Date Received 4 May 74

Application No. 7554

T. C. No. 135-224-15

Map Date 5-8-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Barbee (LAST) Reece (FIRST) (MIDDLE)

ADDRESS OF OWNER 5401 Briketree Dr. ZIP 28212

PHONE NO. Home 545-4418 , Office

LOCATION OF PROPERTY 6800 Kilburnie Rd. (STREET OR COUNTY ROAD)

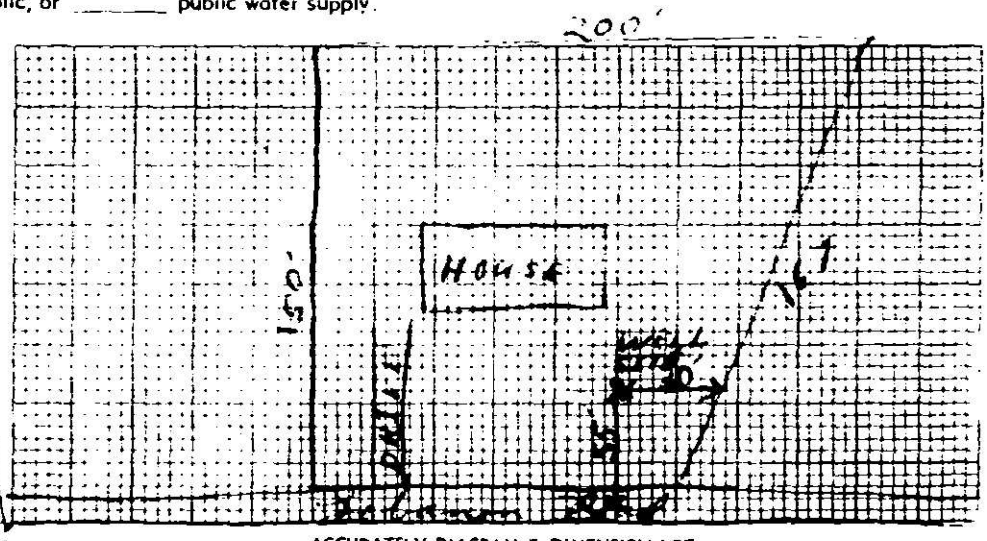
SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR D. L. Mullis LICENSE NO. 346

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

7 May 74
DATE OF APPLICATION

Reece Barbee
OWNER

Application approved and permit hereby granted

Permit No: 7554

Jimmy Dimsdale
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

T. C. No. 135 221-15

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor D. L. Mullis Reg. No. 346 Well Permit No. 1554

1. Town Mint Hill County Meck
2. Location 6800 - Lebanon Rd Quadrangle No.

Show a sketch of location on back of

3. Owner Reece Baxter
Address 5401 - Brickstone
4. Topography: draw, slope, (hilltop,) valley, flat
5. Use of Well Indust Date Completed 7-20-74
6. Rig type or method Core Total Depth 100'
7. Casing: Depth From 0 to 70 ft. Diam. 2 in. Type 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) 40-120
11. Static Water Level: 15 ft. above (below) (top of casing)
which is 15 ft. above land surface. Elev
Date 7-20-74
12. Yield (gpm) 8 Method of testing Jet Pump
13. Pumping Water Level: 15 ft. after 8 hrs.
at 8 gpm.
14. Water Quality Good Temperature (°F)
15. Well sterilization method H.T.H.
16. Permanent Pump: ✓ Type Jet Make Myers
Installed — Date 7-20-74 By D. L. Mullis
Capacity 8 (gpm) Hp. 1/2
Intake depth 42 Airline depth 42
17. Remarks:

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

D. L. Mullis
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
0	70	Red Clay
70	120	W Rock

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

K

Date Received 8-27-74

(60)

APT No 7554

P.O T C No 135-421-15

Map Date 1-28-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Young Thomas S. (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 6816 Margaret Wallace Rd, Matthews, N.C. ZIP 28105

3) PHONE NO Home 847-4771 Office

4) LOCATION OF PROPERTY 6816 Margaret Wallace Rd, Matthews, N.C. (STREET OR COUNTY ROAD)

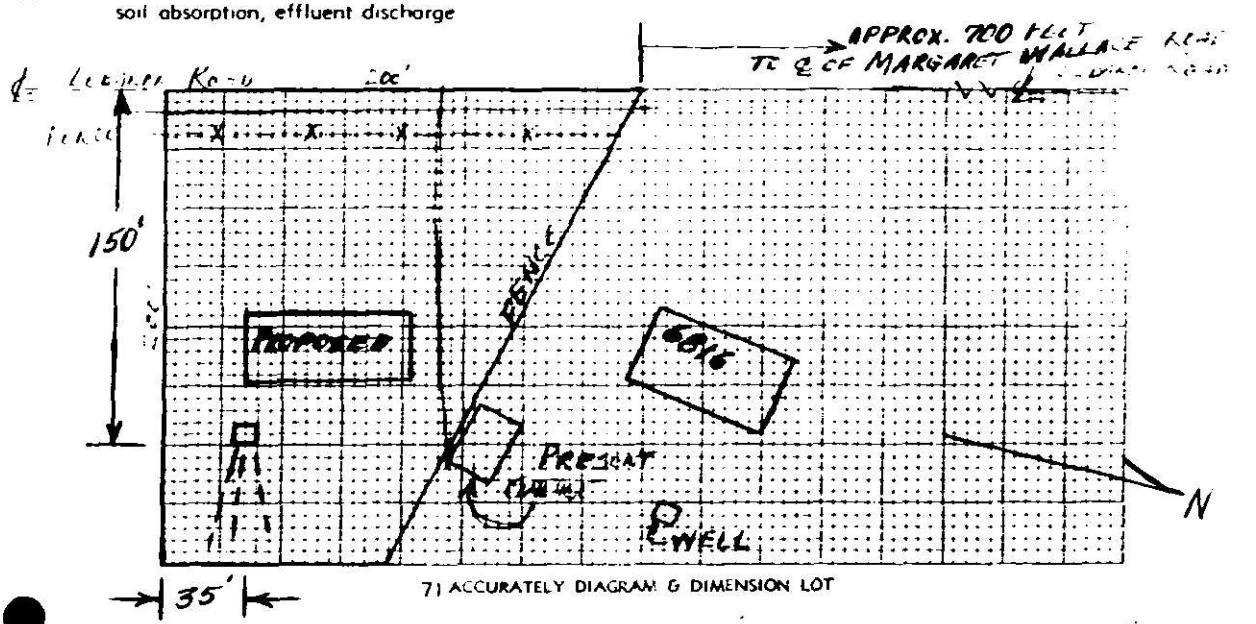
5) SUBDIVISION LOT NO 49 & 2 BLOCK NO

MAP BOOK NO 7 PAGE NO 5

6) DEED REFERENCE DEED BOOK 3456 PAGE NO 654

Invoice # 135-421-15

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

OWNER Warren Caldwell Young

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4064

PTR No. 7554
P.O.
T C No 135-221-15
Map Date 1-28-74

Date Issued February 28, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

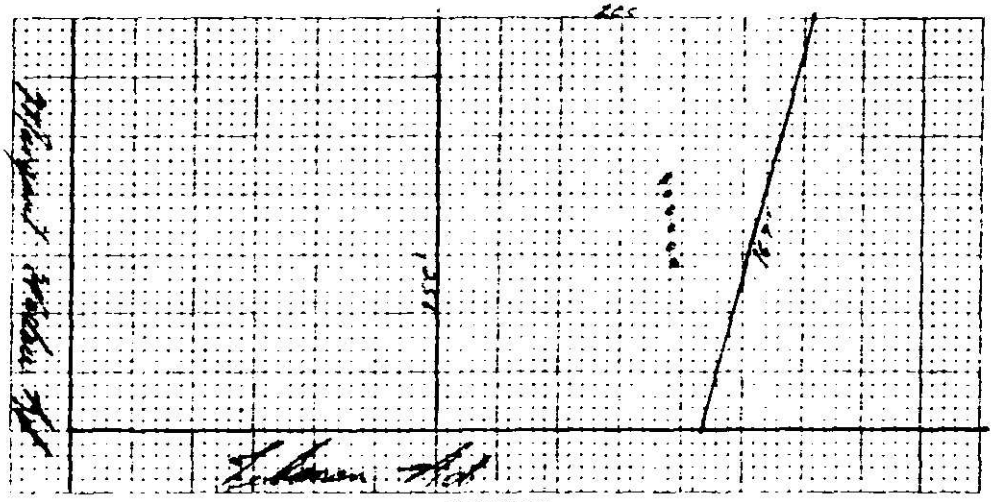
PERCOLATION TEST REPORT

NAME OF OWNER Young, (LAST) Thomas (FIRST) Caldwell (MIDDLE)

ADDRESS OF OWNER 6816 Lebanon Rd., Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 6800 Lebanon Road, Matthew , N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 plat.

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 building 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. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

L

Date Received 8-27-74

ICAR-S Application No 7554

P.O.T.C.No 135-221-15

Map Date 1-28-74

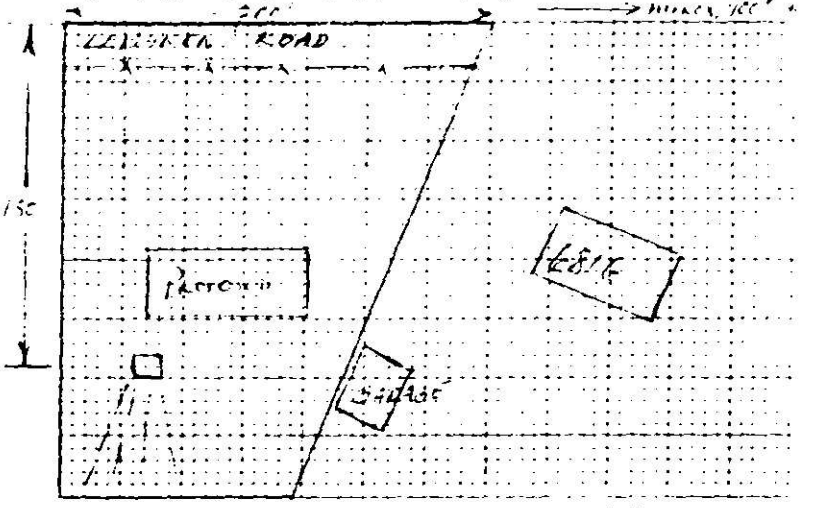
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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)

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

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

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No [illegible] Block No [illegible]

Map Book No 4 Page No [illegible]

18) DEED REFERENCE -- DEED BOOK 3450 AT PAGE 159

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 2-19-74

20) PTR NUMBER (See Instructions)

The undersigned person hereto 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 [illegible] OWNER [illegible]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3872

LA No 7554
P.O.
T C No 135-221-15

Date Issued February 28, 1974

IMPROVEMENTS PERMIT

Map Date 1-28-74

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 Brady (LAST) James (FIRST) Owens (MIDDLE)

ADDRESS OF OWNER 9827 Idlewild Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 6800 Lebanon Road, Matthews, N.C. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 60 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 7554 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. D. Hardy
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/5/74

Serial No.

ICAR(S) Permit No 7554

T C No 135 22 1-15

Map Date 1-2-3-71

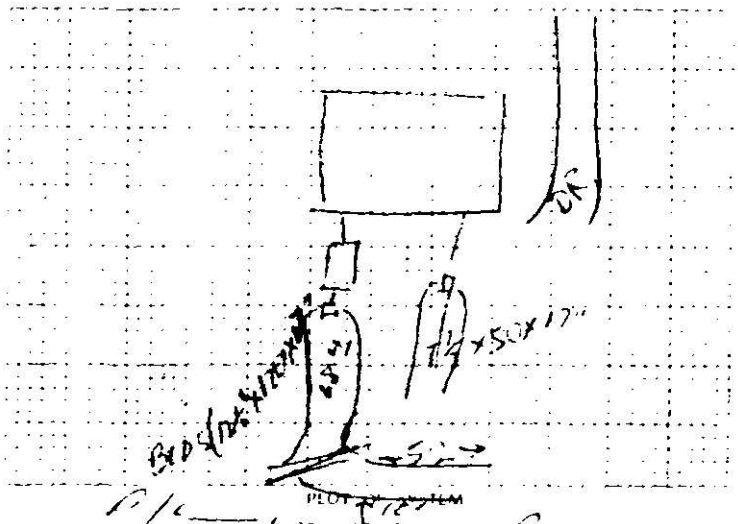
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct Alter or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as described herein at the described location. This permit is granted based upon the information supplied on application 7554 dated 2/27/74 and this permit is valid and in effect for the conditions listed on the application and these instructions. All work shall be completed on or before 9/15/74 after which date this permit shall be null and void.



Percolation Rate 60

Liquid Capacity of Tank 1500

Type Distribution FC

Absorption Area 3T W M

Trench Width Length 600 150

Number 6 3

Distance from Well 10'

Distance from Property Lines 10' min

Distance from Stream 100'

NAME OF OWNER JAMES O. BRADY

LOCATION OF PROPERTY E SCC Lebanon Rd

This permit authorizes only 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

T. Hemphill

Date 9/5/74

Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or a [illegible] Environmental Health Director to be valid. Only the signature of the Environmentalist is necessary where an existing system is being altered or repaired.

E-5-9-1-72

Serial No. [illegible]

C of A Ist No 7554

Date Issued 9-5-74

T C No [illegible]

Map Date [illegible]

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 BRADY (LAST) JAMES (FIRST) O (MIDDLE)

Location of Property 6300 LEBANON RD.

Application Number 7554 Permit Number 7554

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material CONC.

Total Length of Drain Tile 57 400' 57 WRAP 60' Number of Lines 5 3

Depth of Filter Material 12" Cover Depth 20"

Water Supply Source JAMES WELL Distance from Water Source 100'

Excavation Inspected 9-5-74 (DATE) Tank Inspected 9-5-74 (DATE)

Nitrification Field Inspected 9-5-74 (DATE)

Washing Machine Line Inspected If Applicable 9-5-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent disposal as described below and it has been X installed / constructed on real property in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at the date of issuance of the permit. The issuance of this Certificate of Approval does not guarantee that the system will operate properly or relieve any person or firm from responsibility for damages resulting such system from any liability resulting from the failure of the system. This Certificate of Approval is issued subject to those restrictions and conditions as are set forth 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 EXCESS WATER USED ON SHALLOW END WHEN TANK FILLED.

J. H. Bridgeman
Environmentalist

FORM NO E-6-9-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT