Date Received 11-1-73

MECK COUNTY HEALTH DEPT.
RECEIVED
NOV 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 7203

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Fredericks (LAST) Gabby (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 4524 Heiden Dr. CHAR. ZIP 28212

3) PHONE NO. Home 535-1375 Office 334-6764

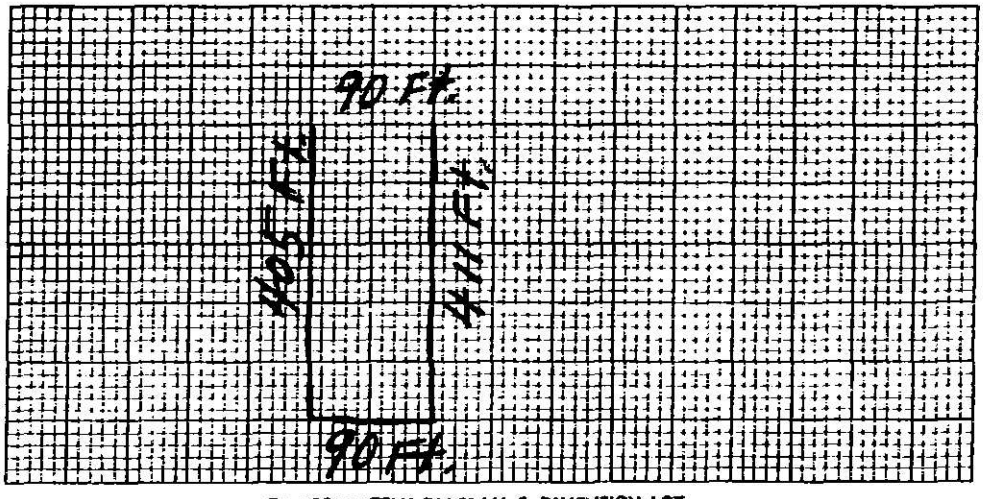
4) LOCATION OF PROPERTY Sharyn Dr. off Walkers Ferry Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Parkwood LOT NO. 5 BLOCK NO. F

MAP BOOK NO 2364 PAGE NO. 429

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

Gabby Fredericks Jr
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. November 16, 1973
2. _____
3. _____

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

SDR No. 7203
T.C. No. 113-122-19
4-27-73

NAME OF OWNER Punderburk, Jr., Bobby Wilton

ADDRESS OF OWNER 4829 Holden Drive ZIP 28212

LOCATION OF LOT Sharyn Drive, Lot 5-F

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 11-15-73 - Unsuitable topography and insufficient usable area.

Environmentalist

(Stencil No.)
HED 398
8/70

FORM NO.
E-19-8-14-70

MECK COUNTY HEALTH DEPT.
RECEIVED
MAY 5 1975
WELL RECORD DIVISION

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Drilling Contractor _____ Reg. No. _____ Well Permit No. 7204

1. Town _____ County _____
2. Location _____ Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner _____
   Address _____
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well _____ Date Completed _____
6. Rig type or method _____ Total Depth _____
7. Casing: Depth Diam. Type
   From _____ to _____ ft. _____ in. _____
8. Grout: Depth Material Method
   From _____ to _____ ft. _____ in. _____
9. Screen: Depth Diam. Type and Opening
   From _____ to _____ ft. _____ in. _____
10. Water Zones (depth) _____
11. Static Water Level: _____ ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) _____ Method of testing _____
13. Pumping Water Level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method _____
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.

_____
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	2	1
2	20	
	20	

Form No. E-22-9-1-72