T. C. No. 724

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 7244

1. Town Matthews County Mack
2. Location 13608 Andulusian Dr. Lot 2 Blk F (Windrow Estates) Quadrangle No
   Show a sketch of location on back of form
3. Owner Ralph Squires Const. Co., Inc.
   Address P. O. Box 25178 Char. NC
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 6-10-75
6. Rig type or method Air Rotary Total Depth 105
7. Casing: Depth From 0 to 42 ft. Diam. 6¼ in. Type 185 Galv
8. Grout: Depth From 0 to 20 ft. Material Sakrete Method
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 85
11. Static Water Level: 20 ft. above/below top of casing which is 1 ft. above land surface. Elev.
    Date 6/10/75
12. Yield (gpm) 8 Method of testing Air
13. Pumping Water Level: 50 ft. after 8 hrs. at 8 gpm.
14. Water Quality Temperature (°F)
15. Well sterilization method HTH 1 Cup
16. Permanent Pump: Type Deepwell Make Myers
    Installed — Date 6/11 By
    Capacity 8 (gpm) Hp. ½
    Intake depth Airline depth
17. Remarks:

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

Betty M. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	20	Red Clay
20	42	Yellow Shale
42	105	Blue Granite

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

Date Received 8/25/75

MCLK COUNTY HEALTH DEPT.
RECEIVED
JUN 3 1975

Application No. 7244
T. C. No. 215-162-15
Map Date 5-3-22

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER P.O. BOX 25178 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 13608 ANDALUSIAN DR.
(STREET OR COUNTY ROAD)

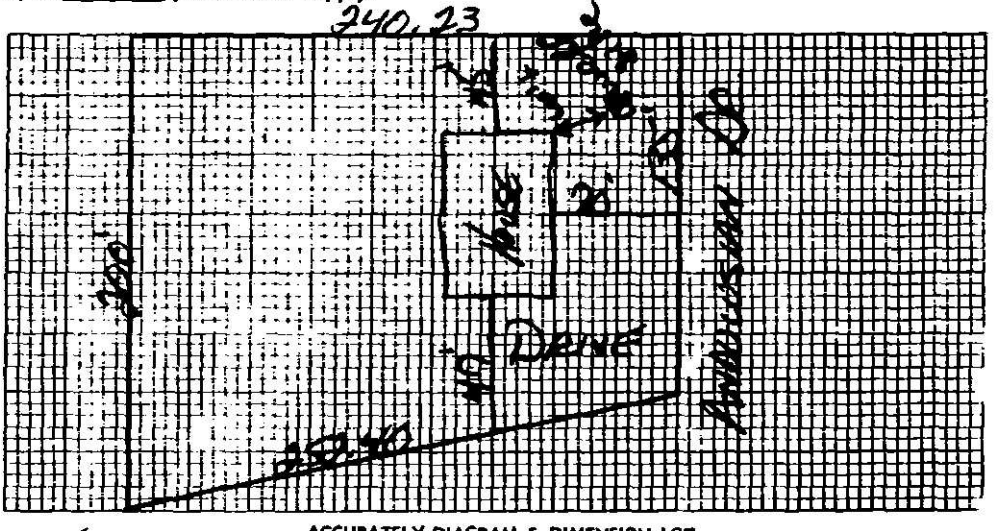
SUBDIVISION WINDSOR ESTATES LOT NO. 2 BLOCK NO. F

MAP BOOK NO. 16 PAGE NO. 173

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

6-10-75
DATE OF APPLICATION

William L. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: 7244

G. M. Reynolds
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: April 3, 1974

TO: Moffitt Kirby
Environmentalist

FROM: W. Everette Lynn, Jr. wel
Soil Scientist

SUBJECT: APT #7244 (Ralph Squires Construction Co.)
Lot No. 2-F 13608 Andulusian Drive
Windrow Estates Subdivision

4-1-74

The lot is composed of fill material and soils of the Chewacla and Cecil series.

The fill material and Chewacla soils occur on the rear of the lot (away from Andulusian Dr.). The fill consists of highly compacted clayey material which has little porosity or structural development. The Chewacla soils have a seasonal high water table within 18 inches of the soil surface and are subject to flooding. These soil characteristics result in inadequately slow permeability and percolation rate.

The Cecil soils occur on the front of the lot (adjacent to Andulusian Dr.). These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted conditional approval for installation of a septic tank system. The system must be located in the area of Cecil soils as indicated on the "Percolation Test Report". Design should be based on a 60 min./in. perc. rate.

WEL:jdg

Date Received 11-19-73

APT No. 7244

T. C. No. 215-169-15

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 2600 MILTON ROAD ZIP 28205

3) PHONE NO. Home _____ Office 537-[redacted] 9553

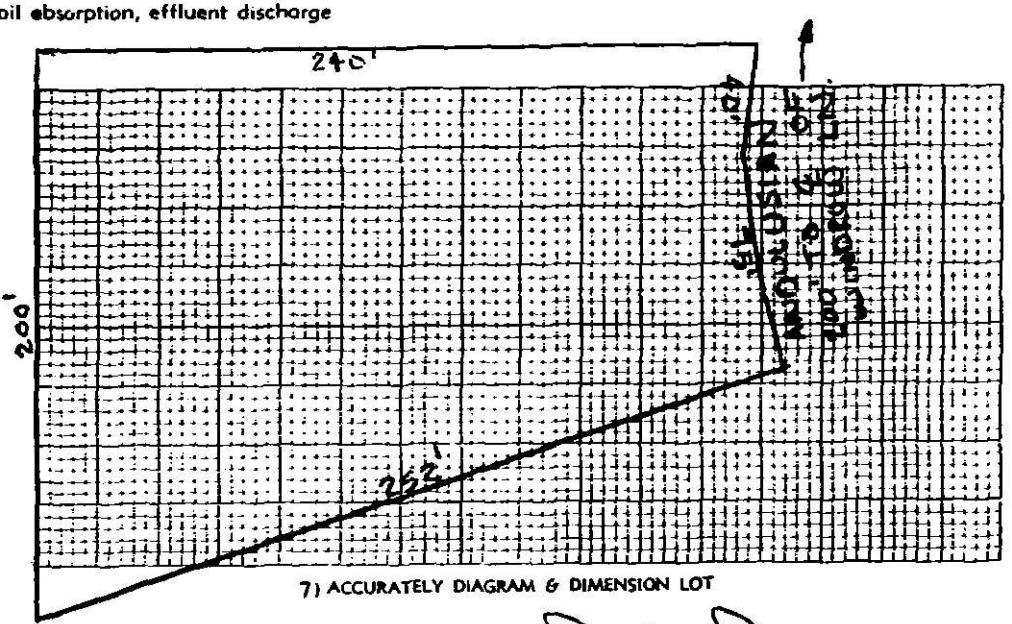
4) LOCATION OF PROPERTY 13608 ANDULUSIAN DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO. 2 BLOCK NO. F

MAP BOOK NO 16 PAGE NO. 173

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

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4193

PTR No. 7244
P.O.
T C No 215-16[illegible]-0[illegible]5

Date Issued April 4, 1974

Map Date 5-3-72
6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

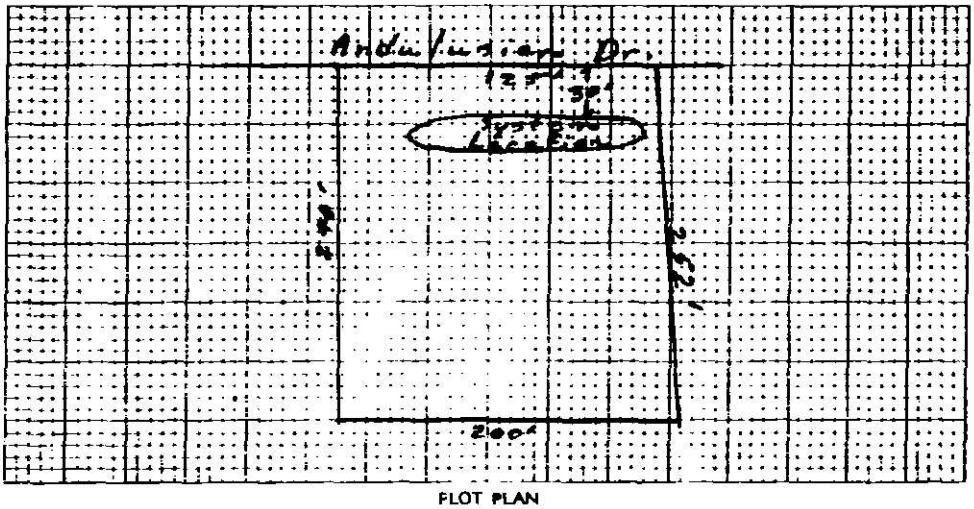
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP 28205

LOCATION OF PROPERTY 13608 Andulusian Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 2 BLOCK NO F



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 sub-surface, 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 water 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 void and of 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.

*Results determined by soil analysis.

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

W. Everette Lynn, Jr.
Soil Scientist

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/14/75

ICAR(S) Application No. 7244

T. C. No. 215-161-5015

Map Date 5-3-72

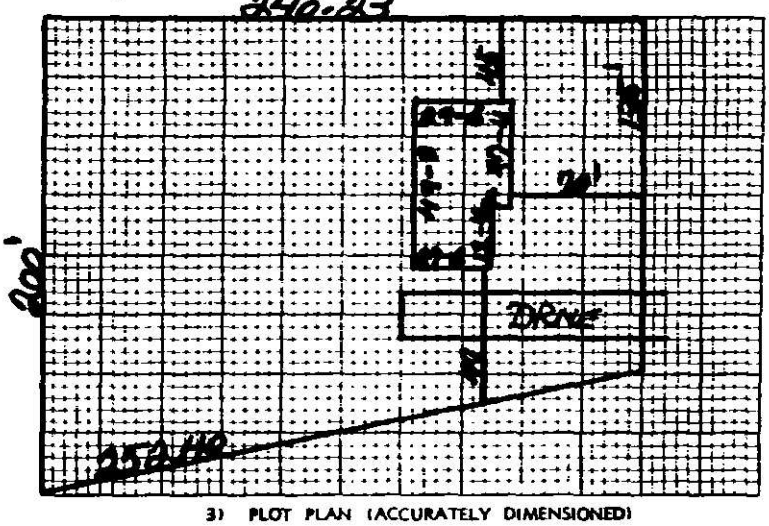
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 No

6) Washing Machine X Yes ____ No

7) Garbage Disposal X Yes ____ No

8) Dishwasher X Yes ____ 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 The Ralph Squires Construction Co., 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 13608 ANDALUSIAN DRIVE
(STREET OR COUNTY ROAD)

17) SUBDIVISION Windrow Estates Lot No. 2 Block No. F

Map Book No. 16 Page No. 173

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445 SB 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 4-1-75

20) PTR NUMBER (See Instructions) 7244

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.

5-13-75
DATE OF APPLICATION

OWNER [signature] Development [illegible]

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

HEALTH DEPARTMENT'S COPY

Date Issued May 13, 1975

Serial No. 4945
IMPROVEMENTS PERMIT

LA No. 7244
T. C. No 215-167-15
Map Date 5-3-72

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 The Ralph Squires Company
(LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 13608 Andulusian Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 2 BLOCK NO. F

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 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 7244. 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.

Ralph Sanders
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 19June75 Serial No. 6536 ICAR (S) Permit No. 7244

T C No. 215-167-15

Map Date 5-3-72

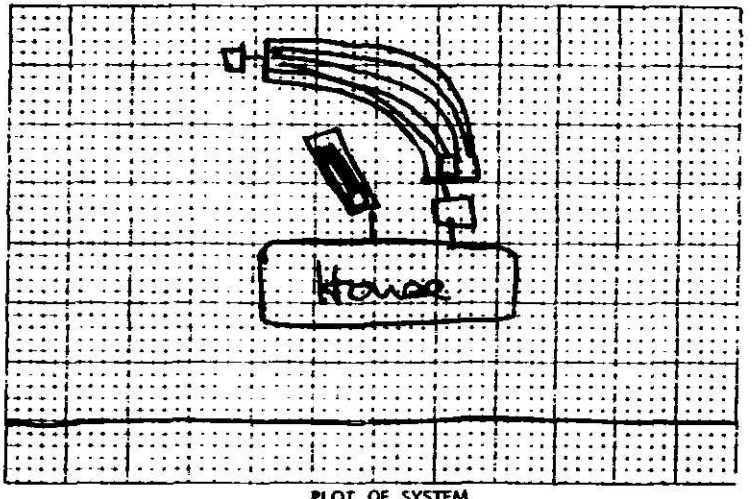
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 19July75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 795'#200'

Number of Lines 6 15'x133'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires

LOCATION OF PROPERTY 13608 Anoulsinn

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: wreaker 10'x50'

aeration pit 2½'x7'14' stone

Division or Section Head

A. 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.

E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 20 June 75 Serial No. 5997

C of A (s) No. 7244

T. C. No. 215-167-15

Map Date 5-3-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

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 13608 Andulusian

Application Number 7244 Permit Number 7244

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast Concrete

Total Length of Drain Tile 795'+200' Number of Lines Two Beds (5) 12½'x80'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 20 June 75 (DATE) Tank Inspected 20 June 75 (DATE)

Nitrification Field Inspected 20 June 75 (DATE)

Washing Machine Line Inspected, If Applicable 20 June 75 (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: * change layout to Two Beds 12½'x80'
aeration pit o.k.

E. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 7245

1. Town Matthews (Winirow Estes) County Lock
2. Location 13600 Andulusian Dr. Lot 3 Blk F Quadrangle No. _____
   Show a sketch of location on back of form
3. Owner Ralph Squires Const. Co., Inc.
   Address P. O. Box 25178 Char. N. C. 28212
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4/2/75
6. Rig type or method Air Rotary Total Depth 125
7. Casing: Depth From 0 to 65 ft. Diam. 6 5/4 in. Type 185 Galv
   From _____ to _____ ft. _____ in. _____
8. Grout: Depth From 0 to 20 ft. Material Sakrite Method _____
   From _____ to _____ ft. _____ in. _____
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
   From _____ to _____ ft. _____ in. _____
10. Water Zones (depth) 85
11. Static Water Level: 10 ft. above / below top of casing
    which is 1 ft. above land surface. Elev. _____
    Date 4/2/75
12. Yield (gpm) 10 Method of testing Air
13. Pumping Water Level: 20 ft. after 8 hrs.
    at 10 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method HTH 1 Cup
16. Permanent Pump: Type Deep Well Make Myers
    Installed — Date 4/3/75 By Crawford
    Capacity 10 (gpm) Hp. 1/2
    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
0	20	Red Clay
20	65	Brown Shale
65	125	Blue Granite

Form No. E-22-6-1-72