RR Well

WELL RECORD 3

Well Permit No. 12349

TC0 3106301

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Drilling Contractor McCall Bros Inc.

1. Location of property River Side Dr.
2. Name of owner Jerry Bayfort
   Address 5532 Wick Bend
3. Does this well replace an existing well? No
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well Home Date completed 9-7-77
6. Rig type or method Rotary air Total depth 60
7. Casing:

	Depth From	to	ft.	Inside Diam.	Wall thick. or Wt. ft.	Type
	0	21		6 in.	13 < 11	Steel

8. Grout:

	Depth From	to	ft.	Material	Method
	0	21		Cement	Pouring

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) 5 at ft.
11. Static water level: 21 ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date 12-7-77
12. Yield (gpm) 3 Method of testing Blow air
13. Pumping water level: 21 ft. after 2 hrs.
    at 3 gpm.
14. Water quality _____ Temperature (°F) _____
15. Well sterilization method Chlor
16. Permanent pump: _____ Type _____ Make _____
    Installed – Date _____ By _____
    Capacity _____ gpm. Hp _____ TDH _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

DRILLING LOG

Depth From	To	Formation
0	21	Red & Yellow Clay
21	60	Hard Grey Granite

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

William Spencer
SIGNATURE OF CONTRACTOR OR AGENT

FORM NO. E-22-5-1-73

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Riverside Drive
Subdivision
Lot No. & Block No. # 3
FHA Case No.

Owner G. H. Harwood
Builder
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 20 Min./In. Date 8/15/20
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate 20

No. Bedrooms 3 Baths 1
Washing Machine ✓ (Yes) (No) Disposal (Yes) ✓ (No)

Separate ✓ (Yes) (No) Separate (Yes) (No)

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved
Disapproved ✓
Conditional Agreement Card Signed

John R. Atkinson
Sanitarian - Engineer

EH: #85
9/1968

SEE INSTRUCTIONS ON BACK

Date Received 5-9-77

ICAR(S) Application No. 12349

P.O T. C. No. 031-163-01

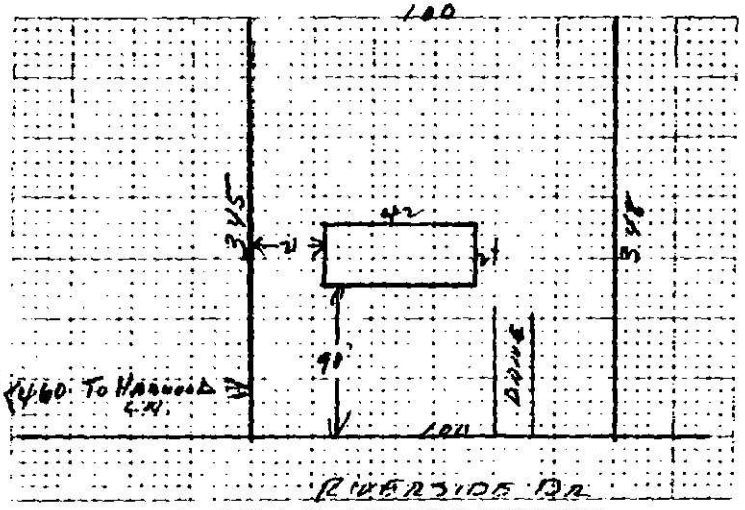
Map Date 1-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes X No
Residence X Yes ___ No
4. No. of Bedrooms 3
5. Business Use - Max No. Employees ___
6. Washing Machine X Yes ___ No
7. Garbage Disposal ___ Yes X No
8. Dishwasher ___ Yes X No
9. Water Supply
A. Individual well yes
B. Government System ___
C. Community System:
1. Well ___
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. EHA Case No. ___
12. LA Case No. ___

13) NAME OF OWNER Lee (LAST) R. (FIRST) / R. (MIDDLE)

14) ADDRESS OF OWNER Route 6, Box 607-J, Charlotte, N. C. 28208

15) PHONE NO. Home 392-1038 Office ___

16) LOCATION OF SYSTEM Riverside Drive off Harwood Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 3 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

4/5/77
DATE OF APPLICATION

R. R. Lee
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 0757

LA No. 12349

Date Issued May 9, 1977

T. C. No. P,O.031-163-01

Map Date 1-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Lee (LAST) R. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER Rt.6, Box 607-J, Charlotte, NC ZIP 28208

LOCATION OF LOT Riverside Dr., off Harwood Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 3 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 _____. 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 soil investigation 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 C. Adkisson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 1 Nov 77

Serial No. 1198

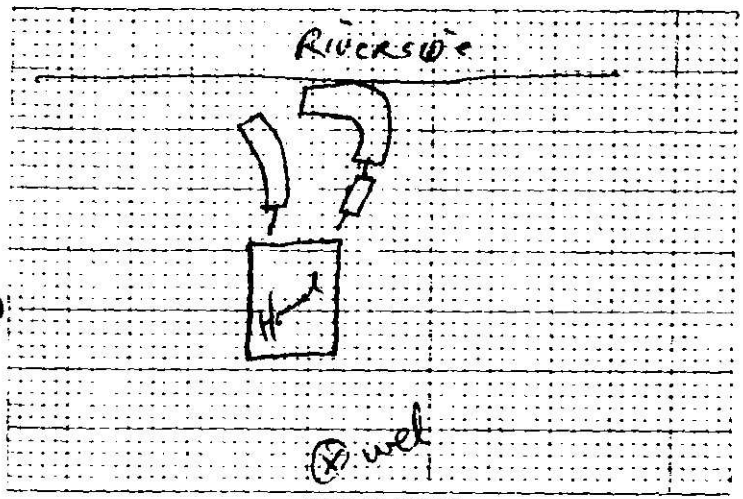
ICAR(S) Permit No. 12349

T. C. No 031-162-01

Map Date 1-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 12349, 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 1 Dec. 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate: FS

Liquid Capacity of Tank: 1000 gal.

Tank Construction: Pre Cast

Absorption and/or Nitrification Lines:

Total Line Length: 330' & 125'

Number of Lines: 5 & 3

Distance from House: 20'

Distance from Property Line: 10'

Distance from Well: 100'

NAME OF OWNER: R. R. Lee

LOCATION OF PROPERTY: Riverside DR. Lot # 3

This system is approved subject to the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments: (15' x 66' x 17") 5 lines (9' x 42' x 17") 3 lines

Division or Section Head ___ Environmentalist Stephen J Wood

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 1 Nov. 77 Serial No. 1165 C of A (s) No. 12349

P. of T C. No. 031-162-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Lee (LAST) R. (FIRST) R. (MIDDLE)

Location of Property Riverside Dr. Lot # 3

Application Number 12349 Permit Number 12349

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material Pre Cast

Total Length of Drain Tile 330' & 125' Number of Lines 5 & 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 1 Nov 77 (DATE) Tank Inspected 1 Nov. 77 (DATE)

Nitrification Field Inspected 1 Nov. 77 (DATE)

Washing Machine Line Inspected If Applicable 1 Nov. 77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed, constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 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

Stephen J. Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy