T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor D. L. MuLLis Reg. No. 346 Well Permit No. 7214

1. Town Charlotte County Meck
2. Location 5641 Mallard Dr S. Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner Enel B. VAughN
   Address Rt 1, Stanfield
4. Topography: draw, slope, (hilltop) valley, flat
5. Use of Well Indu Date Completed 6-15-74
6. Rig type or method CORE Total Depth 120'
7. Casing: Depth From 0 to 95 ft. Diam. 2 in. Type A-120
8. Grout: Depth From 0 to 20 ft. Material 2 in. Method CEMENT
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) 80 - 120'
11. Static Water Level: 15 ft. above (below) (top of casing)
    which is 1 ft. above land surface. Elev. _____
    Date 6-15-74
12. Yield (gpm) 7 Method of testing S=T Pump
13. Pumping Water Level: 15 ft. after 8 hrs.
    at 7 gpm.
14. Water Quality Good Temperature (°F) _____
15. Well sterilization method H.T.H.
16. Permanent Pump: ✓ Type Set Make Myers
    Installed — Date 6-15-74 By D. L. MuLLis
    Capacity 9 (gpm) Hp. 1/2
    Intake depth 42 Airline depth 42
17. Remarks: _____

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

D. L. Mullis
SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Formation
0	95	Red Clay + Sand
95	120	B+W Rock

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

Date Received 11 April 74

Application No. [redacted]

T. C. No. 109-232-03

Map Date Jan/76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER VAUGHN (LAST) EARL (FIRST) R (MIDDLE)

ADDRESS OF OWNER 1271 STANFIELD ZIP 28165

PHONE NO. Home _____ Office 535-1771

LOCATION OF PROPERTY 5709 WALLACE DR. (STREET OR COUNTY ROAD)

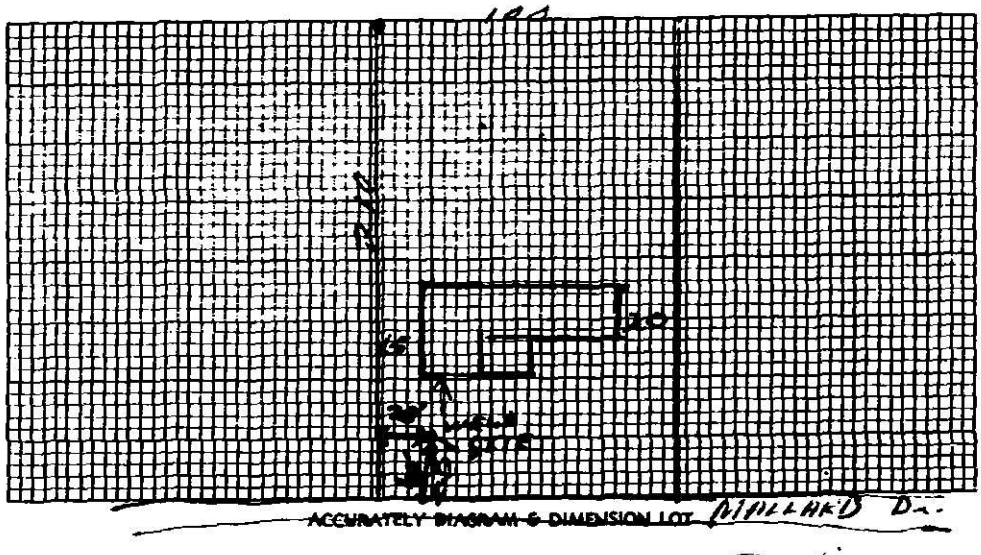
SUBDIVISION PITTSBURG PARK LOT NO. 1 BLOCK NO. A

MAP BOOK NO. 171 PAGE NO. 1512

DEED REFERENCE: DEED BOOK 13 PAGE NO. _____

WELL CONTRACTOR MULLIS WELL DRILLING LICENSE NO. 346

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

April 2 / 74
DATE OF APPLICATION

Earl R. Vaughn
OWNER

Application approved and permit hereby granted

Permit No: 6894

Jerry Burleson
ENVIRONMENTALIST

FORM NO. E-38-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-16-73

APT No. 7214

T. C. No. 109-233-03

Map Date 12-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Vaughn (LAST) Earl (FIRST) (MIDDLE)

2) ADDRESS OF OWNER Rt #1 Stanfield ZIP

3) PHONE NO. Home Office 535-1771

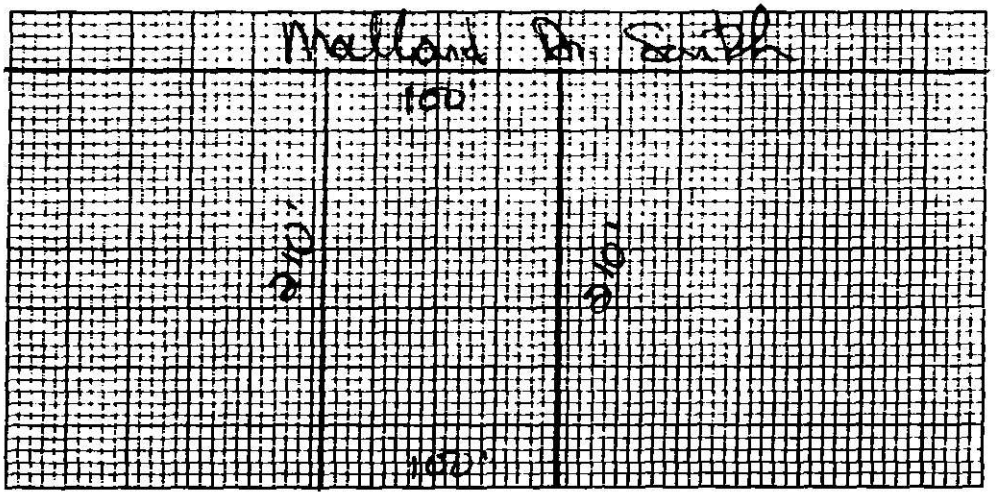
4) LOCATION OF PROPERTY 5709 Mallard Dr. S. (STREET OR COUNTY ROAD)

5) SUBDIVISION Pritchard Pl. LOT NO. 1 BLOCK NO. A

MAP BOOK NO. PAGE NO.

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

Earl B. Vaughn
OWNER

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

HEALTH DEPARTMENT'S COPY

Inside

APT # 7214

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Mallard Dr. South
Subdivision Richard Farms
Lot No. & Block No. Lot 14
FHA Case No.

Owner
Builder Earl Vaughn
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 60 Min./In. Date 6/30/70
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms Baths
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

R. A. Lee
Sanitarian - Engineer

EH: #85
9/1968

SEE INSTRUCTIONS ON BACK

Date Received 1-31-74

ICAR (S) Application No 7214

T C No 109-288-03

Map Date 12-15-72

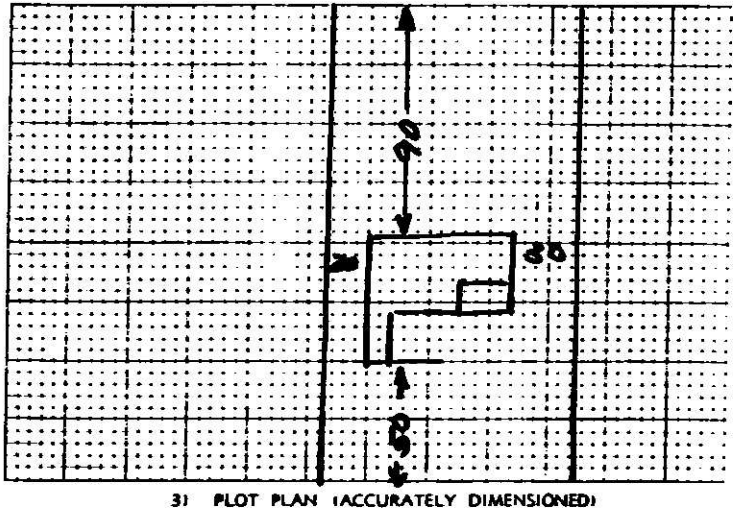
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use - Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply
A) Individual System X
B) Governmental System ____
C) Community System ____
1) Well source ____
2) Governmental 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 Vaughn (LAST) Earl (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Stanfield

15) PHONE NO. Home ____ Office ____

16) LOCATION OF SYSTEM 3709 Mallard Dr S. (STREET OR COUNTY ROAD)

17) SUBDIVISION Pitchford Farms Lot No. 1 Block No. A

Map Book No. 15 Page No. 171

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____ PR>60

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 11/20/73

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.

Jan 31 '74
DATE OF APPLICATION

Earl C Vaughn
OWNER

FORM NO E-4-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3810

LA No. 7214

Date Issued February 1, 1974

T. C. No. 109-232-03

IMPROVEMENTS PERMIT

Map Date 12-15-72

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 Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanfield, N. C. ZIP _____

LOCATION OF LOT 5709 Mallard Drive South (STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Farms LOT NO 1 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 in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 7214. 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.

A. M. Reynolds
Environmentalist

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

FORM NO. E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 16 Apr 74 Serial No. 5028 ICAR (S) Permit No 7214

T C No 109-232-03

Map Date 12-15-72

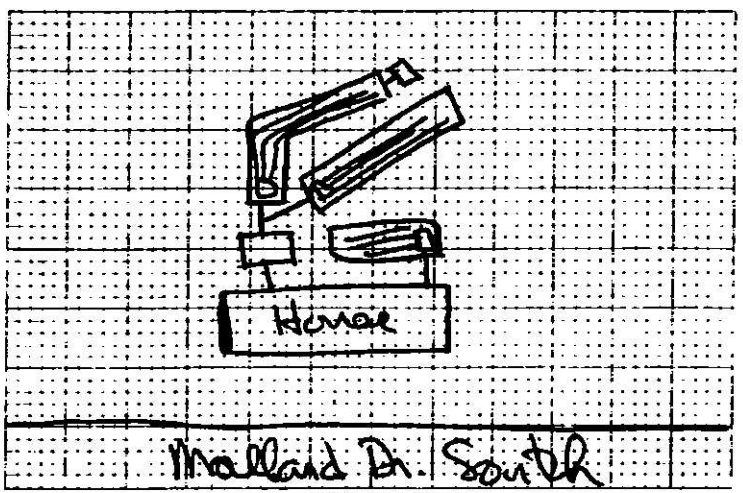
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7214, dated 31 Jan 74 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 16 May 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 795' & 150'

Number of Lines Two beds 12½' x 79.5'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Vaughn, Earl B.

LOCATION OF PROPERTY 5709 Malland Dr. South

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: washer line 7½' x 50'
aeration pit 2½' x 7' x 4' stone

Division or Section Head

R. M. Reynolds
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.

COPY NO. E-5-B-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 16 Apr 74 Serial 4694

C of A (s) No. 7214

T. C. No. 09-232-03

Map Date 12-15-73

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 Vaughn, Earl B. (LAST, FIRST, MIDDLE)

Location of Property 5709 Malland Dr. South

Application Number 7214 Permit Number 7214

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 795' & 150' Number of Lines Two Beds 12½' x 79.5'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 16 Apr 74 (DATE) Tank Inspected 16 Apr 74 (DATE)

Nitrification Field Inspected 16 Apr 74 (DATE)

Washing Machine Line Inspected, If Applicable 16 Apr 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.

R. M. Reynolds
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY