Date Received 1-29-73

APT No. 5490

T C No. 045-301-12

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Wilson (LAST) Louise (FIRST) Roush (MIDDLE)

2) ADDRESS OF OWNER Rt 11 Box 26. Winslow Dr ZIP 28213

3) PHONE NO. Home 596-0744 Office ———

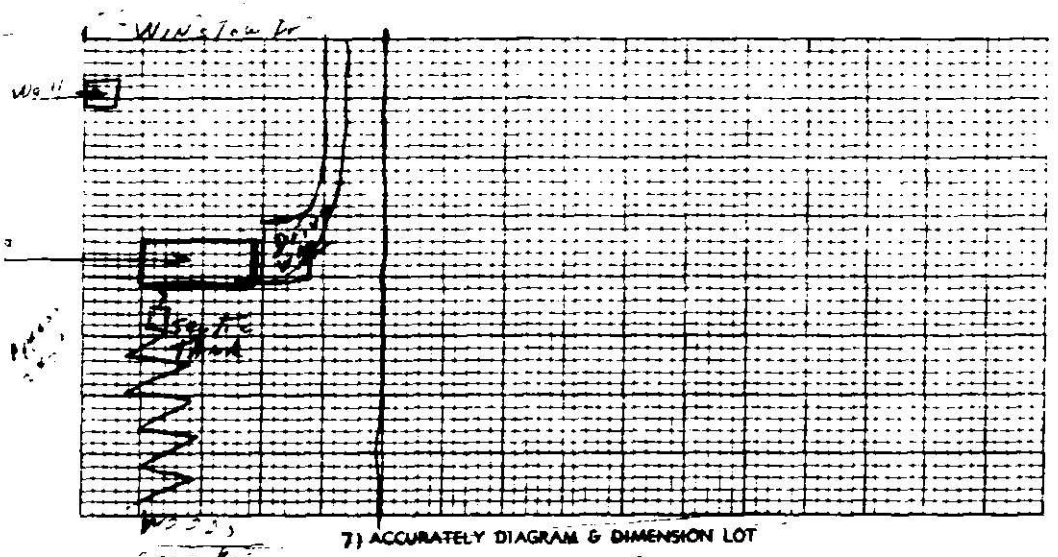
4) LOCATION OF PROPERTY Winslow Dr. (1st house on left) (STREET OR COUNTY ROAD)

5) SUBDIVISION "Carlton Hills" LOT NO 8, 9, 10 BLOCK NO "D"

MAP BOOK NO 5 PAGE NO 229

6) DEED REFERENCE DEED BOOK 1444 PAGE NO 294

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

Louise Roush Wilson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5490

Date Issued February 2, 1973

T C No 045-301-12

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

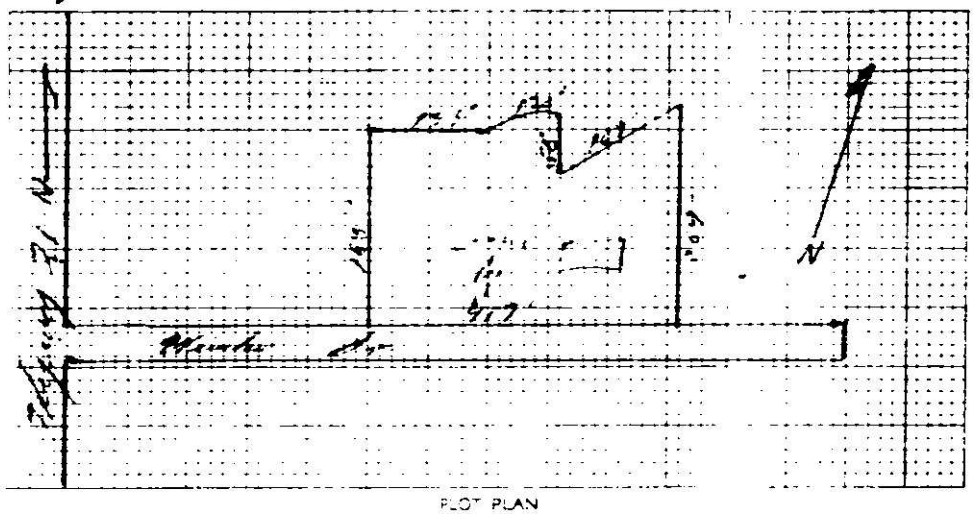
PERCOLATION TEST REPORT

NAME OF OWNER Wilson (LAST) Louise (FIRST) Rough (MIDDLE)

ADDRESS OF OWNER Route 11, Box 269 ZIP 28213

LOCATION OF PROPERTY Winslow Drive (STREET OR COUNTY ROAD)

SUBDIVISION Carlton Hills LOT NO 8,9,10 BLOCK NO D



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 45 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 wells) 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. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

T

SEE INSTRUCTIONS

Date Received 1-29-73

ICAR(S) Application No. 5490

T C No. 045-301-12

Map Date 23 Feb 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 hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

(X) Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

2

Employees —
Washing Machine (Yes) X No
Garbage Disposal (Yes) X No
Dishwasher (Yes) X No
Water Supply
A Individual Well X
B Governmental System —
C Community System
Well Code —
Governmental —
Sewage System
House located within 200 feet
Public sewer (Yes) X No
House located within 200 feet
Community sewer (Yes) X No
EHA Case No. —
LA Case No. —

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Wilson (LAST) Catherine Louise Rousch (FIRST, MIDDLE)

14) ADDRESS OF OWNER Rt 11 Box 26c

15) PHONE NO Home 596 0744 Office —

16) LOCATION OF SYSTEM Winslow Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Carlton Hills Lot No. — Block No. —

Map Book No 5 Page No. 229

18) DEED REFERENCE — DEED BOOK 1444 AT PAGE 294

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.

1-29-73
DATE OF APPLICATION

Louise Rousch Wilson
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 2494

LA No. 5490

Date Issued February 2, 1973

T. C. No. 045-301-12

Map Date 2-23-72

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 Wilson (LAST) Louise (FIRST) Pough (MIDDLE)

ADDRESS OF OWNER Route 11, Box 260 ZIP 28213

LOCATION OF LOT Winslow Drive (STREET OR COUNTY ROAD)

SUBDIVISION Carlton Hills LOT NO 8,9,10 BLOCK NO D

MAP BOOK NO 5 PAGE NO 229

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 indicated a percolation rate of 45 min/in or 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 5490. 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.

Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 5391

1. Town Matthews County Mecklenburg
2. Location 12301 Tom Short Rd. Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner Davis H. Robinson
   Address 12301 Tom Short Rd. - 28105
4. Topography (draw slope, hilltop, valley, flat)
5. Use of well Domestic Date Completed 8-24-74
6. Rig type or method Air Rotary Total Depth 185
7. Casing: Depth From 0 to 40 ft. Diam. 4 in. Type 185
8. Grout: Depth From 6 to 20 ft. Material _____ in. Method Sakrite
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) 165
11. Static Water Level 10 ft. above / below top of casing which is 1 ft. above land surface. Elev _____
    Date 8-24-74
12. Yield (gpm) 10 Method of testing Air
13. Pumping Water Level: 100 ft. after 8 hrs. at 10 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method HTH
16. Permanent Pump: ✓ Type Sub. Make Myers
    Installed — Date 8-31-74 By Crawford
    Capacity 10 (gpm) Hp ½
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

Charles L. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	15	Brown Dirt
15	40	Yellow Sandstone
40	185	Blue Granite

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