WELL RECORD Well Permit No. 6628

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

1. Location of property 8101 Jefferson Colony Rd - Lot 11 - Block A
2. Name of owner Ralph Squires Const. Co, Inc.
   Address P.O. Box 23178 - Charl. 28212
3. Does this well replace an existing well? No
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well Domestic Date completed 1-2-75
6. Rig type or method Air Rotary Total depth 125
7. Casing:

From	to	Depth ft.	Inside Diam. in.	Wall thick. or Wt./ ft.	Type
0	67		6"	.185	

8. Grout:

From	to	Depth ft.	Material	Method
0	20		Sakrite	

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) 115
11. Static water level: 20 ft. above/below top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 1-2-75
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
16. Permanent pump: ✓ Type Deepwell Make Myers
    Installed - Date 1-2-75 By Crawford
    Capacity 1½ gpm. Hp ½ TDH _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

Frank Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	10	Red clay
10	87	Yellow Shale
87	125	Blue Granite

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

Date Received 12-20-74

Application No. 6628

T. C. No. 139-012-27

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER P.O. Box 25178 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 8101 Jefferson Colony Rd. (STREET OR COUNTY ROAD)

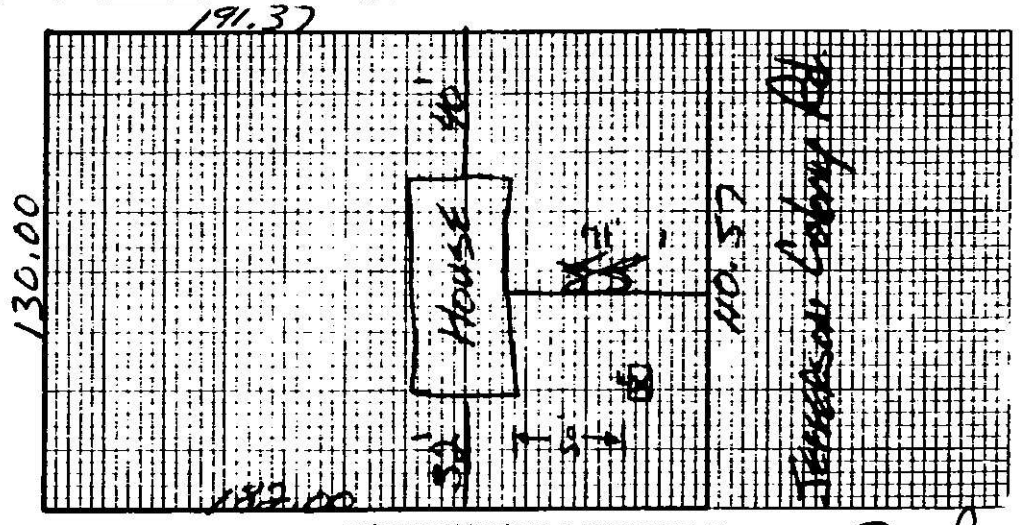
SUBDIVISION Jefferson Colony LOT NO. 11 BLOCK NO. A

MAP BOOK NO. 12 PAGE NO. 133

DEED REFERENCE: DEED BOOK 3482 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

12-30-74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 6628

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

P

Date Received 7-12-73

APT No. 6628

T. C. No. 139-012-[illegible]
4-19-74

Map Date [illegible]

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 P O Box 25178 ZIP 28215

3) PHONE NO Home _____ Office 532-9553

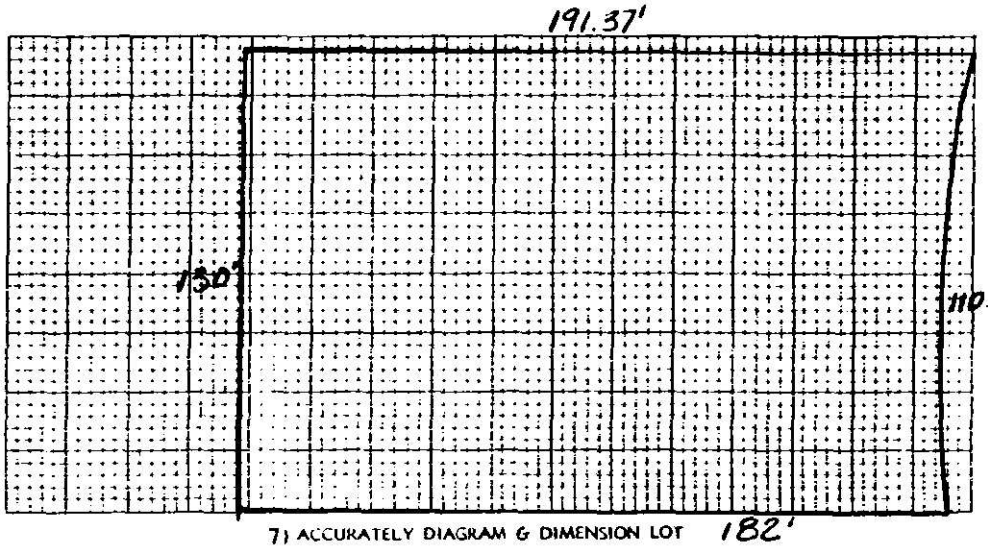
4) LOCATION OF PROPERTY 8101 Jefferson Colony
(STREET OR COUNTY ROAD)

5) SUBDIVISION Jefferson Colony LOT NO. 11 BLOCK NO. A

MAP BOOK NO 17 PAGE NO. 83

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 182'

Bill Hartis
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. January 4, 1974
2. _____
3. _____

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

SDR No. 6628
T.C. No. ~~139~~-012-~~11~~
4-19-74

NAME OF OWNER Palm Squires Construction Company

ADDRESS OF OWNER P.O. Box 25178 ZIP 28215

LOCATION OF LOT 8101 Jefferson Colony Rd., Lot 11-A

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.	1-3-74	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) Soils are intergradient between the Cecil and Mecklenburg series. These soils show indications of containing a small amount of swelling clay minerals. This factor results in limited permeability and percolation rate.

W. Everette Lynch, Soil Scientist J. M. Reynolds, Environmentalist

(Stencil No.)
EMD 398
8/70

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

Copy

PRESENTED FOR REGISTRATION
1974 JAN 11 PM 3 12
BOOK 6628
REGISTER OF DEEDS CROWDER
MECKLENBURG CO. N.C.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

SEPTIC TANK AGREEMENT

Date _____

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property described as

Lot 11, Block A, of Jefferson Colony Subdivision, as recorded in Map Book 17, Page 133, of the Mecklenburg County Registry (tax code number portion of 139-012-11) is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

Percolation rate: 90 minutes per inch. Soils on this lot are intergradient between the Cecil and Mecklenburg series. These soils show indications of containing a small amount of swelling clay minerals. This factor results in limited permeability and percolation rate.

Owner _____

Attested _____
Secretary

Seal

State of North Carolina
County of Mecklenburg

I, Anna M. Baird a notary public of Mecklenburg County, North Carolina, Certify that Anna M. Baird personally came before me this day and acknowledged that he or she is the Secretary of Ralph Lawson Const. Co. Inc. a corporation and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal, and attested by ~~himself or~~ herself as its Secretary.

Witness my hand and official seal, this the 11th day of January 1974.

Anna M Baird

My Commission Expires April 9, 1978

My commission expires _____

EHD 507
11/16/73

SEE INSTRUCTIONS ON BACK

Date Received 11 27 73

ICAR (S) Application No 6628

T C No 139-012-27

Map Date ~~1-1-70~~ 4-19-74

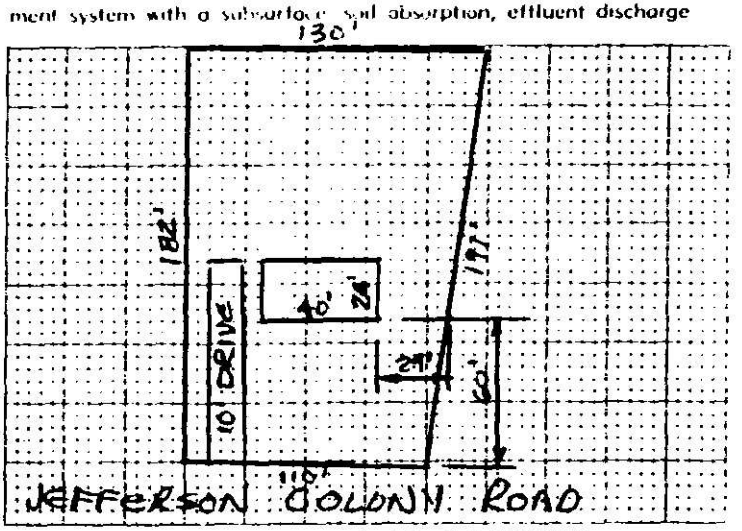
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 4

5) Business Use Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ 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 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No ____

12) VA Case No ____

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

14) ADDRESS OF OWNER 2600 MILTON ROAD

15) PHONE NO Home ____ Office 537-9553

16) LOCATION OF SYSTEM 8101 JEFFERSON COLONY ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION JEFFERSON COLONY Lot No 11 Block No A

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 ____

20) PTR NUMBER (See Instructions) ____

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

NOVEMBER 26, 1973
DATE OF APPLICATION

Jim Bogan
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-8-74

ICAR (S) Application No 6628

T C No 139-012-27

Map Date 4-19-74

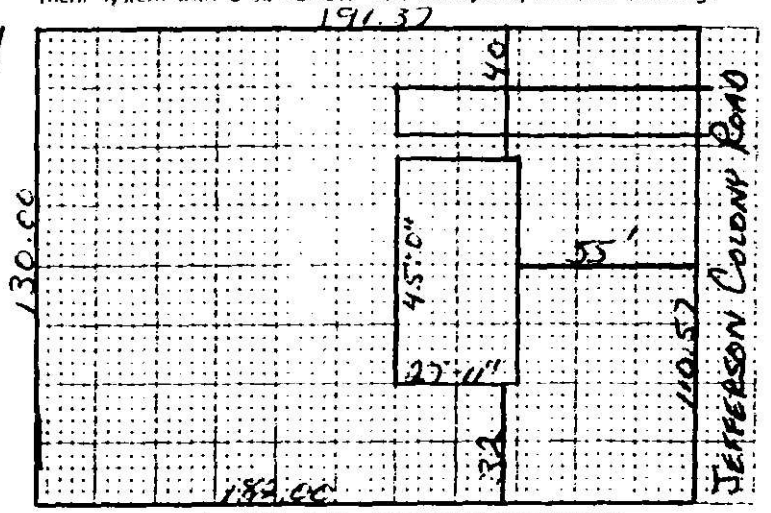
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 Bedroom 3

5) Business Use Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well YES
B) Government (City, County)
C) Community System
1 Well source
2 Government (City, County)

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No

12) VA Case No

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

14) ADDRESS OF OWNER P.O. Box 25128 CHARLOTTE, N.C.

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

16) LOCATION OF SYSTEM ~~1695~~ JEFFERSON COLONY Rd.
(STREET OR COUNTY ROAD)

17) SUBDIVISION JEFFERSON COLONY Lot No ~~10~~ 11 Block No. A

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

20) PTR NUMBER (See Instructions) ___

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.

10-8-74
DATE OF APPLICATION

William F. Squires
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3781

LA No 6628

Date Issued January 15, 1974

T C. No 139-012-27

Map Date 4-19-74 12-14-73

IMPROVEMENTS PERMIT

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 8101 Jefferson Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO. 11 BLOCK NO. A

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 90*min./inn 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 6628. 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

*Agreement Card signed and recorded January 11, 1974.

R. M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 Nov 74

Serial No. 5968

ICAR (S) Permit No. 6628

T C No

Map Date

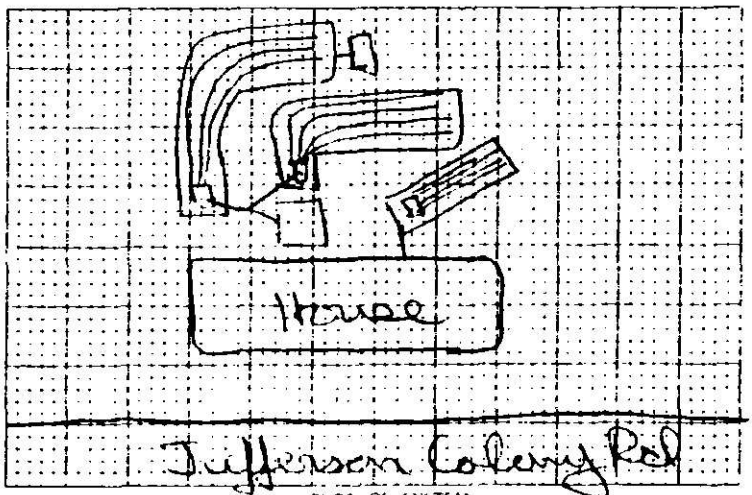
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6628, dated 26 Nov 73 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 12 Dec 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 90

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 1,192 ± 200'

Two Beds
Number of Lines 15' x 99'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires Co.

LOCATION OF PROPERTY 8101 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 line 10' x 50'
auxiliary pit 2½' x 7'4" stone

Division or Section Head

R. M. Reynolds
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 E-5-8-1-72

Serial No. 5494

C of A (s) No. 6628

Date Issued 2 Nov 74

T C No 137-012-21

Map Date

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 (LAST) RALPH (FIRST) (MIDDLE)

Location of Property 8101 JEFFERSON COLONY Rd

Application Number 6628 Permit Number 6628

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 1,192', 200' Number of Lines 6(150'x15'x17"), 6(50'x15'x17") 4(50'x10'x17")

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 26 Nov '74 (DATE) Tank Inspected 26 Nov '74 (DATE)

Nitrification Field Inspected 26 Nov '74 (DATE)

Washing Machine Line Inspected, If Applicable 26 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(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 okay

Paul A. Kiefer
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENTS COPY