Date Received _____ Apt. RECEIVED OCT 25 1976 Application No. (W) _____

T. C. No. 215-161-01

Map Date 5-3-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Ralph Squires Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25178 Charlotte ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 2600 Connemara Drive (STREET OR COUNTY ROAD)

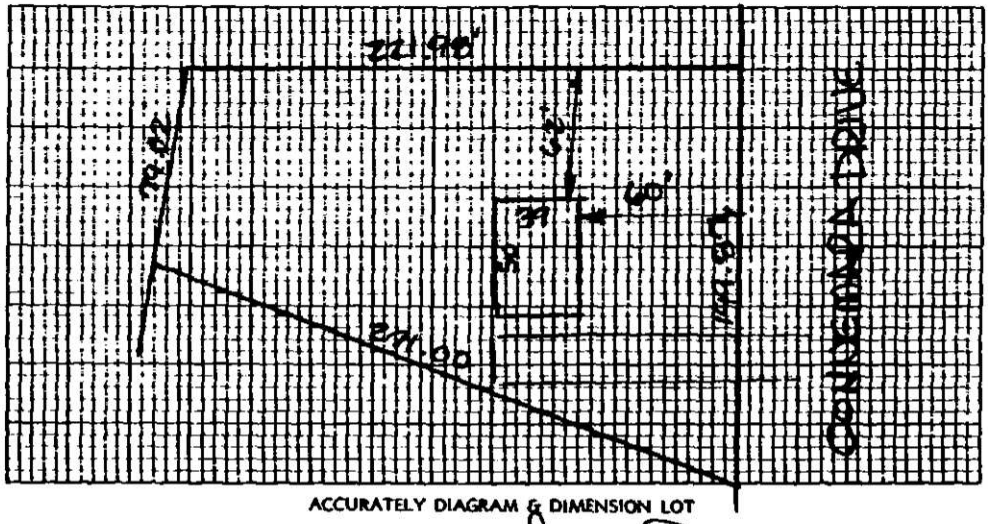
SUBDIVISION Windrow Estates LOT NO. 15 BLOCK NO F

MAP BOOK NO. 16 PAGE NO. 174 FHA LOAN N/A

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN N/A

WELL CONTRACTOR Carolina Well Drilling LICENSE NO. 240

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

OCTOBER 22, 1976
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 12-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 12 1973
ENVIRONMENTAL HEALTH DIVISION

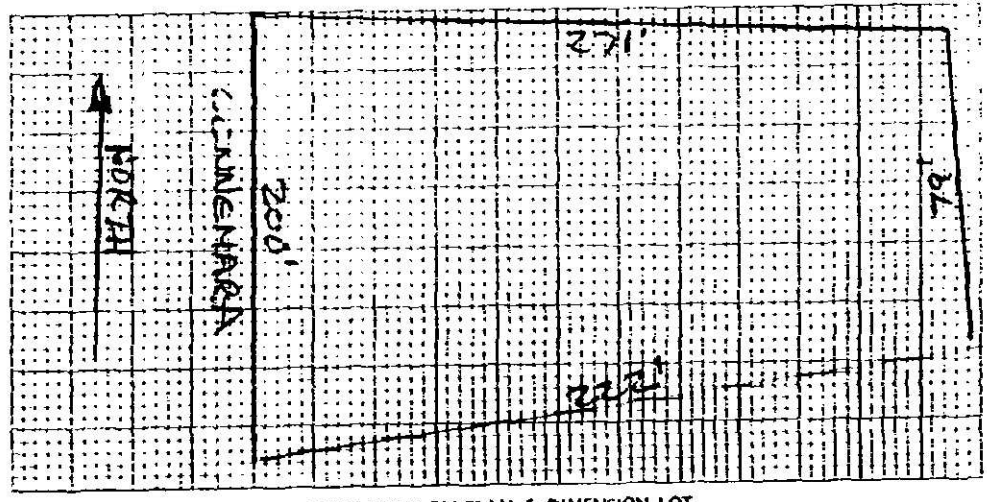
APT No 7376
T C No 215-167-01
Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Ralph (LAST) Sowers (FIRST) Const. Co, Inc. (MIDDLE)
2) ADDRESS OF OWNER 2100 Milton Road ZIP 28205
3) PHONE NO Home ____ Office 537-4553
4) LOCATION OF PROPERTY 2660 Cunningham (STREET OR COUNTY ROAD) Drive
5) SUBDIVISION Windsor Estates LOT NO 15 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 Jim Bowyer

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: April 4, 1974

TO: Moffitt Kirby

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

SUBJECT: APT #7376 (Ralph Squires Construction Co.)
Lot No. 15-F, 2600 Connemara Drive
Windrow Estates Subdivision
3-28-74

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. 4133

PTR No. 7376

Date Issued April 3, 1974

T C No 215-167-01

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

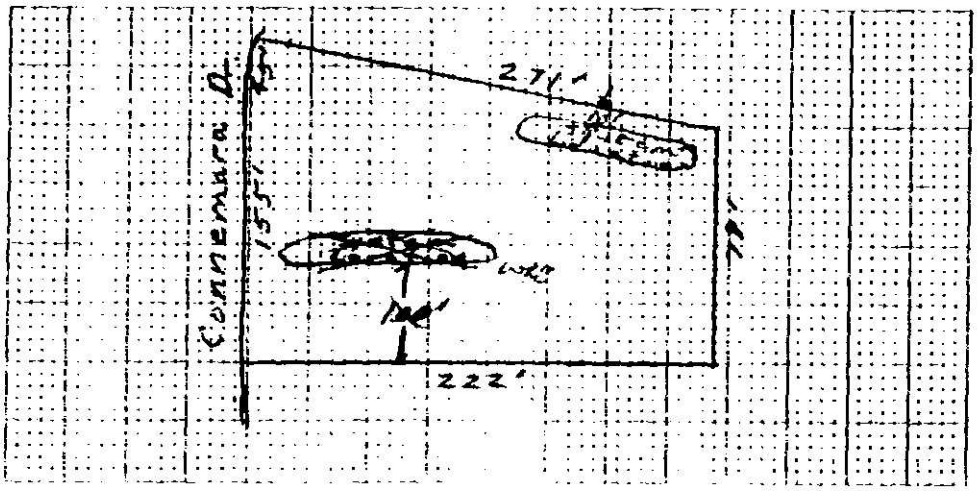
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP 28205

LOCATION OF PROPERTY 2600 Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 15 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 plot.

The percolation rate determined by the test was 60*min/in. The site 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 construction, or repair the system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction activities on the wastewater treatment system on the above 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 for the system as specified for the immediate area where the percolation test was run.
4. This approval is void if any grading, filling or other activities disturbing the soil profile 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 or 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. Crosetta Lyons Jr. — Soil Scientist

John R. Parkerson — Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

K

Date Received 3-17-75

RECEIVED
MAR 17 A.M.

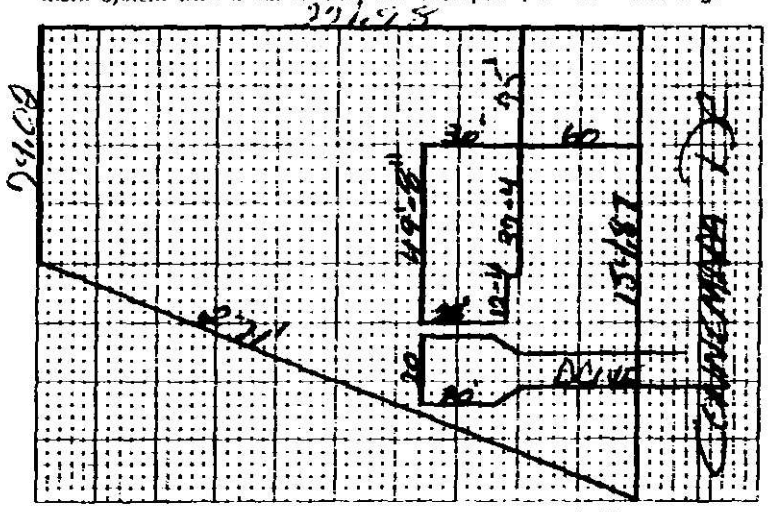
ICA(S) Application No 7316
T.C No 215-16101
Map Date 5-3-72

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) X 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 4
5) Business Use No. Max No. Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply:
A) Individual Well Yes
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
10) Sewage System.
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. N/A
12) VA Case No. N/A

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

14) ADDRESS OF OWNER P. O. Box 25178 Charlotte, N. C. 28212

15) PHONE NO Home ___ Office 537-9553

16) LOCATION OF SYSTEM 2600 Cannemara Drive
(STREET OR COUNTY ROAD)

17) SUBDIVISION Windrow Estates Lot No. 15 Block No. F

Map Book No 16 Page No 174

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445 5B760

19) HAS A PERCOLATION TEST BEEN RUN? / YES ___ NO DATE RUN 3-28-71

20) PTR NUMBER (See Instructions) 7316

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 K Rich Jr.
OWNER Development Superintendent

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

HEALTH DEPARTMENT'S COPY

Date Received

MECKLENBURG COUNTY DEPARTMENT OF
RECEIVED
OCT 25 1976

SEE INSTRUCTIONS ON BACK

CAR (S) Application No

T C No 215-161-01

Map Date 5-3-72

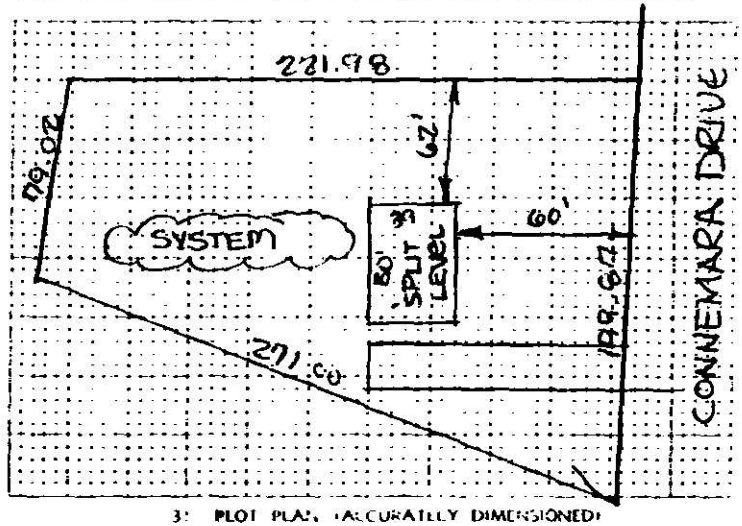
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereinafter described 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 ...

... 7 7 ...

... YES ...

... 7 ... No

11) FHA ... N/A

12) VA ... N/A

13) NAME OF OWNER RALPH SQUIRES Co.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 25178 CHARLOTTE, N.C. 28212

15) PHONE NO Home ____ Office 537-9553

16) LOCATION OF SYSTEM 2600 CONNEMARA DRIVE
STREET OR COUNTY ROAD

17) SUBDIVISION WINDROW ESTATES Lot No 15 Block No F

Map Book No 16 Page No 174

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-28-74

20) PTR NUMBER (See Instructions) 7376

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

10-22-76
DATE OF APPLICATION

Jim Bogan
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 17, 1975 **Serial No.** 4736

IMPROVEMENTS PERMIT

LA No P.O. 7376

T C No 215-161-01

Map Date 5-3-72

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., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 25178, Charlotte, N . C. ZIP 28212

LOCATION OF LOT 2600 Connemara Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 15 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 7376. 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

C of A (s) No. 7376

Serial No. 0458

Date Issued 2-16-77

PO
T C No. 215-161-01

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY

DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Balch Squires Const. Co. (LAST / FIRST / MIDDLE)

Location of Property Concord area Dr

Application Number 7376 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 295'-262' Number of Lines 4 4

Depth of Filter Material 17" 34" Cover Depth 24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected — (DATE) Tank Inspected 2-16-77 (DATE)

Nitrification Field Inspected 2-16-77 (DATE)

Washing Machine Line Inspected, If Applicable 2-16-77 (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 Health Commission 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 Area of suitable soils limited due to track hole in back Locust Const. Co.

Environmentalist

EHD-5-74

Environmental Health Department's Copy