Date Received 10-22-73

APT No. 7143

T. C. No. 139-112-02

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Investment Land Sales
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

3) PHONE NO. Home _____ Office 333-5492

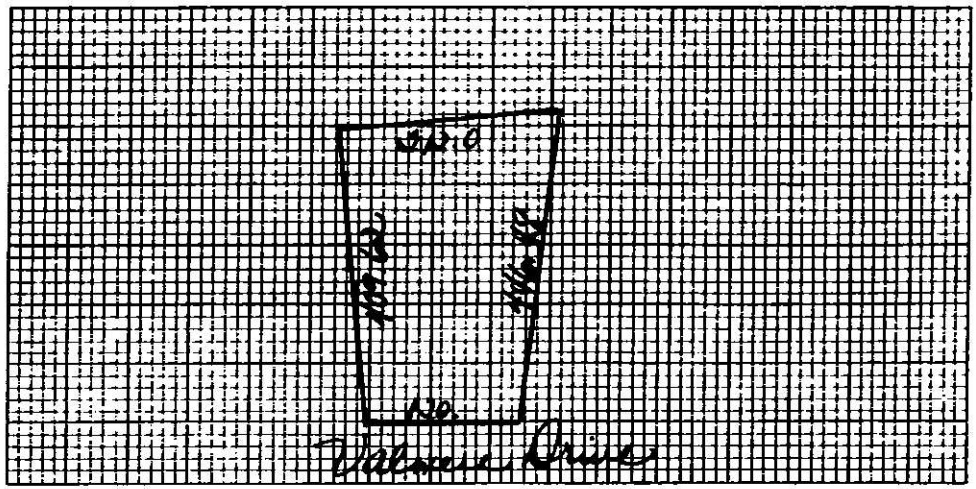
4) LOCATION OF PROPERTY Lot 61 - Valmere Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Eastside Estates LOT NO. 61 BLOCK NO. _____

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

October 19, 1973

Investment Land Sales

OWNER

Vice President

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

HEALTH DEPARTMENT'S COPY

Serial No. 3739

PTR No. 7143
P.O.
T. C. No. 139-112-02

Date Issued October 25, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

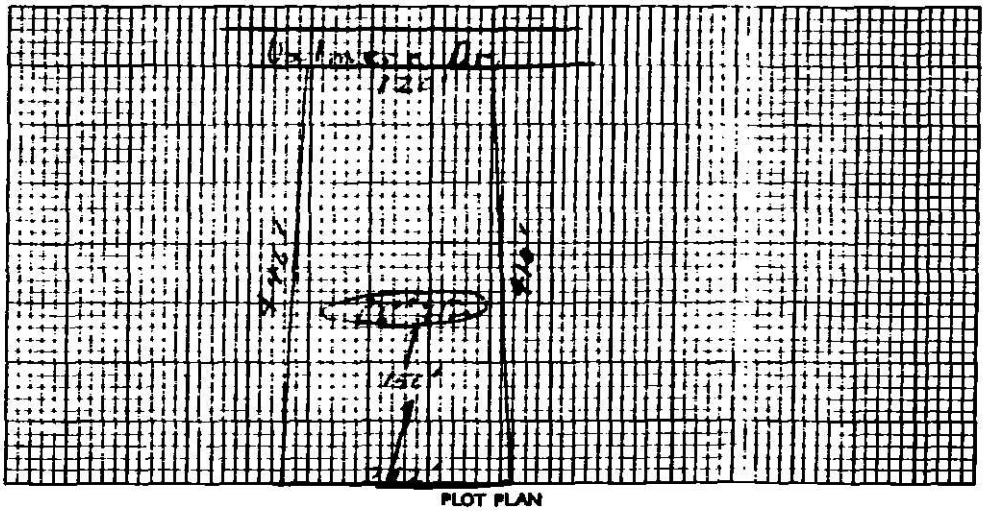
PERCOLATION TEST REPORT

NAME OF OWNER Investment Land Sales
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 1740 East Independence Blvd. ZIP 28205

LOCATION OF PROPERTY Valmere Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Eastside Estates LOT NO. 61 BLOCK NO.



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 60 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.

*Results determined by soil analysis.

W. Everette Crumpler
Soil Scientist

John M. Johnson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

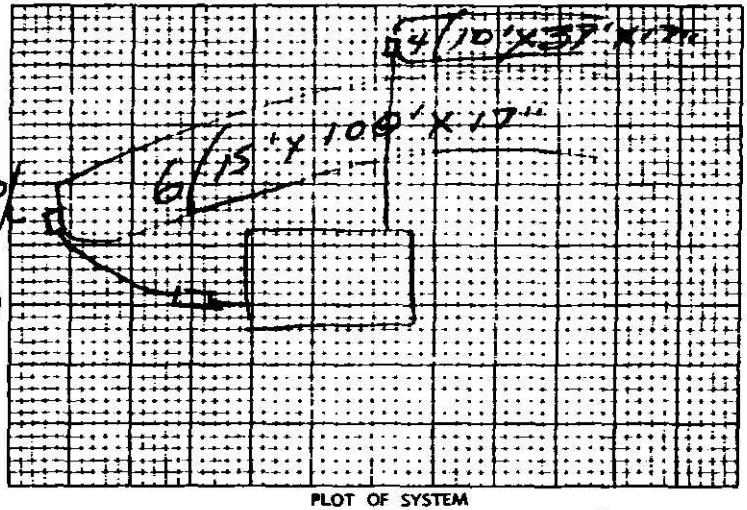
Date Issued 9/19/76 Serial No. 0096 ICAR(S) Permit No. 7143

T. C. No. 139-116-13

Map Date

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 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 7143, 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 9-10-76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60 mp.

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines: ST

Total Line Length 600' w/m 150

Number of Lines 6 4

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER MICHAEL VANDERBERG

LOCATION OF PROPERTY VALMERE DR.

The system shall meet all of 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.

Comments: WILLIAMS ST. SVC.

Division or Section Head

Environmentalist L R Bridgeman

* 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 8/24/76 Serial No. 0127

C of A (s) No. 7143

T. C. No. 139-116-13

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 VANDERBURG (LAST) MICHEAL (FIRST) ____ (MIDDLE)

Location of Property VALMERE DR

Application Number 7143 Permit Number 7143

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material PC

Total Length of Drain Tile 600 150 Number of Lines 3 6 W M 4

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source IND WELL Distance from Water Source 1001

Excavation Inspected 8-24-76 (DATE) Tank Inspected 8/24/76 (DATE)

Nitrification Field Inspected 8-24-76 (DATE)

Washing Machine Line Inspected, If Applicable 8-24-76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or 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(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: ____

T R Bufkin

Sanitarian

EHD-8-76

Environmental Health Department's Copy

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPT.
RECEIVED
JUN 3 1975
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 7149

1. Town Charlotte County Meek
2. Location Valmere Drive Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner Kimlick Wayne J.
   Address Plaza Rd.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4-29-75
6. Rig type or method Air Rotary Total Depth 125
7. Casing: Depth From 0 to 77 ft. Diam. 6¼ in. Type 185 Galv
8. Grout: Depth From 0 to 20 ft. Material Sakrete Method _____
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) 85
11. Static Water Level: 30 ft. above/below top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 4/29/75
12. Yield (gpm) 50 Method of testing Air
13. Pumping Water Level: 50 ft. after 8 hrs.
    at 50 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method HTH 1 Cup
16. Permanent Pump: Type DeepWell Make Myers
    Installed — Date 4/30 By _____
    Capacity 10 (gpm) Hp. ½
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

Betty M. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	30	red clay
30	60	yellow clay
60	77	[illegible] shale
77	125	Blue Rock
		Drilled with
		Air Lock

FORM NO. E-GW-0-1-72