WELL RECORD Well Permit No. 6156

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Drilling Contractor McCall Bros. Inc

1. Location of property Sout Providence Estate
2. Name of owner Mr. Barry Spencer
   Address 7418 E Providence Rd. - Matthews
3. Does this well replace an existing well? _____
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well Home Date completed 3 15 75
6. Rig type or method Air Total depth 430'
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt., ft.	Type
From	0	to 65 ft.	6¼ in.		gal.

8. Grout:

	Depth		Material	Method
From	0	to 20 ft.	cement	pumped in

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) Hard T 70'
    Hard 415'
11. Static water level: 20 ft. above (below) top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 4 15 75
12. Yield (gpm) 10 Method of testing Blow
13. Pumping water level: 25 ft. after 2 hrs.
    at 10 gpm.
14. Water quality _____ Temperature (°F) _____
15. Well sterilization method Chlorine (HTH)
16. Permanent pump: _____ Type _____ Make _____
    Installed – Date _____ By _____
    Capacity _____ gpm. Hp _____ TDH _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

Walter Spencer
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0	10	red clay
10'	Li	Stone
Li	430'	granite

Jul 9 1975

FORM NO. E-22-5-1-73

Date Received 7/23/75

MECK COUNTY HEALTH DEPT. RECEIVED JUL 1975

Application No. (W) 6156
T. C. No. 23-061-06
Map Date 9-1-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER SPURRIER (LAST) BARRY (FIRST) WILSON (MIDDLE)

ADDRESS OF OWNER 2418 EAST PROVIDENCE DR., MATTHEWS, NC. ZIP 28105

PHONE NO. Home 847-8457 Office 366-3221

LOCATION OF PROPERTY 2418 EAST PROVIDENCE DRIVE, MATTHEWS N.C. (STREET OR COUNTY ROAD)

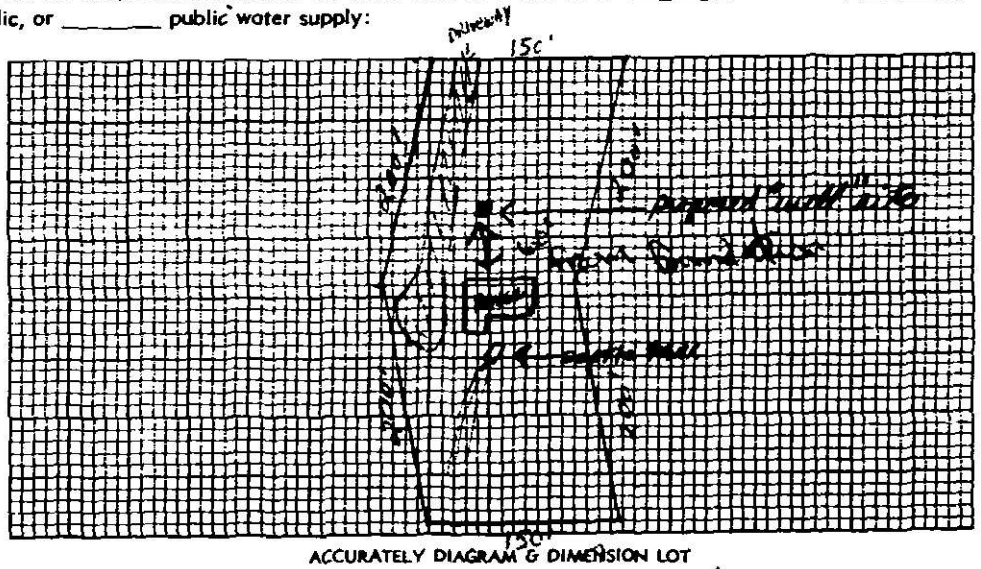
SUBDIVISION EAST PROVIDENCE ESTATES LOT NO. 6 & 10 BLOCK NO. 3

MAP BOOK NO. 9 PAGE NO. 357 FHA LOAN —

DEED REFERENCE: DEED BOOK 2197 PAGE NO. 130 VA LOAN —

WELL CONTRACTOR McCALL BROTHERS 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

July 22 1975
DATE OF APPLICATION

Barry W. Spurrier
OWNER

Application approved and permit hereby granted

Permit No: _____

G. M. Reynolds
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 5-2-23

60

APT No 6156

T. C. No. 231-061-10 00

Map Date 9-1-30

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Mail to:
Barry W Spurrier
6608-10 Wisteria Dr.
N.C. 28210
Ch.

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Davis (LAST) Henry (FIRST) Wesley (MIDDLE)

2) ADDRESS OF OWNER 601 Livingston Drive, Charlotte, N. C. ZIP 28211

3) PHONE NO. Home 366-1861 Office 523-2211

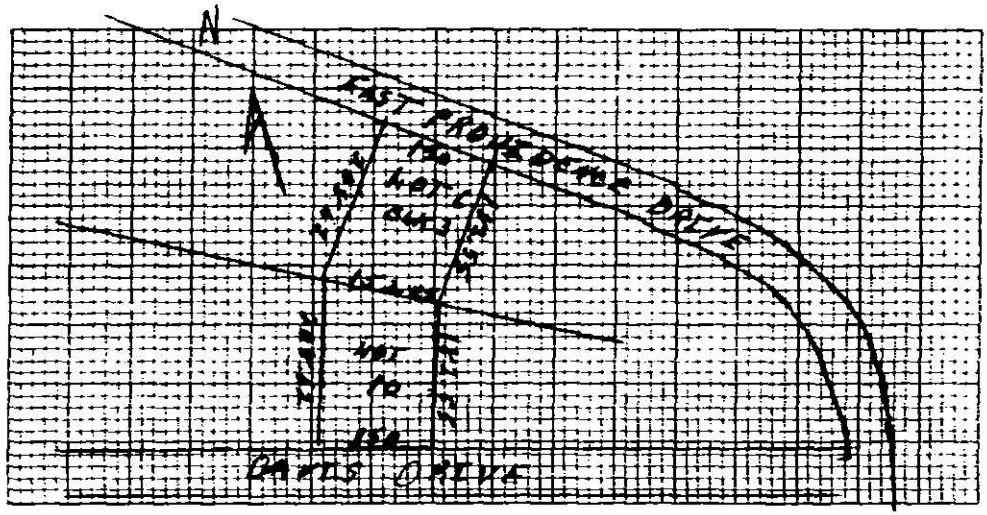
4) LOCATION OF PROPERTY McKee Road -- off Providence Road E. Providence Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION East Providence Estates LOT NO. 6 & 10 BLOCK NO. 3

MAP BOOK NO 9 PAGE NO. 357

6) DEED REFERENCE: DEED BOOK 2197 PAGE NO. 130

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

Hew Davis
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 5240

PTR No. 6156 06

Date Issued June 21, 1973

T C No. 231-061-10

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

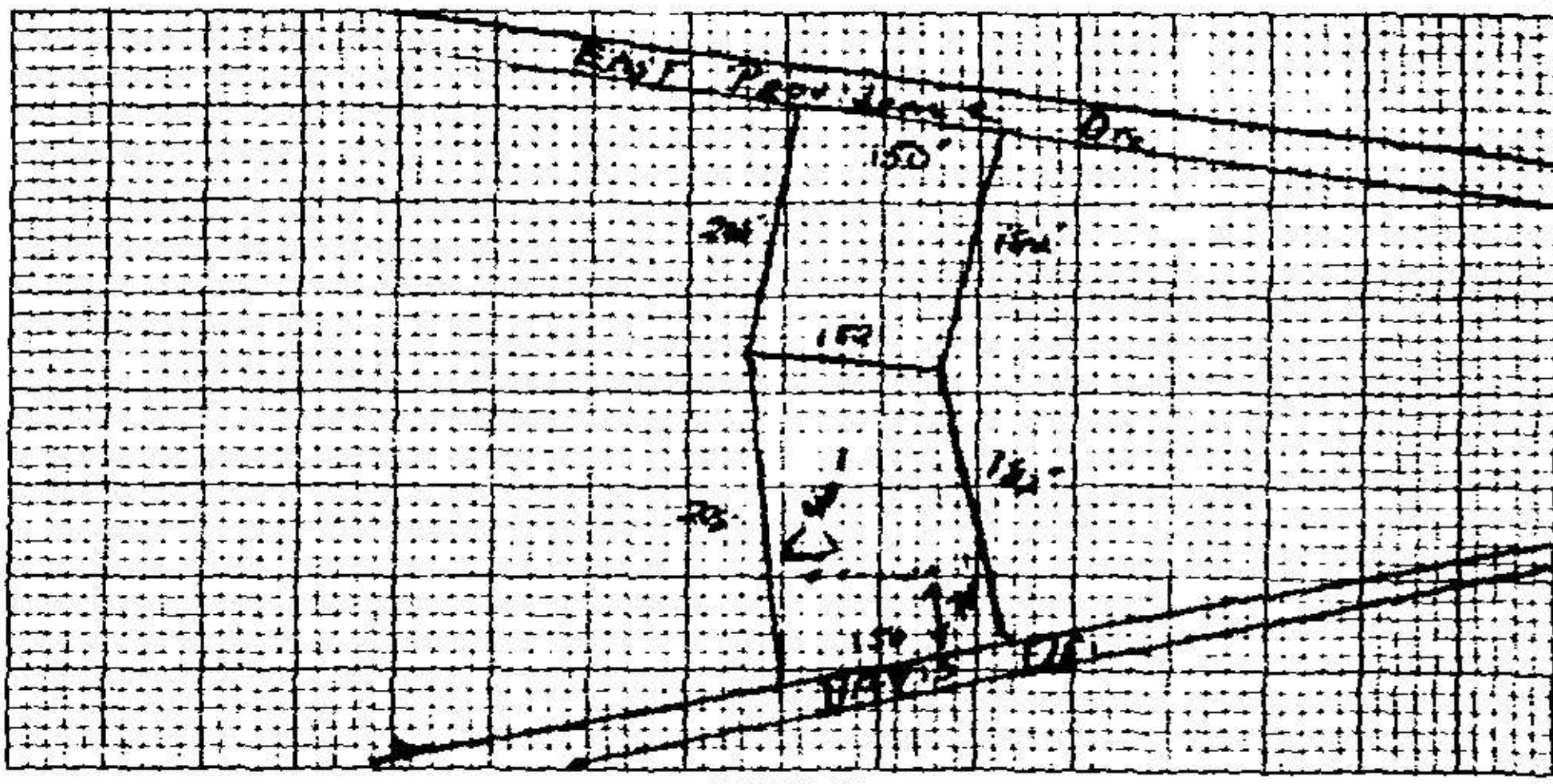
PERCOLATION TEST REPORT

NAME OF OWNER Davis (LAST) Henry (FIRST) Wesley (MIDDLE)

ADDRESS OF OWNER 601 Livingston Drive ZIP 28211

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

SUBDIVISION East Providence Estates LOT NO 6 & 10 BLOCK NO. 3



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 teratment 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.

John R Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

2

Date Received 7-10-73

RECEIVED JUL 1 1973

ICAR (S) Application No 6156

T C No 231-061-10-06

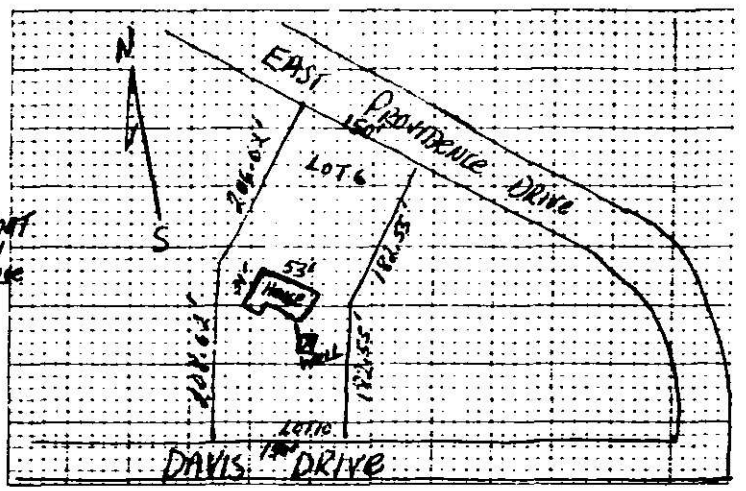
Map Date 9/70

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



Well ABOUT 15' to 20' FROM HOUSE

3) PLOT PLAN (ACCURATELY DIMENSIONED)

(2 BATHROOMS)

4) No. of Bedrooms 3

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 ✓
B) Governmental System ___
C) Community System
1) Well Source ___
2) Governmental ___

10) Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No

11) FHA Case No ___

12) VA Case No (CONVENTIONAL LOAN)

13) NAME OF OWNER SPURRIER (LAST) BARRY (FIRST) WILSON (MIDDLE)

14) ADDRESS OF OWNER 6608-10 WISTERIA DRIVE

15) PHONE NO Home 525-6674 Office 366-3221, ext. 264

16) LOCATION OF SYSTEM EAST PROVIDENCE DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION E. PROVIDENCE ESTATES Lot No. 6 & 10 Block No. 3

Map Book No 9 Page No. 357

18) DEED REFERENCE — DEED BOOK 3575 AT PAGE 477

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6-19-73 PR 60

20) PTR NUMBER (See Instructions) # 6156

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 hereby shall be void and of no effect if any of the above facts are not true.

July 9, 1973
DATE OF APPLICATION

Barry Wilson Spurrier
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3153

LA No 6156
231-061-06/10

Date Issued July 10, 1973

T. C. No.

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 Spurrier (LAST) Barry (FIRST) Wilson (MIDDLE)

ADDRESS OF OWNER 6608-10 Wisteria Drive ZIP

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

SUBDIVISION East Providence Estates LOT NO. 6 & 10 BLOCK NO. 3

MAP BOOK NO. 9 PAGE NO. 357

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 6156. 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.

Thomas R. Ward
Environmentalist

W. C. Hunt
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5899 ICAR(S) Permit No. _____

Date Issued 10-1-74 T C No. _____

Map Date _____

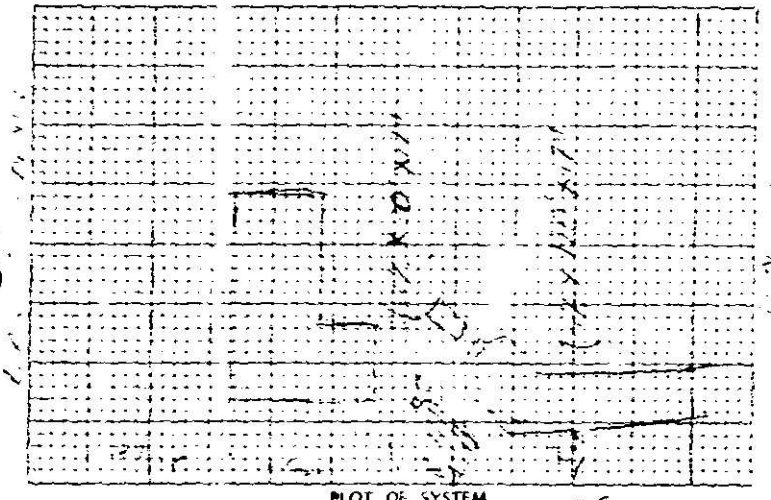
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____ 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 _____ after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght _____

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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: _____

Division or Section Head _____ 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.

REV. 5-1 E-5-9-1-72

WHITE - OFFICE COPY

Date Issued 12/11/74 Serial No. 5555 C of A (s) No 6156

T C. No 231-061-10

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner SPURRIER (LAST) BARRY (FIRST) (MIDDLE)

Location of Property 2410 EAST PROVIDENCE ROAD.

Application Number 6156 Permit Number 6156

Inspection Data:

Liquid Capacity of Tank 1500 gal (ST) (WM) Tank Material PC (ST) (WM)

Total Length of Drain Tile 600 150 Number of Lines 5 3

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source IND WELL Distance from Water Source 70'

Excavation Inspected 12/11/74 (DATE) Tank Inspected 12/11/74 (DATE)

Nitrification Field Inspected 12/11/74 (DATE)

Washing Machine Line Inspected, If Applicable 12/11/74 (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 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 SOIL SANDY TO 3'-4'

Slight IN.

L. P. Bridgeman

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY