Date Received 7-9-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 09 1973
ENVIRONMENTAL HEALTH

APT No. 6562
T. C. No. 037-023-07
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SHERLIN, Jr. (LAST) NORMAN (FIRST) F. (MIDDLE)

2) ADDRESS OF OWNER 6654 Plank Road, Charlotte, N. C. ZIP 28216

3) PHONE NO. Home 392-0587 Office

4) LOCATION OF PROPERTY East side of Shalimar Drive, 135' north of Ravendale Drive (First vacant lot on right on Shalimar Drive off Ravendale Drive) (STREET OR COUNTY ROAD)

5) SUBDIVISION OAKDALE III LOT NO. 15 BLOCK NO. 4

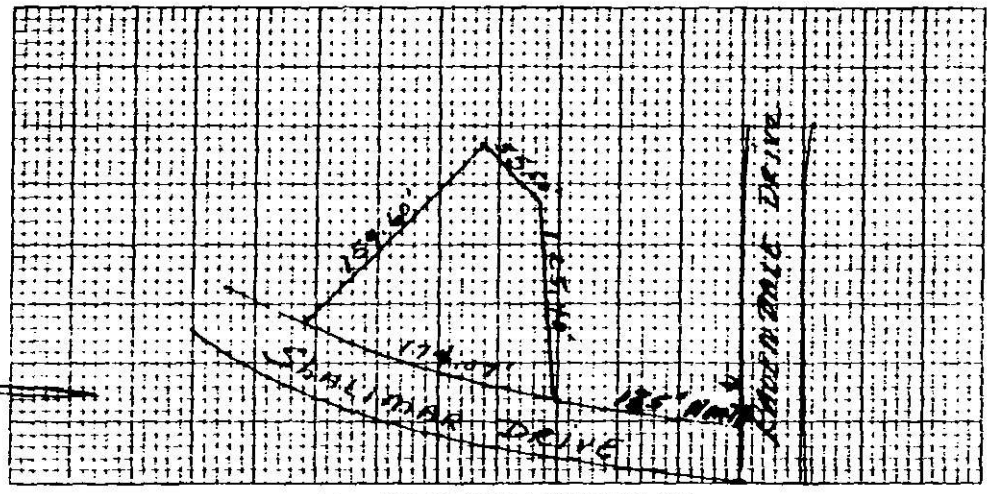
MAP BOOK NO. 9 PAGE NO. 349

Will advise deed book and page number when recorded

6) DEED REFERENCE DEED BOOK PAGE NO.

TAX CODE: 037-023-07

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

NOTE: Environmentalist should call MR. GRIFFIN SHERRILL at 399-5110 to arrange for a time and date of the test since Mr. Sherrill shall make preparation for test for owners.

Norman F. Sherlin Jr.
OWNER NORMAN F. SHERLIN, JR.

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. 8-6-73
2. _____
3. _____

SDR No. 6562
T.C. No. 037-023-07

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Norman F. Sherlin, Jr.

ADDRESS OF OWNER 6654 Plank Road, Charlotte ZIP 28216

LOCATION OF LOT Shalimar Drive, Lot 15-4

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	8-3-73	150 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

John R. Harrison
Environmentalist

(Stencil No.)
END 398
8/70

FORM NO.
E-19-8-14-70

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

MECK. COUNTY HEALTH DEPT.
RECEIVED
MAY 6 1974
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 6563

1. Town Charlotte, N.C. County Mecklenburg
2. Location 615 Union Blvd. - Lot 423, Block K N Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner Esther C. Hunter
   Address 6401 N. Tryon St. Clark-28213
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 5-21-74
6. Rig type or method Air Rotary Total Depth 110
7. Casing: Depth From C to 65 ft. Diam. 6" in. Type .185
8. Grout: Depth From C to 30 ft. Material _____ in. Method Sakrete
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) 100
11. Static Water Level: 30 ft. above/below top of casing which is 1 ft. above land surface. Elev. _____
    Date 5-21-74
12. Yield (gpm) 8 Method of testing Air
13. Pumping Water Level: 100 ft. after 8 hrs. at 8 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method H T H
16. Permanent Pump: ✓ Type Deep Well Make Myers
    Installed — Date 5-21-74 By Crawford
    Capacity 1½ (gpm) Hp. ½
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

Charles P. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
C	30	Yellow Clay
30	65	Yellow Shell
65	110	Blue Granite

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