Date Received 6/14/77

APT No. 12658

T. C. No. 21,131

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

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

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

3) PHONE NO. Home _____ Office 537-9553

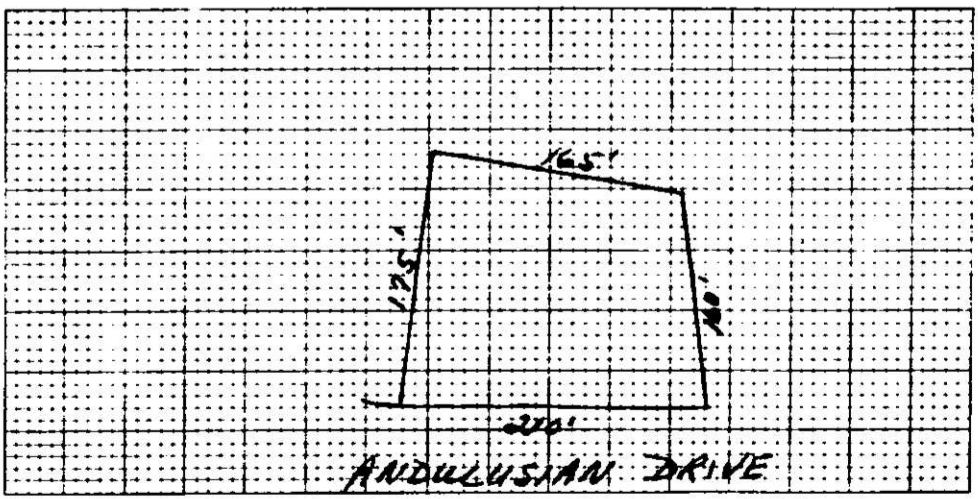
4) LOCATION OF PROPERTY 13717 Andulusian Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Windrow Estates LOT NO. 18 BLOCK NO. E

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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 Bogan
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 0995

PTR No. 12658

Date Issued June 27, 1977

T C No. P.0.215-131-01

Map Date _____

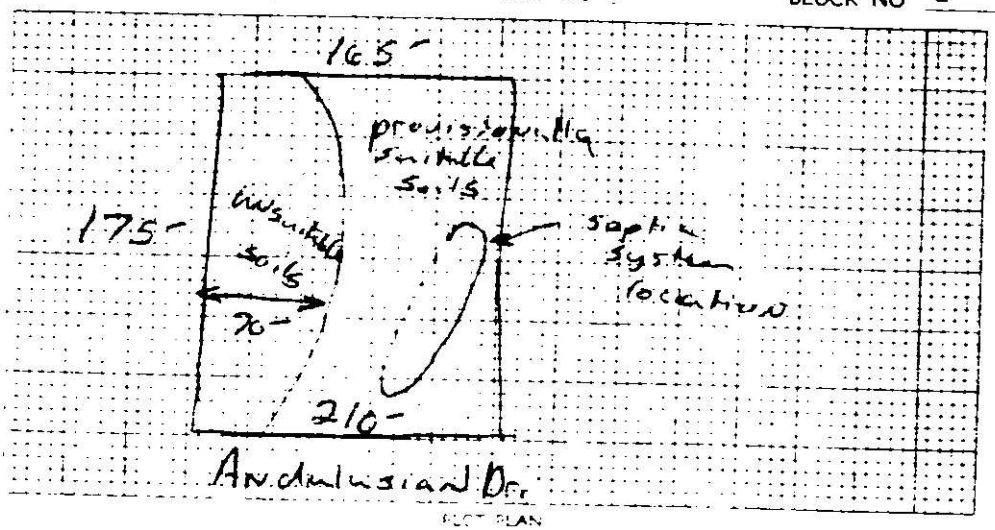
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

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

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

LOCATION OF PROPERTY 13717 Andulusian Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 18 BLOCK NO E



PLOT PLAN

...Mecklenburg County, ... was conducted

Provisionally Suitable
60 min/in.

... lot is approved ... with subsurface, soil ab-
... and conditions.

... Mecklenburg County Depart-
... the wastewater treatment ...

... the Mecklenburg ... above, and on ...

... system installation ...

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 and the new or revised laws, rules, and regulations been in effect on the issue date.

W. Edward Casavant
Soil Scientist

John M. Adamson
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation June 24, 1977 AFT NO. 12658

Owner Ralph Squires Construction Co., Inc.

Location of Property 13717 Andalusian Drive Lot No. 16 Block E

Soil Suitability Ratings Talbot Co. P.O. 215-131-62

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			Chewacla
2. Soil Slope	suitable 3-8a°			—
3. Soil Depth	suitable >48"			—
4. Soil Texture	provisionally suitable clay			—
5. Soil Structure	provisionally suitable blocky			—
6. Restrictive Horizons	—			—
7. Soil Drainage	suitable water table >6'			unsuitable poorly drained
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate			unsuitable seasonal high water table <48" from surface
9. Other	60 min/in.			unsuitable floods
10. Overall Rating	provisionally suitable			unsuitable

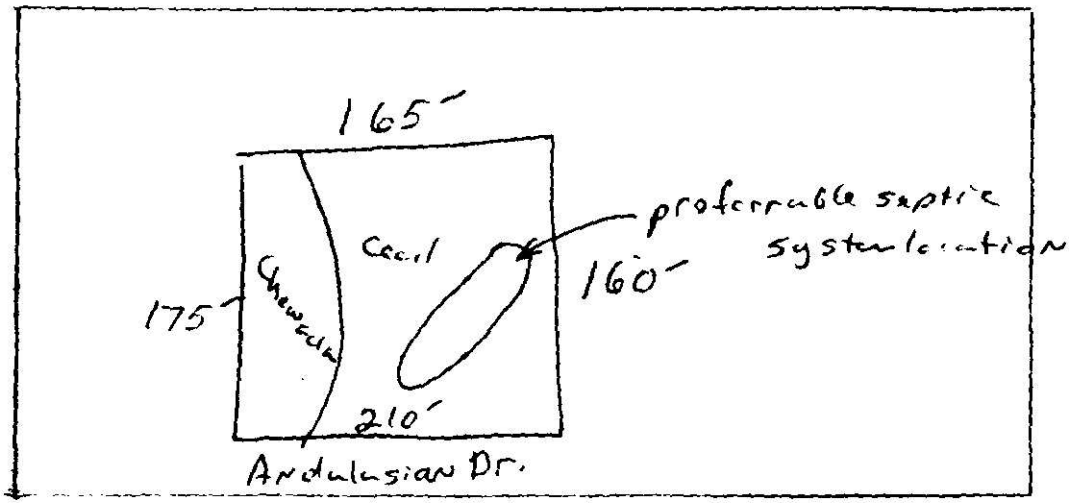
Recommendations Based on this investigation, the lot was found to have an adequate area of provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in. and should be ~~beside~~ placed in the area of Cecil soils.

See diagram on back

W. Edward Casswell
Soil Scientist

3/18/75
MD 539

DIAGRAM OF PROPERTY



3/18/75
EHD 539

Date Received 6-29-78

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 12658

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

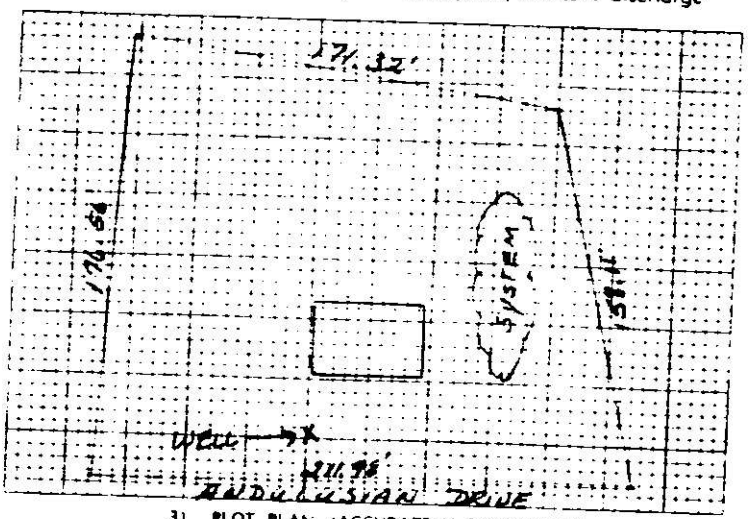
Map Date

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 N/A
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 (LAST) SQUIRES (FIRST) CONSTRUCTION Co (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 25178, CHARLOTTE, N.C. 28212

15) PHONE NO Home ___ Office 537-9553

16) LOCATION OF SYSTEM 13717 ANDALUSIAN DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW ESTATES Lot No. 18 Block No. E

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 6-27-77

20) PTR NUMBER (See Instructions) 12658

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 6-14-78

OWNER Mary Jane Eklich

FORM NO. E-4-4 2M 6 75

HEALTH DEPARTMENT'S COPY

Date Issued 6-29-78

Serial No. 1994

LA No. 12658

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

Map Date ------

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. _____
LAST FIRST MIDDLE

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

LOCATION OF LOT 13717 Andulusian Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 18 BLOCK NO. E

MAP BOOK NO. _____ PAGE NO _____

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 12658. 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

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

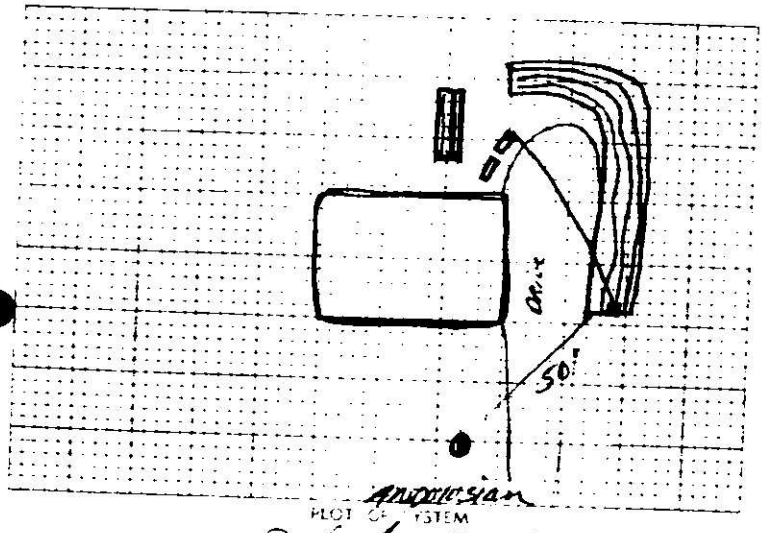
Date Issued 19 December 78 Serial No. 2272 ICAR(S) Permit No. 12658

T C No 215-431-01

Map Date

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 ~~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 12658 dated 6/29/78 and is void if any part thereof is found to be incorrect and of no effect if the information provided in the application is not true. All work shall be completed on or before 19 Jan, after which date this permit shall be null and void.



PLOT OF SYSTEM

Andalusian

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal. & 1000 gal Pump

Tank Construction P.C. Conc.

Absorption or Nitrification Line

Total Line Length 440' & 167'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Ralph Squires Construction Co.

LOCATION OF PROPERTY 13717 Andulusian Dr.

The system shall meet all the requirements as set forth in the Regulations of the Mecklenburg County Health Commission and shall be installed within 12 months from the date of the granting of this permit. A certificate of approval must be obtained by the [illegible] before any system can be covered up or otherwise rendered uninspectable or [illegible]. **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 owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments opt. (12'x110'x17" stone) (12'x42'x17" stone)
(15'x88'x17" stone)

Division or Section Head

Environmentalist Steve Wood

* 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-5-76

Environmental Health **Department's Copy**

Date Issued 20 Dec. 78 Serial No. 2219 C of A (s) No. 12658

T C No 215-131-70

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 (LAST) Construction Co (FIRST) (MIDDLE)

Location of Property 13717 Andulusian Dr.

Application Number 12658 Permit Number 12658

Inspection Data:

Liquid Capacity of Tank 1500 & 1000 gal pump Tank Material P.C. Concrete

Total Length of Drain Tile 440' & 167' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected ——— (DATE) Tanks Inspected 20 Dec (DATE)

Nitrification Field Inspected 20 Dec (DATE)

Washing Machine Line Inspected If Applicable 20 Dec (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 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 permit 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 Installed as permitted - Good Job

Steve Wood

Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 19Apr.__

Serial No. 2620

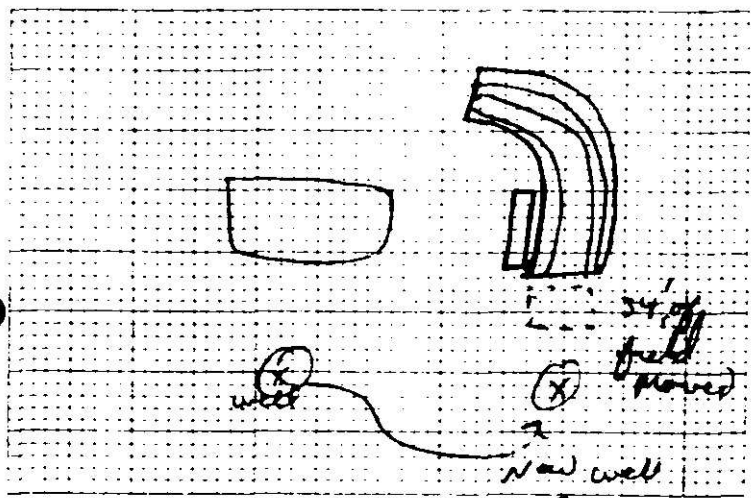
ICAR(S) Permit No. 12658

T C No ___

Map Date ___

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 ___ Install or Construct, ___ Alter or Repair the individual septic tank waste water 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 134'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER McConnel

LOCATION OF PROPERTY 13117 Andalusian Dr

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.

Comments

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.

Division or Section Head

Environmentalist Stuelwood

* 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-5-76

Environmental Health Department's Copy

Date Issued 20 Apr. 79 **Serial No. 2526** C of A (s) No 12658

T C No

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner McConnel (LAST) (FIRST) (MIDDLE)

Location of Property 13713 Andrikusian DR.

Application Number _____ Permit Number 12658

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 135' Number of Lines 2

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 20 Apr (DATE)

Washing Machine Line Inspected, If Applicable _____ (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 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 permit 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 Lount - 6'x30'

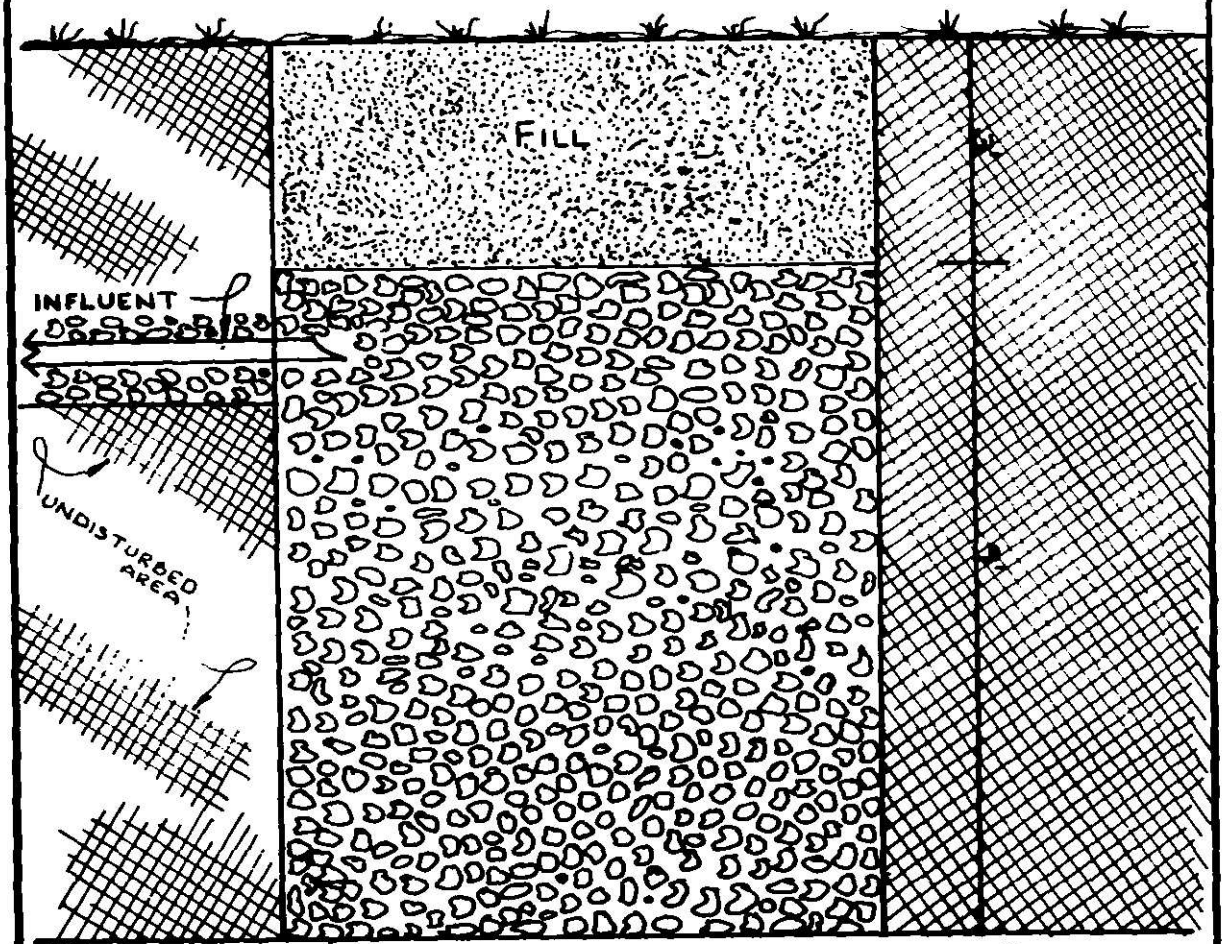
Steve Wood
Environmentalist

EHD-S-76

Environmental Health Department's Copy

THIS IS TO CERTIFY THAT ON THE 30TH DAY OF OCT. 19 79 I PLATTED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED B. RICE [redacted]



SKETCH PLAN SURVEY OF

SEEPAGE PIT

SCALE 1" = 2'

THE PROPERTY OF

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

RALPH
SQUIRES
HOMES

January 7, 1980

Mr. Tom W. Bivens, Director
Environmental Health
Mecklenburg County Health Department
1200 Blythe Blvd.
Charlotte, N. C. 28203

Re: Mr. and Mrs. Bill McConnell
13717 Andulusian Drive
Matthews, N. C. 28105

Dear Mr. Bivens:

At the above mentioned address we propose to install a 10'x10'x12' seepage pit at the end of the washing machine drain field to correct the field from discharging water to the surface.

If this proposed procedure is acceptable we will begin work as soon as it is permitted.

Yours truly,

Larry Schuster

Larry Schuster
Construction Manager

LS:as

P.O. BOX 25178 / CHARLOTTE, NORTH CAROLINA 28212 / TELEPHONE 704-537-9553

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No. 12658

T. C. No. _____

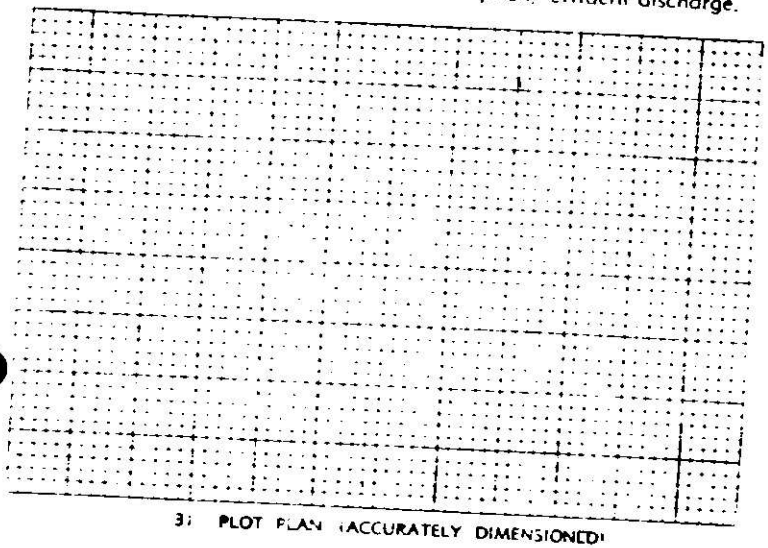
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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) Mobile Home ____Yes ____No
Residence ____Yes ____No

4) No. of Bedrooms _____

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 _____
B) Governmental System _____
C) Community System
1 Well source _____
2 Governmental source _____

10) Sewage System
House located within 200 feet of public sewer ____Yes ____No
House located within 200 feet of community sewer ____Yes ____No

11) EHA Case No _____

12) VA Case No _____

13) NAME OF OWNER McConnell (LAST) Bill (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM 13717 Andulusian Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

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 _____

OWNER Bill J. McConnell

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

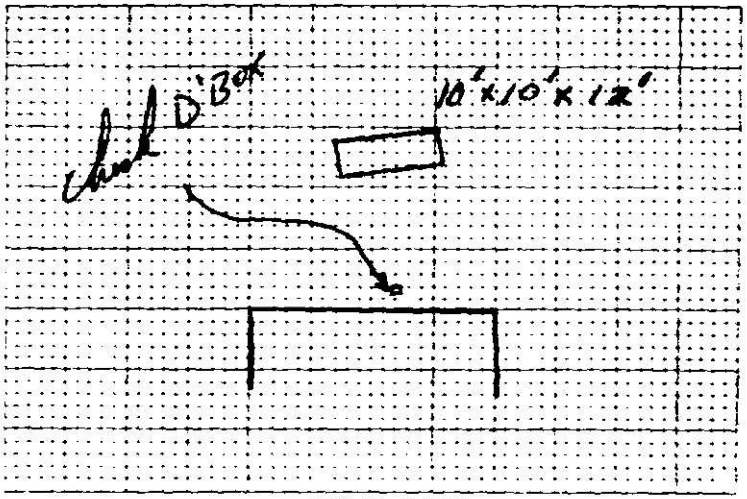
Date Issued 9 Jan 80 Serial 3552 ICAR(S) Permit No. 12658

T. C. No.

Map Date

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 ___ 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 12658, 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and or Nitrification Lines

Total Line Length —

Number of Lines —

Distance from House 10'

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Bill McConnell

LOCATION OF PROPERTY 13717 Andelusian

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.

As per plans submitted by Squires Company

Division or Section Head

Environmentalist Steve Wood

* 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-5-76

Environmental Health Department's Copy

Date Issued 16 Jan 80 Serial 3408 C of A (s) No. 12658

T C No

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner McCandl (LAST) Bill (FIRST) (MIDDLE)

Location of Property 13717 Andalusian

Application Number 12658 Permit Number 12658

Inspection Data:

Liquid Capacity of Tank Tank Material

Total Length of Drain Tile Number of Lines

Depth of Filter Material 10'x10'x10' Cover Depth 3'

Water Supply Source Distance from Water Source

Excavation Inspected (DATE) Tank Inspected (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected, If Applicable (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 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 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 Low pressure (Cont.)

Environmentalist

EHD-S-76

Environmental Health Department's Copy