T. C. No. 053-122-03

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor McCall Bros Reg. No. 75-52 Well Permit No. 7233

1. Town Charlotte County Mecklenburg
2. Location 6700 Bc/Hadcox Quadrangle No. G. 46
   Show a sketch of location on back of form
3. Owner P. M. Lawing
   Address Charlotte
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Home Date Completed Nov-13-74
6. Rig type or method D. D Total Depth 100
7. Casing:

From	to	ft.	in.	Type
0	52	0"		Steel Sch

8. Grout:

From	to	ft.	in.	Material	Method
0	20			Cement	Grout

9. Screen:

From	to	ft.	in.	Type and Opening

10. Water Zones (depth) 90
11. Static Water Level: 40 ft. above / below top of casing
    which is 1 ft. above land surface. Elev. ____
    Date Nov-13-74
12. Yield (gpm) 4 Method of testing Jet Pump
13. Pumping Water Level: 40 ft. after 2 hrs.
    at 4 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method Hth Cl2 Compl
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.

Wellon Services
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
0	10	Brown Clay
10	52	Sandy Sandy Clay
52	100	Sandy Sandy Rock

FORM NO. E-82-9-1-72

Date Received 5 NOV 74

Application No. 7233
P.O T. C. No. 033-122-03
Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Lowing (LAST) Perry (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Rt. # 9 Box 418 ZIP 28208

PHONE NO. Home 394-7233 Office 596-7493

LOCATION OF PROPERTY Off Oakdale paved (STREET OR COUNTY ROAD) Summit

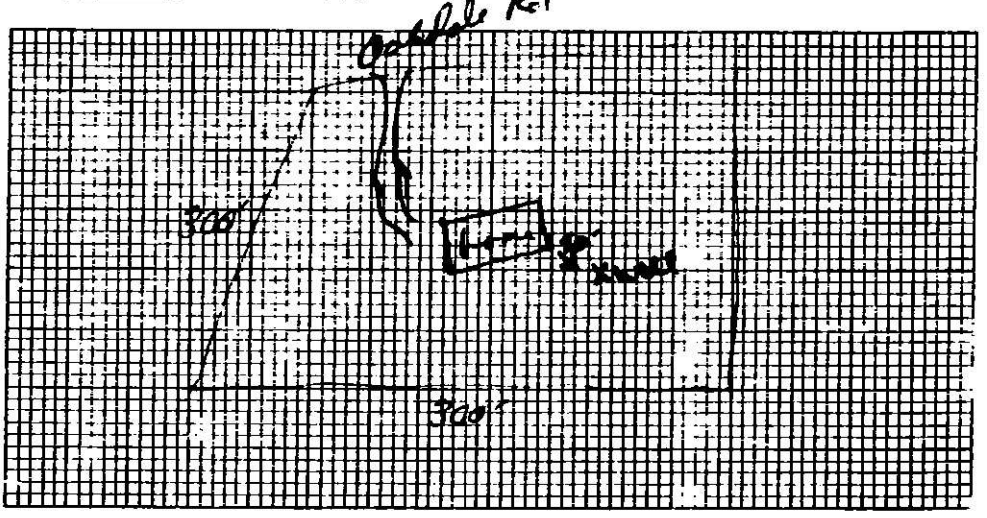
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR _____ 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 ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

11/12/73
DATE OF APPLICATION

Perry Michael Lowing
OWNER

Application approved and permit hereby granted

Permit No: 7233

5 Nov 75
ENVIRONMENTALIST

FORM NO. E-80-6-1-72

HEALTH DEPARTMENT'S COPY

K

Date Received 11-16-73

APT No. 7233

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Lanning (LAST) Perry (FIRST) Michael (MIDDLE)

2) ADDRESS OF OWNER Rt 4 9 Box 418 ZIP 28208

3) PHONE NO. Home 394-7222 Office 586-7413

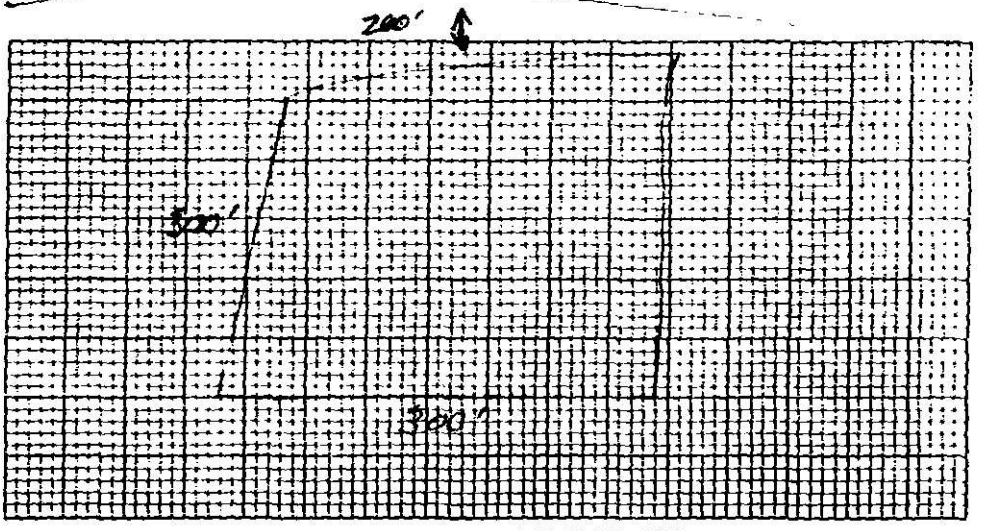
4) LOCATION OF PROPERTY Off Oakdale Rd. near Oak Hills Sepulte (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

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 Oakdale Rd.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Perry Michael Lanning
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3841

PTR No. 7233
P.O.

Date Issued November 23, 1973

T C. No. 033-122-03

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

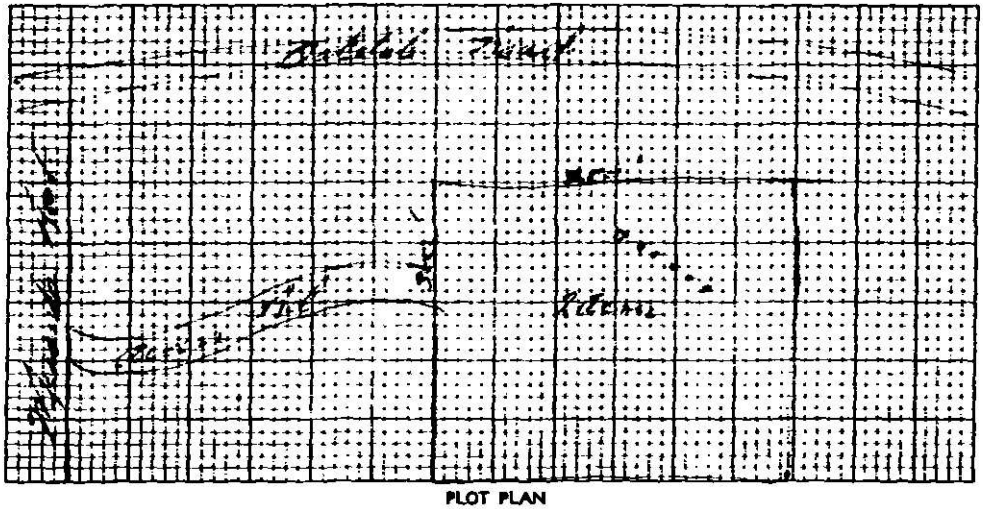
PERCOLATION TEST REPORT

NAME OF OWNER Lawing (LAST) Perry (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Route 9, Box 418 ZIP 28208

LOCATION OF PROPERTY off Oakdale Road (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 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 teratment 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.

W. E. [illegible]

~~Director, Environmental Health Division or~~
~~Authorized Section Head~~

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-16-73

ICAR(S) Application No 7233

T C No

Map Date

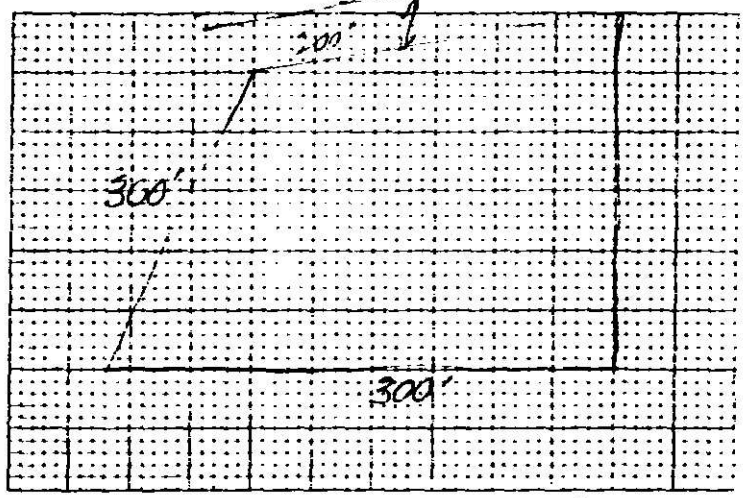
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

5 Business Use Max No Employee

6. Washing Machine ✓ Yes No

7. Garbage Disposal Yes ✓ No

8 Dishwasher ✓ Yes No

9. Water Supply

A) Individual Well ✓

B Government

C Community System

1 Well source

2 Government

10 Sewage System

House located within 200 feet of public sewer Yes No

House located within 200 feet of community sewer Yes No

11) FHA Case No

12 VA Case No

13) NAME OF OWNER Lawing (LAST) Perry (FIRST) Michael (MIDDLE)

14) ADDRESS OF OWNER Rt. #9 Box 418

15) PHONE NO. Home 394-7222 Office 596-7493

16) LOCATION OF SYSTEM OFF OAKDALE Rd. (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 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.

DATE OF APPLICATION 11/16/73

OWNER Perry Michael Lawing

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3641

LA No. 7233
P.O.
T. C. No. 033-122-03

Date Issued November 23, 1973

IMPROVEMENTS PERMIT

Map Date 9-5-73

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 Lawing (LAST) Perry (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Route 9, Box 418 ZIP 28208

LOCATION OF LOT off Oakdale 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 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 45 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 7233. 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.

M. A. Eady
Environmentalist

John R. Blesson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5 Nov 73

Serial No. 5946

ICAR(S)-Permit No. 7233

O.T.C No. 035-122-03

Map Date 9-5-73

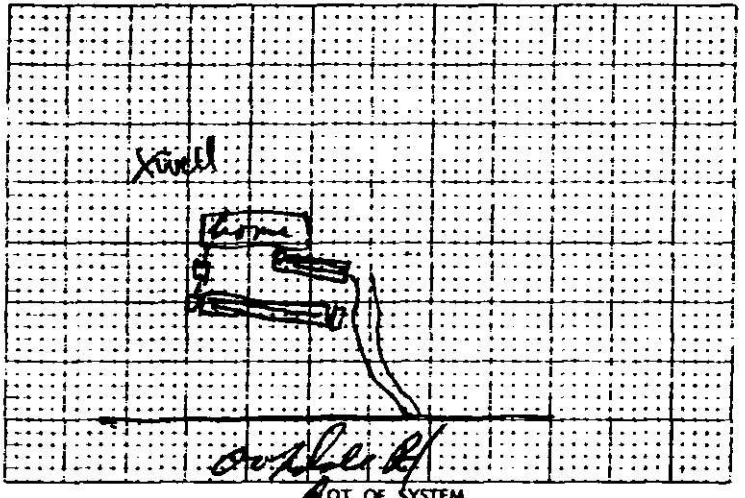
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 7233, dated 11-12-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 600' & 150' in 6 (15'x100'x17") 3 (15'x50'x17")

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Lowery, M. P.

LOCATION OF PROPERTY Off of Robbins Rd

The 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: Aeration Pit 2½'x7'x8'-y Tee (Butch Brewer)

Division or Section Head ___

Environmentalist Richard Andrews

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 19 Dec 74 Serial No. 5590 C of A (s) No. 7233

John R Adkisson P.O.C. No. 033-122-03

CERTIFICATE OF COMPLETION Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Lowry, M. P. (LAST, FIRST, MIDDLE)

Location of Property (Off of) Oakdale Rd

Application Number 7233 Permit Number 7233

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' & 150' lin Number of Lines 6(15' x 100' x 17") 3(17½' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100' +

Excavation Inspected 19 Dec 74 (DATE) Tank Inspected 19 Dec 74 (DATE)

Nitrification Field Inspected 19 Dec 74 (DATE)

Washing Machine Line Inspected, If Applicable 19 Dec 74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~_____~~ 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: Aeration pit 9½'x9'x4'4" Stone (Butch Brewer)

*Note - System was covered before final given by owner without Field Rep approval to reveal filter bed. In my opinion this system will eventually fail because of soil.

[signature] Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY