T. C. No. 105-162-06

MECK COUNTY HEALTH DEPT.
RECEIVED
JUN 24 1974
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor [illegible] Reg. No. 30 Well Permit No. 7089

1. Town Charlotte County Mecklenburg
2. Location 44 Quadrangle No. F-64
   Show a sketch of location on back of form
3. Owner Avery Wright
   Address 3500 Dalton Ave.
4. Topography: draw, slope, hilltop, valley, (flat)
5. Use of Well Home Date Completed 6-20-74
6. Rig type or method D. D Total Depth 115
7. Casing:

From	to	ft.	in.	Depth	Diam.	Type
0	93				2"	Steel Casing

8. Grout:

From	to	ft.	in.	Depth	Material	Method
0	20				Cement	Grout

9. Screen:

From	to	ft.	in.	Depth	Diam.	Type and Opening

10. Water Zones (depth) 110
11. Static Water Level: 19 ft. above / below top of casing
    which is 1 ft. above land surface. Elev.
    Date 6-20-74
12. Yield (gpm) 6 Method of testing Air pump
13. Pumping Water Level: 19 ft. after 2 hrs.
    at 6 gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method Direct Chlorination
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.

William Sevier
SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Formation
0	20	Sand Clay
20	93	Sandy Clay
93	115	Sandy Rock

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

Date Received 5-9-94

Application No. 7089

T. C. No. 105-162-06

Map Date 4-27-93

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER WHITE (LAST) OSCAR (FIRST) WILLIAM (MIDDLE)

ADDRESS OF OWNER 3500 DELGANY DR ZIP 28215

PHONE NO. Home 535-1632 Office 374-2551

LOCATION OF PROPERTY WHISPERING OAKS DR (STREET OR COUNTY ROAD)

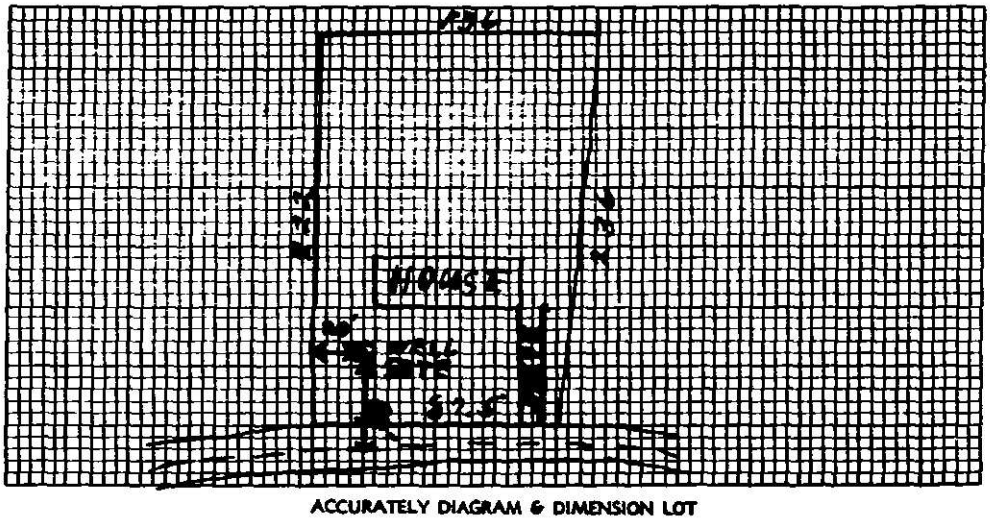
SUBDIVISION WHISPERING OAKS LOT NO. 12 BLOCK NO. 6

MAP BOOK NO. 2141 PAGE NO. 555

DEED REFERENCE: DEED BOOK 3574 PAGE NO. 97

WELL CONTRACTOR STEPHENS 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 X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

MAY 9 1994
DATE OF APPLICATION

Oscar William White
OWNER

Application approved and permit hereby granted

Permit No: 7089

Jerry Burleson
ENVIRONMENTALIST

FORM NO. E-30-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-9-73

RECEIVED
OCT 09 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 1089
T. C. No. 105-162-06
Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WHITE (LAST) OSCAR (FIRST) WILLIAM (MIDDLE)

2) ADDRESS OF OWNER 3500 DELPHANY DR ZIP 28215

3) PHONE NO. Home 535-1632 Office 374-2130 COUNTY EXT. NO

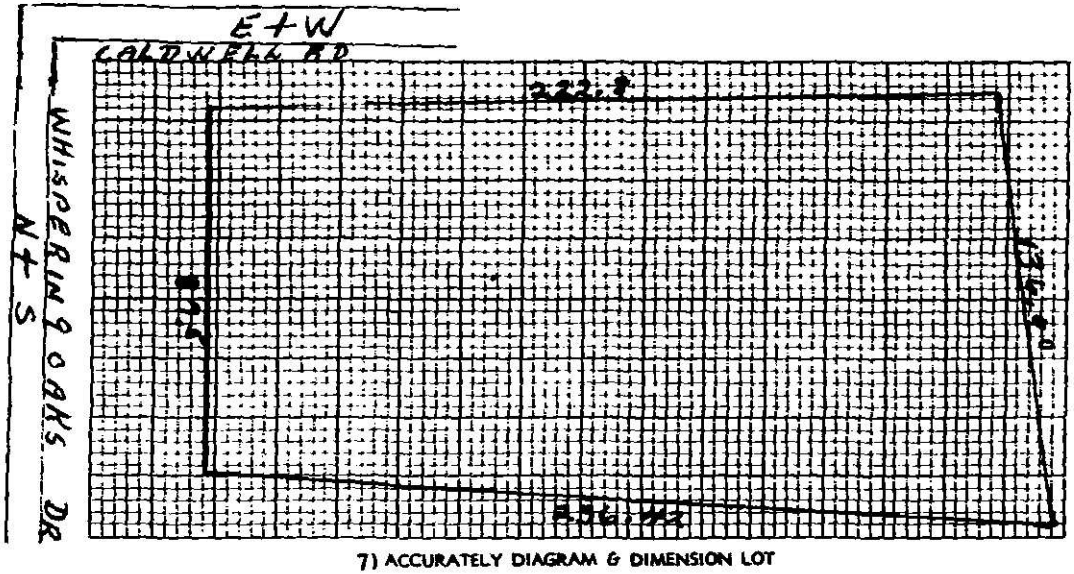
4) LOCATION OF PROPERTY WHISPERING OAKS DR (3004) (STREET OR COUNTY ROAD)

5) SUBDIVISION WHISPERING OAKS LOT NO. 12 BLOCK NO. 6

MAP BOOK NO. 2141 PAGE NO. 555

6) DEED REFERENCE: DEED BOOK 3574 PAGE NO. 97

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

Oscar William White
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3728

PTR No. 7089

Date Issued October 25, 1973

T. C. No. 105-162-06

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

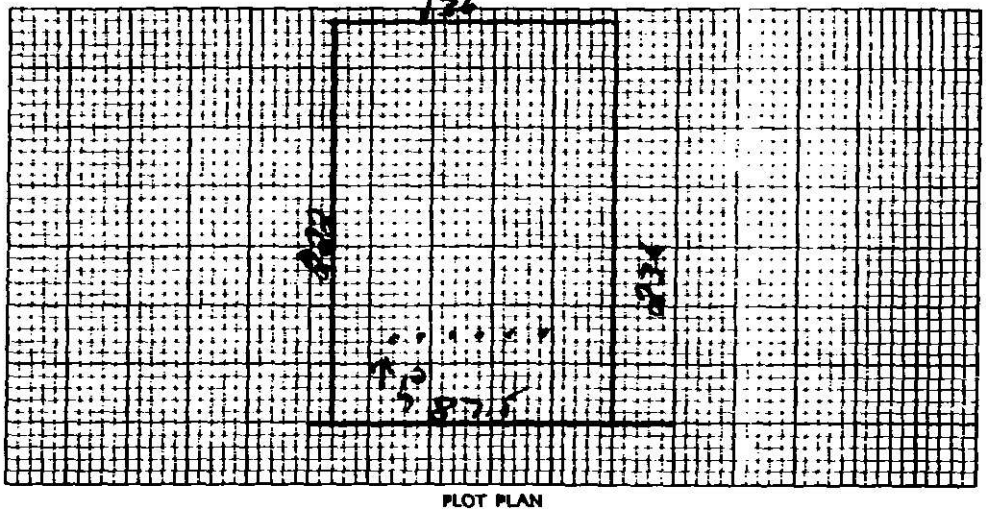
PERCOLATION TEST REPORT

NAME OF OWNER White (LAST) Oscar (FIRST) William (MIDDLE)

ADDRESS OF OWNER 3500 Delgany Drive ZIP 28215

LOCATION OF PROPERTY Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO. 12 BLOCK NO. 6



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 58 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 treatment 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 K. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12-13-73

ICAR(S) Application No 7089

T C No 105-162-06

Map Date 4 2773

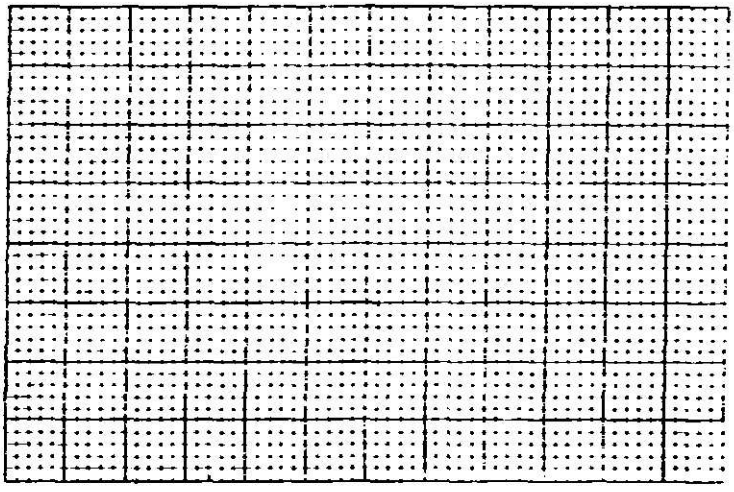
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
- A) Individual Well ✓
- B) Governmental System ___
- C) Community System
  - 1 Well source ___
  - 2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER WHITE (LAST) OSCAR (FIRST) WILLIAM (MIDDLE)

14) ADDRESS OF OWNER ___

15) PHONE NO. Home 535-1632 Office 374-2130

16) LOCATION OF SYSTEM WHISPERING OAKS DR (STREET OR COUNTY ROAD)

17) SUBDIVISION WHISPERING OAKS Lot No. 12 Block No. 6

Map Book No. 2141 Page No. ~~97~~ 555

18) DEED REFERENCE — DEED BOOK 3574 AT PAGE 97

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-24-73 PM 2:58

20) PTR NUMBER (See Instructions) 7089

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.

12-13-73
DATE OF APPLICATION

Oscar William White
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued December 13, 1973 Serial No. 3706

LA No. 7089

T. C. No. 105-162-06

IMPROVEMENTS PERMIT

Map Date 4-27-73

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 White (LAST) Oscar (FIRST) William (MIDDLE)

ADDRESS OF OWNER 3500 Delgany Drive ZIP 28215

LOCATION OF LOT Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO. 12 BLOCK NO. 6

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 58 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 7089. 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.

R. M. Reynolds
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5264 ICAR (S) - Permit No. 7089

Date Issued 12 August 74

T C No. 105-162-06

Map Date 4-27-73

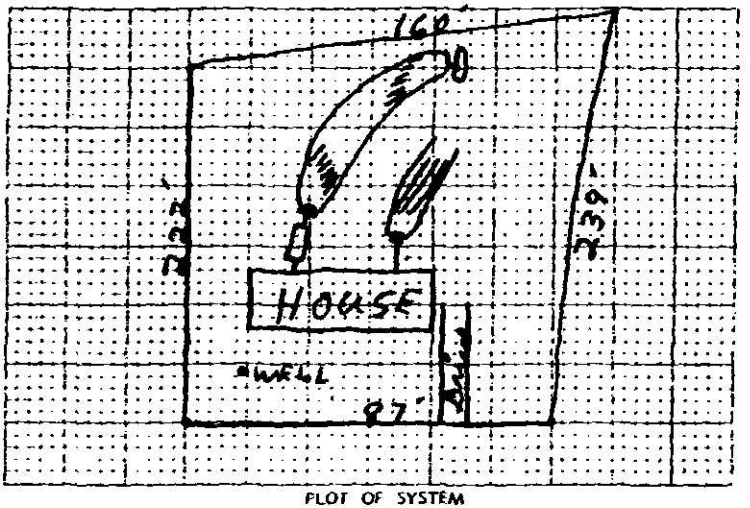
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7089, dated 12-13-73 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 12 Sept 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 58

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600'+150'wn

Number of Lines 6(15'x100'x17") 3(7½'x50'x17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER WHITE, OSCAR WILLIAM

LOCATION OF PROPERTY Whispering Oaks Dr.

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: (Griffin) Aeration Pit slab under distribution box.

Division or Section Head ___

Environmentalist Jerry Burleson

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

Rev. 5-9-1-72

STATE DEPARTMENT'S COPY

Date Issued 19 Aug 74

Serial No. 5142

C of A (s) No. 7089

T. C. No. 105-162-06

Map Date 4-27-73

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 White, (LAST) Oscar (FIRST) W. (MIDDLE)

Location of Property Whispering Oaks Dr.

Application Number 7089 Permit Number 7089

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600 & 150' Number of Lines (6) 15'x100'

Depth of Filter Material 17" Cover Depth 24"+

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 19 Aug 74 (DATE) Tank Inspected 19 Aug 74 (DATE)

Nitrification Field Inspected 19 Aug 74 (DATE)

Washing Machine Line Inspected, If Applicable 19 Aug 74 (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: aeration pit O.K.

G. M. Reynolds

Environmentalist

FORM NO. E-8-9-1-72

HEALTH DEPARTMENT'S COPY