Date Received 3-16-79

APT No. 5757

T C No. 137-01-4804

Map Date ~~2-23-72~~ 4-19-79

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER RALPH SQUIRES CONST CO. INC
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 2600 MILTON ROAD ZIP 28212

3) PHONE NO Home _____ Office 537-9553

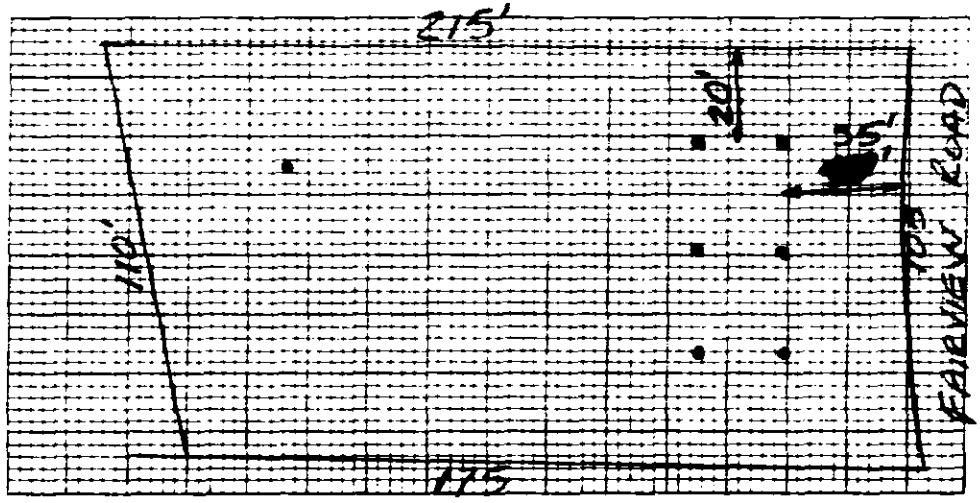
4) LOCATION OF PROPERTY 8809 FAIRVIEW ROAD
(STREET OR COUNTY ROAD)

5) SUBDIVISION JEFFERSON COLONY LOT NO 1 BLOCK NO. C

MAP BOOK NO 16 PAGE NO 107

6) DEED REFERENCE DEED BOOK 3482 PAGE NO. 458

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

Bill Harter
OWNER

PERM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

(60)

MECKLENBURG COUNTY
Department of Public Health

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

Date Issued
1. April 19, 1973 — SITE DISAPPROVAL REPORT
2. _____ — INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
3. _____ — SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5757
T.C. No. P.O. 139-01 ~~1-3104~~ ~~2-22-72~~ 4-19 74

5. August 8, 1973

NAME OF OWNER Ralph Squires Construction Company

ADDRESS OF OWNER 2600 Milton Road ZIP _____

LOCATION OF LOT 8809 Fair View Road, Lot 1-C

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.	4-13-73	180 min/in
X	2.	4-18-73	150 min/in
X	3.	5-5-73	200 min/in
X	4.	7-13-73	120 min/in
X	5.	~~8~~8-7-73	130 min/in

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

R. M. Reynolds
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No.

PTR No. 5757
P.O.
T C No 139-014-204
Map Date 2-22-74-15 74

Date Issued August 14, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

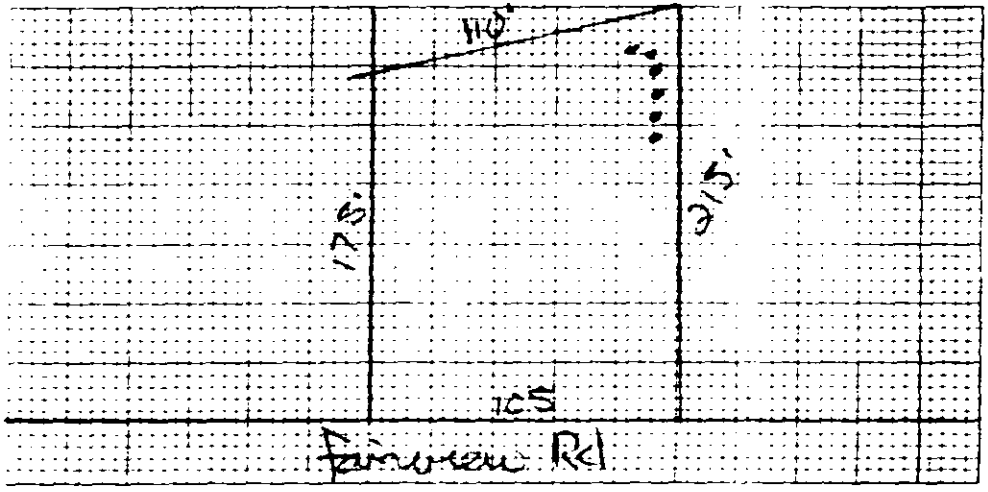
PERCOLATION TEST REPORT

NAME OF OWNER Ralph Squires Construction Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP 28212

LOCATION OF PROPERTY 8809 Fairview Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO 1 BLOCK NO C



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.

John R. Dickson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 8-16 73

ICAR (S) Application No 5757

T C No 137-C14

Map Date ~~4-1-72~~ 4-19-74

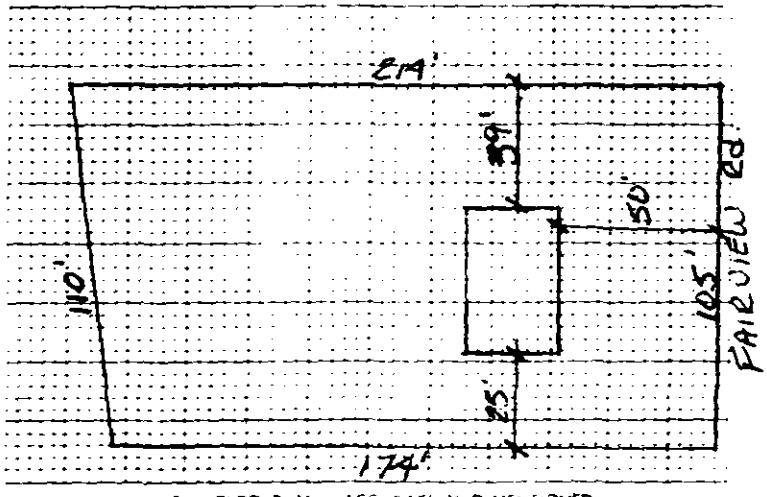
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4 No. of Bedrooms 4

5 Business use: No. of Employees —

6 Washing Machine ✓ Yes — No ✓

7 Garbage Disposal ✓ Yes — No

8 Dishwasher ✓ Yes — No

9 Water Softener: ✓

A Automatic Backwash —

B Garden Hose —

C Recharging —

D Water —

E Drain Line —

F Other —

10 Swimming Pool — Yes ✓ No

11 Sump Pump — Yes ✓ No

12 Footing Drain N/A

13 A Copy —

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER RALPH SQUIRES CONST. CO. INC. (LAST, FIRST, MIDDLE)

14 ADDRESS OF OWNER 2600 MILTON ROAD

15) PHONE NO Home 537-9553 Office 537-9553

16) LOCATION OF SYSTEM 6809 FAIRVIEW ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION JEFFERSON COLONY Lot No 1 Block No C

Map Book No 16 Page No. 107

18) DEED REFERENCE — DEED BOOK 3482 AT PAGE 458

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES — NO DATE RUN 8-13-73 ~~8-16-73~~

20) PTR NUMBER (See Instructions) 5757

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.

8/16/73
DATE OF APPLICATION

Bill Harter
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 16, 1973 Serial No. 3302

LA No 5757
P.C.
T C No 139-01~~4~~-~~3~~04

Map Date ~~2-23-72~~ 4-19 74

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 Ralph Squires Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP

LOCATION OF LOT 8809 Fairview Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO. 1 BLOCK NO. C

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 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 5757. 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

R.M Reynolds
Environmentalist

John R Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 28 Sept 73 **Serial No. 4237** ICAR(S) Permit No. 5757

T C No 139-C13-4-19 74

Map Date ~~9-22-72~~ 4-19 74

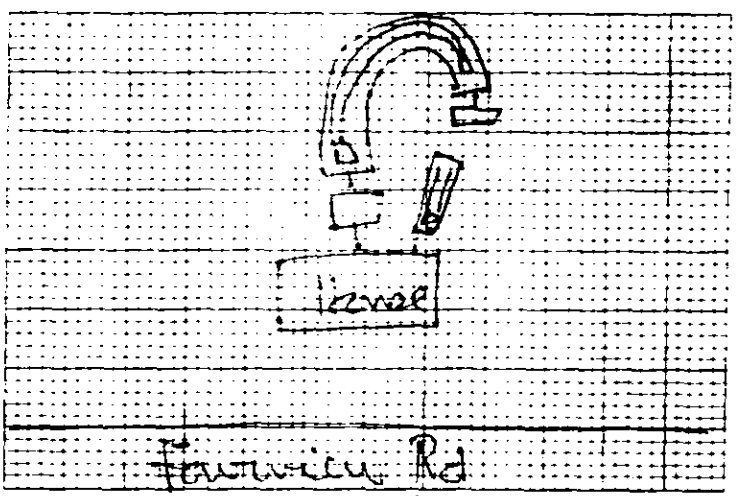
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5757, dated 9-16-73 and the permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 28 Oct 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 6C

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 795' ± 150'

Number of Lines 6 15'X 133'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Spruce Crest Co.

LOCATION OF PROPERTY 5507 Fairview Rd

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: Liners 7½'X5C'

aeration pit 2½'X2'X4' stone

Division or Section Head

R. M. Gunnells
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.

FORM NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 14 Oct 73 Serial 4076

C of A (s) No. 5757

T C No 139-014-004

Map Date 4-19-74

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 Squires Const Company (LAST / FIRST / MIDDLE)

Location of Property 8309 Fairview Road

Application Number 5757 Permit Number 5757

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 795' & 150' Number of Lines (6) 15' & 133'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 14 Oct 73 (DATE) Tank Inspected 14 Oct 73 (DATE)

Nitrification Field Inspected 14 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 14 Oct 73 (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(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: aeration pit O.K.

R. M. Reynolds
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY