WELL RECORD Well Permit No. [illegible]

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Drilling Contractor CAROLINA WELL DRILL 24/0

1. Location of property 6309 WILLCROFT MINTHILL RD
2. Name of owner RALPH SQUIRES CO.
   Address P.O. BOX 25172 CHARLOTTE NC
3. Does this well replace an existing well? NO
4. Topography (circle one): (draw shape) hilltop valley flat
5. Use of well RES Date completed 9-11-75
6. Rig type or method AIR Total depth 126'
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt. ft.	Type
From	0	to 45 ft.	6 3/8 in.	18	PVC

8. Grout:

	Depth		Material	Method
From	0	to 26 ft.	CROUT	POUR

9. Liner: Used: Depth ____ Diameter ____
   No. holes drilled and abandoned ____
10. Water zones (depth and gpm) 40'+
11. Static water level 20 ft. above/below top of casing
    which is 1 ft. above/below surface Elev. ____
    Date 9-12-75
12. Yield (gpm) 6 Method of testing ____
13. Pumping water level ____ ft. after ____ hrs
    at ____ gpm
14. Water quality ____ Temperature ____ F
15. Well sterilization method CHL
16. Permanent pump: Y Type SUB Make FLW
    Installed – Date 9-12-75 By CLC
    Capacity 5 gpm, hp 1/2 TDH ____
    Intake depth 110' Airline depth ____
17. Remarks ____

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

[signature]
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0	45	RED CLAY
45	126	BLUE GRANITE

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

Date Received 9-3-25 Apt. No. (S) Application No. (W) 7949

T. C. No. 132-021-03

Map Date 4-19-24

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER P O Box 25128 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 6309 WILGROVE-MINT HILL Rd. (STREET OR COUNTY ROAD)

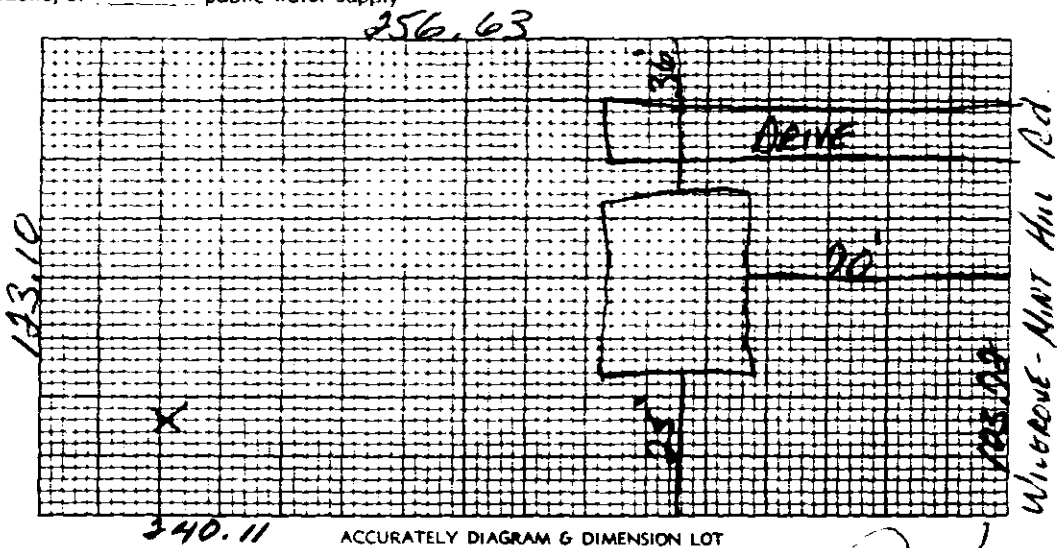
SUBDIVISION PLANTERS CHASE LOT NO 4 BLOCK NO. A

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE DEED BOOK _____ PAGE NO _____ VA LOAN

WELL CONTRACTOR CAROLINA WELL LICENSE NO. _____

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

9-2-25
DATE OF APPLICATION

William K Squires, Jr.
OWNER

Application approved and permit hereby granted

Permit No: 7949

John R Adkisson
ENVIRONMENTALIST

FORM NO. E-20-5-11-73

HEALTH DEPARTMENT'S COPY

Date Received 5-16-74

APT No. 7444

T C No

Map Date

MECK COUNTY HEALTH DEPT.
RECEIVED
MAY 16 1974
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR INSPECTION TEST

1) NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

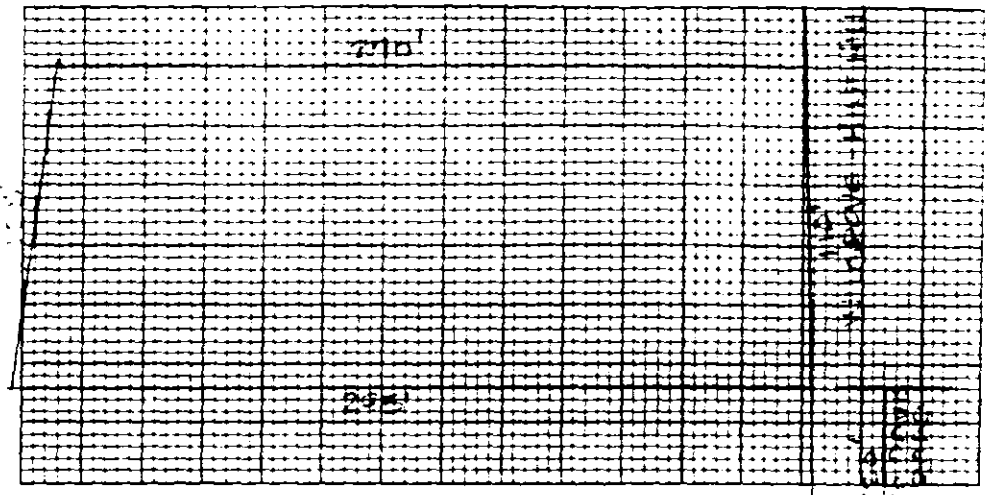
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO 4 BLOCK NO A

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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 [illegible]

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

HEALTH DEPARTMENT'S COPY

Serial No 6417

PTR No 7949
P.O.
T C No 137-021-03

Date Issued May 30, 1974

Map Date 4-19-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

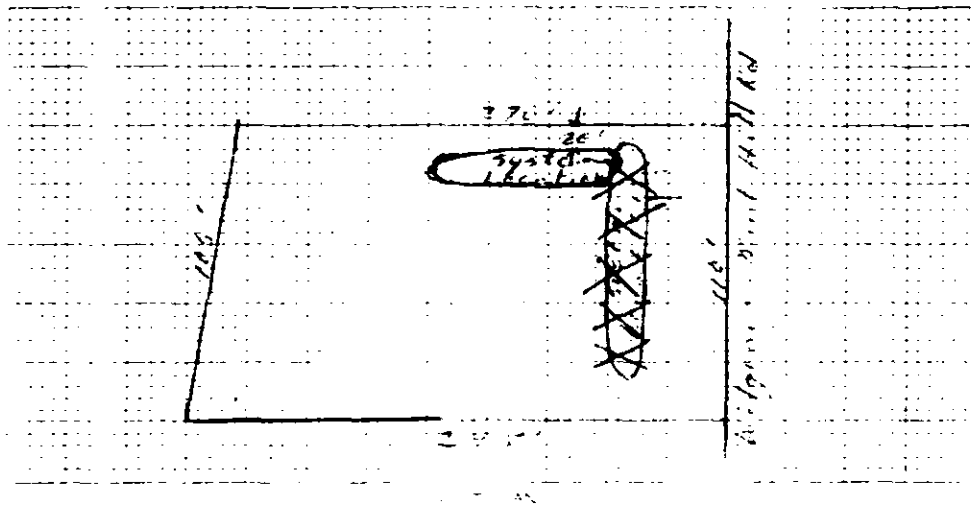
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P.O. Box 26179 ZIP 28212

LOCATION OF PROPERTY Ridgewood Hills Subdivision

SUBDIVISION Ridge Savannah East LOT NO 4 BLOCK NO A



The [illegible] Mecklenburg County Health Department [illegible] this property. This [illegible] that portion of the lot on which the [illegible] is to be installed.

The Health Department [illegible] Subdivision. The [illegible] approval for the [illegible] or individual [illegible] and whether the [illegible] absorption [illegible] is subject to the following terms and conditions:

1. A permit [illegible] Mecklenburg County [illegible] Department prior to [illegible] system on the [illegible]
2. The [illegible] on this plat must [illegible] approved by the Health Department prior to the [illegible] and type of building [illegible] structure thereon.
3. This approval [illegible] the system [illegible] and is not a warranty.
4. The [illegible] performed on the [illegible] Department [illegible] responsible for the [illegible] system.

This approval is given [illegible] laws of the State of North Carolina, the rules and regulations of the North Carolina State Board of Health [illegible] Mecklenburg County Board of Health which are in effect on the date of issuance and is valid for any time in the future until 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.

Director, Environmental Health Division or Authorized Section Head

Soil Scientist

FORM NO E-29-1-2

HEALTH DEPARTMENT'S COPY

Date Received 1-3-75

RECEIVED
JAN 3 1975
ENVIRONMENTAL HEALTH DIVISION

ICAR (S) Application No 7949
T C No 137-021-03
Map Date 4-9-74

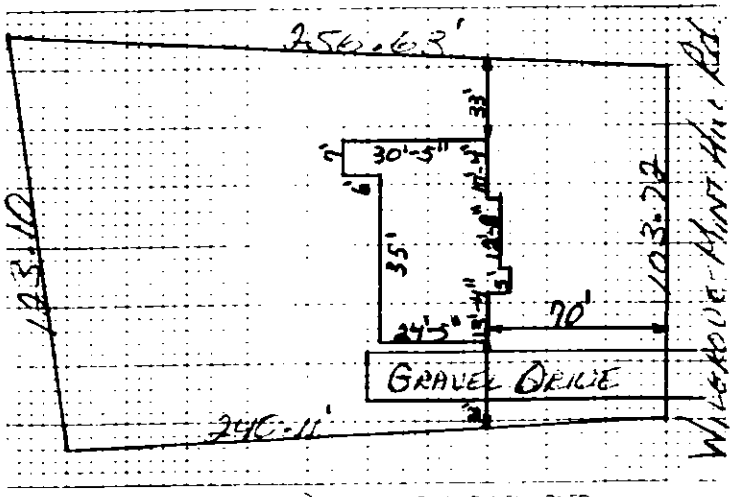
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 hereinafter described hereby applies to the Mecklenburg County Health Department for a permit to

✓ Install or Construct a New Individual Septic Tank Wastewater Treatment System with a Subsurface Soil Absorption, effluent discharge

Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DRAWN AND DIMENSIONED

13 NAME OF OWNER Smith Squires Construction Co. Inc
LAST FIRST

14 ADDRESS OF OWNER P.O. Box 25175

15 PHONE NO Home ___ Office 537-9553

16 LOCATION OF SYSTEM Clarence-Mint Hill Rd
STREET OR COUNTY ROAD

17 SUBDIVISION Lakelands Lot No 4 Block No 11

Map Book No ___ Page No ___

18 DEED REFERENCE — DEED BOOK ___ AT PAGE 5076

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-7-74

20 PTR NUMBER See attached PTR 7949

The undersigned person hereby agrees that he has read the foregoing application and that the statements are true to the best of his knowledge and belief and that any permit applied for hereunder shall be void and of no effect if any of the above facts are not true.

1-16-75
DATE OF APPLICATION

William R. Squires Jr.
OWNER

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Jan. 31, 1975 **Serial No.** 4654 LA No P.O. 7949

T C No 137-021-03

IMPROVEMENTS PERMIT Map Date 4-19-74

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 Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 25179 ZIP

LOCATION OF LOT Wilgrove-Mint Hill Road
STREET OR COUNTY ROAD

SUBDIVISION Netherlands LOT NO 4 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 60Min./In. and 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 7949. This approval is subject to the following terms and conditions

1. That the absorption 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, altered 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

P. A. Kiefer
Environmental Specialist

John R. Atkinson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 30 Sept 1975 Serial No. 6872

ICAR'S Permit No. 7949
T C No. 137-021-03
Map Date 4-19-74

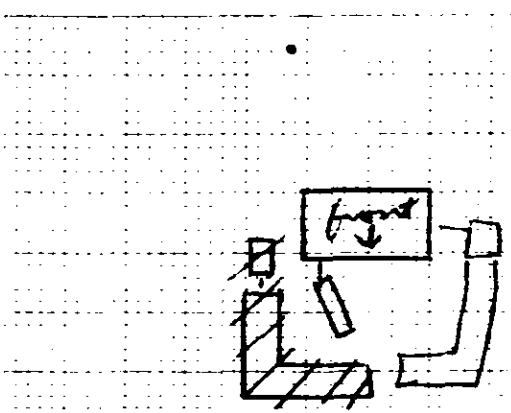
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 / Construct / Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge as described at the location on this permit is granted based upon the information supplied on application 7949 dated 1-16-75 and upon the agreement by the owner and his agent that the effect of this permit is conditioned upon the application and plot plan. Any work has not been completed or this permit shall become null and void 150 days after the date this permit is issued.



Wilgrove - Mint Hill Rd

PLOT OF SYSTEM

	60
	1000 gal
	pre cast
	400; 150
	5 ; 4
	10'
	10'
	50' +

NAME OF OWNER Ralph Aguiera Construction Co., Inc.

LOCATION OF PROPERTY Wilgrove - Mint Hill Rd 4-A

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 in bed 12½ x 80 x 12" - wash line in bed 10 x 30 + x 12"

John R Adkisson
Environmentalist

Division of Sanitation

To avoid payment of the total fee at permit construction of a new system it must be signed by the division or 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. EHE-DWS-75

HEALTH DEPARTMENT COPY

C of A (s) No 7949

Serial No.

T C No 137-021-03

Date Issued 30 Sept 1975

Map Date 4-19-74

John R Atkisson

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 Aquino Construction Co, Inc (FIRST, MIDDLE)

Location of Property Hidgrave - Mint Hill Rd 4-A

Application Number 7949 Permit Number 7949

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material pre cast

Total Length of Drain Tile 400 ; 150 Number of Lines 5 ; 4

Depth of Filter Material 12" Cover Depth 18 1/2

Water Supply Source well Distance to Any Water Source 50'+

Excavation Inspected — Tank Inspected 9-30-75 (DATE)

Notification Requirements met 9-30-75 (DATE)

Absorption Area Inspected & Approved 9-30-75 (DATE)

[illegible] Date of Approval [illegible] Approval is granted to the applicant for the construction of the sewage disposal system described [illegible] Approval is granted [illegible] This Certificate of Approval [illegible] information contained in the application. Any unauthorized additions are made to the property [illegible] could increase the requirements for said system.

Comments installed as permitted

John R Atkisson
Environmentalist

FORM NO E-6-9-1-72