T. C. No. 6249

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor D L Mullis Reg. No. 346 Well Permit No. 6249

1. Town Steele Creek Township County Meck
2. Location Sledge Rd off Hwy #160 Quadrangle No.
   Show a sketch of location on back of form
3. Owner Phillips, C. Jack
   Address 3923 Fir Crest Dr.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Indiv Date Completed 2-1-76
6. Rig type or method Air Total Depth 165
7. Casing: Depth From 0 to 72 ft. Diam. 6¼ in. Type .135 Galv
8. Grout: Depth From 0 to 30 ft. Material 2 in. Method Cement
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening ____
10. Water Zones (depth) 80-165
11. Static Water Level: 15 ft. above/below top of casing which is 2 ft. above land surface. Elev. ____
    Date 2-1-76
12. Yield (gpm) 8 Method of testing Air
13. Pumping Water Level: 15 ft. after 8 hrs. at 8 gpm.
14. Water Quality Good Temperature (°F) ____
15. Well sterilization method Kill
16. Permanent Pump: X Type Sub Make Myers
    Installed — Date 2-13 By D L Mullis
    Capacity 10 (gpm) Hp. ½
    Intake depth 50 Airline depth 50
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	72	Red Clay
		White Sand
72	165	Blue Rock

FORM No. E-22-8-1-72

Date Received 11/6/75

MECK COUNTY HEALTH DEPT
RECEIVED
NOV 1975
ENVIRONMENTAL HEALTH DIVISION

Application No. 6249
T. C. No. P.O. 199 121 02
Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Phillips (LAST) C. (FIRST) Jack (MIDDLE)

ADDRESS OF OWNER 3923 Fircrest Drive ZIP _____

PHONE NO. Home 523 5597 Office _____

LOCATION OF PROPERTY Sledge Road (STREET OR COUNTY ROAD)

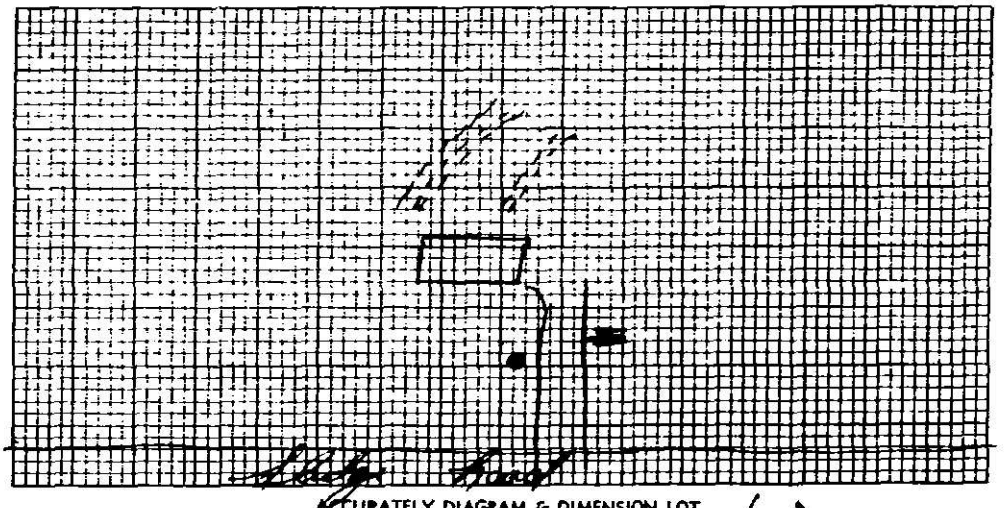
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. [redacted] 199 PAGE NO. 12

DEED REFERENCE: DEED BOOK 3703 PAGE NO. 480

WELL CONTRACTOR ~~Comfort Well Drilling~~ 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

DATE OF APPLICATION

OWNER C J Phillips

Application approved and permit hereby granted

Permit No: 6249

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 9-16-74

APT No. 6249

T. C No. 199-12 1-02

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SLEDGE (LAST) H. K. JR. (FIRST, MIDDLE)

2) ADDRESS OF OWNER YORK ROAD, BOX 11274 ROUTE 2 ZIP 28210

3) PHONE NO. Home 523-6772 Office 373-4193

4) LOCATION OF PROPERTY SLEDGE ROAD (STREET OR COUNTY ROAD)

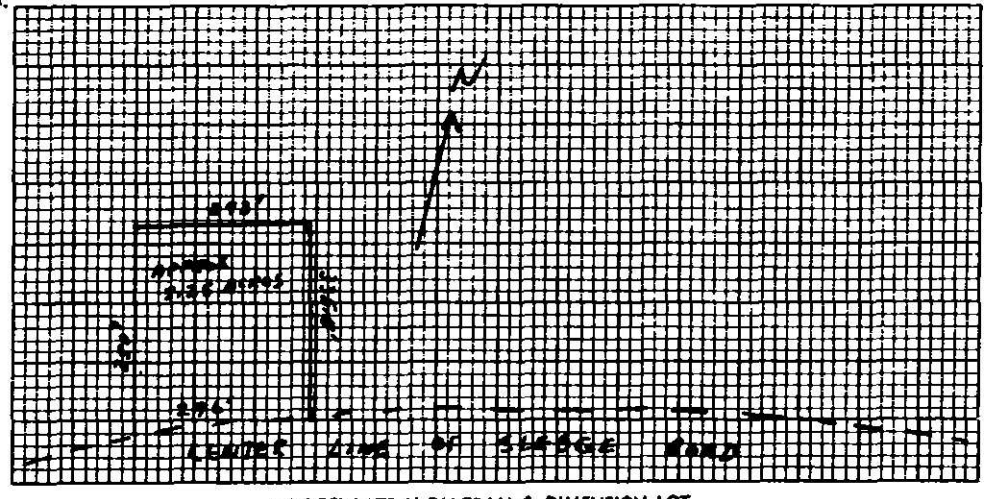
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 199 PAGE NO. 12

6) DEED REFERENCE: DEED BOOK 2873 PAGE NO. 430

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.

PLEASE CONTACT C.J PHILLIPS AT:
3323 FIRCREST DR.
CHARLOTTE NC 28210
HOME PHONE 523-5597
BUS. PHONE 373-4741 328-4868
I WILL PREPARE LOT FOR TEST. ALSO SEND RESULTS TO C. J. PHILLIPS AT ABOVE ADDRESS — THANKS.
CJ Phillips



7) ACCURATELY DIAGRAM & DIMENSION LOT

H K Sledge Jr
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4561

PTR No 6249
P.O.
T C No 199-121-02

Date Issued July 24, 1974

Map Date 5-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

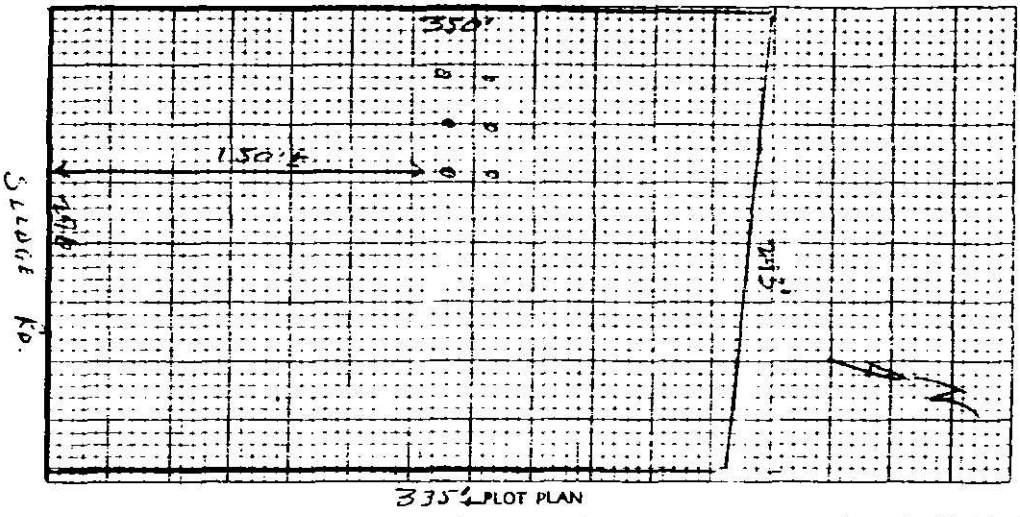
PERCOLATION TEST REPORT

NAME OF OWNER Sledge (LAST) H. (FIRST) K., Jr. (MIDDLE)

ADDRESS OF OWNER York Road, Box 1127M, Route 2 ZIP 28210

LOCATION OF PROPERTY Sledge 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 40 min/in The soil 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 soil 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.

L. P. Brufeman

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

B

Date Received 7/15/75

MECK. COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION
RECEIVED JUL 1975

ICAR(S) Application No 6249
T C No 199-12A-02
Map Date 5-9-74

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) X 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) Business Units Max. No. Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal X Yes ____ No
8) Dishwasher X Yes ____ No
9) Water Supply
a) Individual Supply X
b) Government System ____
c) Community System
1) Well source ____
2) Government source ____
10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Phillips (LAST) C. (FIRST) Jack (MIDDLE)

14) ADDRESS OF OWNER 3923 Firorest Drive

15) PHONE NO Home 523 5597 Office ____

16) LOCATION OF SYSTEM Sledge Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. 199 Page No. 12

18) DEED REFERENCE — DEED BOOK 3703 AT PAGE 480 CR 40

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 7-23-74

20) PTR NUMBER (See Instructions) 6249

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 ____

OWNER C. J. Phillips

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 8, 1975

Serial No. 5103

IMPROVEMENTS PERMIT

LA No. 6249

T C No. P.O. 199-121-02

Map Date 5-9-74

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 Phillips (LAST) C. (FIRST) Jack (MIDDLE)

ADDRESS OF OWNER 3923 Fircrest Drive ZIP _____

LOCATION OF LOT Sledge 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 40Min./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 6249. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 6950

Date Issued _____

ICAR(S) Permit No. _____

T C No _____

Map Date _____

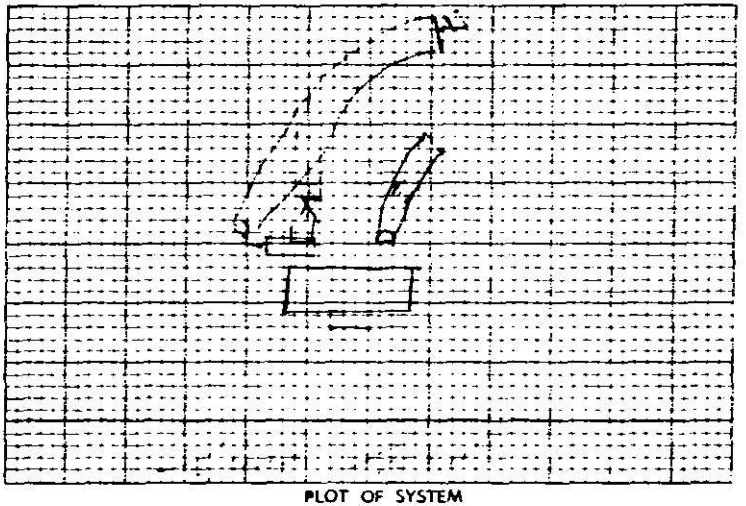
MECKLENBURG COUNTY HEALTH DEPARTMENT

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; ___ 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 _____ dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines.

Total Line Lenght _____

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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: _____

_____

_____

_____ _____

Division or Section Head* Environmentalist

* 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-S-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6453

C of A (s) No. 6249

Date Issued 24 Nov 75

I.O T C. No 199-121-02

Map Date 9 May 74

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 Phillips (LAST) C. (FIRST) Jack (MIDDLE)

Location of Property Ridge Road

Application Number 6249 Permit Number 6249

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PG 3(7½'X50'X17")

Total Length of Drain Tile 600'+150'UM Number of Lines 6(15'X100'X12")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Ind. Well Distance from Water Source

Excavation Inspected 24 Nov 75 (DATE) Tank Inspected 24 Nov 75 (DATE)

Nitrification Field Inspected 24 Nov 75 (DATE)

Washing Machine Line Inspected, If Applicable 21 Nov 75 (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 Howard Wyatt (Contr.)

M. A. Kirby
Environmentalist

FORM NO E-6-5-1-72

HEALTH DEPARTMENT'S COPY