WELL RECORD Well Permit No. 7375

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Drilling Contractor Crawford Well Drilling Reg. 279

1. Location of property 2610 Connemara Dr. Lot 14 Block F (Windrow Estates)
2. Name of owner Ralph Squires Const. Co., Inc.
   Address P. O. Box 25178 Charlotte, N. C. 28212
3. Does this well replace an existing well? Domestic NO
4. Topography (circle one): draw, slope hilltop, valley, flat
5. Use of well Domestic Date completed 5-1-75
6. Rig type or method Air Rotary Total depth 100
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt. ft.	Type
From	0	to 42 ft.	6 in.		185 Galv

8. Grout:

	Depth		Material	Method
From	0	to 20 ft.	Sakriet	

9. Liner, if used: Depth Diameter
   No. holes drilled and abandoned
10. Water zones (depth and gpm) 92
11. Static water level: 30 ft. above/below top of casing
    which is 1 ft. above land surface. Elev.
    Date 5/1/75
12. Yield (gpm) 10 Method of testing Air
13. Pumping water level: 50 ft. after 8 hrs
    at 10 gpm.
14. Water quality Temperature (°F)
15. Well sterilization method HTH 1 Cup
16. Permanent pump: Type DeepWell Make Myers
    Installed – Date 5/2/75 By
    Capacity 10 gpm. Hp 1 TDH
    Intake depth Airline depth
17. Remarks:

DRILLING LOG

Depth From	To	Formation
0	20	[illegible]
20	42	[illegible]
42	100	[illegible]

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

Billy M. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

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

MECK COUNTY HEALTH DEPT.
RECEIVED
MAY 1 3
ENVIRONMENTAL HEALTH DIVISION

Date Received 3/26/75 Apt. No. (S) _____ Application No. (W) 7325

T. C. No. 215-167-02

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Calvin Squires Construction Co., Inc.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER P.O. Box 25125 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 2610 Commerce Dr.
(STREET OR COUNTY ROAD)

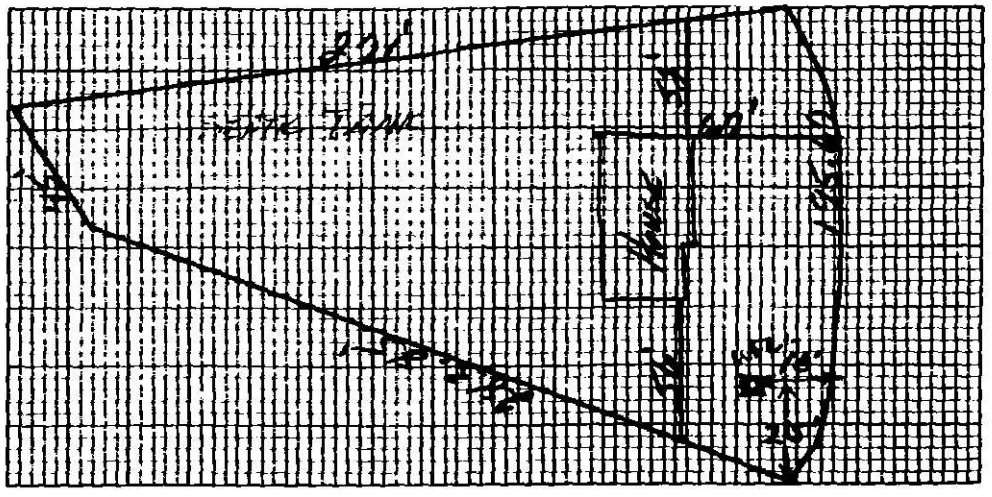
SUBDIVISION Winbrow Estates LOT NO. 14 BLOCK NO. F

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN

WELL CONTRACTOR Crawford Well Drilling LICENSE NO. 232

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

3-25-75
DATE OF APPLICATION

William K. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: 7325

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 12-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 13 1973

APT No. 7375
T C No. 215-167-02
Map Date 6-10-74

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 28205

3) PHONE NO Home _____ Office 537-9553

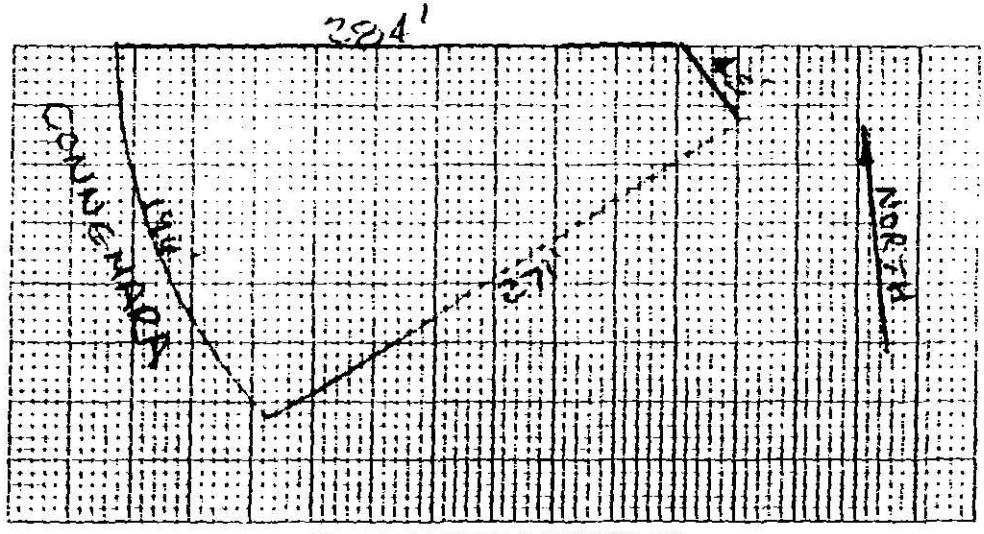
4) LOCATION OF PROPERTY 2600 CONNEMARA DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDSOR ESTATES LOT NO 14 BLOCK NO F

MAP BOOK NO 16 PAGE NO 174

6) DEED REFERENCE DEED BOOK 3438 PAGE NO 445

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

OWNER/ [signature]

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: April 3, 1974

TO: Moffitt Kirby

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7375 (Ralph Squires Construction Co.)
Lot No. 14-F, 2610 Connemara Drive
Windrow Estates Subdivision
4-1-74

Soils on the lot are of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

Based on this investigation, it is recommended that the lot be granted approval for installation of a septic tank system. Design should be based on a 60 min./in. percolation rate.

Serial No. 4182

PTR No. 7375

T C No 215-167-02

Map Date 6-10-74

Date Issued April 3, 197[illegible]

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

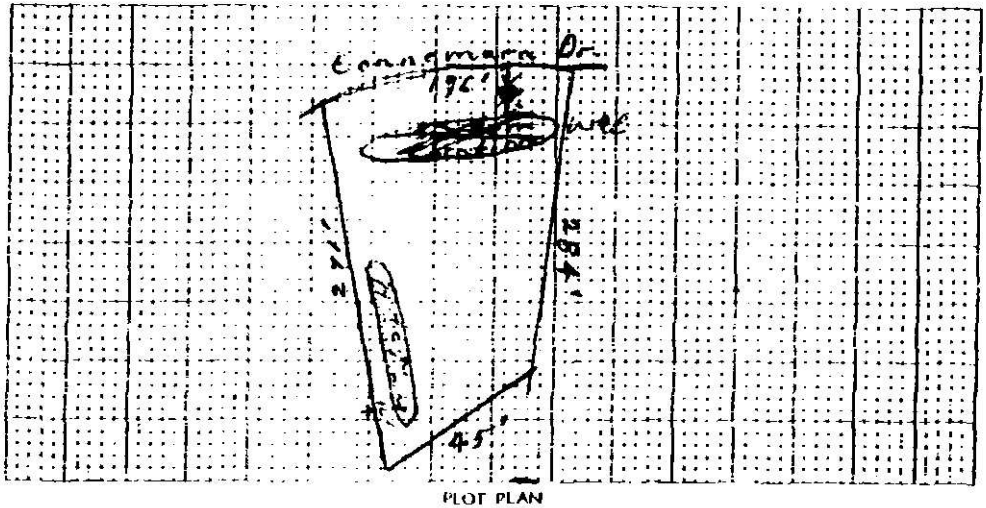
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] Construction Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 2096 Milton Road ZIP 28205

LOCATION OF PROPERTY [illegible] Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow [illegible] LOT NO 14 BLOCK NO F



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 plat.

The percolation rate determined by the test was 60*min/in. The said lot is approved for the installation of an individual septic tank and a sewage treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install [illegible] system shall be obtained from the Mecklenburg County Health Department prior to the beginning [illegible] construction of building, or of the wastewater treatment system on the said lot.
2. The size of the septic tank, [illegible] 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 void and [illegible] if the system is installed in the immediate area where the percolation test was run.
4. This approval is void at any [illegible] construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, is 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 [illegible] 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. Curtis Lyon Jr. — Soil Scientist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/17/75

ICAR(S) Application No. 2375

T C No. 215-161-02

Map Date 6-10-74

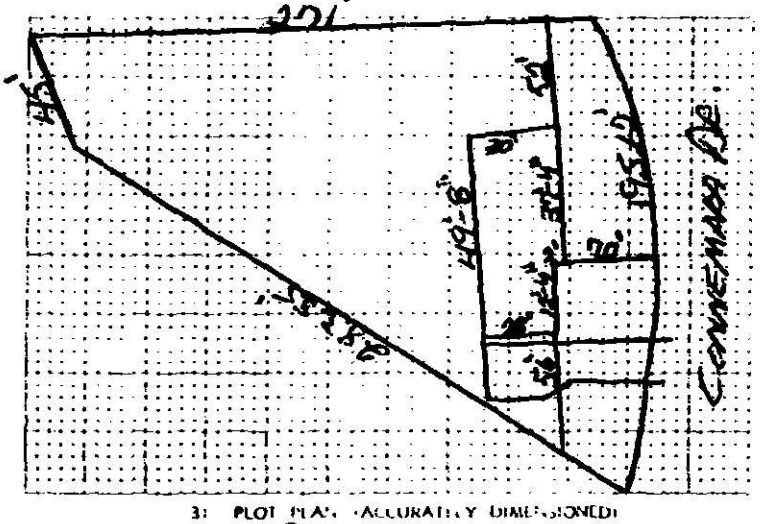
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereon after hereby applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct ? 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 Beds 4

5) Existing Use of W.S. Emp. Gen.

6) Water Supply ✓ Yes No

7) Sanitary Dist. ✓ Yes No

8) Public Sewer ✓ Yes No

9) Public Water Available YES

Yes ✓ No

Yes ✓ No

11) Easement Required Yes ✓ No

12) Lot Size N/A

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

14) ADDRESS OF OWNER P.O. Box 25178 28212

15) PHONE NO Home _____ Office 537-9553

16) LOCATION OF SYSTEM 2610 CONNEMARA DRIVE
STREET OR COUNTY ROAD

17) SUBDIVISION WINDSOR ESTATES Lot No 14 Block No F

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE 58 → 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 4-3-74

20) PTR NUMBER (See Instructions) 2325

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

3-17-75
DATE OF APPLICATION

William R. Squires Jr.
OWNER

REV. 5/72 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 17, 1975 **Serial No. 4735**

LA No 7375

T C No 215-167-02

IMPROVEMENTS PERMIT

Map Date 6-10-74

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 The Ralph Squires Construction Co.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 25178 ZIP

LOCATION OF LOT 2610 Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 14 BLOCK NO F

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 60Min./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 7375. 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-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-23-75 Serial No. [illegible] ICAR (S) Permit No. 7375

T C No 215-162-02

Map Date 6-10-74

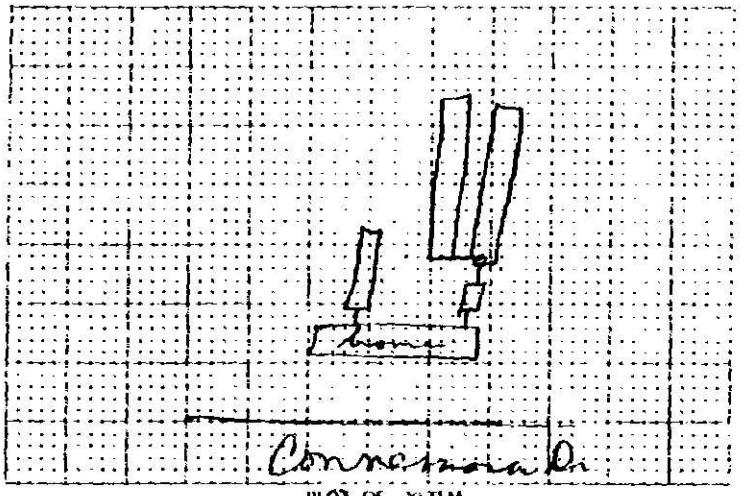
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, After 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 7375, dated 3-19-75 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 5-23-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 795' 200

Number of Lines 2 Beds @ 396 (15' x 67½' x 17") 4 (40 x 50 x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires & Co

LOCATION OF PROPERTY 2610 Connemara Dr

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 aeration pit 2½ x 7 x 4' by Stone Honeycutt

Division or Section Head

Environmentalist Richard Constance

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

Date Issued 4-29-75 Serial No. [illegible] C of A (s) No 7375

T C No 315-162 02

Map Date 6-10-74

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 Ralph Square Const. Co. (LAST FIRST MIDDLE)

Location of Property 2610 Commerce Dr

Application Number 7375 Permit Number 7375

Inspection Date:

Liquid Capacity of Tank 1500 ' Tank Material PC

Total Length of Drain Tile 795'200 Number of Lines 7(1 2½ x 113½ x 17") 4(10'x50'x17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100 '

Excavation Inspected 4-25-75 (DATE) Tank Inspected 4-25-75 (DATE)

Nitrification Field Inspected 4-29-75 (DATE)

Washing Machine Line Inspected, If Applicable 4-25-75 (DATE)

The undersigned has inspected the Individual Septic Tank System as described above. Soil absorption effluent disposal system has been approved and it has been installed in accordance with the approved plans and specifications. Any subsequent alteration of any system installed in accordance with the permit issued and the requirements of the Mecklenburg County Board of Health will void this permit 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, nor relieve any person now or hereafter owning or using the property of 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 and in addition to those listed below under comments. This Certificate of Approval shall be void and of no effect 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 Recession pit 2½ x 7 x 14 done
Unrequired

Environmentalist

FORM NO E-6-9-1-72