Received 2/25/25

Application No. 6652
T. C. No. 225-161-01
Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER P.O. Box 25178 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 13520 LIPIZZAN CT
(STREET OR COUNTY ROAD)

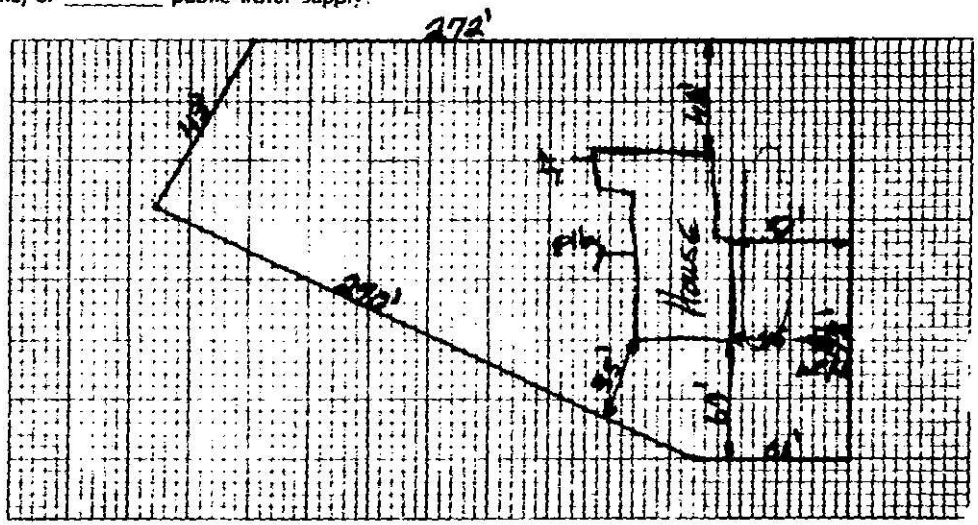
SUBDIVISION WINDROW ESTATES LOT NO. 16 BLOCK NO. C

MAP BOOK NO. 16 PAGE NO. 131

DEED REFERENCE: DEED BOOK 3438 PAGE NO. 445

WELL CONTRACTOR CRAWFORD WELL DRILLING LICENSE NO. 252

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 V individual, _____ semi public, or _____ public water supply.




ACCURATELY DIAGRAM & DIMENSION LOT

2-12-25
DATE OF APPLICATION

William K. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: 6652

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 7-12-73

APT No 6652

T C No 215-161-37

Map Date 6/0 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 P.O. BOX 35178 ZIP 28212

3) PHONE NO Home _____ Office 537-9553

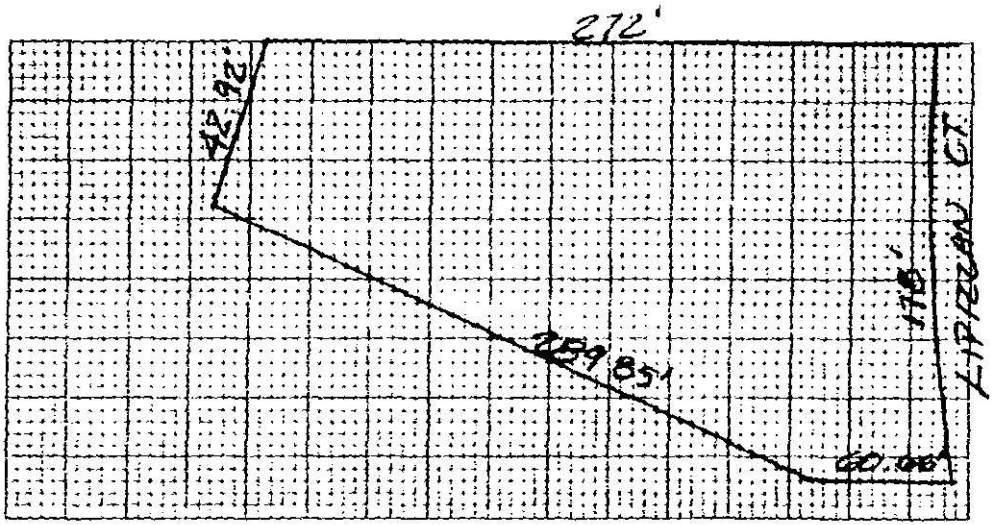
4) LOCATION OF PROPERTY 13520 LIPIZZAN COURT
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO 16 BLOCK NO C

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 Hartes
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## INTER-OFFICE COMMUNICATION

**DATE:** October 29, 1973

**TO:** Tom Ward
Environmentalist

**FROM:** W. Everette Lynn, Jr. WEL
Soil Scientist

**SUBJECT:** APT #6652 (Ralph Squires Construction Company)
Lot No. 16-C, 13520 Lipizzan Court
Windrow Estates Subdivision
10-26-73

Soils were found to be of the Appling series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be approved for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3768

PTR No 6652

T C No 215-161-~~00~~37

Date Issued October 29, 1973

Map Date ~~9-27-73~~ 6 10 74

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

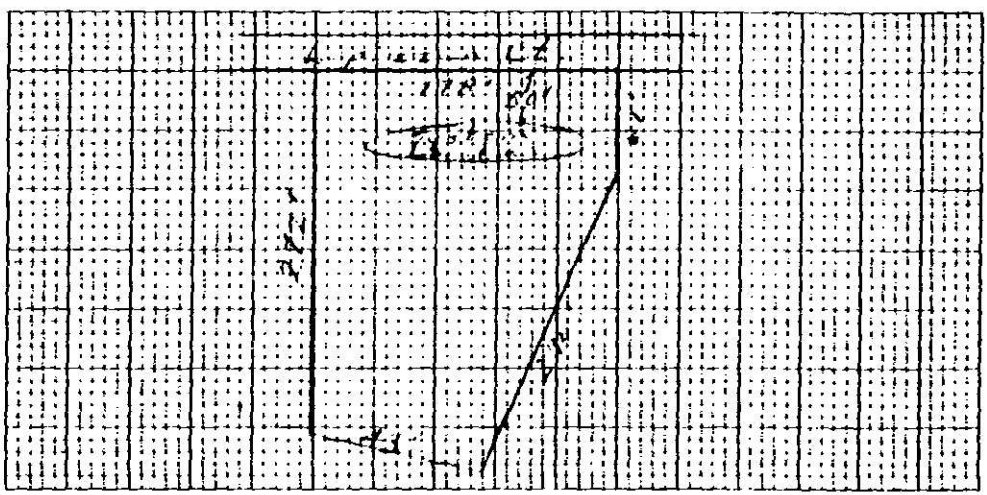
## PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P.O. Box 25178 ZIP

LOCATION OF PROPERTY 13520 Lipizzan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 16 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 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.

*Results determined by soil analysis.

John R Richardson
Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-9-1-72 Soil Scientist

HEALTH DEPARTMENT'S COPY

N

SEE INSTRUCTIONS ON BACK

Date Received 11-1-73

ICARIS Application No 6652

T C No 215-161-[illegible]37

Map Date [illegible] 6-10-74

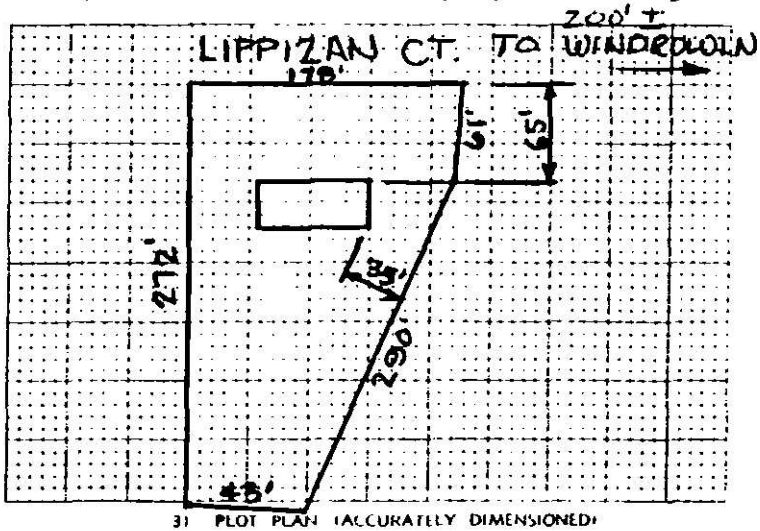
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 FOUR

5) Business Use Max 25 Employee N/A

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes 777 No

8) Dishwasher Yes No

9) Water Supply
A) Individual Well YES
B) Government System
C) Community System
1 Well Source
2 Government Source

10) Sewage System
House located within 200' of public sewer Yes ✓ No
House located within 200' of Community sewer Yes ✓ No

11) FHA Case No N/A

12) VA Case No N/A

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

14) ADDRESS OF OWNER POST OFFICE BOX 25178

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

16) LOCATION OF SYSTEM 13520 LIPIZZAN COURT (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW Lot No 16 Block No C

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 10-26-73 [illegible]

20) PTR NUMBER (See Instructions) 6652

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

NOVEMBER 1, 1973
DATE OF APPLICATION

Jim Bogan
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3578

Date Issued November 2, 1973

LA No. 6652

T. C. No. 215-161-[illegible]3/

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 Post Office Box 25178 ZIP _____

LOCATION OF LOT 13520 Lipizzan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow LOT NO 16 BLOCK NO. C

MAP BOOK NO 16 PAGE NO. 131

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 6652. 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 Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 4-7-75 Serial No. 6234 ICAR(S) Permit No. 6652

T C No 215-161-37

Map Date 6-10-74

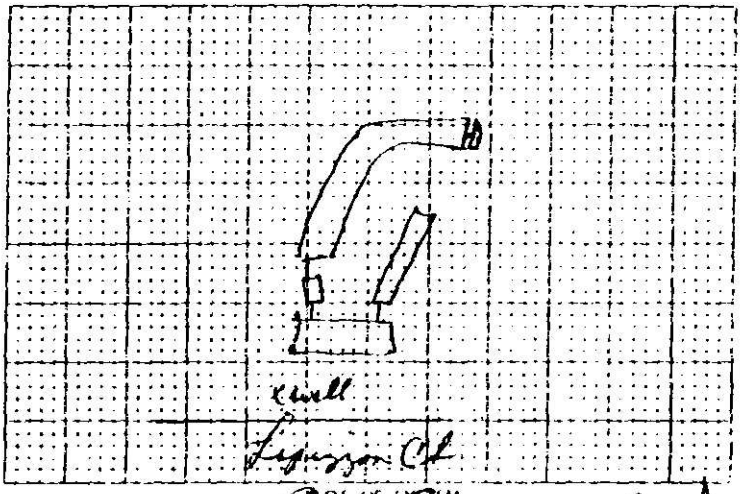
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 6652, dated 11-1-73 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 5-7-75, after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 75'+150'

Number of Lines 3 (12½x15'x12") 3 (7½x50'x12")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squire Const Co. Inc.

LOCATION OF PROPERTY 13520 Ferguson Ct.

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 Alternate pit 25x 7'x 1½' Stone
Downspouts

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

E-5-9-1-72

Date Issued 4-9-75 Serial No. 5642 C of A (s) No 6652

T C No 215-161-37

Map Date 6-10-74

John A Adamson
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. Inc
LAST FIRST MIDDLE

Location of Property 13520 Lyerly ct

Application Number 6652 Permit Number 6652

**Inspection Date:**

Liquid Capacity of Tank 1500 gal Tank Material FR

Total Length of Drain Tile 79.5'+150 Number of Lines ~~6~~ 3 (12½ x 157½ x 17" / 7½ x 66½ x 17")

Depth of Filter Material 17" Cover Depth 15

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4-9-75 DATE Tank Inspected 4-9-75 DATE

Nitrification Field Inspected 4-9-75 DATE

Washing Machine Line Inspected, If Applicable 4-9-75 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 Aeration pit 2½ x 7 x 4' Stone
Homeowners

Environmentalist

FORM NO E-6-9-1-72