Date Received 4-17-73

APT No 6032

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER MILLER (LAST) CHARLES (FIRST) ROBERT (MIDDLE)

2) ADDRESS OF OWNER RT. 8, BOX 126-F ZIP 28212

3) PHONE NO Home 536-5282 Office 374-2391

4) LOCATION OF PROPERTY CASA LAKE DR. (STREET OR COUNTY ROAD)

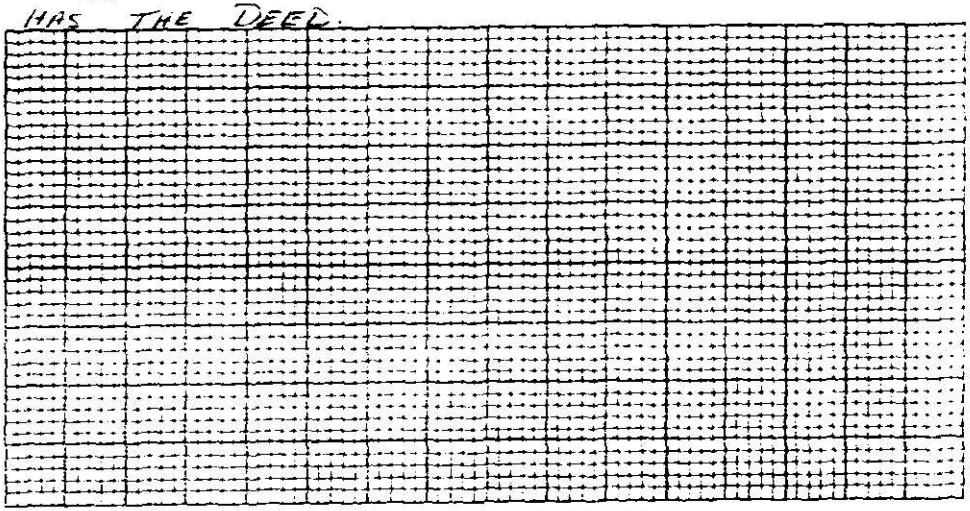
5) SUBDIVISION CASA LINDA ESTATES LOT NO 2 BLOCK NO. E

MAP BOOK NO 14 PAGE NO. 409

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

WE DO NOT HAVE A DIAGRAM SINCE N.C. SAVINGS HAS THE DEED.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Charles Robert Miller
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 26, 1973
2. _____
3. _____

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

SDR No. 3732
T.C. No. 135-145-02
6-22-71

NAME OF OWNER Miller, Charles Robert

ADDRESS OF OWNER Route 3, Box 177-F ZIP 28212

LOCATION OF LOT Lake Lee Drive, Lot 9-E

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
X	1.	4-23-73	240 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

R. M. Reynolds
Environmentalist

(Stencil No.)
HHD 398
P4")

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

T. C. No. 111-161-08

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor CAROLINA WELL Reg. No. 240 Well Permit No. 6033

1. Town Charlotte N.C. County Mich

2. Location Cor. Eastover Rd. Quadrangle No.

Show a sketch of location on back of form

3. Owner Herbert James Jackson

Address 7123 Cedarbrook Dr.

4. Topography: draw, slope, hilltop, valley, flat

5. Use of Well Dom. Date Completed 5-16-74

6. Rig type or method AIR Total Depth 135

7. Casing: Depth Diam. Type

From 0 to 18 ft. 4 5/8 in. GAL PVC

8. Grout: Depth Material Method

From 0 to 2 ft. 1 yard in. pour

9. Screen: Depth Diam. Type and Opening

From ____ to ____ ft. ____ in. ____

10. Water Zones (depth) 25 115

11. Static Water Level: 20 ft. above / below top of casing

which is 1 ft. above land surface. Elev. ____

Date 5-17-74

12. Yield (gpm) 60 Method of testing ____

13. Pumping Water Level: ____ ft. after ____ hrs.

at ____ gpm.

14. Water Quality ____ Temperature (°F) ____

15. Well sterilization method HTH

16. Permanent Pump: ___ Type SUB Make J-L

Installed — Date 5-16-74 By C.W.C.

Capacity 10 (gpm) Hp. 1/2

Intake depth 127 Airline depth 20

17. Remarks: ____

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

Jerry D. Crawford

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
41	135	Diorite

FORM NO. E-22-8-1-72