T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor _____ Reg. No. _____ Well Permit No. 6662

1. Town _____ County _____
2. Location _____ Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner _____
   Address _____
4. Topography draw, slope, (hilltop, valley, flat
5. Use of Well _____ Date Completed _____
6. Rig type or method _____ Total Depth _____
7. Casing: Depth Diam. Type
   From _____ 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

Depth From	Depth To	Formation
0	2	

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

Date Received 7/21/75

Application No. 6662
T. C. No. 108-122-14
Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Cecil John S (LAST, FIRST, MIDDLE)

ADDRESS OF OWNER [illegible] Park ZIP 28205

PHONE NO. Home [illegible] Office 537-0504

LOCATION OF PROPERTY Glenwood Dr (STREET OR COUNTY ROAD)

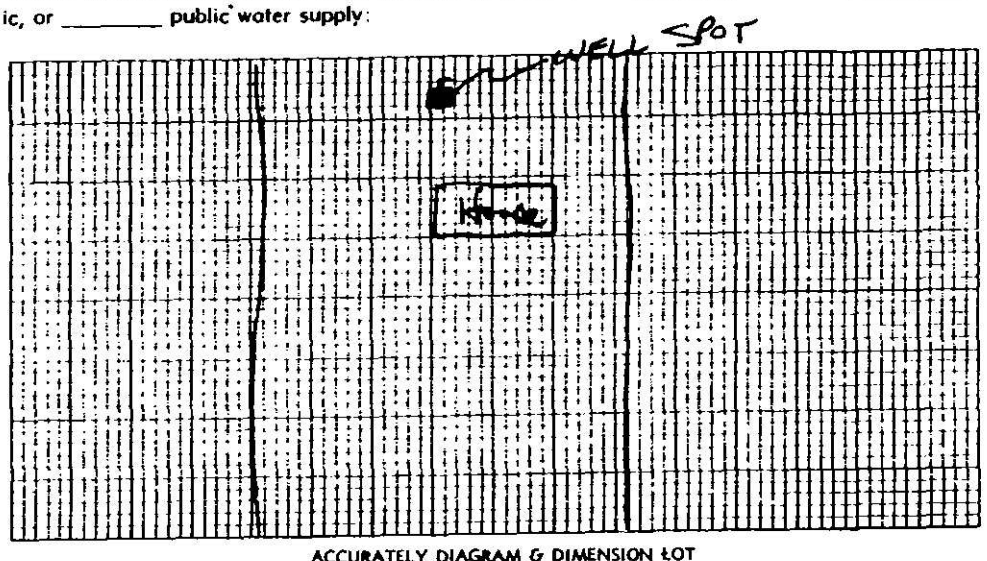
SUBDIVISION Wingfield Park LOT NO. 14 BLOCK NO. 3

MAP BOOK NO. 14 PAGE NO. 54 3

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

18 July 75
DATE OF APPLICATION

John K Cecil
OWNER

Application approved and permit hereby granted

Permit No: 6662

Paul A Krefa
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

R

Date Received 7-16-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 16 1973
ENVIRONMENTAL HEALTH DIVISION

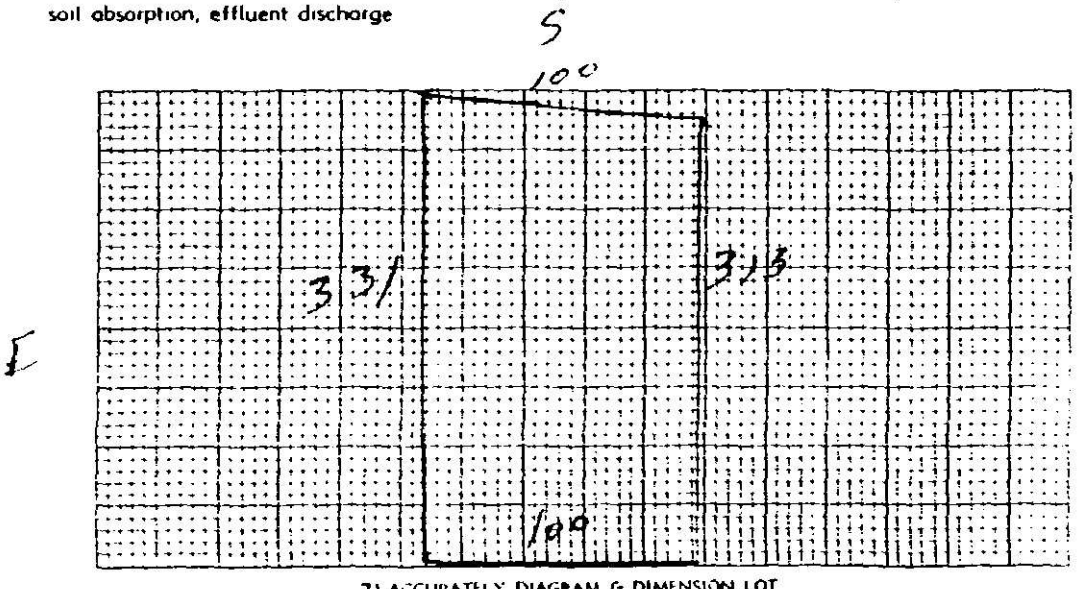
APT No. 6662
T C No.
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Civil Realty (LAST, FIRST, MIDDLE)
2) ADDRESS OF OWNER PO Box 17054 CHARLOTTE ZIP 28205
3) PHONE NO Home 5350509 Office 5368836
4) LOCATION OF PROPERTY Wingrift Rd (STREET OR COUNTY ROAD)
5) SUBDIVISION Mayfield Park LOT NO 14 BLOCK NO 3
MAP BOOK NO 14 PAGE NO. 543
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



7) ACCURATELY DIAGRAM & DIMENSION LOT

N

OWNER John M Curl
Curl Realty Inc.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3748

PTR No. 6662

T. C. No. 108-122-14

Date Issued October 26, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

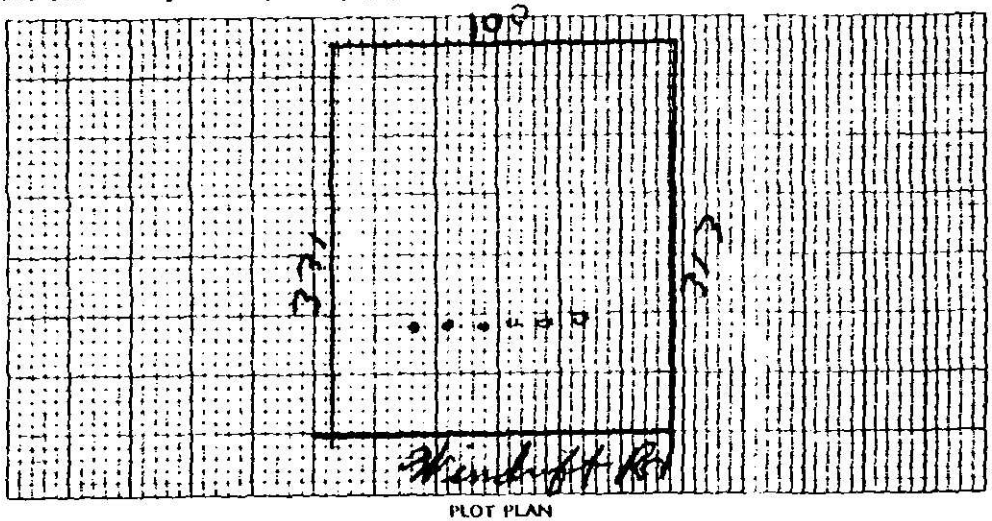
PERCOLATION TEST REPORT

NAME OF OWNER Civil Realty, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 12054 ZIP 28205

LOCATION OF PROPERTY Windrift Road (STREET OR COUNTY ROAD)

SUBDIVISION Mayfield Park LOT NO 14 BLOCK NO. 2



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 60 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.

John D. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 10-12-73

RECEIVED
OCT 2 3 1973
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

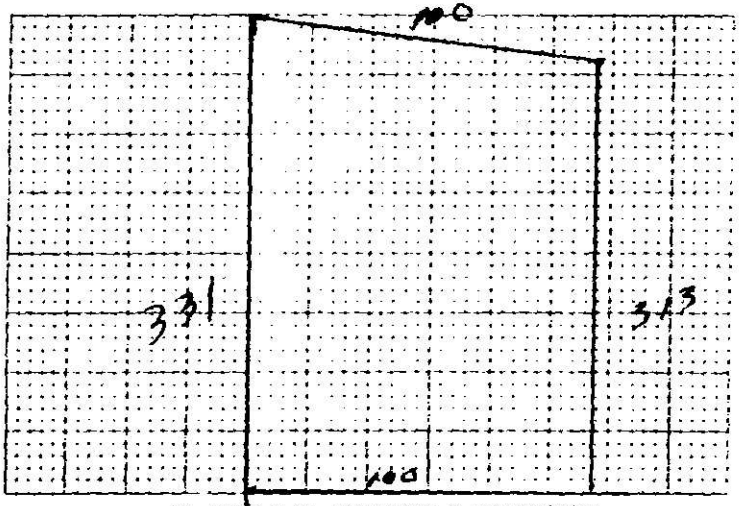
ICAR(S) Application No 6662
T C No 108-12214
Map Date 9/70

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) Business Use Max No Employees
6) Washing Machine ✓ Yes
7) Garbage Disposal Yes ✓ No
8) Dishwasher Yes ✓ No
9) Water Supply
a) Individual Well
b) Government
c) Community System
1. Well
2. Government
10) Sewage System
If within 200 feet of public sewer Yes No
Have you applied for public sewer 2 years ago
Community sewer Yes No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER Civil Realty (LAST, FIRST, MIDDLE)
14) ADDRESS OF OWNER P.O. Box 12054 Charlotte, N.C. 28205
15) PHONE NO Home 5350509 Office 536 5836
16) LOCATION OF SYSTEM Windrift Rd (STREET OR COUNTY ROAD)
17) SUBDIVISION Mayfield Park Lot No 14 Block No 2
Map Book No 14 Page No 543
18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 10-25-73 PK 760
20) PTR NUMBER (See Instructions) 6662

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

27 Oct 73
DATE OF APPLICATION

John K Civil Jr
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3567

LA No. 6662

Date Issued October 29, 1973 IMPROVEMENTS PERMIT

T. C. No. 108-122-14

Map Date 9-1-70

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 Civil Realty
LAST FIRST MIDDLE

ADDRESS OF OWNER Post Office Box 12054 ZIP

LOCATION OF LOT Windrift Road
STREET OR COUNTY ROAD

SUBDIVISION Mayfield Park LOT NO. 16 BLOCK NO. 2

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 in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6662. 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.

John R Adkisson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9 Sept 1975 Serial No. 6817 ICAR(S) Permit No. 6662

T C No 108-122-14

Map Date 9-1-70

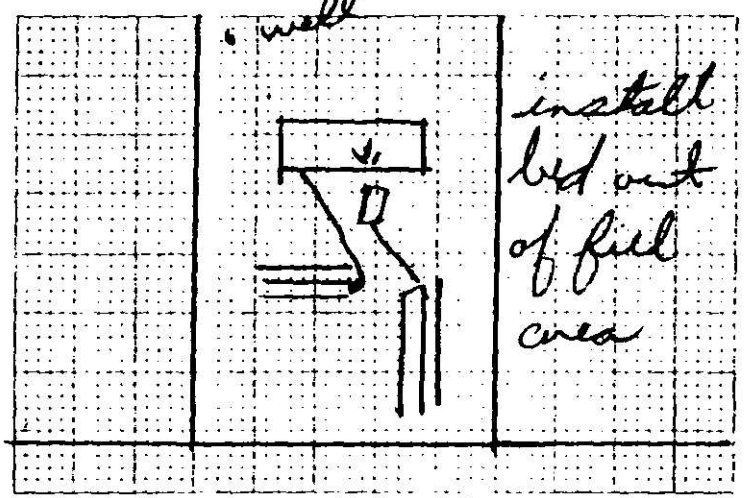
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6662 dated 10-27-75 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 10 Sept 1975, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Length 300; 150

Number of Lines 5 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50+

NAME OF OWNER Civil Realty Inc

LOCATION OF PROPERTY Windyfield Rd 14-2

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 5 in bed 12½' x 80' x 1½" with #10 stone grade ¼" per 10 ft - wash line in bed 10' x 30' x 1½

John M Adkisson

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 E-5-9-1-72

Samuel C Reed

CERTIFICATE OF COMPLETION

Date Issued 90ct75

Serial No. 6353

C of A (s) No. 6662

T C No 108-122-14

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Civil Realty Inc. (LAST / FIRST / MIDDLE)

Location of Property Windcrest Rd 14-2

Application Number 6662 Permit Number 6662

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines ⑤ & ④

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 90ct75 (DATE) Tank Inspected 90ct75 (DATE)

Nitrification Field Inspected 90ct75 (DATE)

Washing Machine Line Inspected, If Applicable 90ct75 (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, firm or corporation constructing 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 and 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 O.K.

A.M. Reynolds

Environmentalist

FORM NO E-6-9-1-72