T. C. No. 39 013.01

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 377 Well Permit No. 6632

1. Town Mint Hill County Mecklenburg
2. Location 8231 Jefferson Colony Rd - Lot 1 - Quadrangle No.
   Show a sketch of location on back of form Block B
3. Owner Ralph Sowine Const. Co. Inc.
   Address P.O. Box 35178 - Charl - 28212
4. Topography drew, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 11/5/74
6. Rig type or method Air Rotary Total Depth 105
7. Casing: Depth From 0 to 63 ft. Diam. 6 1/4 in. Type 185
8. Grout: Depth From 0 to 20 ft. Material in. Method Sakrete
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 85
11. Static Water Level: 20 ft. above/below top of casing
    which is 1 ft above land surface. Elev.
    Date 11/6/74
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 H.T.H.
16. Permanent Pump: Y. Type Deep Well Make Myers
    Installed — Date 11-5-74 By Crawford
    Capacity 10 (gpm) Hp. 1/2
    Intake depth Airline depth
17. Remarks:

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

Charles R Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	35	Red Clay
35	63	Yellow - Shale
63	105	Blue White Granite

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

Date Received 1 Nov 74

Application No. 6632

T. C. No. 139-013-01

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER P.O. Box 25175 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 5201 Jefferson Colony Rd
(STREET OR COUNTY ROAD)

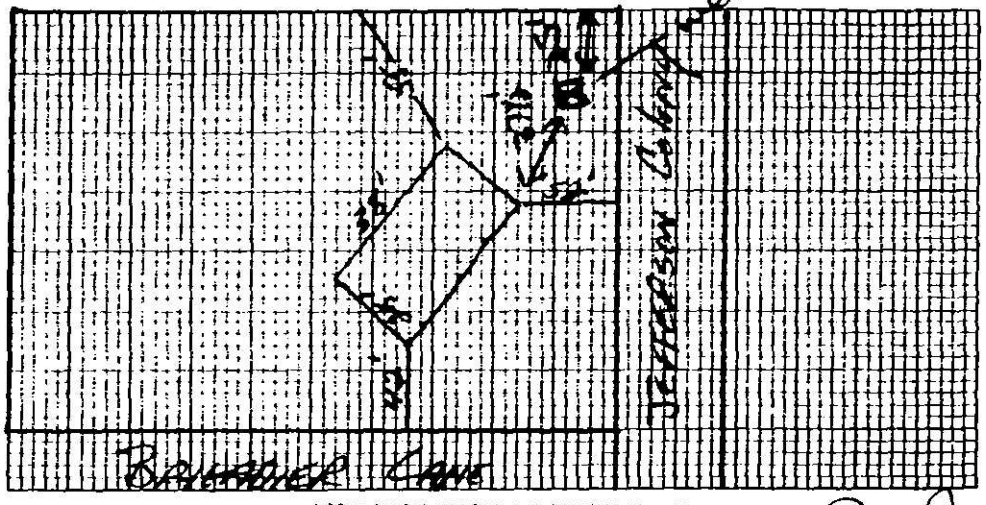
SUBDIVISION Jefferson Colony LOT NO. 1 BLOCK NO. B

MAP BOOK NO. 17 PAGE NO. 133

DEED REFERENCE: DEED BOOK 5482 PAGE NO. 458

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

11-1-74
DATE OF APPLICATION

William K Squires Jr
OWNER

Application approved and permit hereby granted

Permit No: _____

R.M Reynolds 1 Nov 74
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

N

Date Received 7-12-23

APT No. 6632

T C No. 139/13-01

Map Date 12/14/73

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 PO Box 25178 ZIP 28215

3) PHONE NO Home _____ Office 537-9553

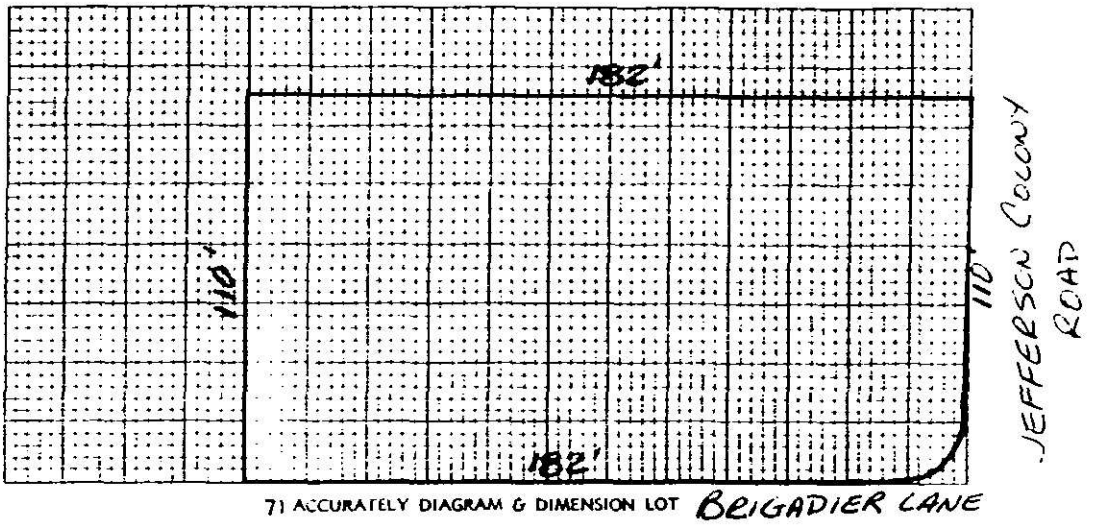
4) LOCATION OF PROPERTY 8201 Jefferson Colony
(STREET OR COUNTY ROAD)

5) SUBDIVISION Jefferson Colony LOT NO 1 BLOCK NO B

MAP BOOK NO 17 PAGE NO 133

6) DEED REFERENCE DEED BOOK 3483 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

OWNER Bill Hartes

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3978

PTR No. 6632

T C No 139-013-01

Map Date 12-14-73

Date Issued January 9, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

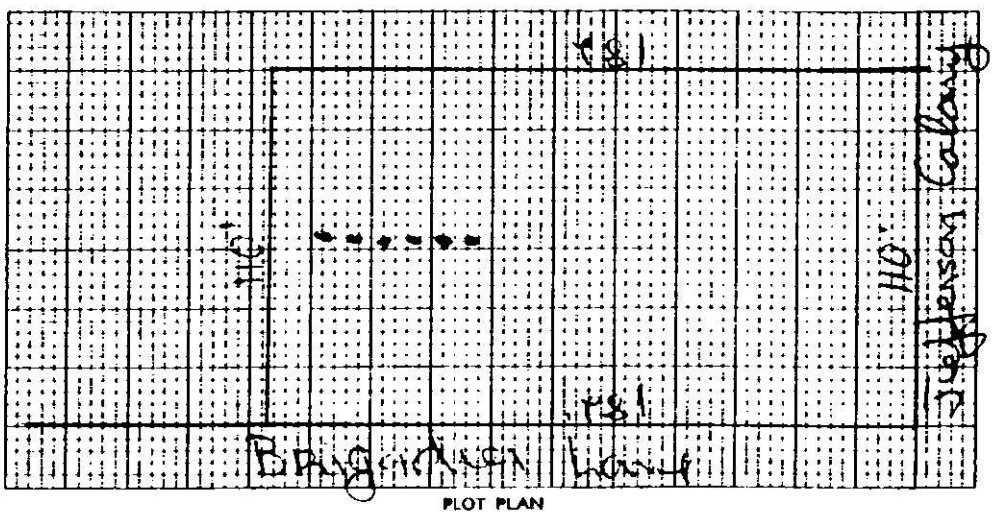
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P.O. Box 25178 ZIP 28215

LOCATION OF PROPERTY 8201 Jefferson Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO 1 BLOCK NO B



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 after, 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.

*Results determined by soil analysis.

W. Everette Lyon, Jr. Soil Scientist

John R. Atkinson
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 7-18-74

ICAR(S) Application No 6632

T C No 139-013-01

Map Date 12-14-73

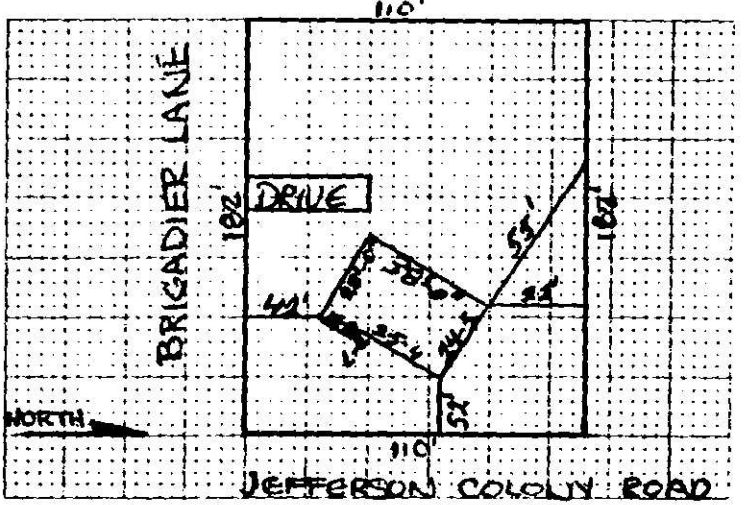
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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

6) Washing Machine ✓ Yes ___ No

7) Garbage Disp ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well YES
B) Governmental System
C) Community System
1 Well Source
2 Governmental System

10) Sewage System
House located within 200' of public sewer ___ Yes ✓ No
House located within 1/4 mile of community sewer ___ Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER THE RALPH SQUIRES CONSTRUCTION COMPANY, INC.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 2600 Hilton Road P.O. Box 25178

15) PHONE NO Home _____ Office 537-9553

16) LOCATION OF SYSTEM 8201 Jefferson Colony Road
(STREET OR COUNTY ROAD)

17) SUBDIVISION Jefferson Colony Lot No 1 Block No B

Map Book No 17 Page No. 133

18) DEED REFERENCE — DEED BOOK 3482 AT PAGE 458

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN pr 7-60

20) PTR NUMBER (See Instructions) 6632

The undersigned person hereby agrees that he has read the foregoing application and that the content 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.

JANUARY 10, 1974
DATE OF APPLICATION

OWNER Jim Bogan

FORM E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 19, 1974

Serial No. 4302

IMPROVEMENTS PERMIT

LA No. 6632

T C No. 139-013-01

Map Date 12-14-73

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 P. O. Box 25178, Charlotte ZIP 28212

LOCATION OF LOT 8201 Jefferson Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO 1 BLOCK NO B

MAP BOOK NO. 17 PAGE NO 133

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 6632. 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6 Nov 74

Serial No. 5964

ICAR(S) Permit No 6632

T C No 139-013 01

Map Date 12-14-73

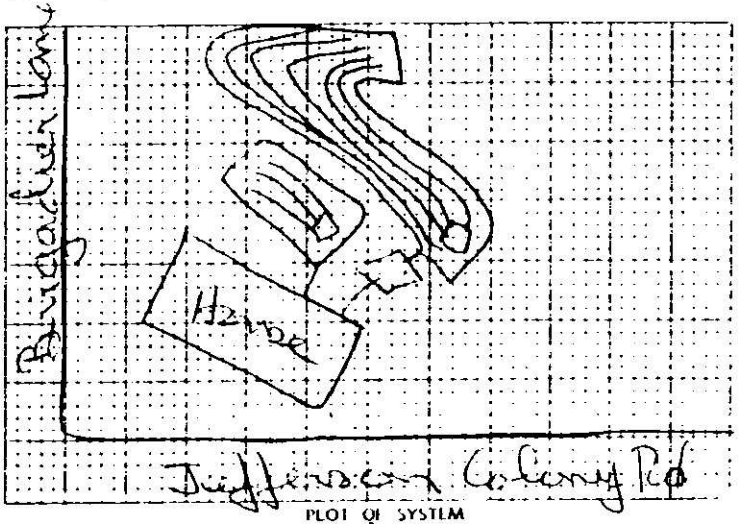
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6632, dated 10 Nov 74 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 10 Dec 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Istribution Lines

Total Line Lenght 600' & 150'

Number of Lines 5 12½' + 12'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires Inc.

LOCATION OF PROPERTY 8241 Jefferson Colony 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 washer 7½'x50'

curtain pit 2½'+2'x4' stone

R. M. Reynolds
Environmentalist

Division or Section Head

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.

E-5-9-1-72

Serial No. 5485

C of A (s) No. 6632

Date Issued 7 Nov-74

T C No 139-013 C1

Map Date 12-14-73

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 Squires Co. Inc. (LAST / FIRST / MIDDLE)

Location of Property 8201 Jefferson Colony Rd

Application Number 6632 Permit Number 6632

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines 5 @ 120' + 120'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7 Nov 74 (DATE) Tank Inspected 7 Nov 74 (DATE)

Nitrification Field Inspected 7 Nov 74 (DATE)

Washing Machine Line Inspected, If Applicable 7 Nov 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 Location put O.K.

E. M. Reynolds

Environmentalist

FORM NO E-6-9-1-72

U.S. DEPARTMENT'S CO.

DEPARTMENT OF NATURAL AND ECONOMIC RESOURCES

OFFICE OF WATER AND AIR RESOURCES

GROUND WATER DIVISION

P. O. BOX 27687 – RALEIGH, N. C. 27611

WELL RECORD

DRILLING CONTRACTOR [illegible] REG. NO. [illegible] WELL CONSTRUCTION PERMIT NO. [illegible]

1. WELL LOCATION: (Show a sketch of the location on back of form)
   Nearest Town: [illegible] County: [illegible]
   [illegible] (Road, Community or Subdivision and Lot No.) Quadrangle No. _____
2. OWNER: [illegible]
3. ADDRESS: [illegible]
4. TOPOGRAPHY: draw, valley, slope, hilltop, flat
5. USE OF WELL: [illegible] DATE: 2/11/74
6. DOES THIS WELL REPLACE AN EXISTING WELL? No
7. TOTAL DEPTH: [illegible] RIG TYPE OR METHOD: [illegible]
8. FORMATION SAMPLES COLLECTED: ☐ YES No. of Bags _____
9. CASING:

	Depth		Inside Diam.	Wall thick. or weight/ft.	Type
From 0	to [illegible]	ft.	[illegible]	_____	C. [illegible]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. GROUT:

	Depth		Material	Method
From 0	to 20	ft	_____	[illegible]
_____	_____	_____	_____	_____

11. SCREEN:

	Depth		Diam.	Type and Opening
From _____	to _____	ft.	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. GRAVEL:

	Depth		Size	Material
From _____	to _____	ft.	_____	_____
_____	_____	_____	_____	_____

13. WATER ZONES (depth): 20
14. STATIC WATER LEVEL: 21 ft. above / below top of casing.
    Casing is _____ ft. above land surface. ELEV. _____
    DATE MEASURED: 2/11/74
15. YIELD (gpm): [illegible] METHOD OF TESTING: Jet Pump
16. PUMPING WATER LEVEL: 40 ft. after 12 hours
    at [illegible] gpm.
17. CHLORINATION: Type [illegible] Amount _____
18. WATER QUALITY: _____ TEMPERATURE (°F) _____
19. PERMANENT PUMP: (Show a sketch of well head on back of form)
    Date Installed _____ Type _____ Make _____
    Capacity 10 (gpm) HP _____
    Intake Depth _____ Airline Depth _____
20. HAVE YOU INFORMED THE WELL OWNER OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS? Yes
21. REMARKS: _____

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

Charles R. Crawford 3-12-74
SIGNATURE OF CONTRACTOR OR AGENT / DATE

DRILLING LOG

DEPTH FROM	DEPTH TO	FORMATION DESCRIPTION
0	10	Red Clay
[illegible]	[illegible]	[illegible]
17	22	Soft Shell Limestone
		Green + White Rock.

Form GW-1

White Copy - Office of Water and Air Resources; Blue - Drillers Copy; Green - Owners Copy