T. C. No. 231-062-05

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor CAROLINA WELL DRILLING Reg. No 240 Well Permit No. 6749

1. Town CHARLOTTE, N. C. County MECK
2. Location McKEE RD & E. PROVIDENCE Quadrangle No
   Show a sketch of location on back of form
3. Owner DUKE, WILLIAM OSCOON
   Address 4015-C LONGICK ROAD, CHARLOTTE, N.C.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well DOM Date Completed 6-12-74
6. Rig type or method AIR Total Depth 180
7. Casing: Depth From 0 to 57 ft. Diam. 6 5/8 in. Type GAL. INC.
8. Grout: Depth From 0 to 21 ft. Material GRUT in. Method POUR
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 165
11. Static Water Level: 25 ft. above / below top of casing
    which is 1 ft above land surface. Elev.
    Date 6-13-74
12. Yield (gpm) 10 Method of testing AIR
13. Pumping Water Level: ft. after hrs.
    at gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method HTH
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
57	180	[illegible]

FORM NO E-22-9-1-72

Date Received 24 June 74

Application No. 6749

T. C. No. 231-062-05

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Duke (LAST) William (FIRST) Osgood (MIDDLE)

ADDRESS OF OWNER 4315-C Colwick Road ZIP 28211

PHONE NO. Home 364-8575 Office 376-6423

LOCATION OF PROPERTY McKee Rd & East Providence (STREET OR COUNTY ROAD)

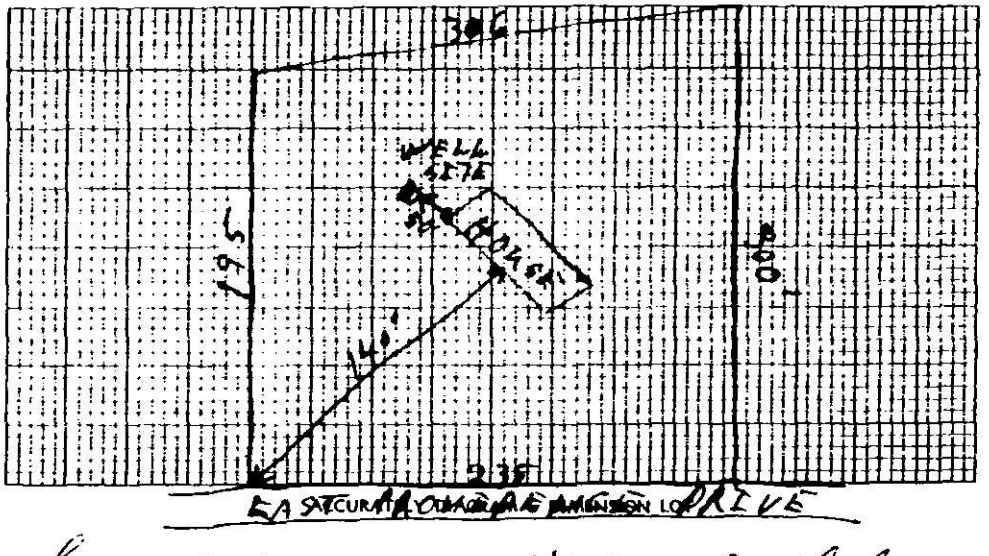
SUBDIVISION E. Providence Estates LOT NO. 5 BLOCK NO. 1

MAP BOOK NO. 231 PAGE NO. 06

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR CAROLINA WELL DRILL LICENSE NO. 240

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:



16 June 1974
DATE OF APPLICATION

William O. Duke
OWNER

Application approved and permit hereby granted

Permit No: 6749

Jerry Burleson
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 1-30-73

APT No 6249

T C No 231-06X-05

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 15213 Charlotte N.C. ZIP [illegible]

3) PHONE NO Home [illegible] Office 535-6276

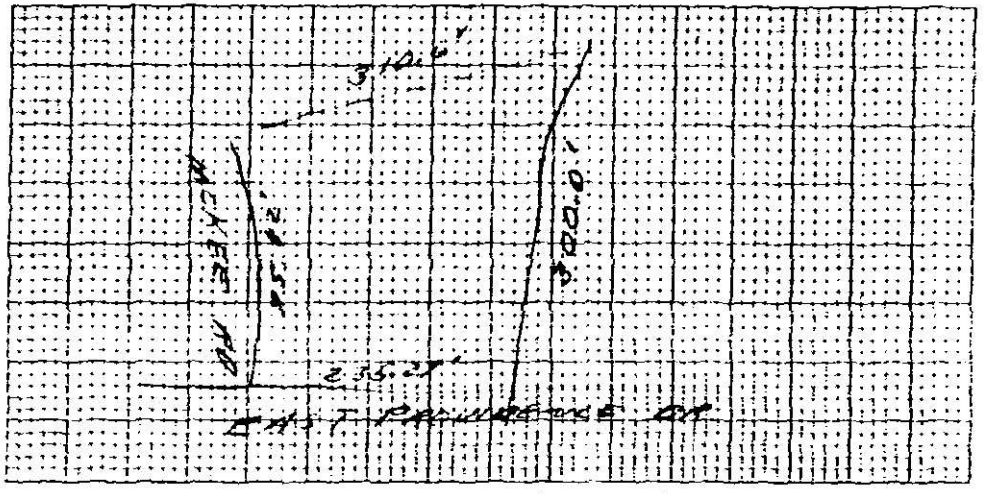
4) LOCATION OF PROPERTY 3033 McKee (STREET OR COUNTY ROAD) or 3609 East Pic[illegible]

5) SUBDIVISION [illegible] LOT NO 5 BLOCK NO 1

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

OWNER [illegible]
agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-24-74

APT No. 6749

T. C No. 231-062-05

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DUKE (LAST) WILLIAM (FIRST) OSGOOD (MIDDLE)

2) ADDRESS OF OWNER TROPICANA APTS #120 3010 CROSBY ROAD CHARLOTTE N.C. ZIP 28211

3) PHONE NO. Home 366-4650 Office

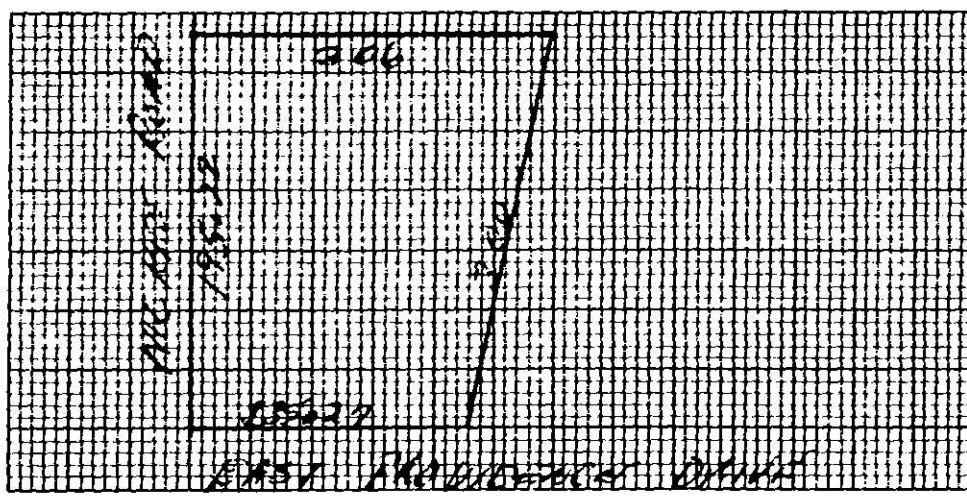
4) LOCATION OF PROPERTY EAST PARK DRIVE (STREET OR COUNTY ROAD)

5) SUBDIVISION EAST PARK ESTATES LOT NO. 5 BLOCK NO. 1

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

William C. Osgood
OWNER

FORM NO E-1-S-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. Augu[illegible] 1970
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6742
T.C. No. 221-062-05
8-1-70

NAME OF OWNER _____

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT [illegible] East Providence Dr., Lot 5-1

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
A	1.	_____	_____ min/in
_____	2.	_____	_____ min/in
_____	3.	_____	_____ min/in

_____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

Thomas R. Richard
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 4379

PTR No [redacted] 6749

T C No 231-062-05

Date Issued May 30, 1974

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

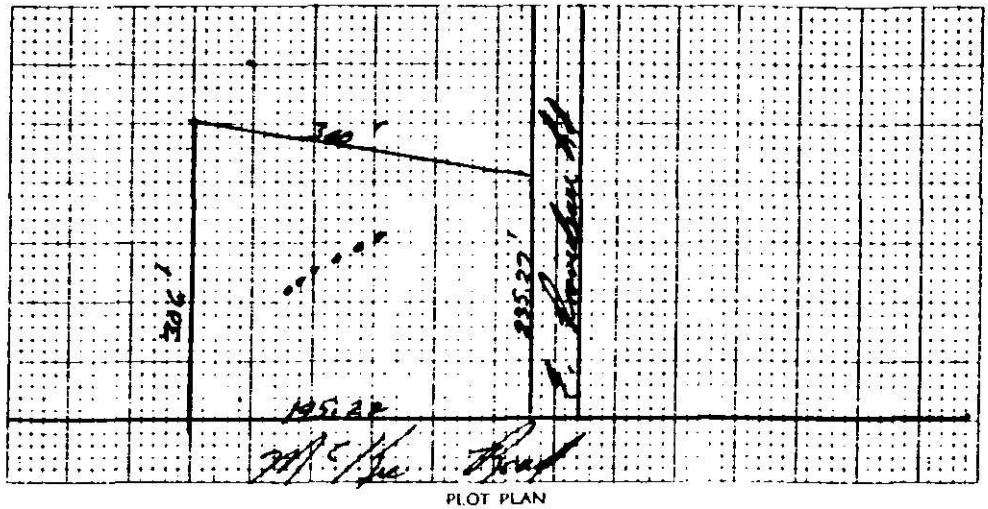
PERCOLATION TEST REPORT

NAME OF OWNER K Duke William Osgood
LAST Tropicana Apartments MIDDLE

ADDRESS OF OWNER 3010 Crosby Road ZIP 28211

LOCATION OF PROPERTY East Providence Drive
STREET OR COUNTY ROAD

SUBDIVISION East Providence Estates LOT NO 5 BLOCK NO 1



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 56 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 specified system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings served by 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.

M. K. Kelly John R. Atkinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

K.

SEE INSTRUCTIONS ON BACK

Date Received 6-11-74

ICAR (S) Application No 6749

T C No 231-06405

Map Date 9/70

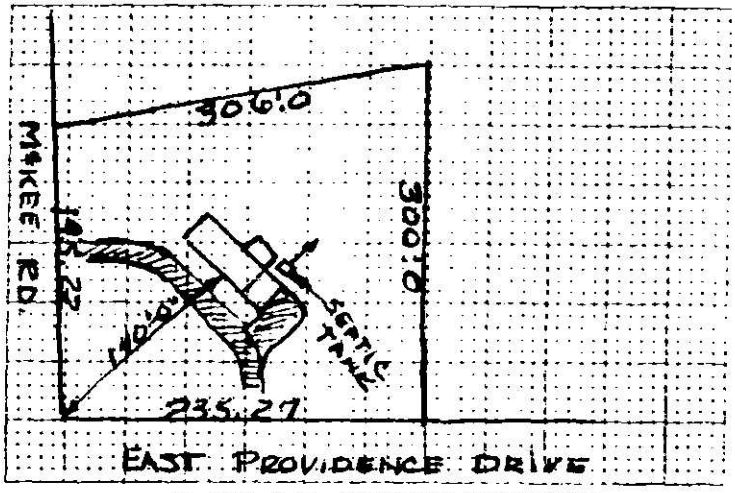
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of bedrooms FOUR

5) Business Use — Yes ____ No ____
Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ✓ Yes ____ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply
A) Individual Well ✓
B) Government System ____
C) Community System ____
1) Well ____
2) Government ____

10) Sewage System
Master Plumber's Permit ____
Is public sewer available? Yes ____ No ✓
House located within ____ feet of
Community sewer Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER DUKE (LAST) WILLIAM (FIRST) OSGOOD (MIDDLE)

14) ADDRESS OF OWNER 4315-C Colwick Road, Charlotte, N.C

15) PHONE NO Home 364-6575 Office 376-6423

16) LOCATION OF SYSTEM East Providence Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION East Providence Estates Lot No 5 Block No 1

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 231 AT PAGE 04 PR 56

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 5-29-74

20) PTR NUMBER (See Instructions) 6749

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

16 June 1974
DATE OF APPLICATION

William O. Duke
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 12, 1974

Serial No. 4174

LA No 6749

T C No 231-062-05

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 Duke (LAST) William (FIRST) Osgood (MIDDLE)

ADDRESS OF OWNER 4315-C Colwick Road ZIP

LOCATION OF LOT East Providence Drive (STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 5 BLOCK NO 1

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 56 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 6749. 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 on "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

M. L. Kirby
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Aug 74 Serial No. 5775 ICAR(S) Permit No. 6249

T C No 231-062.05

Map Date 9 Jan 76

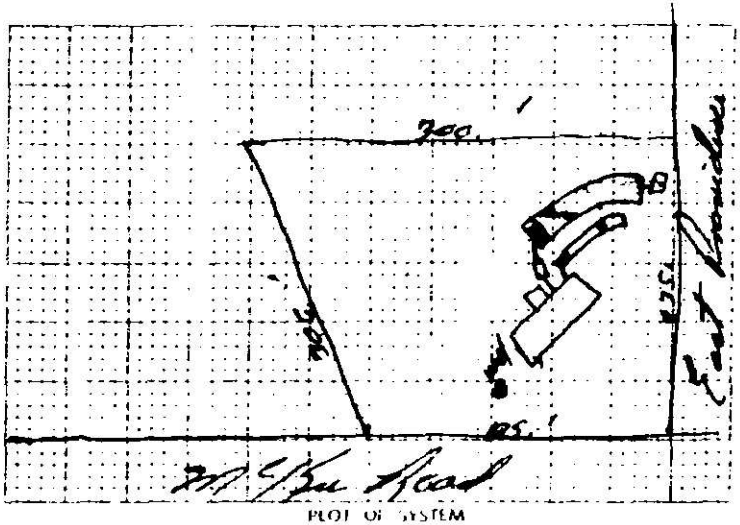
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water 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 6749, dated 14 Aug 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 23 Aug 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 995' + 200' (4 lines 4 Cor x 50' x 1 1/2")

Number of Lines 6 (15' x 133' 2 1/2")

Distance from House 15'

Distance from Property Line 50'

Distance from Well 100'

NAME OF OWNER Duke, William O.

LOCATION OF PROPERTY Corner Mint Hill Rd. & E. Boundary

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: Williams Septic

Division or Section Head

Environmentalist Mark Hurley

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. Also the signature of the Environmentalist is required where an existing system is being altered or repaired.

Form E-5-9-1-72

Serial No. 5401

C of A (s) No 6749

Date issued 21 Oct 74

T C No 231-002-05

Map Date 7 Jan 20

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 Busby (LAST) William (FIRST) O. (MIDDLE)

Location of Property Corner McKee Road & E. Providence Rd.

Application Number 6749 Permit Number 6749

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC (1 @ 1500 gal)

Total Length of Drain Tile 795' + 200' ems Number of Lines 6 (15' x 133' x 12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Individual Well Distance from Water Source 100'+

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

Nitrification Field Inspected 19 Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable N Oct 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 is not in any way a guarantee that the system will operate properly or relieve any person now or hereafter owning or using the property of using such system from any liability resulting from the failure of this system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit as well as 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 County Septic (Contr.)

M. D. Beaty
Environmentalist

FORM NO E-6-9-1-72

PRINTED IN U.S.A.