T. C. No. 7592

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor George Henry Wilson Reg. No. _____ Well Permit No. 227

1. Town Mint Hill County Mecklenburg
2. Location Briggs Rd Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner W E Thomas
   Address 6201 Melissa Lane Charlotte
4. Topography draw slope, hilltop, valley, flat
5. Use of Well Home Date Completed _____
6. Rig type or method _____ Total Depth 130'
7. Casing: Depth Diam. Type
   From 0 to _____ ft. _____ in. _____
8. Grout Depth Material Method
   From _____ to _____ ft _____ in. _____
9. Screen Depth Diam Type and Opening
   From _____ to _____ ft _____ in. _____
10. Water Zones (depth) _____
11. Static Water Level _____ ft above / below top of casing
    which is _____ ft above land surface. Elev _____
    Date _____
12. Yield (gpm) _____ Method of testing _____
13. Pumping Water Level _____ ft. after _____ hrs.
    at _____ gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method _____
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.

_____
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
		T.C.

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

Date Received 7/9/76

Application #. 7592

T. C. No. 195-044-22

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Thomas (LAST) William (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Ln. Matthews NC ZIP 28105

PHONE NO. Home 545-4993 Office

LOCATION OF PROPERTY 3612 Briggs Ln. (STREET OR COUNTY ROAD)

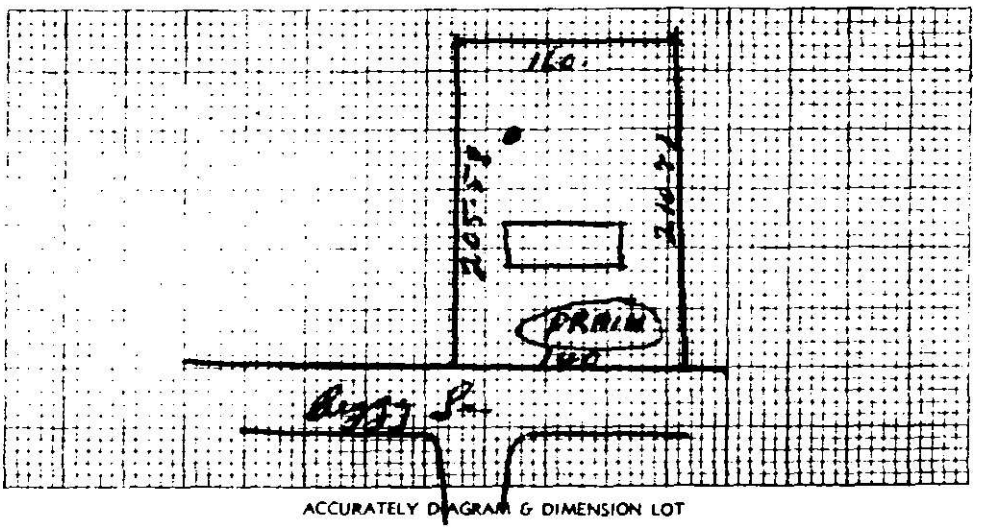
SUBDIVISION W.G. Thomas (prop) LOT NO 19 BLOCK NO. A.

MAP BOOK NO. 17 PAGE NO. 252

DEED REFERENCE: DEED BOOK 3513 PAGE NO 526

WELL CONTRACTOR Henry Wilson LICENSE NO. 227

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

July 8, 1976
DATE OF APPLICATION

W. F. Thomas
OWNER

Application approved and permit hereby granted

Permit No: 7592

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 3-7-74 APT No 1574

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) William (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER 4401 Matthews ZIP 28105

3) PHONE NO Home 847-2113 Office

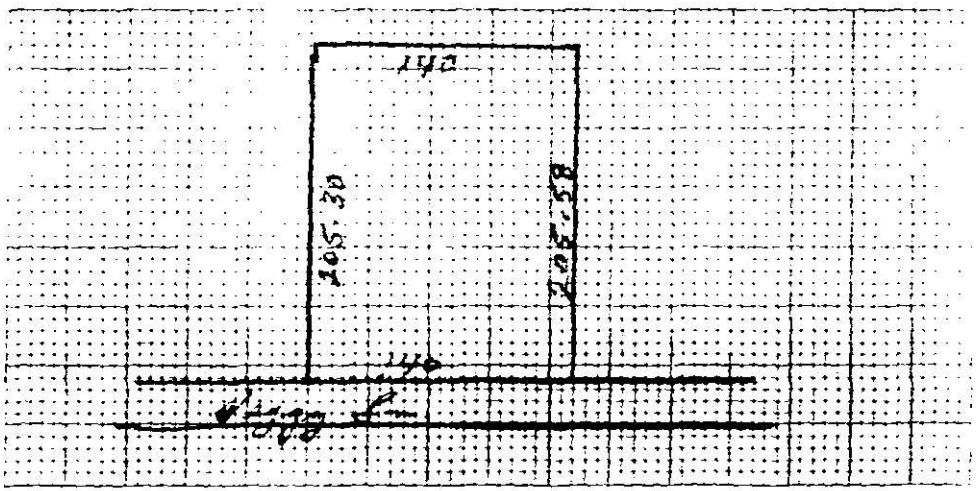
4) LOCATION OF PROPERTY 3613 Iggy St. Matthews (STREET OR COUNTY ROAD)

5) SUBDIVISION W. A. Thomas Prop. LOT NO 19 BLOCK NO A

MAP BOOK NO 17 PAGE NO 253

6) DEED REFERENCE DEED BOOK 5513 PAGE NO 526

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

W. A. Thomas
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4128

PTR No 7592
P.O.
T C No 195-041-22

Date Issued March 12, 1974

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

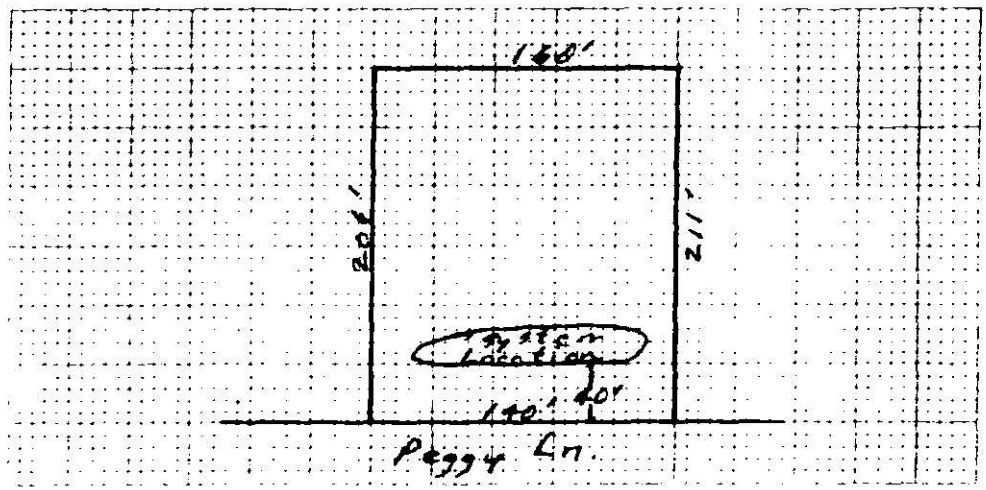
PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) William (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 3012 Peggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION W. F. Thomas Property LOT NO 19 BLOCK NO A



PLOT PLAN

This is to certify that a percolation test has been run and approved by the inspector employed by the Mecklenburg County Health Department on the lot described above. The said test was conducted in that portion of the lot as indicated on the plot.

The percolation rate determined by the test was 60*min. in. The said lot is approved for the installation of a conventional septic tank with trench type treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the installation of the proposed sewage system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction 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 as stated above, and on the size and type of building constructed thereon.
3. This approval is valid only for the system as indicated in the immediate area where the percolation test was run.
4. This approval is issued for a building site only. Any structure including the future, if any, to be constructed on the lot which in the opinion of the Health Department requires the area where the said lot or lots was found 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 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.

*Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

FORM NO. [illegible]

Wm. Everette Lyons, Jr.
Soil Scientist

HEALTH DEPARTMENT'S COPY

Date Received 7-16-74

ICAR(S) Application No

T C No 195-041-22

Map Date 12-14-73

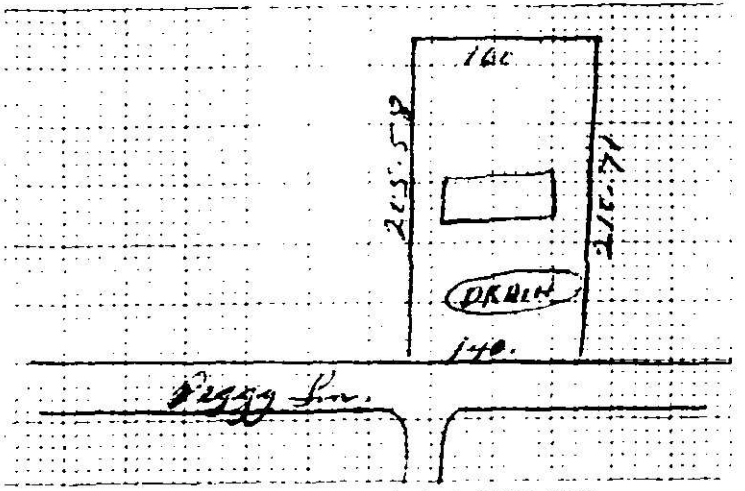
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER W. P. Thomas (LAST) William (FIRST) P. (MIDDLE)

14) ADDRESS OF OWNER 4901 Dickson Ln. Matthews, NC

15) PHONE NO Home 545-4993 Office

16) LOCATION OF SYSTEM 3612 Piggy Ln. (STREET OR COUNTY ROAD)

17) SUBDIVISION W. P. Thomas (Prop) Lot No 19 Block No A

Map Book No 17 Page No 252

18) DEED REFERENCE — DEED BOOK 3512 AT PAGE 526 SB-60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN March 12, 1974

20) PTR NUMBER See Instructions 7592

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof 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 15, 1974
DATE OF APPLICATION

W. P. Thomas
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 17, 1974

Serial No. 4280

LA No 7592
P.O.
T C No 195-041-22

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Matthews, N. C. (ZIP) 28105

LOCATION OF LOT 3612 Peggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 19 BLOCK NO A

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 on the "Application for an Installation Construction Alteration and/or Repair Permit" number 7592. 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. L. Kirby
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible] ICAR (S) Permit No [illegible]

Date Issued [illegible] T C No [illegible]

Map Date [illegible]

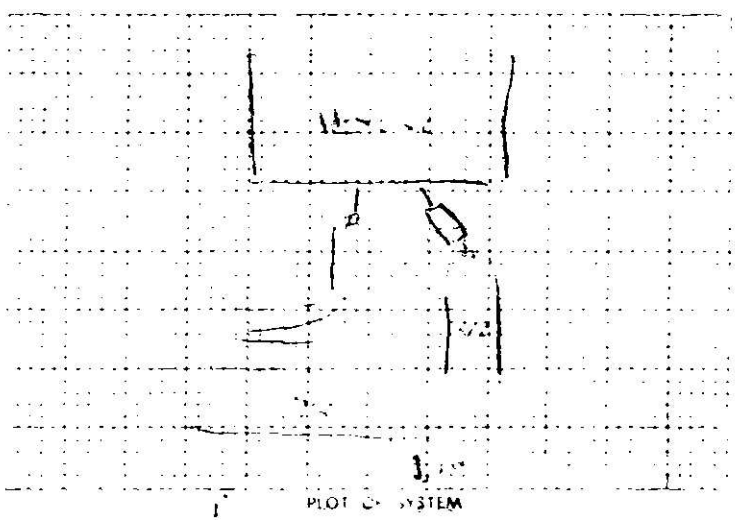
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 [illegible] dated [illegible] 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 [illegible] after which date this permit shall be null and void.



PLOT OF SYSTEM

Permit Fee [illegible]

Distance from Tank [illegible]

Type [illegible]

Absorption Lines [illegible]

Trench [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

This system must 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 [illegible]

Date Approved [illegible] Environmentalist [illegible]

This permit for the installation or construction of a new system must be signed by the division or a [illegible] Environmental Health Director in order 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

Serial No.

C of A (s) No 7592

Date Issued 11-15-74

T C No 195044-22

Map Date 12-14-23

CERTIFICATE OF OCCUPATION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner THOMAS (LAST) WILLIAM (FIRST) F. (MIDDLE)

Location of Property 3612 PEGGY LN.

Application Number 7592 Permit Number 7592

Inspection Data:

Liquid Capacity of Tank 1500 Gal MIN Tank Material PC

Total Length of Drain Tile 600 FT 150 Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source IND WELL Distance from Water Source 75'

Excavation Inspected 11-15-74 (DATE) Tank Inspected 11-15-74 (DATE)

Nitrification Field Inspected 11-15-74 (DATE)

Working Model Inspected If Applicable 11-15-74 (DATE)

This certifies that the Septic Tank System with subsurface soil absorption as described in the application has been X and tested in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health governing the issuance of the permit. This Certificate of Approval does not guarantee that the system will operate properly or relieve any person of any responsibility for any system failure resulting from the failure of the system. This Certificate of Approval is issued subject to the restrictions and conditions listed below under comments. This Certificate of Approval is based on information contained in the application and is void if any additions are made to the property which would increase the requirements for said system.

Comments GOOD SOIL - Job-

Lacosta Construction Co.

Environmentalist

FORM NO E-6-9-1-72

DEPARTMENT COPY