Date Received 10/8/76

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 8 1976

APT No. 1516
P.O.
T. C. No. 215-131
Map Date 9[illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER RALPH SQUIRES COMPANY
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER POST OFFICE BOX 25178 CHARLOTTE, N.C. ZIP SEX 28212

3) PHONE NO. Home _____ Office 537-9553

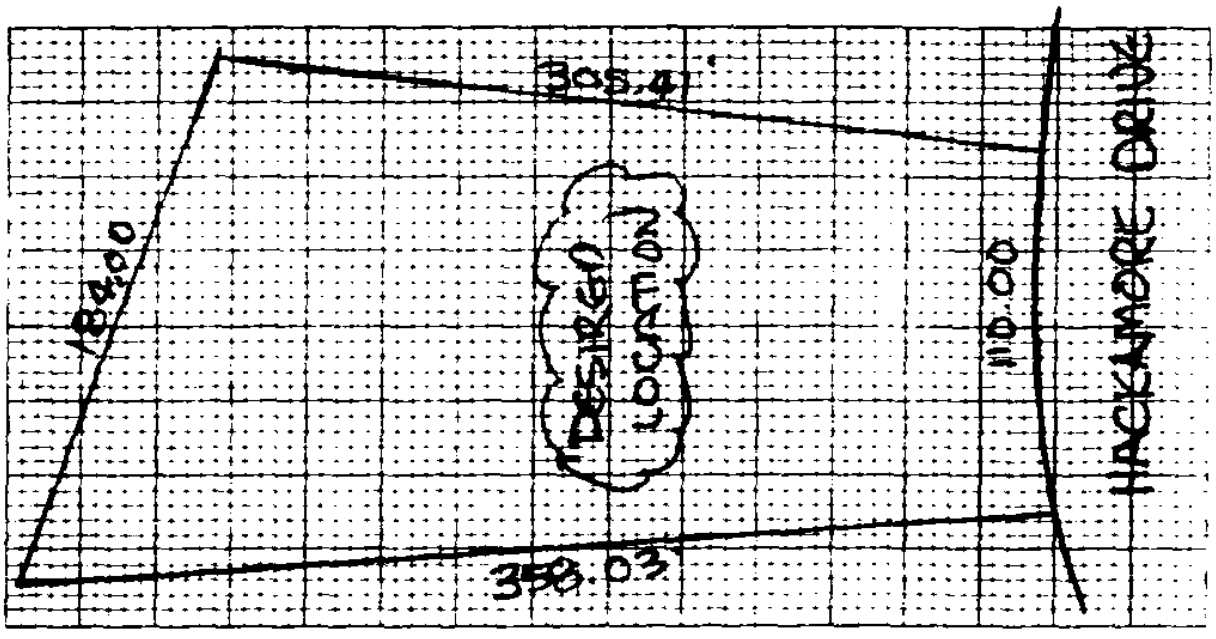
4) LOCATION OF PROPERTY 14035 HACKAMORE DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO. 20 BLOCK NO. F

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

Jim Boozer
OWNER

FORM NO. ET-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation October 14, 1976 APT NO. 11516

Owner Ralph Squires Co.

Location of Property Hackamore Drive lot 20 Block F

Soil Suitability Ratings TCN: 215-131-01

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	Cecil		Chewacla
2. Soil Slope	suitable 2-15%	unsuitable >25%		———
3. Soil Depth	suitable >48"	suitable >48"		———
4. Soil Texture	provisionally suitable clay	provisionally suitable clay		———
5. Soil Structure	provisionally suitable blocky	provisionally suitable blocky		———
6. Restrictive Horizons	———	———		———
7. Soil Drainage	suitable Water Table >6'	unsuitable lateral water movement		unsuitable poorly drained
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate	provisionally suitable moderate		unsuitable seasonal high water table <18" from surface
9. Other	Gumaitin ———	Gumaitin ———		unsuitable floods
10. Overall Rating	provisionally suitable	unsuitable		unsuitable

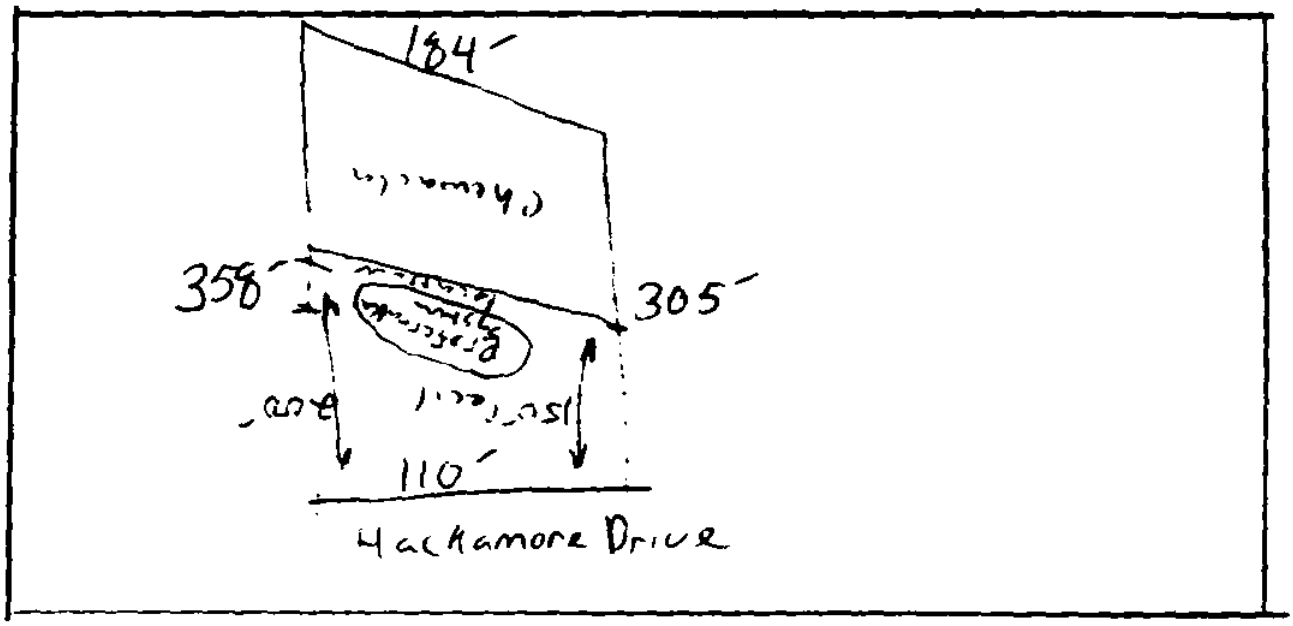
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in. and should be placed in the area of Cecil soils on suitable slopes.

See diagram on back

W. Edward Carmichael
Soil Scientist

3/18/75
HHD 539

DIAGRAM OF PROPERTY



3/18/75

339

Serial No. 0238

PTR No. 1306
P.O. 215-131-01

Date Issued 10/14/76

T. C. No. 9/20/76

Map Date

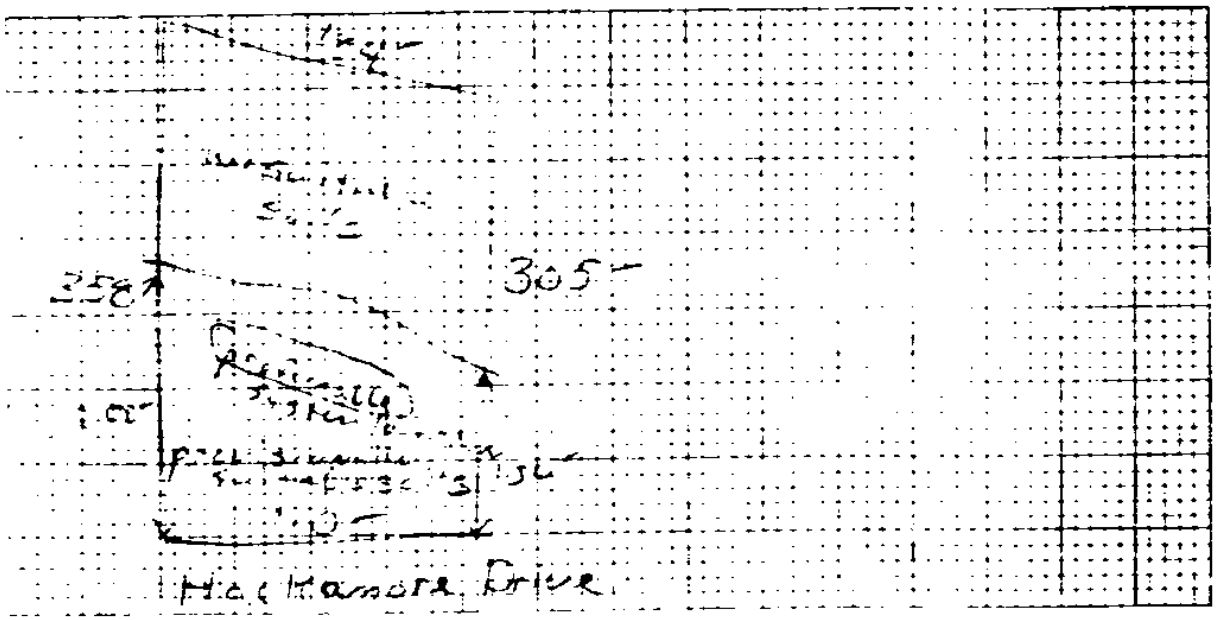
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST) Ralph Squires Co. (FIRST) (MIDDLE)

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

LOCATION OF PROPERTY 14035 Hackamore Drive (STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 20 BLOCK NO F



PLOT PLAN

Mecklenburg County ... was conducted ...

Provisionally Suitable
60Min./In.

... soil ... is approved ... subsurface, soil ab- ...

... Mecklenburg County Depart ... wastewater treatment ...

... determined by the Mecklenburg ... Haired drive and ...

... system installed on ...

... determined on the attached ... accepted as acceptable for ...

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future prior to 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

W. Edward Casement
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5 76

Environmental Health Department's Copy

MECK. COUNTY DEPARTMENT ... RECEIVED FEB 24 ...

Date Received

ICAR(S) Application No 11516

T C No 215-131-01

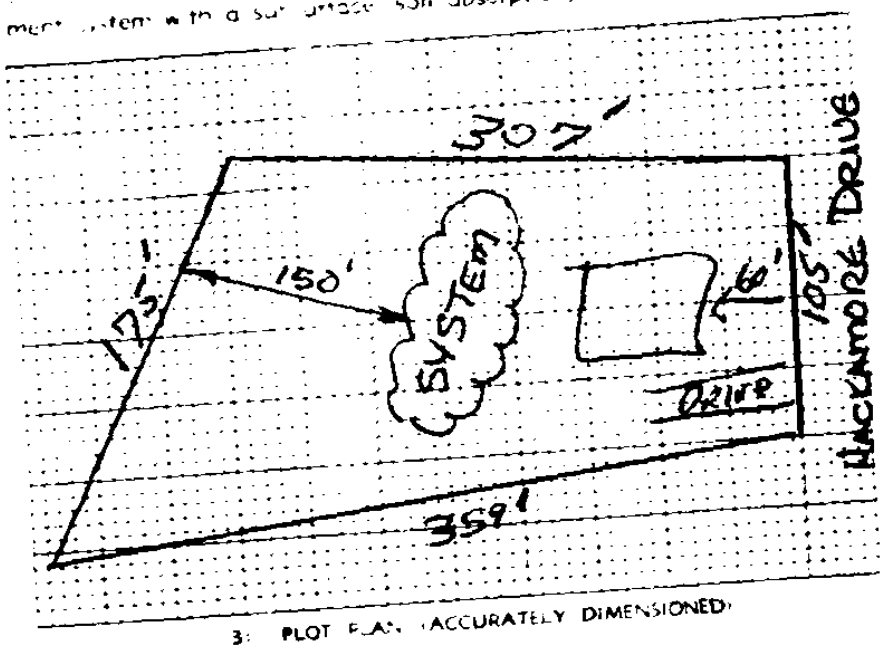
Map Date 9/20/76

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 ... that ... 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

Yes

N/A

N/A

13. NAME OF OWNER 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 14035 Hackamore Drive (STREET OR COUNTY ROAD)

17. SUBDIVISION Windrow Estates Lot No 20 Block No F

Map Book No 18 Page No 22

18. DEED REFERENCE — DEED BOOK _____ AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? x YES ____ NO DATE RUN 10/14/76

20. PTR NUMBER See Instructions: 11516

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.

Jim Bogan
OWNER

Feb 23 1977
DATE OF APPLICATION

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3/2/77

ICAR(S) Application No. P-19

T. C. No. 215-131-01

Map Date 9-20-76

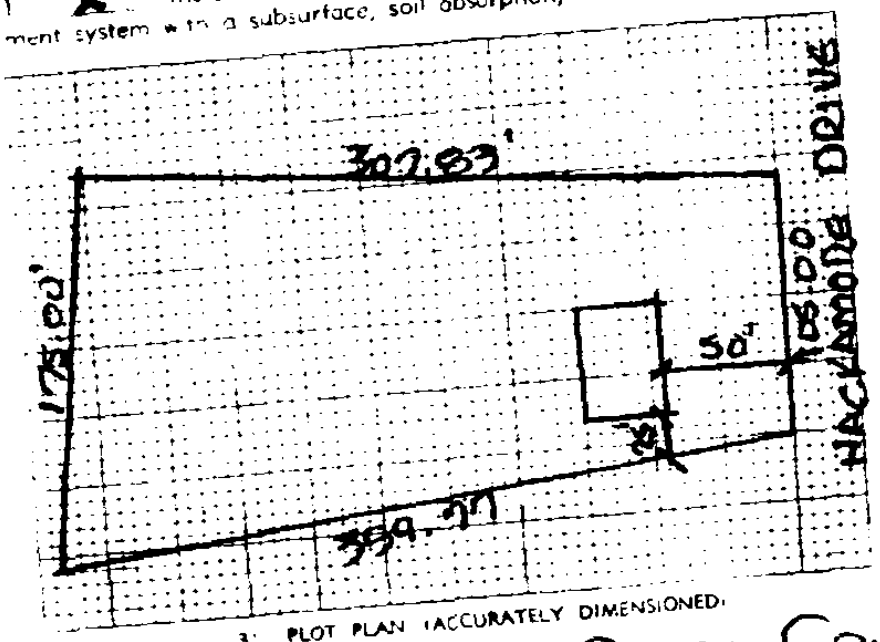
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X 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 RALPH SQUIRES CO. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 25128 CHARLOTTE, N.C. 28212

15) PHONE NO Home _____ Office 537-9553

16) LOCATION OF SYSTEM 14035 HACKAMORE DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW Lot No. 20 Block No. F

Map Book No 18 Page No. 22

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 10/14/76

20) PTR NUMBER (See Instructions) 11514

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.

3/2/77
DATE OF APPLICATION

OWNER

FORM NC E-4-4 2M-6-75

HEALTH DEPARTMENT'S COPY

Serial No. 0516

LA No. 11516

Date Issued 2/25/77

T. C. No. P.O. 215-131-01

Map Date 9-20-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 25178, Charlotte, N. C. ZIP 28212

LOCATION OF LOT 14035 Hackamore Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 20 BLOCK NO F

MAP BOOK NO 18 PAGE NO 22

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 ~~11516~~. 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 soil investigation 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

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 0728

ICAR (S) Permit No. 11516

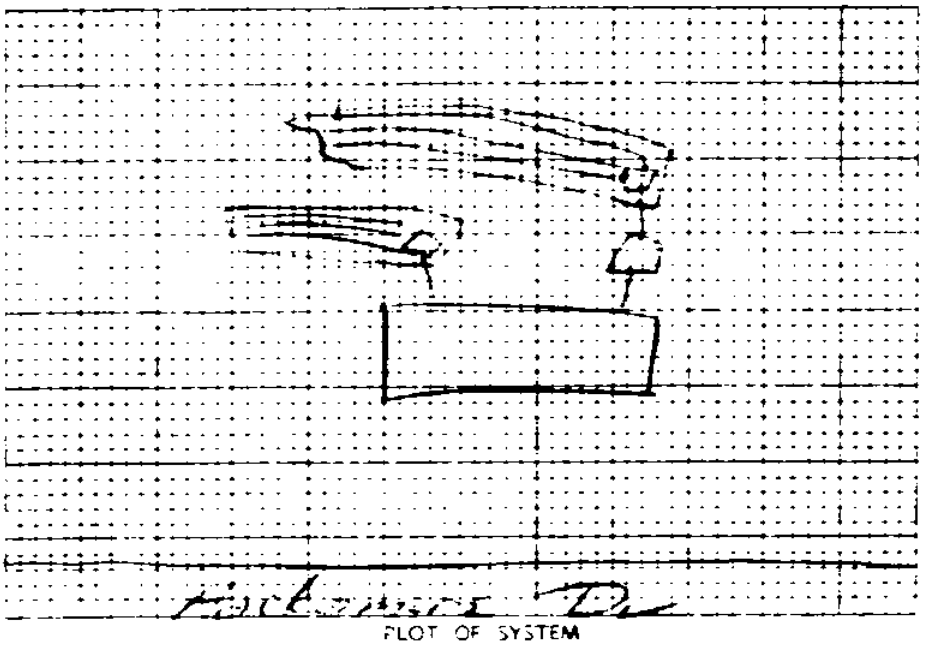
Date Issued 5-16-77

T C No. 215-131-01

Map Date 9-20-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 11516 dated 5-5-77 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 6-16-77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 535 - 200

Number of Lines 5 - 4

Distance from House 10

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER North Squares Co

LOCATION OF PROPERTY 1725 Hackamore Dr 28205

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments 135' x 106 x 12'

70' x 56' x 10'

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Serial No. 0726

C of A (s) No. 11516

Date Issued 5-16-77

P.O.
T. C. No. 215-131-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

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

Location of Property 14035 Hackamore Dr. 20F

Application Number 11516 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 530'-200' Number of Lines 5-4

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected — (DATE) Tank Inspected 5-12-77 (DATE)

Nitrification Field Inspected 5-12-77 (DATE)

Washing Machine Line Inspected, if Applicable 5-12-77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been A. 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 permits 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 propert, which would increase the requirements for said system

Comments Installed as permitted
Locust Const. Co

Environmentalist

EHD-5-76

Environmental Health Department's Copy