T. C. No. 215-161-08

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No 371 Well Permit No. 6653

1. Town Matthews, N.C. County Mech.
2. Location 3010 Windsor Lane - Lot 5 - Blk E Quadrangle No.
   Show a sketch of location on back of form
3. Owner Ralph Squires Co. Inc.
   Address 3611 Dillon Rd Charl. NC 28213
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 5-7-74
6. Rig type or method Air ROTARY Total Depth 125
7. Casing: Depth From C to 115 ft. Diam. 6 1/4 in. Type .185
8. Grout: Depth From C to 20 ft. Material SAKRETE Method
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) 100
11. Static Water Level: 18 ft. above/below top of casing
    which is 1 ft. above land surface. Elev. ____
    Date 5-7-74
12. Yield (gpm) 30 Method of testing Air
13. Pumping Water Level: 50 ft. after 8 hrs.
    at 12 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method H.T.H
16. Permanent Pump: ____ Type Deep well Make Myers
    Installed — Date 5-7-74 By Crawford
    Capacity 12 (gpm) Hp. 1/2
    Intake depth ____ Airline depth ____
17. Remarks: ____

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

Charles R Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	15	Red clay
15	45	Yellow clay
		Shale
45	125	Blue Granite

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

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

Date Received 30 April '74

Application No. 6653

T. C. No. 125-166-08

Map Date 2-3-72 6-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER 2600 MILTON Rd. ZIP 28212

PHONE NO. Home 537-9553 Office 537-9553

LOCATION OF PROPERTY 3010 WINDROW LANE (STREET OR COUNTY ROAD)

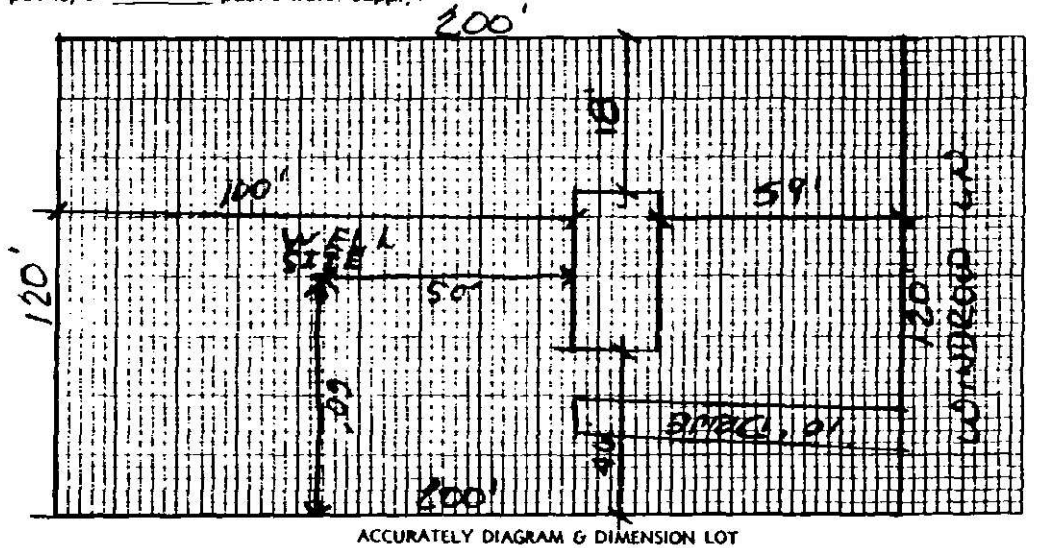
SUBDIVISION WINDROW LOT NO. 8 BLOCK NO. E

MAP BOOK NO. 16 PAGE NO. 174

DEED REFERENCE: DEED BOOK 3438 PAGE NO. 445

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

30 April 74
DATE OF APPLICATION

Bill Harter
OWNER

Application approved and permit hereby granted

Permit No: 6653

Jerry Burton
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

(W)

Date Received 7-12-73

APT No. 6653

T. C No 215-166.08

Map Date 6 10 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 2600 MILTON ROAD ZIP

3) PHONE NO Home Office 537-9553

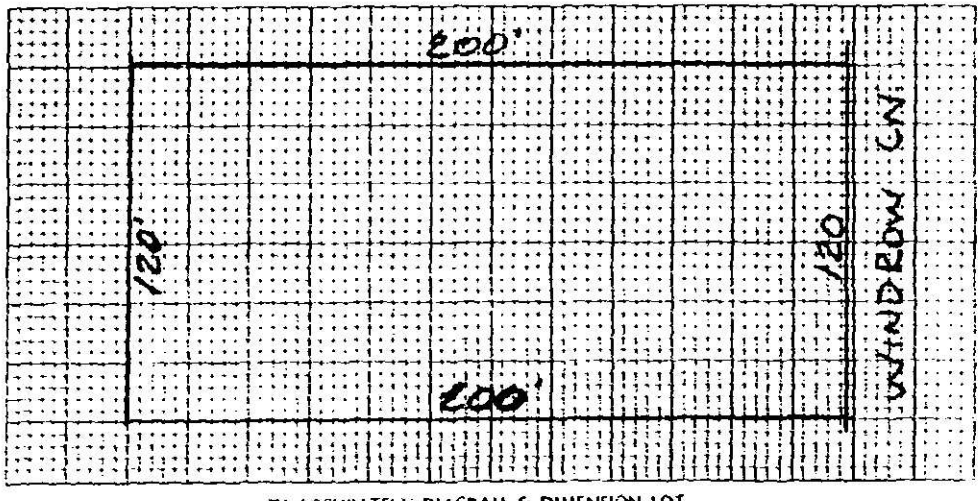
4) LOCATION OF PROPERTY 3010 WINDROW LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO 8 BLOCK NO. E

MAP BOOK NO 16 PAGE NO 131

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. 3679

PTR No. 6653
Rev.
T. C No. 215-16[illegible]-08

Date Issued October 16, 1973

Map Date 2-[illegible]-72
6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

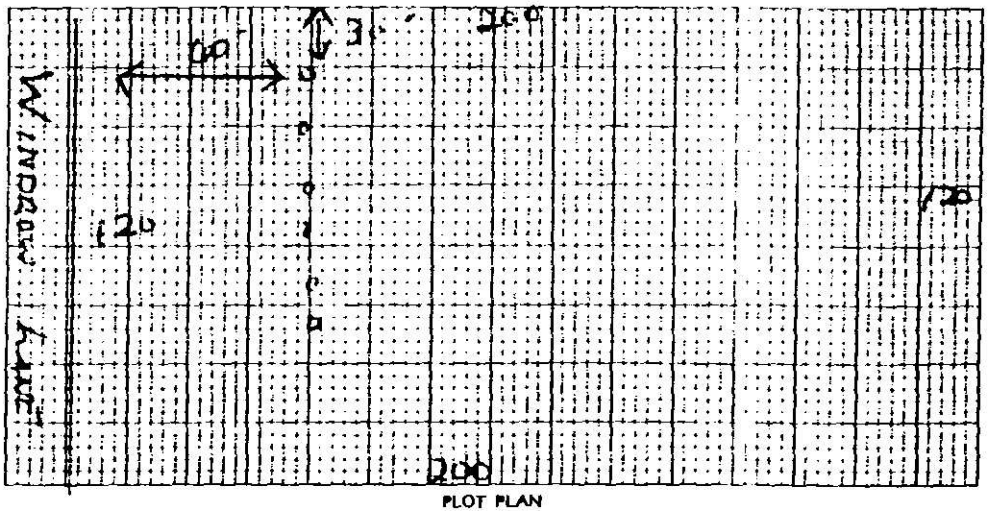
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP

LOCATION OF PROPERTY 3010 Windrow Lane
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 8 BLOCK NO E



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 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.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2 4 1 71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-18-73

ICAR(S) Application No 6653

T C No 215-166-08

Map Date 2-23-73

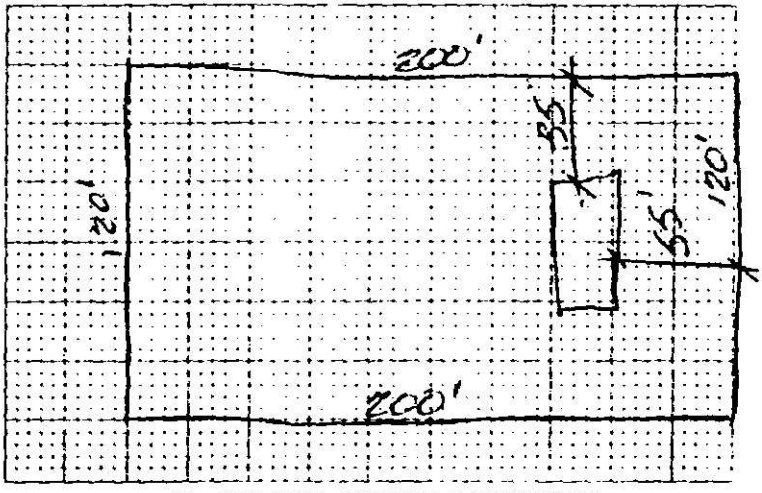
MECKLENBURG COUNTY HEALTH DEPARTMENT 6-10-74

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



31) 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 ____
2) Governmental ____

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 N/A

12) VA Case No ____

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

14) ADDRESS OF OWNER 2600 PICTON ROAD

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

16) LOCATION OF SYSTEM 3010 WINDROW LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW Lot No 8 Block No E

Map Book No 16 Page No 131

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 10-16 13 FAILED

20) PTR NUMBER (See Instructions) 6653

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

DATE OF APPLICATION 10/19/73

OWNER Bill Harris

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 19, 1973 Serial No. 3539

LA No. 6653

T C No. 215-166-08

IMPROVEMENTS PERMIT

Map Date ~~2-23-72~~ 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 ~~X~~Squires Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP

LOCATION OF LOT 3010 Windrow Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 8 BLOCK NO E

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 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 6653. 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

Serial No. 5416 ICAR(S) Permit No. 6653

Date Issued 19 Jun 74 PO T C No 215-161-01

Map Date 23 Jul 73

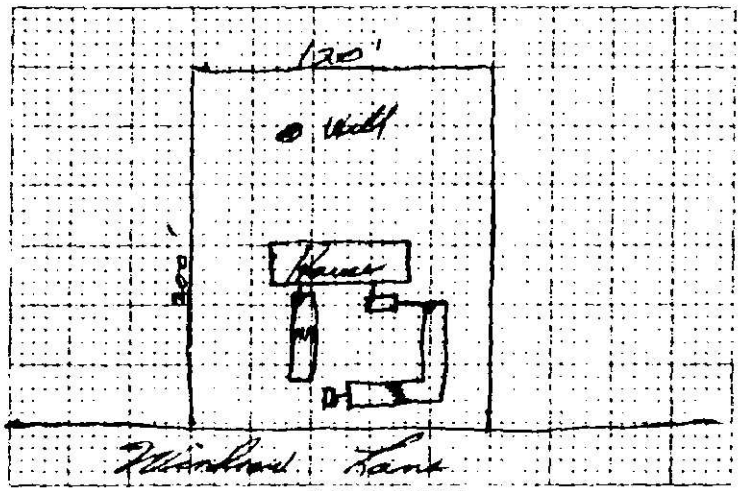
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6653, dated 19 Jun 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 19 July 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 795' + 200' WM, 4(10'x50'x17")

Number of Lines 5(12½'x15'x17")

Distance from House 10'

Distance from Property Line 15'

Distance from Well 100'

NAME OF OWNER Ralph Squires Const. Co.

LOCATION OF PROPERTY 3010 Wintland Lane (Lot 8-E)

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 Floyd Hampton (Contr.)

Division or Section Head

M. D. Berry
Environmentalist

If this permit is for the installation or 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 Environmental Specialist is required where an existing system is being altered or repaired

Form E-5-9-1-72

Serial No. 5061

C of A Is! No. 6653

Date Issued 7-18-74

P.O. T C No 215-161-01

Map Date 23 JUL 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 Const. Co. (LAST, FIRST, MIDDLE)

Location of Property 3010 Windrow Lane (Lot 8-E)

Application Number 6653 Permit Number 6653

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 795'+200'Wm Number of Lines 4(10'x50'x17") 5(12½'x80'x36")

Depth of Filter Material 36"+17" Cover Depth 18"-24"

Water Supply Source Ind. well Distance from Water Source 100'

Excavation Inspected 7-18-74 (DATE) Tank Inspected 7-18-74 (DATE)

Nitrification Field Inspected 7-18-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-18-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent disposal 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 connected with the system 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 Honeycutt (Contractor)

M. R. Hedy
Environmentalist

FORM NO. E-6-9-1-72

DEPARTMENT COPY