MECK COUNTY HEALTH DEPT.
RECEIVED
FEB 12 1975
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD Well Permit No. 8538

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Drilling Contractor Crawford & H Drilling

1 Location of property 13335 Baldeface Court Lot 5 Block H

2. Name of owner Ralph Square Const Co, Inc

Address P.O. Box 35178 Charlotte 28212

3. Does this well replace an existing well? No

4 Topography (circle one): draw, slope, hilltop, valley, flat

5. Use of well Domestic Date completed 2-5-75

6. Rig type or method Air Rotary Total depth 160

7. Casing

	Depth		Inside Diam.	Wall thick or Wt. ft	Type
From	0	to 21 ft	6¼	in	Steel

8. Grout

	Depth		Material	Method
From	0	to 21 ft	Grout	

9 Liner, if used: Depth ____ Diameter ____

No. holes drilled and abandoned ____

10. Water zones (depth and gpm) 155

11 Static water level 20 ft. above/below top of casing

which is 1 ft. above land surface. Elev. ____

Date 2-5-75

12. Yield (gpm) 10 Method of testing Air

13 Pumping water level: 60 ft. after 8 hrs.

at 10 gpm

14 Water quality ____ Temperature (° F) ____

15 Well sterilization method HTH

16 Permanent pump: ✓ Type Deep A Make Myers

Installed – Date 2-8-75 By Crawford

Capacity 10 gpm. Hp ½ TDH ____

Intake depth ____ Airline depth ____

17 Remarks: ____

DRILLING LOG

Depth From	To	Formation
0	10	Soil Clay
10	21	Mica Schist
21	160	Decomposed Rock

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

SIGNATURE OF CONTRACTOR OR AGENT

FORM NO. E-22-S-1-73

Date Received 12/75

Application No. 5938

T. C. No. 215-144-01

Map Date 6-10-74

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 13225 Saddletree Ct.
(STREET OR COUNTY ROAD)

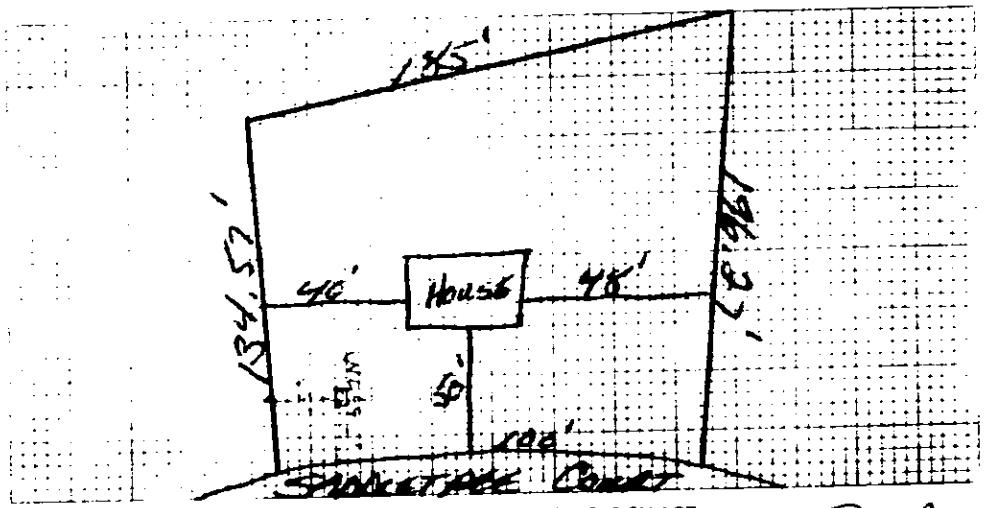
SUBDIVISION Windsor Estates LOT NO. 5 BLOCK NO. H

MAP BOOK NO. 16 PAGE NO. 185

DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

11/12/74
DATE OF APPLICATION

William K. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 10-9-74

APT No. 8538

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER P.O. BOX 25178 CHAR ZIP 28212

3) PHONE NO Home Office 537-9553

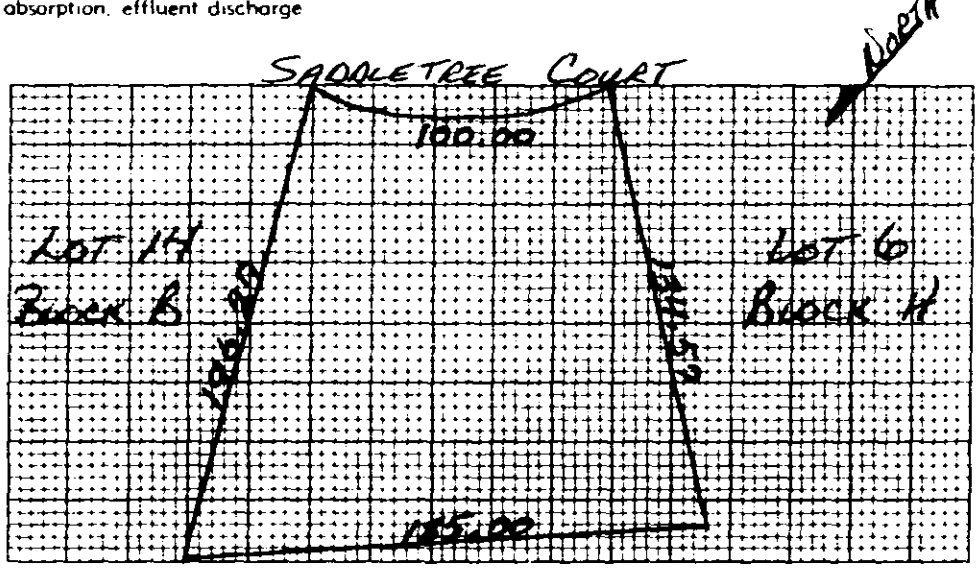
4) LOCATION OF PROPERTY 13225 SADDLETREE CT.
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDSOR ESTATES LOT NO 5 BLOCK NO H

MAP BOOK NO 16 PAGE NO 185

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

William K. Ralph Jr.
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4795

PTR No 8538

Date Issued 10-11-74

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

Mar Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

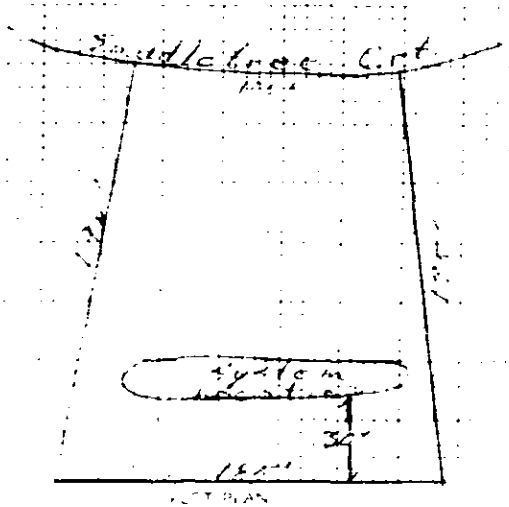
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY 13225 Shilletree Court

SUBDIVISION Windsor Estates LOT NO 5 BLOCK NO H



TEST PLAN

[illegible] the Mecklenb[illegible] that port[illegible] the [illegible]

[illegible] 0*min/in Th[illegible] for the on[illegible]

A pe[illegible]

2. The [illegible] and the Health De[illegible] structed thereon

3. [illegible]

[illegible] and regulations of the N[illegible] th rights which were [illegible] the completion of the system, these laws and regulations are changed such that [illegible] would not have been granted had the new or revised laws, rules and regulations been in effect [illegible] application date.

*Results determined by soil analysis.

D Everette Lyon Jr. Soil Scientist

John M Dickinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-[illegible]

HEALTH DEPARTMENT'S COPY

Date Received 10-21-74

ICAR(S) Application No. 8538

T C No 215-161-01

Map Date 6-10-74

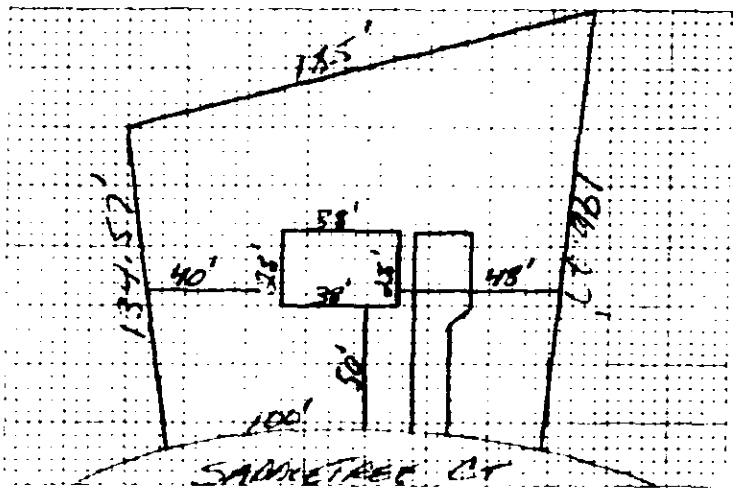
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described below 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



4. FLOOR PLAN (ACCURATELY DIMENSIONED)

4. No. of Bedrooms 3
5. Building or Mobile Home Lot
Engineered
6. Water: Well ✓ Yes No
Public ✓ Yes No
7. Sewage Disposal: ✓ Yes No
8. Other Supply
A. Individual Well ✓
B. Governmental System
C. Community System
Well
Governmental
Sewage System
Distance of Building Sewer ___ Feet
Is property subject to flooding? Yes ✓ No
Property located within 200 feet of municipal sewer Yes ✓ No
11. FHA Case No. ___
12. VA Case No. N/A

13. NAME OF OWNER Ralph Sanders Construction Co., Inc (LAST FIRST MIDDLE)
14. ADDRESS OF OWNER P.O. Box 25125 Charl. 28212
15. PHONE NO. Home ___ Office 537-9555
16. LOCATION OF SYSTEM 13225 Sammetree Ct. (STREET OR COUNTY ROAD)
17. SUBDIVISION Winfield Estates Lot No 5 Block No H
Map Book No 16 Page No 185
18. DEED REFERENCE - DEED BOOK ___ AT PAGE
19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN SB 10-10-74 → 60
20. PER NUMBER (If applicable) 8538

The undersigned owner or agent hereby agrees that he has read the foregoing application and that the contents of same are true to the best of his knowledge and belief that any permit applied for herein shall be void and of no effect if any of the above facts are not true

10-21-74
DATE OF APPLICATION

William K. Rogers Jr.
OWNER

FORM NO. E 44 (7)

HEALTH DEPARTMENT'S COPY

Date Issued 10-22-74

Serial No. 4496

IMPROVEMENTS PERMIT

LA No 8538 P.O.

T C No 215-161-01

Map Date 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 P. O. Box 25178, Charlotte ZIP 28212

LOCATION OF LOT 13225 Saddletree Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 5 BLOCK NO H

MAP BOOK NO 16 PAGE NO 185

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 8538. 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, altered 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. Robinson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/25/75

Serial No.

ICAR(S) Permit No 9533
T C No 215/6.101
Map Date 6-16-74

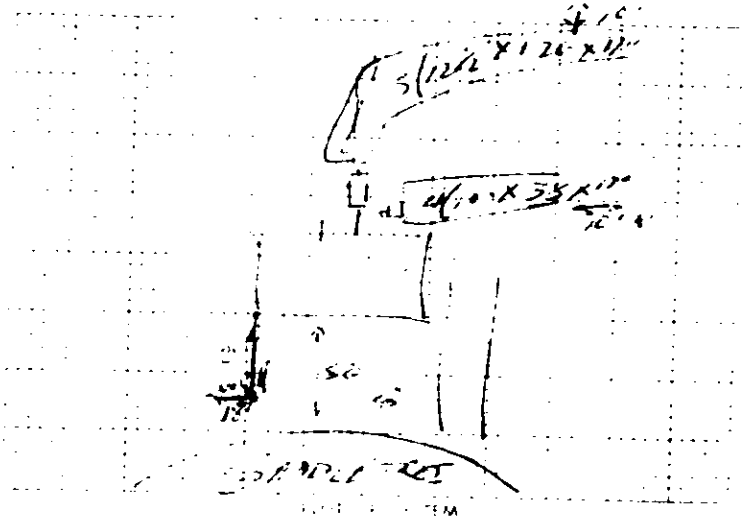
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 on application dated 10/21/74, and this permit shall be void and of no effect if the work proposed in the application is not completed. All work shall be completed on or before 2/25/75 after which date this permit is void.



Proposed Use	6 C
Type	1500 gal
Type Construction	FC
Area	5000 sq ft
Number	5
Length	10'
Width	10'
Bottom Area	100

NAME OF OWNER Ralph Sykes Const

LOCATION OF PROPERTY 3225 Shadleck Rd Lot 5 H

This permit is granted subject to the regulations as set forth in the Regulations of the Mecklenburg County Board of Health 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 PUMP RAISED TO ENTER TANK
TANK AT SURFACE OF GROUND BACK FILL
TO 6" SOIL COVER
DEVELOPER TO LANDSCAPE LOT FOR STORM DRAINAGE TO PREVENT FLOOD OF WASHER PROPERTY.
JA/JX/75

Environmentalist [signature]

This permit to construct a new system is not valid unless signed by the division or a County Health Director and may be voided by the signature of the Environmentalist if existing system is being altered or repaired.

E-5-9-1-72

Serial No.

C of A (s) No 8538 PC

Date Issued 2/26/75

T C No 215-161-01

Map Date 6-10-74

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
LAST FIRST MIDDLE

Location of Property 13225 SADDLETREE COURT

Application Number 8538 Permit Number 8538

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' - 150' Number of Lines 5 w/n 4

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source INDIVIDUAL WELL Distance from Water Source 100'

Excavation Inspected 2/25/75 DATE Tank Inspected 2/26/75 DATE

Nitrification Field Inspected 2/26/75 DATE

Washing Machine Line Inspected If Applicable 2/26/75 DATE

This [illegible] Individual Septic Tank System with subsurface [illegible] has been [illegible] constructed. [illegible] with the provisions of the regulations governing the Mecklenburg County [illegible] from the date of issuance of this permit. The issuance of this Certificate of Approval [illegible] that the system will perform properly or be subject to any person to whom [illegible] resulting such system's inadequacies, resulting from the failure of this [illegible] Certificate of Approval is issued subject to the site restrictions and [illegible] to those listed below under comments. This Certificate of Approval [illegible] information contained in the application or subsequent additions are [illegible] and increase the requirements for said system.

Comments

Environmentalist

FORM NO E-6-9-1-72