Date Received 4/4/77 Apt. No. (S) _____ Application No. (W) 12155

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER McCall, Jessie Concord
LAST FIRST MIDDLE

ADDRESS OF OWNER 200 Goodman Cir. ZIP _____

PHONE NO. Home 786-1069 Office _____

LOCATION OF PROPERTY Tuscarora Dr.
STREET OR COUNTY ROAD

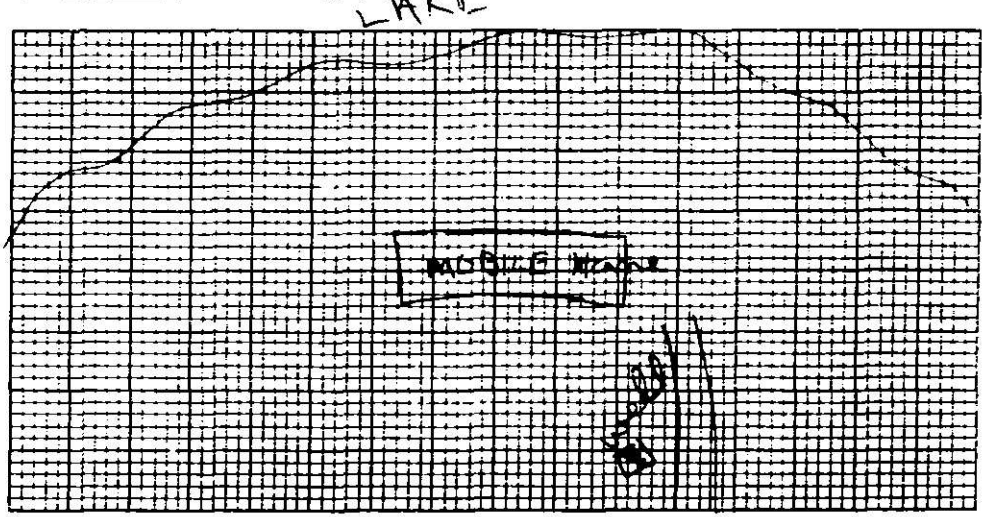
SUBDIVISION _____ LOT NO. 392 BLOCK NO. Sec. 6

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN

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

4/4/77
DATE OF APPLICATION

Jessie McCall
OWNER

Application approved and permit hereby granted

Permit No: _____

A. M. Reynolds
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

WELL RECORD Well Permit No. 1215

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD, CHARLOTTE, N. C 28203

Drilling Contractor Robert M. Oehler

1. Location of property Tuscarora Tr.
2. Name of owner Jessie McCall
   Address 200 Goodman Cr
3. Does this well replace an existing well? No
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well Domestic Date completed 5-17-77
6. Rig type or method Diamond Total depth 105
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt. ft.	Type
From	0	to 96 ft.	2	in. Stand	gal

8. Grout:

	Depth		Material	Method
From	0	to 25 ft.	Sand	pumped
			Cement	

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) 105
11. Static water level 15 ft. above (below) top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 5-17-77
12. Yield (gpm) 6 Method of testing pumped
13. Pumping water level 15 ft. after 24 hrs.
    at 6 gpm
14. Water quality Good Temperature (°F) _____
15. Well sterilization method HTH
16. Permanent pump: Type Jet Make Myers
    Installed – Date 5-17 By Robert M. Oehler
    Capacity 6 gpm. Hp ½ TDH _____
    Intake depth 32 Airline depth _____
17. Remarks: _____

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

Robert M. Oehler Jr.
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0	12	Red Clay
12	96	Sand
96	105	Sand Stone

END-5-74

SEE INSTRUCTIONS ON BACK

Date Received 3/31/77

ICAR(S) Application No. 12155

T. C. No. 08271-13

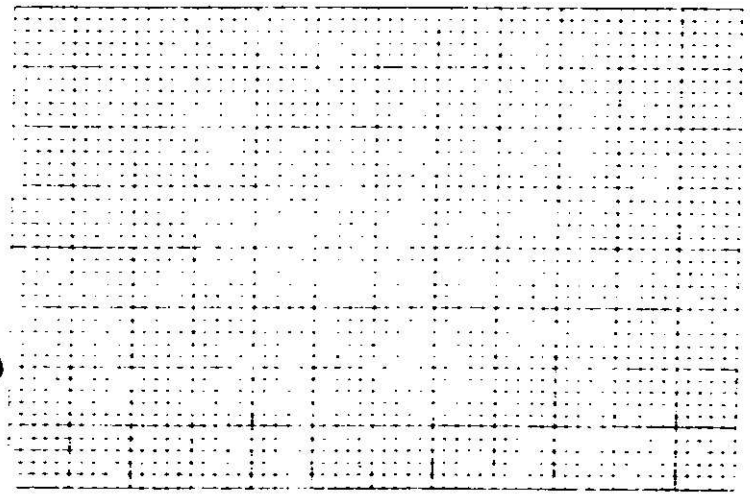
Map Date 6-4-76

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) Install or Construct 2 N/R Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home X Yes ___ No
Recreational ___ Yes ___ No
4) No. of Bedrooms 2
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 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 McCall (LAST) Jesse (FIRST) Willard (MIDDLE)

14) ADDRESS OF OWNER 260 Goodman Cir Concord NC 28025

15) PHONE NO Home 786-1069 Office 782-7214

16) LOCATION OF SYSTEM Tuckaroora Trail (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 392 Block No. Sect 6

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.

DATE OF APPLICATION ___

OWNER Jesse McCall

EHD-5-76

Environmental Health Department's Copy

Serial No. 0645

LA No. 12155

Date Issued 4 April 1977

T. C. No. 001-271-15

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER McCall (LAST) Jesse (FIRST) Willard (MIDDLE)

ADDRESS OF OWNER 200 Goodman Cir. Concord N.C. ZIP 28025

LOCATION OF LOT Tuskaorora Trail (STREET OR COUNTY ROAD)

SUBDIVISION Neck Neck. LOT NO 392 BLOCK NO. Sec 6

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.

R. M. Reynolds
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy