Date Received 16 July 74

Application No. 7369

T. C. No. 215-167-08

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 2700 Connemara Drive
(STREET OR COUNTY ROAD)

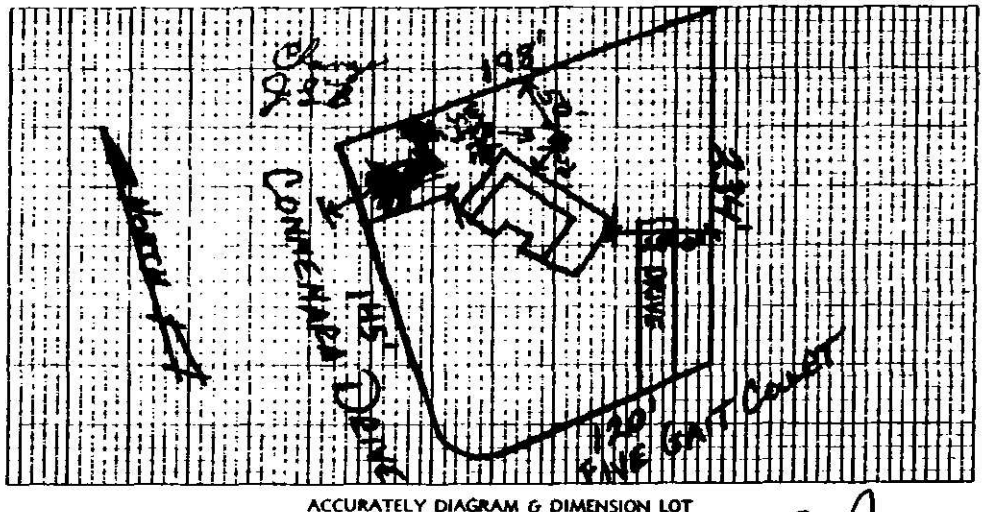
SUBDIVISION Windrow Estates LOT NO. 8 BLOCK NO. F

MAP BOOK NO. 16 PAGE NO. 174

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

July 15, 1974
DATE OF APPLICATION

William L. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: 7369

Jerry Burleson
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

T. C. No. 215-167-08

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg No. 379 Well Permit No. 7369

1. Town Matthews County Mecklenburg
2. Location 2700 Commerce Drive - Lot 8 - Block F Quadrangle No. 5
   Show a sketch of location on back of form
3. Owner Ralph Squires Const. Co., Inc.
   Address P.O. Box 35178 - Charlotte 28235
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 7-26-74
6. Rig type or method Air Rotary Total Depth 90
7. Casing: Depth From 0 to 65 ft. Diam. 6 in. Type .188
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) 45
11. Static Water Level: 25 ft. above/below top of casing
    which is 1 ft. above land surface. Elev. ____
    Date 7-26-74
12. Yield (gpm) 35 Method of testing Air
13. Pumping Water Level: 50 ft. after 1 hrs.
    at 10 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method HTH
16. Permanent Pump: V Type Deep Well Make Myers
    Installed — Date 7-26-74 By Contractor
    Capacity 10 (gpm) Hp. ½
    Intake depth ____ Airline depth ____
17. Remarks: ____

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

Charles F. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	40	Red Clay
40	65	Yellow Shell
65	90	Mixed Slate, Green White Quartz

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

Date Received 12-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 13 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 7369

T C No 215-16-7-8

Map Date 6-16-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 2600 MILTON ROAD ZIP 28205

3) PHONE NO Home _____ Office 537-4553

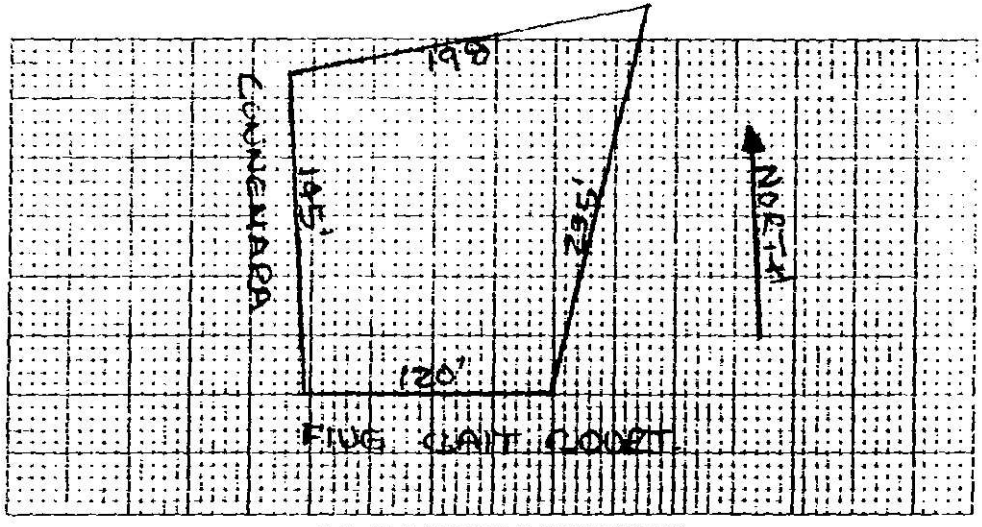
4) LOCATION OF PROPERTY 2700 CONNEMARA DRIVE (STREET OR COUNTY ROAD)

5) SUBDIVISION WINDSOR ESTATES LOT NO 8 BLOCK NO F

MAP BOOK NO 16 PAGE NO 174

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 [signature]

FORM NO E-1-9-1-72

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 #7369 (Ralph Squires Construction Co.)
Lot No. 8-F 2700 Connemara Drive
Windrow Estates Subdivision

4-1-74

Soils on the lot are of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

Based on this investigation, it is recommended that the lot be granted approval for installation of a septic tank system. Design should be based on a 60 min./in. perc. rate.

WEL:jdg

Serial No 4197

PTR No. 7369

Date Issued April 4, 1974

T C No 215-161-08

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

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

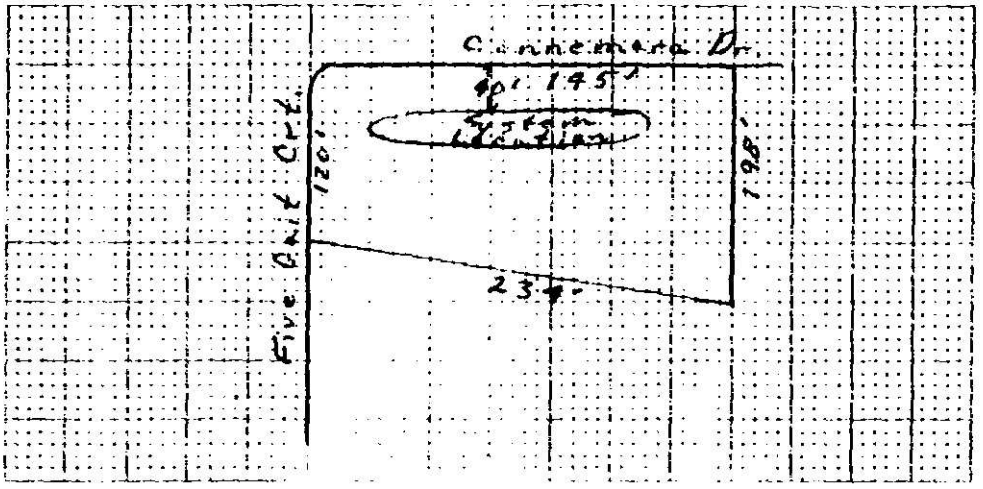
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP 28205

LOCATION OF PROPERTY 2700 Commerce Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 8 BLOCK NO F



PLOT PLAN

This is to certify that a percolation test and an inspection was 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 plat.

The percolation rate determined by the test was 60*min/in. The site is approved for the installation of an individual septic tank with a conventional system with subsurface, sand absorption effluent discharge subject to the following terms and conditions:

1. A permit to install the sewage system(s) must be obtained from the Mecklenburg County Health Department prior to the issuance of a building permit for the dwelling or other building to be served by the system.
2. The size of the septic tank and/or other treatment system which must be installed will be determined by the Health Department prior to the issuance of a permit based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only for the system 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 or for 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 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.

W. Everette Lyons Jr. — Soil Scientist

John A. Dickson — Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-[illegible]

[illegible] DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-21-74

ICAR(S) Application No. 7369

T. C. No. 215-169-08

Map Date 5-9-72 6-10-74

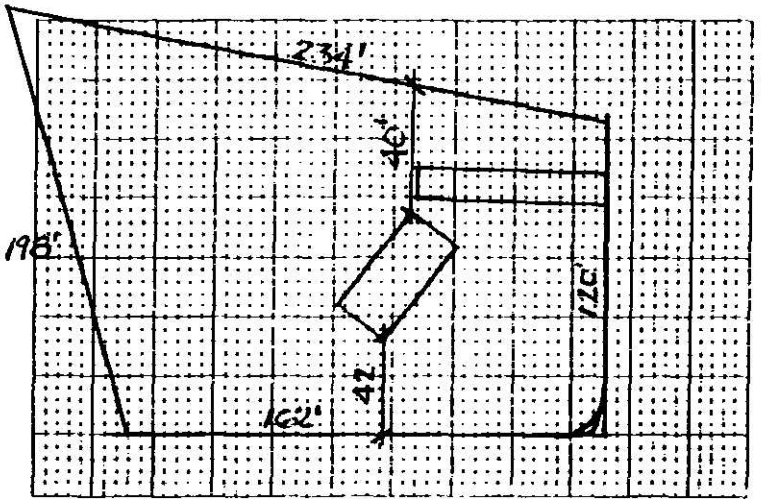
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 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 2700 Cavendish Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Windrow Estates Lot No. 8 Block No. F

Map Book No. 16 Page No. 174

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445 5B360

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-1-74

20) PTR NUMBER (See Instructions) 7369

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.

6/21/74
DATE OF APPLICATION

Bill Hartis
OWNER Development Superintendent

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued June 24, 1974

Serial No. 4204

LA No 7369 RX

T C No 215-167-08

IMPROVEMENTS PERMIT

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 The Ralph Squires Construction Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 25178 ZIP 28212

LOCATION OF LOT 2700 Connemara Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 8 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 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 7369. 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

M. D. Kirby
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8/25/74 Serial No. [illegible] ICAR (S) Permit No 2364

T C No 25-K.1.05

Map Date 6-10-74

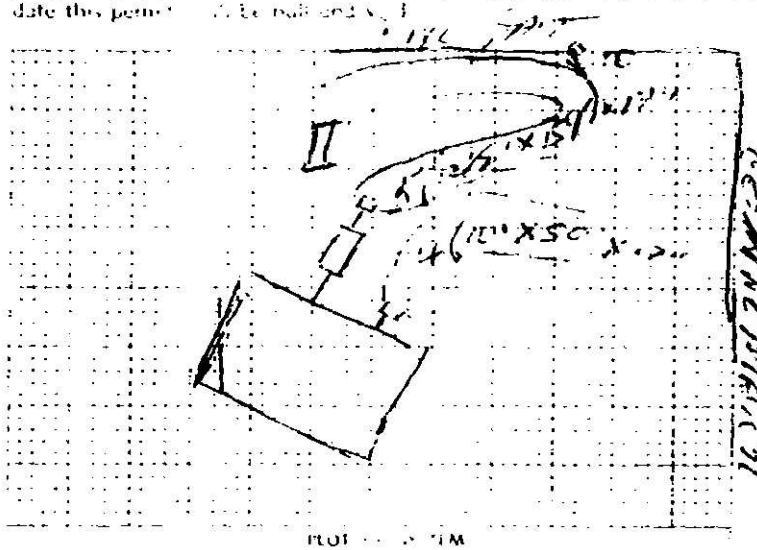
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, Alter or Repair the individual septic tank waste water treatment [illegible] with subsurface soil absorption effluent discharge as specified hereon at the described location [illegible] dated 6/27/74 and the permit is granted based upon the information supplied in application 7304, [illegible] and the permit will be void and of no effect if the information provided in the application [illegible] is not correct. All work shall be completed on or before 9/15/74, after which date this permit [illegible] be null and void.



Percolation Rate 6 C.D.

Type Construction [illegible]

Type Construction [illegible]

Absorption Area/Calculation Lines

Distance from Water Supply 295 760

Number of Bedrooms 5 4

Distance from Property Line 10'

Distance from Property Line 10'

Distance from Well 55'+

NAME OF OWNER [illegible] SQUIRES (ESTATE) (FOR SALE)

LOCATION OF PROPERTY 2700 CONNEMARA

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 TANK TOP AT GND. LEVEL

Director of Health [illegible] Environmentalist [illegible]

If this permit is for the installation or construction of a system to be owned by the division or a [illegible] Environmental Health Director must be [illegible] signature of the Environmentalist [illegible] when an existing system is being altered or repaired.

E-5-9-1-72

Serial No. [illegible]79

C of A (s) No 7369

T C No 215-167-09

Map Date 6-10-74

Date Issued 6-14-74

John M Klaussen

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 (LAST) Keith Builders Const Co (FIRST) (Fox Sale) (MIDDLE)

Location of Property 2??? Cullman Dr Six Gait

Application Number 7369 Permit Number 7369

Inspection Date:

Liquid Capacity of Tank 1500 Gal Tank Material FC

Total Length of Drain Tile 735' (SI) 200 (WM) Number of Lines 5 (SI) 4 (WM)

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source City Water Distance from Water Source 85'+

Excavation Inspected 8/21/74 (DATE) 8/30/74 Tank Inspected 8/29/74 (DATE)

Nitrification Field Inspected 8-29, 30-74 (DATE)

Washing Machine Line Inspected, If Applicable 8-29, 30 (DATE) 9/5/74

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge described above and it has been X installed or constructed 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, firm or corporation owning 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 listed on the permit in addition to those listed below under comments. This Certificate of Approval shall be void and invalid 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 Distribute Soil Cover Evenly Over

Nitrification Field When Landscaping

Whitson Supply Co.

J F Benjamin

Environmentalist

FORM NO E-6-9-1-72