W

Date Received 5-3-73

APT No. 6137

T. C. No. 215-161-22

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

3) PHONE NO. Home Office 537-9553

4) LOCATION OF PROPERTY 13527 CARRIOLE LANE
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO. 3 BLOCK NO. C

MAP BOOK NO. 16 PAGE NO. 123

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

Bill Harris
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3058

PTR No. 6137
~~P.O.~~
T C. No. 215-161-~~82~~24

Date Issued May 9, 1973

Map Date ~~9-27-72~~ 6 10 74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

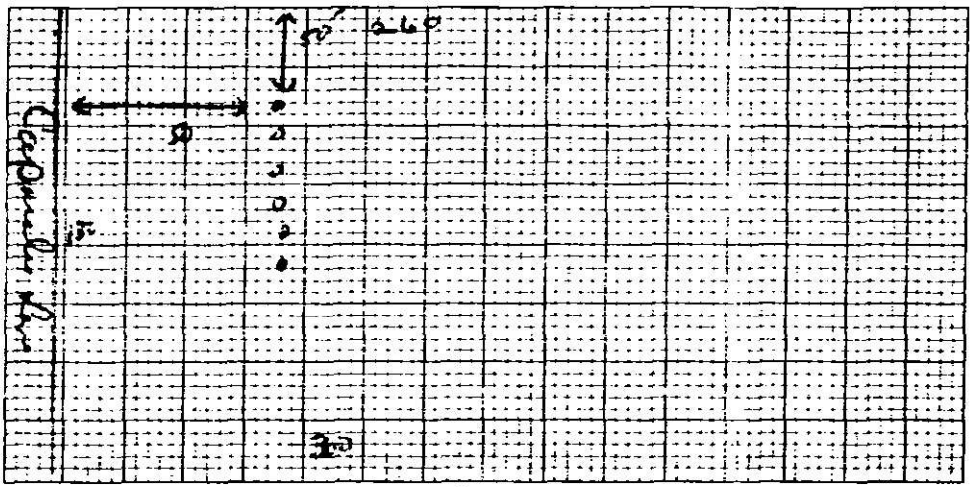
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP

LOCATION OF PROPERTY 13527 Capriole Lane
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO. 3 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 teratment 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 D. Henderson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK Apr 1 1973

Date Received 5-11-73

ICAR (S) Application No 6137

T C No 215-161-22

Map Date 9-29-72 6-10-74

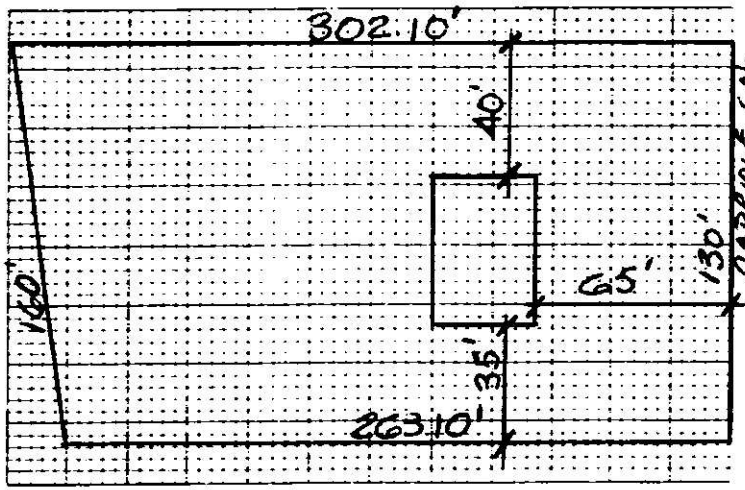
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Yes YES
B) Government System ___
C) Community System
1 Well source ___
2 Government source ___

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

11) FHA Case No N/A

12) VA Case No ___

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

14) ADDRESS OF OWNER 2000 MILTON ROAD

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

16) LOCATION OF SYSTEM 13527 CAPRIOLE CN.
STREET OR COUNTY ROAD

17) SUBDIVISION WINDROW ESTATES Lot No. 3 Block No. C

Map Book No. 16 Page No. 123

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-8-73 PR 760

20) PTR NUMBER (See Instructions) 6137

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.

5-11-73
DATE OF APPLICATION

Bill Hartis
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 11, 1973

Serial No. 2917

LA No. 6137
~~P.O.~~
T. C. No. 215-161-~~0039~~

Map Date ~~9-27-72~~ 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 Ralph Squires Construction Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP _____

LOCATION OF LOT 13527 Capriole Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO. 3 BLOCK NO. C

MAP BOOK NO. 16 PAGE NO. 123

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 6137. 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.

Thomas R. Ward
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12-7-73

Serial No. 4679

ICAR(S) Permit No. 6137

T. C. No 95-161-022

Map Date 9-29-72

6-10-791

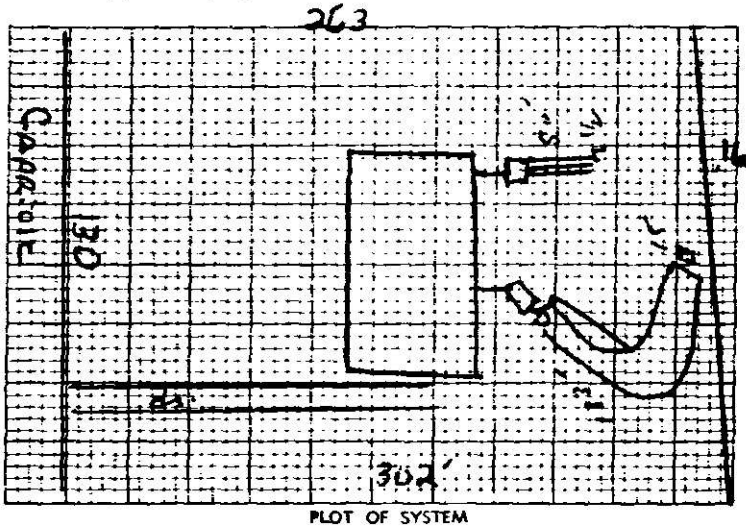
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6137 dated 5-11-73 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 1-7-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 Gal

Tank Construction one tank con.

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 120'

NAME OF OWNER Ralph Squires Const. Co

LOCATION OF PROPERTY 13527 Carver Lane (3-C)

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: 15'X133' - aeration pit altered
washer 7½'x 50'
County Septic Tank Co.

Division or Section Head

Thomas R. Ward
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 29 Dec 1973 Serial 4149

C of A (s) No. 6137

T. C. No. 215-1610 #22

Map Date 9-27-72 6/10/74

John R. Albinson

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 Iquina (LAST) Const Co Inc (FIRST) (MIDDLE)

Location of Property 13527 Capsile Lane (3-C)

Application Number 6137 Permit Number 6137

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material concrete

Total Length of Drain Tile 795 Number of Lines 6

Depth of Filter Material 17" Cover Depth 5' average depth

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 12-29-73 (DATE) Tank Inspected 12-29-73 (DATE)

Nitrification Field Inspected 12-29-73 (DATE)

Washing Machine Line Inspected, If Applicable 12-29-73 (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: _____

_____

_____

_____

_____

_____

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Serial No. 6947

Date Issued

ICAR(S) Permit No.

T C No.

Map Date

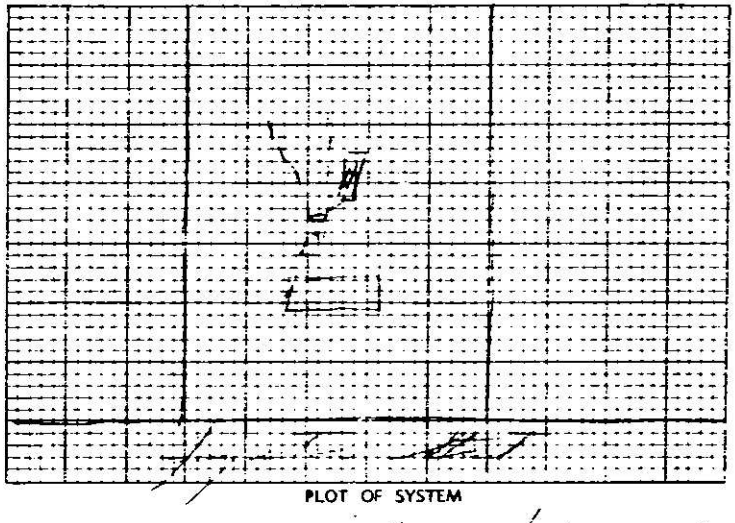
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines.

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distence from Well

NAME OF OWNER

LOCATION OF PROPERTY

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: _____

Division or Section Head

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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued _____

Serial No. 6384

C of A (s) No. _____

T. C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable _____ (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: _____

_____

_____

_____

_____

_____
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

T. C. No. 031-054-19

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 3 1974
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Well Contractor (Name) Piedmont Hardpan Well Drilling No. 134 Well Permit No. 6153

1. Town [illegible] County Cleveland
2. Location [illegible] Quadrangle No.
   Show a sketch of location on back of form
3. Owner [illegible]
   Address [illegible]
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well _____ Date Completed 6-2-74
6. Rig type or method [illegible] Total Depth [illegible]
7. Casing: Depth Diam. Type
   From _____ to 20 ft. [illegible] in. [illegible]
8. Grout: Depth Material Method
   From _____ to [illegible] ft. [illegible] in. [illegible]
9. Screen: Depth Diam. Type and Opening
   From _____ to _____ ft. _____ In. _____
10. Water Zones (depth) [illegible]
11. Static Water Level: [illegible] ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) [illegible] Method of testing _____
13. Pumping Water Level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water Quality [illegible] Temperature (°F) _____
15. Well sterilization method [illegible]
16. Permanent Pump: _____ Type _____ Make _____
    Installed — Date _____ By _____
    Capacity _____ (gpm) Hp. _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
[illegible]	[illegible]	Yellow Clay
[illegible]	[illegible]	Blue Granite

FORM NO. E-22-4-1-71

Date Received 22 May 74

Application No. 6130

T. C. No. 031-054-19

Map Date 8-7-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Smith (LAST) Charles (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 2115 Weyland Ave ZIP 28208

PHONE NO. Home 372-1531 Office

LOCATION OF PROPERTY 1829 Merritt (STREET OR COUNTY ROAD)

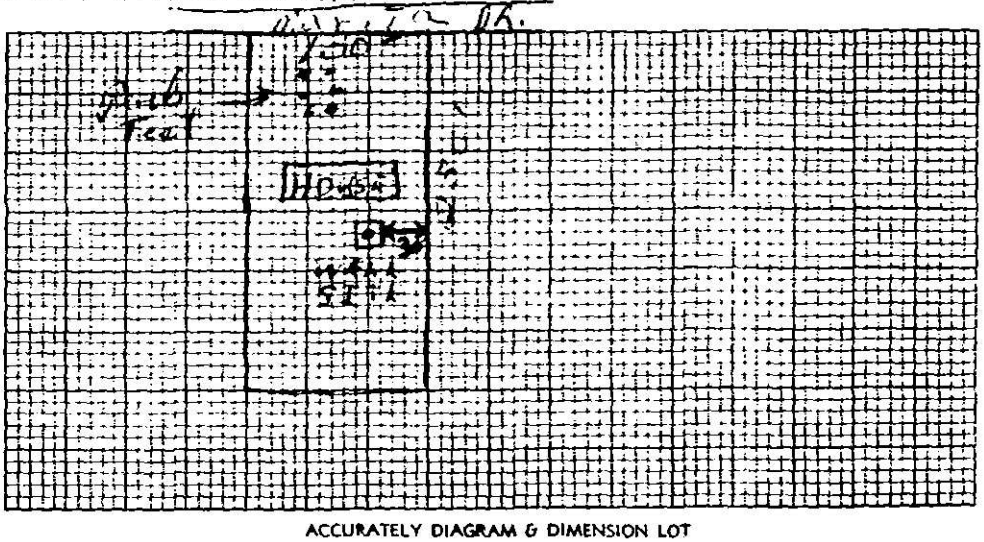
SUBDIVISION Woodlawn LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR Gaston Hosiery LICENSE NO. 134

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

5-17-74
DATE OF APPLICATION

Charles F. Smith
OWNER

Application approved and permit hereby granted

Permit No: 6135

ENVIRONMENTALIST

FORM NO. E-20-4-1-71

HEALTH DEPARTMENT'S COPY