Date Received _____ Apt. No. (S) _____ Application No. (W) 12821

T C No. _____

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER _____ ZIP _____

PHONE NO Home _____ Office _____

LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

WELL CONTRACTOR _____ LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply

DATE OF APPLICATION _____ OWNER _____



Remarks _____

ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: _____

_____ ENVIRONMENTALIST

EHD-5-76

Owner's Copy

Date Received _____ Apt. No. (S) _____ Application No. (W) 12821

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER _____ LAST _____ FIRST _____ MIDDLE

ADDRESS OF OWNER _____ ZIP _____

PHONE NO Home _____ Office _____

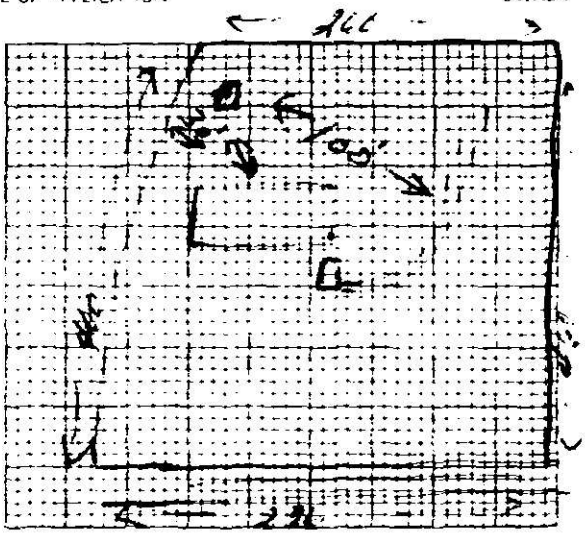
LOCATION OF PROPERTY _____ STREET OR COUNTY ROAD

WELL CONTRACTOR McCALL BROS LICENSE NO 30

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply

5-26-77
DATE OF APPLICATION

_____
OWNER



Remarks: _____

ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

WELL RECORD Well Permit No. 12841 OK BY GRIFFIN

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Drilling Contractor: ART CALL BROS.

1. Location of property: 11210 ARORIY HILL RD.
2. Name of owner: JOHN A DAVIS
   Address: 4126 F PROVIDENCE RD CHARLOTTE 28211
3. Does this well replace an existing well?
4. Topography (hilltop, hillside, valley, flat): [illegible]
5. Use of well: House Date completed: 6-17-77
6. Rig type: [illegible] Total depth: 150'
7. Casing: Depth From 0' to 92' Inside Diameter 6" Weight or Wall Thickness [illegible] Type Galvanized
8. Grout: Depth From 0 to 20' Material Cement Method
9. Liner, if used: Depth Diameter
   No. holes drilled and abandoned
10. Water zones (depth and gpm): Hit 10 GPM AT 100 feet + Hit 10 GPM AT 130 feet
11. Static water level: 20 ft. above/below casing
    Which is 1 ft. above land surface
    Date
12. Yield (gpm): 25 Method of testing: AIR
13. Pumping water level: [illegible] ft. after [illegible] hrs
    at [illegible] GPM
14. Water quality: Temperature °F
15. Was sterilization method: AIR
16. Pump: Type Make
    Installed: Date By
    Capacity gpm. H.P. TDH
    Intake depth Airline depth
17. Remarks:

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

William Sherrill
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0'	92'	Red Clay & Soft Rock
92'	150'	Hard Rock

FORM NO. E-22-5-73

SEE INSTRUCTIONS ON BACK

Date Received 5/9/77

ICAR(S) Application No 12821 / 12044

T C No. 223-081-09

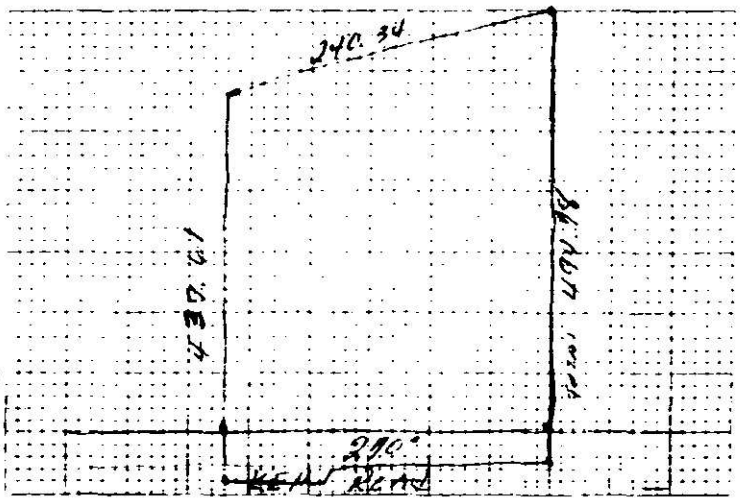
Map Date 11-1-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

The [illegible] that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

[✓] Install or Construct a [ ] Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes [ ] No [✓]
Public Water [✓] Yes [ ] No
4) No. of Bedrooms 3
5) Existing Use Was No. Existing
6) Building Modified [✓] Yes [ ] No
7) Type of Drinking Water [ ] Yes [✓] No
8) Sewage Disposal [✓] Yes [ ] No
9) Water Supply EXISTING WELL
A) Individual Well
B) Governmental System
C) Community System
Well source
D) Governmental source
10) Sewage System
Is property located within 200 feet of public sewer [ ] Yes [✓] No
How located within 200 feet of community sewer [ ] Yes [✓] No
11) FHA Case No.
12) VA Case No.

13) NAME OF OWNER DAVIS (LAST) JOHN (FIRST) ALBERT (MIDDLE)

14) ADDRESS OF OWNER 4126-F PROVIDENCE R'd

15) PHONE NO Home 366-9490 Office 377-6334

16) LOCATION OF SYSTEM ARDREY KELL ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? [✓] YES [ ] NO DATE RUN 3/14/77

20) PTR NUMBER (See Instructions) 12044

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.

5/9/77
DATE OF APPLICATION

John A Davis
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 0749

LA No. [redacted] 16321

Date Issued May 9, 1977

T C. No. 223-081-09

Map Date 11-1-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Davis (LAST) John (FIRST) Albert (MIDDLE)

ADDRESS OF OWNER 4126-F Providence Rd., Charlotte, NC ZIP _____

LOCATION OF LOT Ardry Kell Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 _____. 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 soil investigation 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

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy