft. Diam. 6¼ in. Type 185 A 120
8. Grout: Depth From 0 to 20 ft. Material 2 in. Method Cement
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 80 105
11. Static Water Level: 20 ft. above/below top of casing which is 2 ft. above land surface. Elev.
    Date 2-1-76
12. Yield (gpm) 6 Method of testing Rig
13. Pumping Water Level: 20 ft. after 8 hrs. at 6 gpm.
14. Water Quality Good Temperature (°F)
15. Well sterilization method H.T.H
16. Permanent Pump: ✓ Type Sub Make Myers
    Installed — Date 2-13 By D L Mullis
    Capacity 10 (gpm) Hp. ½
    Intake depth 80 Airline depth 80
17. Remarks:

I do hereby certify that this well record is true and correct.

D. L. Mullis

SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Formation
0	42	Red Clay
42	80	Gray Rock
80	105	Blue Rock

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

Date Received 7/23/75

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 23 1975
ENVIRONMENTAL HEALTH DIVISION

Application No. [redacted]

T. C. No. 227-043-14

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Orbaugh (LAST) David (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 5816 McNair Road ZIP _____

PHONE NO. Home 535 4814 Office 374 7278

LOCATION OF PROPERTY Glenn Valley Drive (STREET OR COUNTY ROAD)

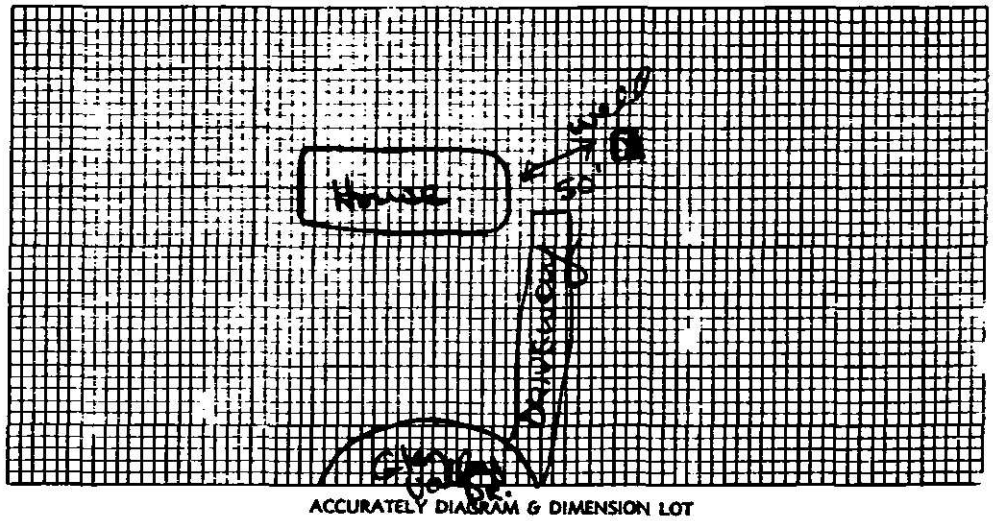
SUBDIVISION Reverdy Woods LOT NO. 24 BLOCK NO. _____

MAP BOOK NO. 15 PAGE NO. 565-567

DEED REFERENCE: DEED BOOK 3769 PAGE NO. 366

WELL CONTRACTOR ~~Crawford Well Drilling~~ Mullis Well 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 X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

7/7/75
DATE OF APPLICATION

[signature]
OWNER

Application approved and permit hereby granted

Permit No: 7053

A.M. Reynolds
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 9 26 73

APT No. 7053

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED
SEP 26 1973
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER S & T DEVELOPMENT COMPANY
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road ZIP 28207

3) PHONE NO. Home Office 375-7731

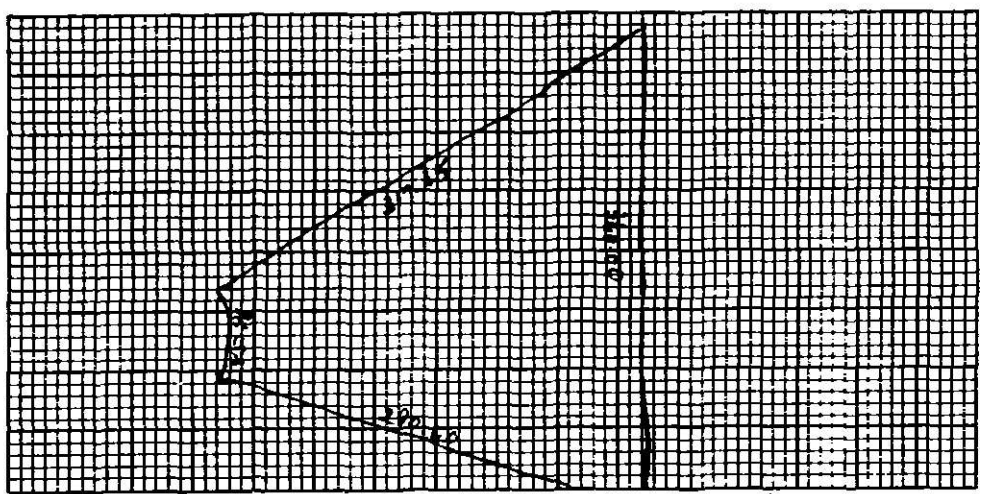
4) LOCATION OF PROPERTY 1200 Glenn Valley Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Reverdy Woods LOT NO. 24 BLOCK NO.

MAP BOOK NO PAGE NO.

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

Please return to:
Starnes & Craig Construction Co.
131 Providence Rd.

W T Starnes
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3974

PTR No 7053

Date Issued January 8, 1974

T. C. No. 227-043-14

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

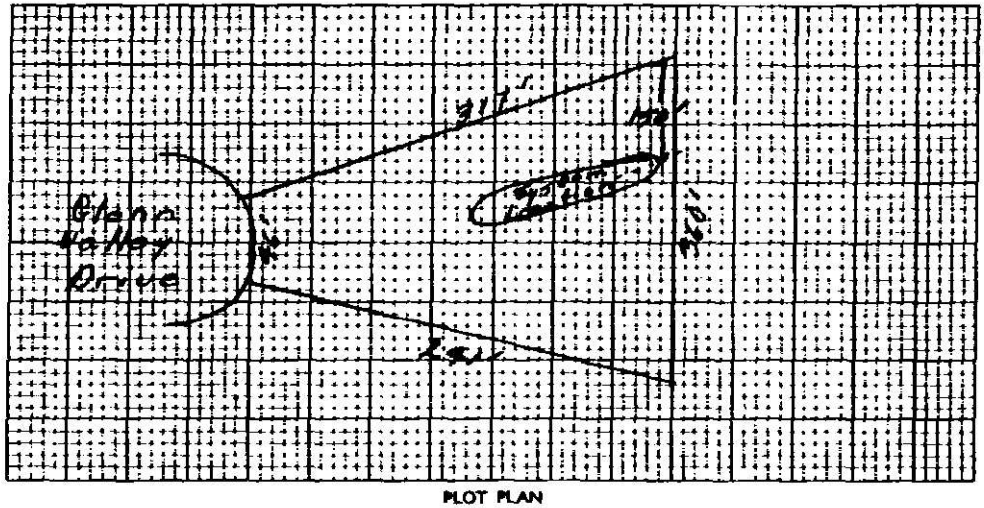
PERCOLATION TEST REPORT

NAME OF OWNER S & T Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP 28207

LOCATION OF PROPERTY 1200 Glenn Valley Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO. 24 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 60* 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.

*Results determined by soil analysis.

W. Everette Lyons, Jr. Soil Scientist

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

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: January 8, 1974

TO: John Adkisson
Environmentalist

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

SUBJECT: APT #7053 (S & T Development Company)
Lot No. 24, 1200 Glenn Valley Drive
Reverdy Woods Subdivision
1-7-74

Soils were found to be of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system. Design should be based on a 60 min./in. perc. rate.

WEL:jdg

Date Received 7/03/75

RECEIVED JUL 2 3 1975 ICA(S) Application No. 7053

T. C. No. 227 043 14

Map Date 12 14 73

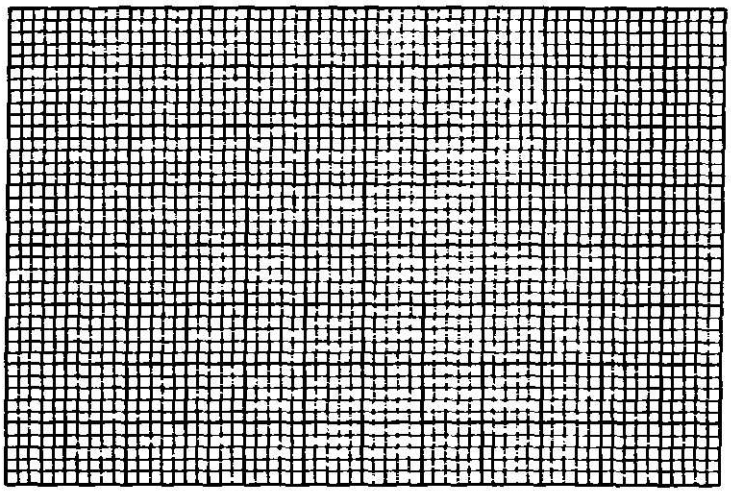
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

The 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 4
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X 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 Orbaugh (LAST) David (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 5816 Mallair Road

15) PHONE NO. Home 535 4814 Office 374 7278

16) LOCATION OF SYSTEM Glenn Valley Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Reverly Woods Lot No. 24 Block No. _____

Map Book No. 15 Page No. 565-567

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 1/8/74

20) PTR NUMBER (See Instructions) 7053

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.

July 7, 1975
DATE OF APPLICATION

OWNER

FORM NO. 6-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued July 23, 1975

Serial No. 5151

IMRROVEMENTS PERMIT

LA No. 7053

T. C. No. 227-043-14

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 Orbaugh (LAST) David (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 5816 McNair Road ZIP _____

LOCATION OF LOT Glenn Valley Drive (STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO. 24 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 7053. 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.

R. M. Reynolds
Environmentalist

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

FORM NO. E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 15 Dec 75

Serial No. 7116

ICAR (S) Permit No. 7053
T. C No. 227043-14
Map Date 12-14-23

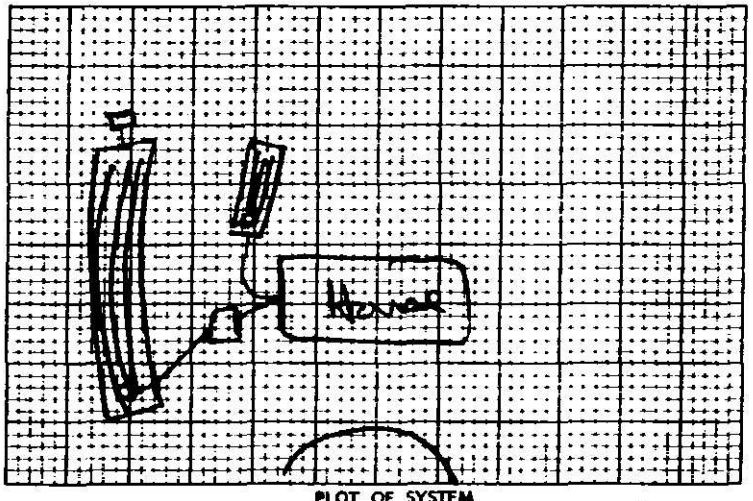
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7053, dated 7 July 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 15 Jan 75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Lenght 795' & 200'

Number of Lines ⑥ 15'x100' Last 33' 3/4" stone

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Orbaugh, David R.

LOCATION OF PROPERTY Glenn Valley Dr.

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: aeration pit 2½'x7'x4' stone

Division or Section Head

E. M. Reynolds
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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6579

C of A (s) No. 7053

Date Issued 24 Dec 75

T. C. No. 227-043-14

Map Date

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 Orbaugh (LAST) David R. (FIRST) (MIDDLE)

Location of Property Glen Valley Drive

Application Number 7053 Permit Number 7053

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material P.C.

Total Length of Drain Tile 795' & 200' Number of Lines 6 @ 15' X 110' - Last 33' 34" stone

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 24 Dec 75 (DATE) Tank Inspected 24 Dec 75 (DATE)

Nitrification Field Inspected 24 Dec 75 (DATE)

Washing Machine Line Inspected, If Applicable 24 Dec 75 (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: Curtain O.K.

C M Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY