T. C. No. 007-272-06

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Teague well Drilling Reg. No. 101 Well Permit No. 7300

1. Town Davidson County Mecklenburg
2. Location Hwy 25 west Quadrangle No.
   Show a sketch of location on back of form
3. Owner Dr. Davidson
   Address Davidson st Davidson
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4-29-74
6. Rig type or method Air Rig Total Depth 200'
7. Casing: Depth Diam. Type
   From 0 to 58' ft. 6 in.
8. Grout: Depth Material Method
   From 0 to 20 ft. Cmt in. Pour
9. Screen: Depth Diam. Type and Opening
   From to ft. in.
10. Water Zones (depth) 150-190'
11. Static Water Level: 35' ft. above/below top of casing
    which is / ft above land surface. Elev.
    Date 4-29-74
12. Yield (gpm) 6 Method of testing Air 5 hrs
13. Pumping Water Level: ft. after hrs.
    at gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method Chlorine
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.

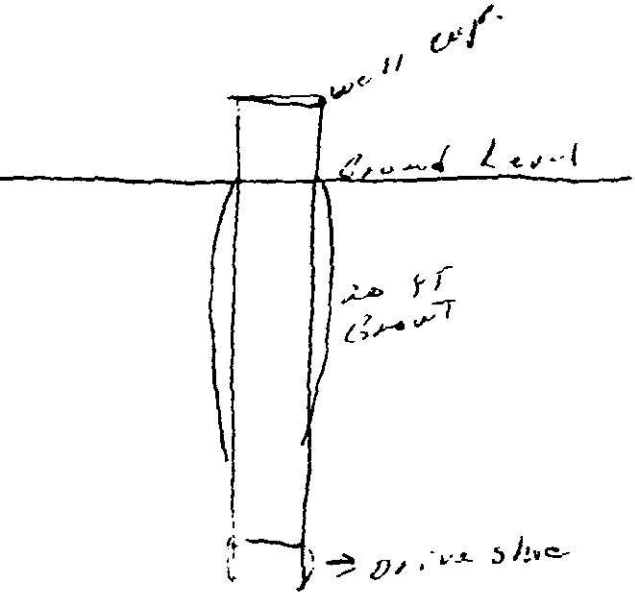
Don Teague
SIGNATURE OF CONTRACTOR OR AGENT

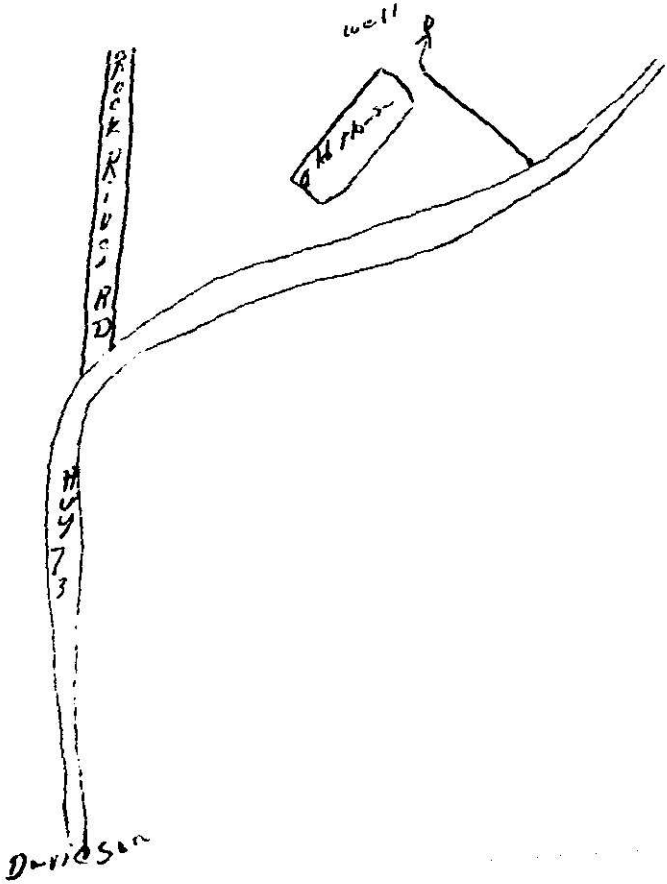
DRILLING LOG

From	To	Formation
0	65'	Dirt
65'	85'	Sand & Clay
85'	200'	Rock

Received MAY 1974 Environmental Health Division

FORM NO. E-22-9-1-72


well cap
Ground Level
Drive Shoe


well
Rock River Rd
Hwy 73
Davidson

Date Received 11 April 74

Application No. 7300

T. C. No. 007-272-06

Map Date 1 March 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Davidson (LAST) Chalmers (FIRST) Grelon (MIDDLE)

ADDRESS OF OWNER Concord St. Davidson, N.C. ZIP 28036

PHONE NO. Home 892-0101 Office 892-8021

LOCATION OF PROPERTY Concord Rd. (Outside town limits) Hwy. 73
(STREET OR COUNTY ROAD)

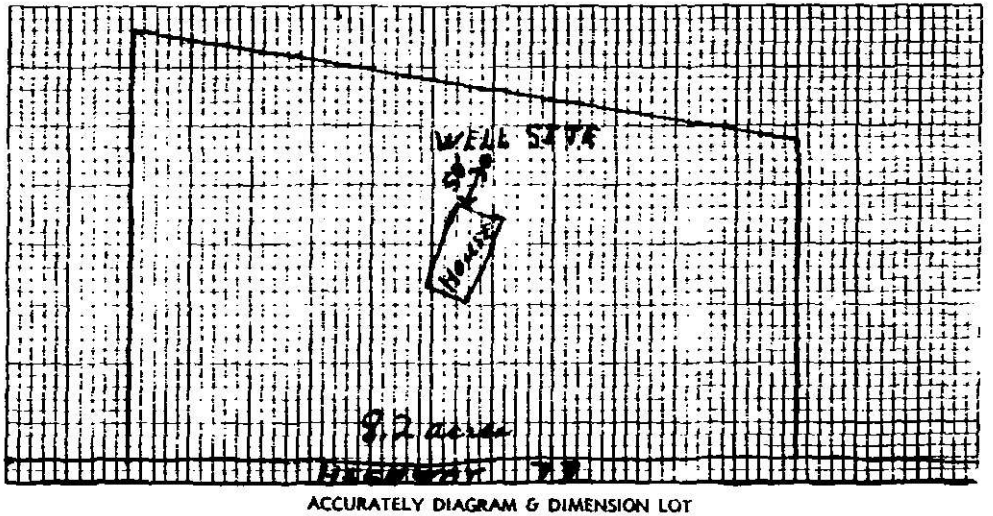
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Teague 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 ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

August 11, 1974
DATE OF APPLICATION

C. Chalmers G. Davidson
OWNER

Application approved and permit hereby granted

Permit No: 7300

Jerry Burleson
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 12-6-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 6 1973

APT No 4200

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DAVIDSON, (LAST) Chalmers (FIRST) Gaston (MIDDLE)

2) ADDRESS OF OWNER Davidson College, Davidson, N.C. ZIP 28036

3) PHONE NO Home 892-0101 Office 892-8021- Ext. 331

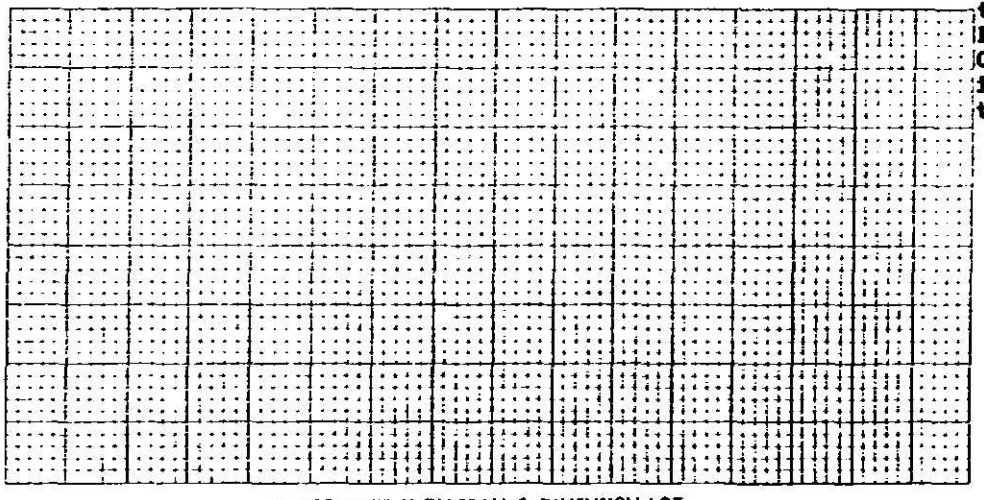
4) LOCATION OF PROPERTY Concord Road outside of Davidson, N.C° (STREET OR COUNTY ROAD)

5) SUBDIVISION Rural (Deweese township) LOT NO BLOCK NO.
No reference to a map in my deed but I am attaching one.
MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 906 PAGE NO 108

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

The attached map gives all the information asked for in the last paragraph of p. 1 of the GENERAL PROCEDURE instructions.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Chalmers H. Davidson
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3887

PTR No 7300

Date Issued December 12, 1973

T C No 007-272-06

Map Date 3-1-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

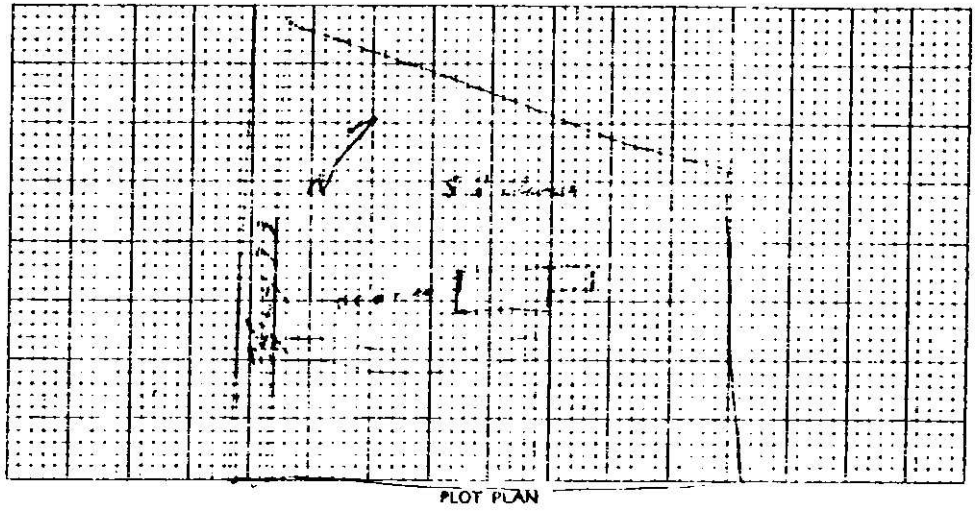
PERCOLATION TEST REPORT

NAME OF OWNER Davidson (LAST) Chalmers (FIRST) Gaston (MIDDLE)

ADDRESS OF OWNER Davidson College, Davidson, N.C. ZIP 28036

LOCATION OF PROPERTY Concord Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 38 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.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 12-6-73

MECK. COUNTY HEALTH DEPT. RECEIVED DEC 6 1973 ENVIRONMENTAL HEALTH DIVISION

ICAK(S) Application No 7300

T C No

Map Date

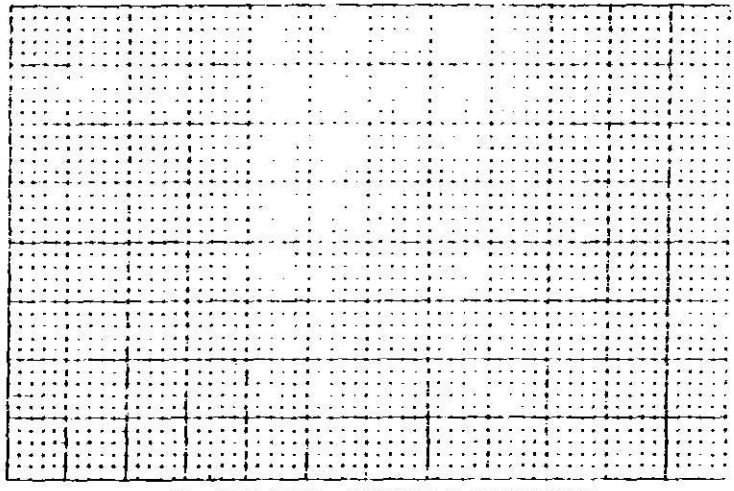
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 NS

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

Sewage System

House sewer 5 feet or more from public sewer Yes ✓ No

House sewer 5 feet or more from community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER DAVIDSON, (LAST) Chalmers (FIRST) Gaston (MIDDLE)

14) ADDRESS OF OWNER Concord Street, Davidson, N.C. - 28036

15) PHONE NO Home 892-0101 Office 892-8021- Ext. 331

16) LOCATION OF SYSTEM About 2 miles from center of Davidson - on Concord Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Rural(Davesse township) Lot No Block No.
There was no map listed with my deed but I have one from the Duke Power Co
Map Book No. which is attached Page No.

18) DEED REFERENCE — DEED BOOK 908 (Mecklenburg) AT PAGE 108

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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.

December 4, 1973
DATE OF APPLICATION

Chalmers G. Davidson
OWNER

REV NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3702

LA No. 7300

Date Issued December 12, 1973

T. C No. 007-272-06

IMPROVEMENTS PERMIT

Map Date 3-1-72

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 Davidson (LAST) Chalmers (FIRST) Gaston (MIDDLE)

ADDRESS OF OWNER Davidson College, Davidson, N.C. ZIP 28036

LOCATION OF LOT Concord Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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 38 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 7300. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-5-4-1-73

HEALTH DEPARTMENT'S COPY

Date Issued 31 Oct 72 Serial No. 5942 ICAR(S) Permit No. 7300

T C No 007-272-06

Map Date 3-1-72

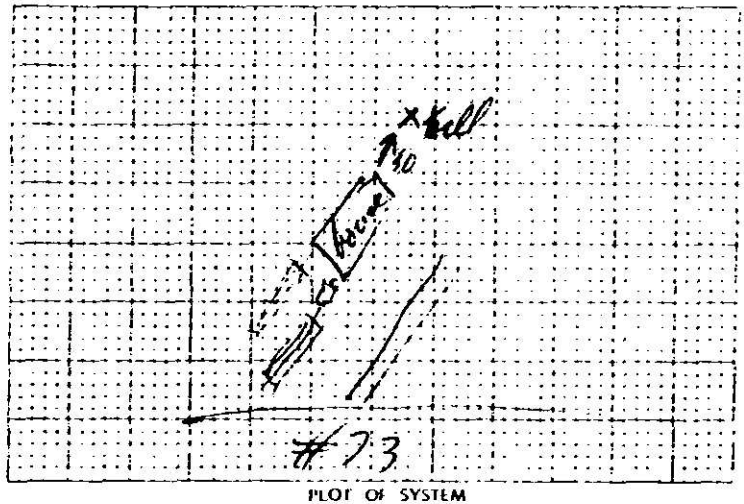
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 7300 dated 12-(2-72 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 30 Nov 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 38

Liquid Capacity of Tank 1000 gal

Tank Construction AC

Absorption and/or Nitrification Lines

Total Line Length 360 & 180'

Number of Lines 6 (15' 60' x 17") 3 (7½' 450' x 24")

Distance from House 10'

Distance from Property Line 10'

Distance from Well

NAME OF OWNER Dowdy, Chalmers

LOCATION OF PROPERTY #23

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: Percolation pit 2½ x 7' x 6' deep (Bradford Bros)

Division or Section Head

Environmentalist Richard Graham

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.

Form E-5-9-1-72

Serial No. 5550

C of A (s) No 7300

T C No 007-272-06

Date Issued 12 Dec 74

Map Date 3-1-73

CERTIFICATE OF APPROPRIATION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Dawson, Chalmers (LAST, FIRST, MIDDLE)

Location of Property Hwy #73

Application Number 7300 Permit Number 7300

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 360' & 150' Number of Lines 6 15' x 60'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 12 Dec 74 (DATE) Tank Inspected 12 Dec 74 (DATE)

Nitrification Field Inspected 12 Dec 74 (DATE)

Washing Machine Line Inspected, If Applicable 12 Dec 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 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 operating pit O.K.

R. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72