Date Received 25 April 74

Application No. 6768

T. C. No. 217-111-02 P

Map Date 28 Jan 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Sisters of Our Lady of Mercy Of North Carolina
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Sacred Heart Convent, Belmont, N.C. ZIP 28012

PHONE NO. Home 704-8255126 Office same

LOCATION OF PROPERTY R.H. Corothers Tract
(STREET OR COUNTY ROAD)

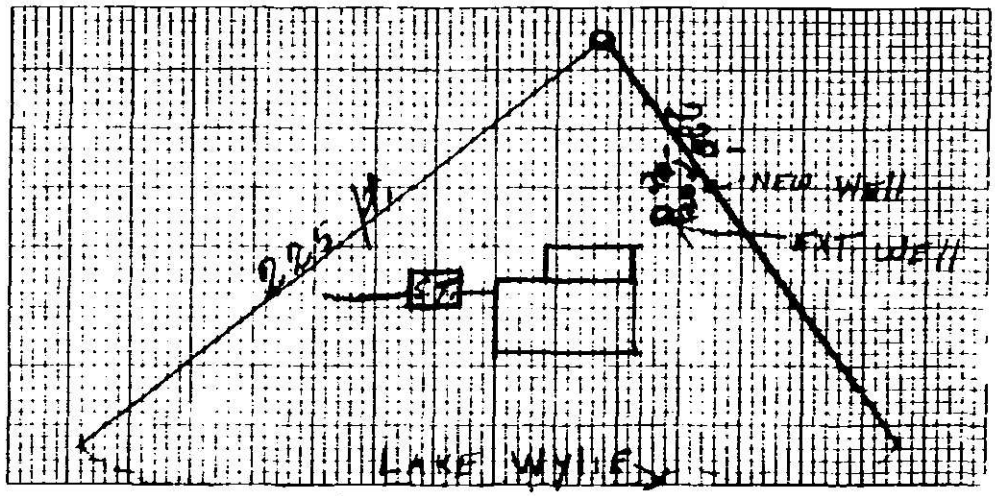
SUBDIVISION Duke Power Co. LOT NO. Compartment # 99 BLOCK NO. #44, Catawba Dev. 1960

MAP BOOK NO. 2984 PAGE NO. 423

DEED REFERENCE: DEED BOOK 2984 PAGE NO. 423

WELL CONTRACTOR McCall Brothers 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 __u__ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

25 April 74
DATE OF APPLICATION

Sisters of our Lady of Mercy of North Carolina
by Sister Mary Michael Bourbeau
OWNER

Application approved and permit hereby granted

Permit No: 6768

Jerry Burleson
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor J.T. CHILDRESS Reg. No. 32 Well Permit No. 6768

1. Town CHARLOTTE O.C. County MECK
2. Location 4th Ward Bleed-Rd Quadrangle No. F-67
   Show a sketch of location on back of form
3. Owner Sisters of Mercy of N.C.
   Address Belmont N.C.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well House Date Completed 5-1-74
6. Rig type or method Rotary Air Total Depth 300'
7. Casing: Depth Diam. Type
   From 0 to 26 ft. 6" in. Galvanized
8. Grout: Depth Material Method
   From 0 to 20 ft. Cement
9. Screen: Depth Diam. Type and Opening
   From _____ to _____ ft. _____ in. _____
10. Water Zones (depth) Wet 2 GPM AT 180 ft
    Wet 28 GPM AT 295 ft
11. Static Water Level: 40 ft above (below) top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) 30 Method of testing AIR
13. Pumping Water Level: 110 ft. after 6 hrs.
    at 30 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method ATH
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.

William [illegible]
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0'	28'	Red Clay & Sand
28'	30'	Blue Rock, Brown Rock & Gravel

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

b

Date Received 7-31-73

SEE INSTRUCTIONS ON REVERSE SIDE
MECK COUNTY HEALTH DEPT
RECEIVED
JUL 31 1973
ENVIRONMENTAL HEALTH DIVISION

(CARS) Application No 6768

T C No

Map Date

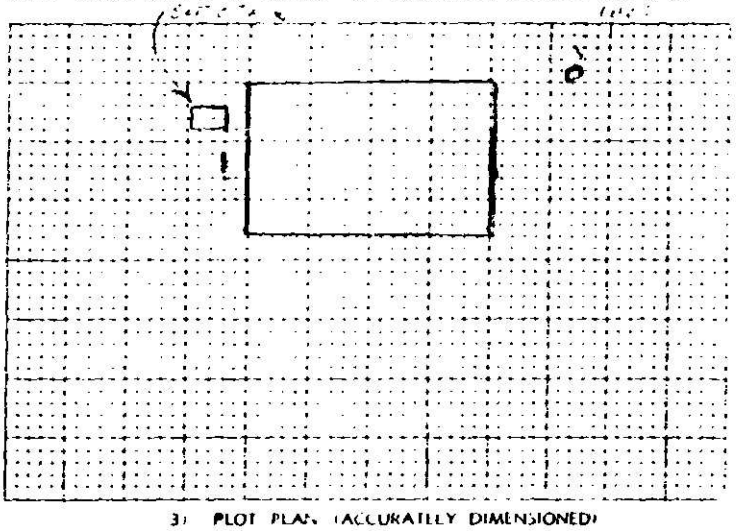
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4) No. of Bedrooms 3

5) Basement Floor Drain Yes No
Elevator

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water supply
A [illegible] ✓
B Government [illegible]
C Community [illegible]
1 Well [illegible]
2 Spring [illegible]

10) Sewage System
Public Sewer Available Now
If public sewer Yes No
Private Sewage Disposal Now
Community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER SISTERS OF OUR LADY OF MERCY OF N.C. INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER N. MAIN ST. LINCOLNTON N.C.

15) PHONE NO Home 735-5126 Office 825-5126
825-8791

16) LOCATION OF SYSTEM DUKE Power Co. CLEARANCE DEPARTMENT 44 Catawba Ave
STREET OR COUNTY ROAD

17) SUBDIVISION K.H CARRUTHERS TRACT Lot No 99 Block No

Map Book No 2984 Page No. 423

18) DEED REFERENCE — DEED BOOK 2934 AT PAGE 423

19) HAS A PERCOLATION TEST BEEN RUN? YES ✓ 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

July 30, 73
DATE OF APPLICATION

Sisters of our Lady of Mercy of N.C.
OWNER
By L. P. Fuller
HEALTH DEPARTMENT'S COPY Maintenance Supervisor

E-4-9-1-72

Date Issued 7-31-73 Serial No. 5163 ICAR(S) Permit No 6768

T C No

Map Date

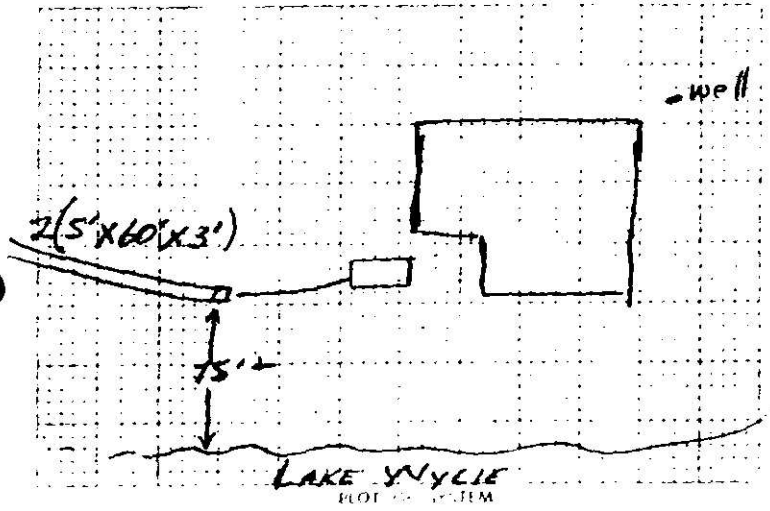
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 After or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein of the described location This permit is granted based upon the information supplied on application dated and this permit shall be void and of no effect if the information provided in the application is found to be erroneous All work shall be completed on or before after which date this permit shall be null and void



PLOT PLAN

Percolation Rate REPAIR

Liquid Capacity of Tank

Type Construction

Absorption and/or Natural Bed Lines

Total Line Lenght 2(5'X60'X3') 240 Lft

Number of Lines

Distance from House 25'

Distance from Property Line 40'+

Distance from Well 50'+

NAME OF OWNER SISTERS OUR LADY OF MERCY LOT 99 & 100

LOCATION OF PROPERTY LAKE WYLIE - SNUG HARBOR COVE COMP 44

This 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 OPTIONAL: IF SOIL POOR BELOW 3'

Bed 7½ X 80'X 17"

J. Brewer

JA/LPB

Environmentalist

If this permit is for installation or construction of a new system it must be signed by the division or a Mecklenburg County Health Department representative to be valid Only the signature of the Environmentalist is required where an existing system is being altered or repaired

E-5-9-1-72

Date Issued 5/11/70

Serial 4773

C of A (s) No. 6768

T C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner SISTERS (LAST) OF (FIRST) LADY OF MERCY (MIDDLE)

Location of Property LAKESIDE DR. HAMPTON COVE Lot 224

Application Number 6768 Permit Number 6768

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material CONC

Total Length of Drain Tile 240' Number of Lines 2

Depth of Filter Material 3' Cover Depth 2'

Water Supply Source Individual Distance from Water Source 50'+

Excavation Inspected 5/12/70 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 5/12/70 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 _____

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY