SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 7375 Accela Project # ES26-007

Assigned Inspector: April B

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: MR / 8-17-26 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Add Condition in Accela

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Accela: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: B4838133

7375 / ES26-007

EXISTING SYSTEM APPROVAL

- [x] Existing System Approval
  - [x] Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
  - [ ] Reconnection when the proposed facility is in the same footprint as existing/previous facility
- [ ] Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Joshua Beste
Mailing Address: 2610 Connemara Dr
City: Matthews
State: NC Zip: 28105
Phone #: 8432907990
Email: joshbeste@outlook.com

Owner: Joshua Beste
Mailing Address: 2610 Connemara Dr
City: Matthews
State: NC Zip: 28105
Phone #: 8432907990
Email: joshbeste@outlook.com

Parcel #: 21513215
Property Location/Address: 2610 Connemara Dr, Matthews, NC 28105

Facility Type: [x] House/Modular [ ] Mobile/Manufactured Home [ ] Business [ ] Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: 4 Max # Occupants: 4 Other: _____
Wastewater Strength: [x] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Water Supply: [x] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other: _____

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [x] DETACHED PORCH / DECK [ ] OTHER

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

[x] Yes [ ] No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Joshua M. Beste — 8/17/26
Property owner's signature (required) — Date

Joshua M. Beste — 8/17/26
Applicant's signature (required) — Date

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

SEE ATTACHMENTS

ll the following must be checked for approval:

- [x] No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- [x] DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- [x] Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: Meets setbacks to septic.
& wash line has been plumbed into main line going to septic tank.

Inspector's Printed Name: April Bumgarner

Inspector Certification #: 2505

Inspector's Signature: April Bumgarner

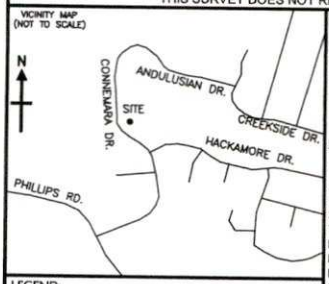
Date: 8/27/26

The existing system approval expires one year after the date of issuance.

See attached site sketch

"THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINATION AND IS NOT TO BE USED IN LIEU OF A LEGAL TITLE EXAMINATION"

VICINITY MAP
(NOT TO SCALE)



"I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK: 10664, PAGE: 490 OR OTHER REFERENCE SOURCE SHOWN HEREON); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION REFERENCED ON ADJOINING LOTS OR ADDITIONAL REFERENCES SHOWN HEREON; THAT THE RATIO OF PRECISION IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600)."
THIS 30 DAY OF NOVEMBER, 20 21.
THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 REQUIREMENTS.

SIGNED _____
ROBERT E. LEE, PROFESSIONAL LAND SURVEYOR L-4755

NOTES:

1. AREA COMPUTED BY THE COORDINATE METHOD.
2. ALL DISTANCES ARE HORIZONTAL GROUND (GEODETIC) UNITED STATES SURVEY FEET UNLESS OTHERWISE NOTED.
3. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE COMMITMENT REPORT AND THE MAP OF THE PROPERTY SHOWN HEREON REFLECTS INFORMATION AND/OR FIELD OBSERVED EVIDENCE DISCOVERED BY THE SURVEYOR IN THE NORMAL COURSE OF WORK AND DOES NOT NECESSARILY SHOW EVERY POSSIBLE CONDITION AFFECTING THE PROPERTY. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS, AGREEMENTS, RIGHTS-OF-WAY, COVENANTS, BUILDING SETBACKS OR DEED RESTRICTIONS OF RECORD NOT SHOWN HEREON OR WHICH WERE NOT VISIBLE OR APPARENT ON THE DATE OF THIS SURVEY. A FULL, ACCURATE LEGAL TITLE SEARCH IS RECOMMENDED TO REVEAL ADDITIONAL ENCUMBRANCES OF RECORD THAT MAY EXIST AND ARE NOT SHOWN HEREON. THIS SURVEY IS NOT TO BE USED IN LIEU OF A TITLE SEARCH.
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5. THIS PROPERTY IS CURRENTLY ZONED R-15(CD). R-15(CD) IS A CONDITIONAL ZONING AND SETBACK REQUIREMENTS VARY. CONTACT THE TOWN OF MATTHEWS ZONING ADMINISTRATION FOR BUILDING SETBACK REQUIREMENTS. SETBACK REQUIREMENTS SET FORTH IN DEED RESTRICTIONS MAY EXIST FOR THIS PROPERTY AND MAY OR MAY NOT BE SHOWN HEREON. PRIOR TO ANY DESIGN OR CONSTRUCTION ON THIS PROPERTY SETBACK REQUIREMENTS MUST BE VERIFIED BY THE HOMEOWNER OR CONTRACTOR WITH THE CITY/COUNTY ZONING ADMINISTRATION.
6. THIS PROPERTY IS NOT GRAPHICALLY SHOWN IN A DESIGNATED FLOOD HAZARD AREA (ZONE "X"); PER FEMA FIRM MAP NUMBER: 3710459000K, DATED: 02/19/2014.
7. UNDERGROUND UTILITIES NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES.
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NORTH CAROLINA PROFESSIONAL SEAL L-4755 LAND SURVEYOR ROBERT E LEE

LEGEND:

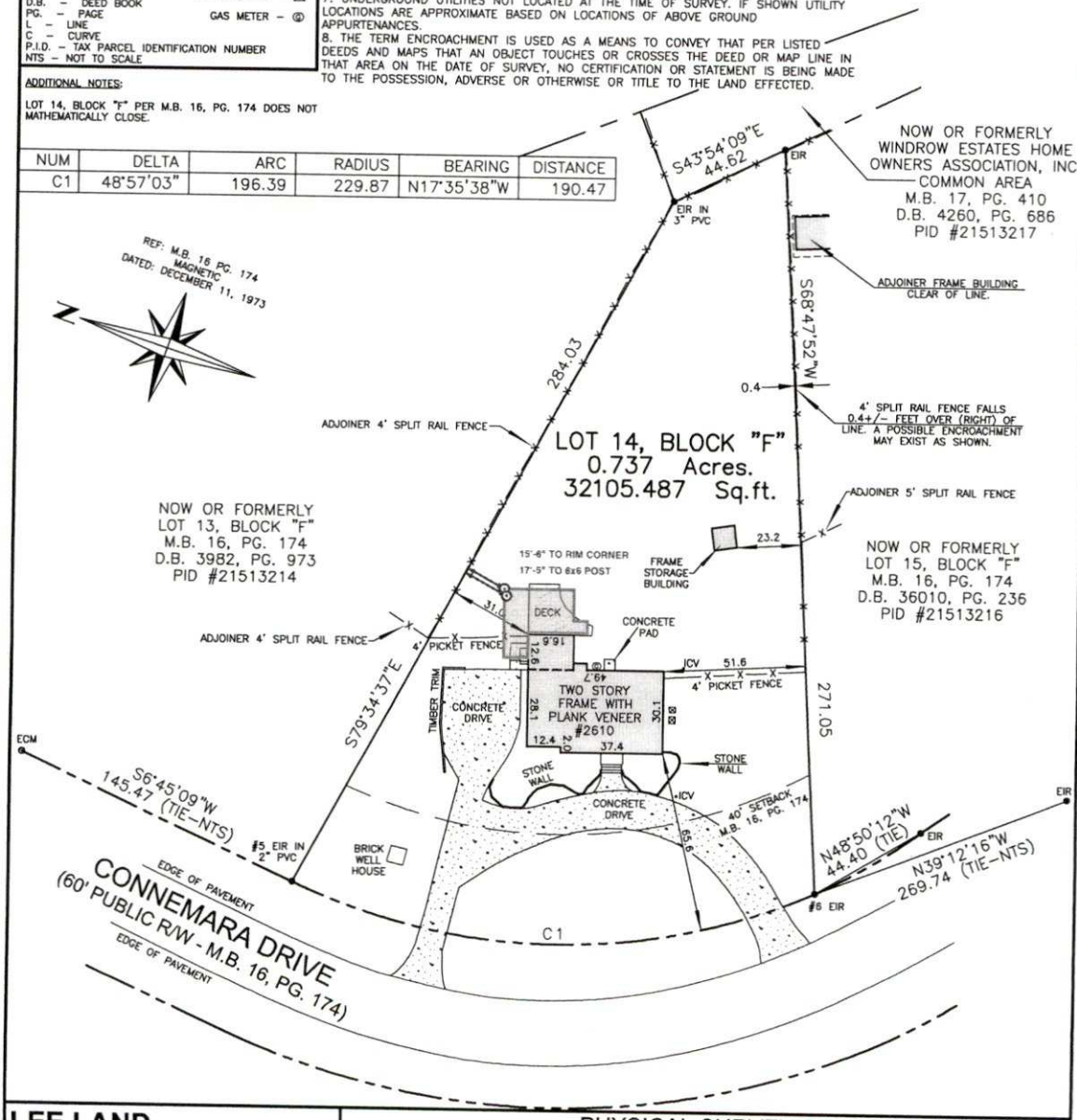
- PROPERTY LINE
- ADJOINER PROPERTY LINE
- EASEMENT LINE
- FENCE LINE
- OVERHEAD UTILITY LINE
- RIGHT-OF-WAY
- SETBACK

E.I.R. – EXISTING IRON REBAR
E.C.M. – EXISTING CONCRETE MONUMENT
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AC UNIT/HVAC – ⊠
GAS METER – Ⓖ

ADDITIONAL NOTES:

LOT 14, BLOCK "F" PER M.B. 16, PG. 174 DOES NOT MATHEMATICALLY CLOSE.

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	48°57'03"	196.39	229.87	N17°35'38"W	190.47



LEE LAND SURVEYING, PLLC.
NC FIRM LICENSE NUMBER: P-1259
P.O. BOX 180
MT. HOLLY, NC 28120
PHONE: (704)575-2556
EMAIL: robertlee@leelandsurveying.com
www.leelandsurveying.com

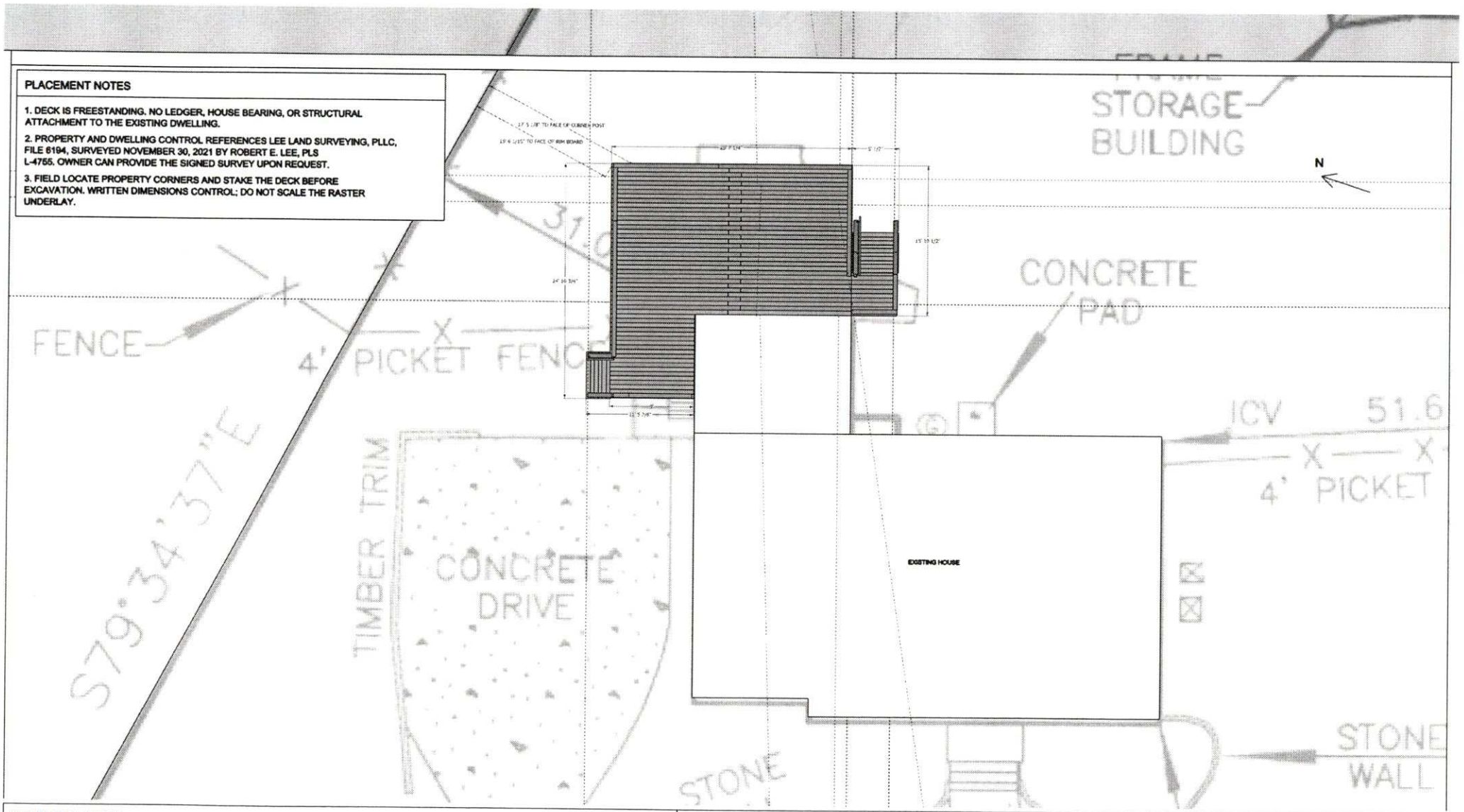
-50 0 50
SCALE: 1" = 50'

PHYSICAL SURVEY OF

#2610 CONNEMARA DRIVE
LOT 14, BLOCK "F" OF WINDROW ESTATES
MORNING STAR TOWNSHIP, MECKLENBURG COUNTY, NC
PROSPECTIVE OWNER: ALLIE BESTE AND JOSH BESTE

REFERENCES:
MAP BOOK: 16 PAGE: 174 DEED BOOK: 10664 PAGE: 490
TAX PARCEL IDENTIFICATION NUMBER: 215-132-15

DRAWN BY: R. LEE
FILE NUMBER: 6194



NEW REAR DECK

2610 CONNEMARA DR, MATTHEWS, NC

REV	DATE	DESCRIPTION
0	8/17/2026	Permit Review

DECK PLACEMENT PLAN

FOR PERMIT REVIEW

PREPARED BY: Josh Beste (Homeowner)

SCALE: 1 in = 20 ft

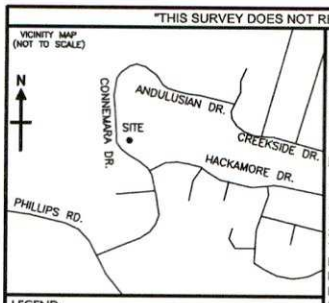
DATE: 8/17/2026

C-1.0

ANSI B / 11x17

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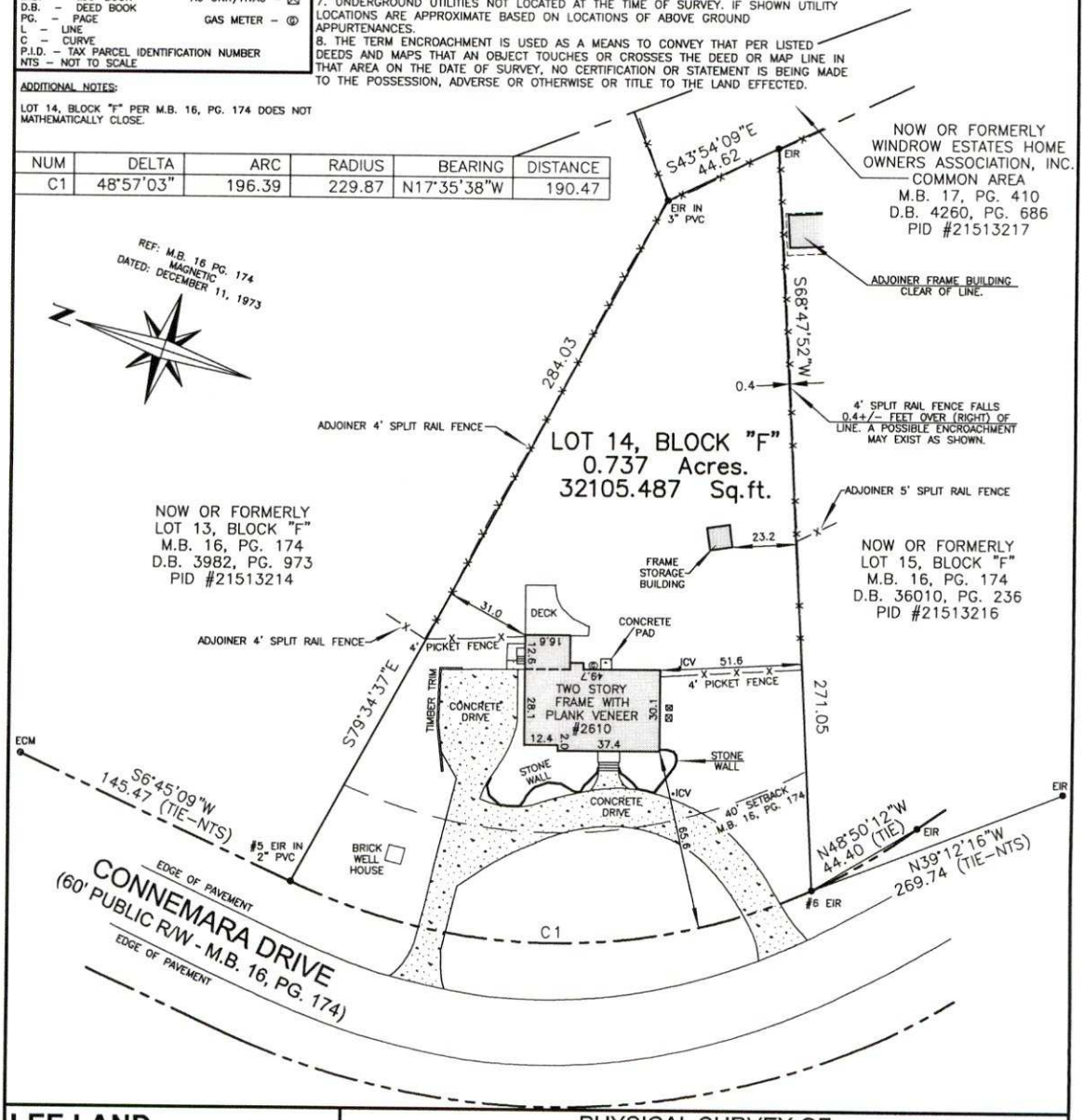
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ADDITIONAL NOTES:

LOT 14, BLOCK "F" PER M.B. 16, PG. 174 DOES NOT MATHEMATICALLY CLOSE.

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
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-50 0 50
SCALE: 1" = 50'

PHYSICAL SURVEY OF

#2610 CONNEMARA DRIVE
LOT 14, BLOCK "F" OF WINDROW ESTATES
MORNING STAR TOWNSHIP, MECKLENBURG COUNTY, NC
PROSPECTIVE OWNER: ALLIE BESTE AND JOSH BESTE

REFERENCES:
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TAX PARCEL IDENTIFICATION NUMBER: 215-132-15

DRAWN BY: R. LEE FILE NUMBER: 6194

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/17/26	**Amount:**	100.00
Receipt #:	162936	**Tendered:**	100.00
Check / Auth #:	MC 53989Z	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: BESTE JOSHUA
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 2610 CONNEMARA DR	1		

Permit#

SALE
Mecklenburg Co Permit
2145 Suttle Avenue
4th Floor
Charlotte, NC 28208
980-314-2971

08/17/26	21:44:23
Merchant ID :	404164
Terminal :	451-778-581
Sequence # :	000006
Auth Number :	53989Z

AMOUNT:	$ 100.00
CONVENIENCE FEE:	$ 2.50
TOTAL:	$ 102.50

CARD ENTRY MODE	MANUAL
MasterCard	··· ··· ··· 0547

Thank you!

CUSTOMER COPY

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Date Issued 4-23-75 Serial No. [illegible] ICAR (S) - Permit No. 7375

T C No 215-162-02

Map Date 6-10-74

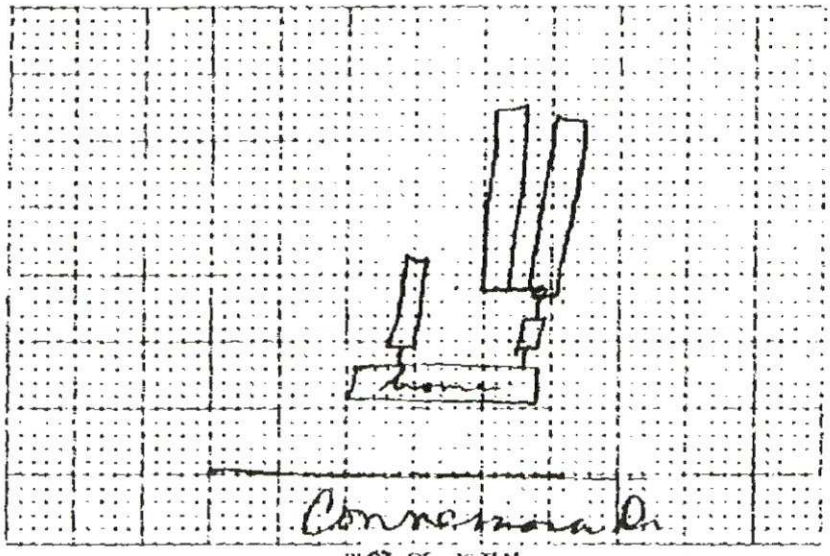
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7375, dated 3-19-75 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 5-23-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 295' 200

Number of Lines 2 Beds @ 46 (15' x 67½' x 17") 4 (10' x 50' x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Square & Co

LOCATION OF PROPERTY 2610 Connemara Dr

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 aeration pit 2½' x 7 x 4½' of Stone Honeysuckle

Division or Section Head

Richard Sanders
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

Form E-5-9-1-72

WELL RECORD Well Permit No. 7375

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Drilling Contractor Crawford Well Drilling Reg. 279

1. Location of property 2610 Connemara Dr. Lot 14 Block F (Windrow Estates)
2. Name of owner Ralph Squires Const. Co., Inc.
   Address P. O. Box 25178 Charlotte, N. C. 28212
3. Does this well replace an existing well? Drywell NO
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well Domestic Date completed 5-1-75
6. Rig type or method Air Rotary Total depth 100
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt. ft.	Type
From	0	to 4½ ft.	6	in.	185 Galv

8. Grout:

	Depth		Material	Method
From	0	to 20 ft.	Sakriet	

9. Liner, if used: Depth Diameter
   No. holes drilled and abandoned
10. Water zones (depth and gpm) 20
11. Static water level: 30 ft. above/below top of casing
    which is 1 ft. above land surface. Elev.
    Date 5/1/75
12. Yield (gpm) 10 Method of testing Air
13. Pumping water level: 50 ft. after 8 hrs
    at 10 gpm.
14. Water quality Temperature (°F)
15. Well sterilization method HTH 1 Cup
16. Permanent pump: Type DeepWell Make Myers
    Installed – Date 5/2/75 By
    Capacity 10 gpm. Hp ½ TDH
    Intake depth Airline depth
17. Remarks:

DRILLING LOG

Depth From	To	Formation
0	20	Clay
20	40	Clay & Loose Rock
40	100	Solid Rock

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

Billy M. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

FORM NO. E-22-5-1-73

MECK COUNTY HEALTH DEPT.
RECEIVED
MAY 1 3
ENVIRONMENTAL HEALTH DIVISION

Date Received 3/28/75 Apt. No. (S) _____ Application No. (W) 2325

T. C. No. 215-107-02

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 2610 Commerce Dr.
(STREET OR COUNTY ROAD)

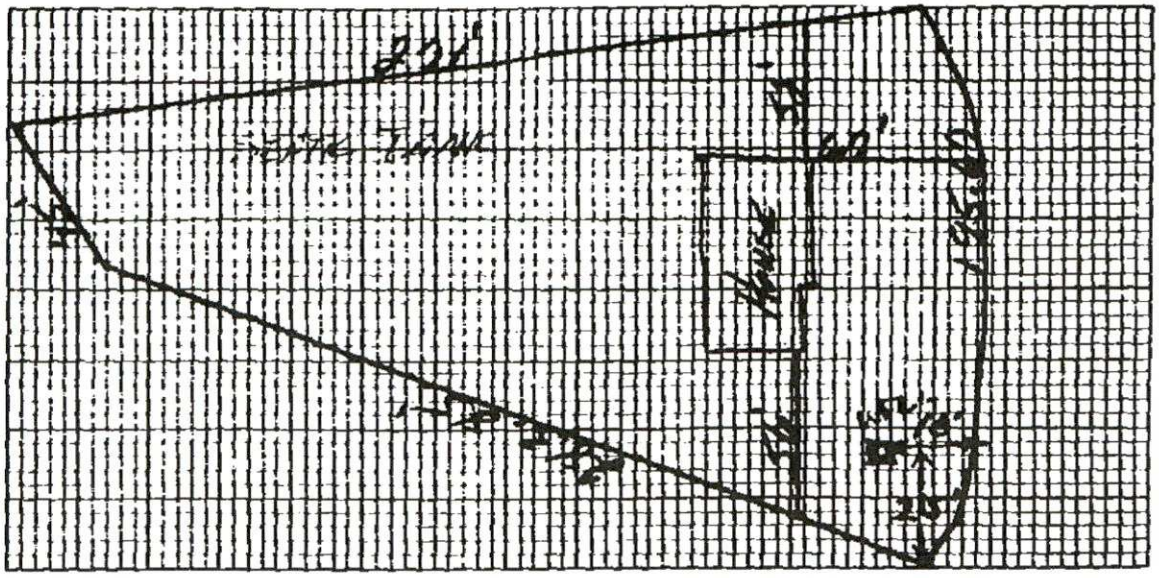
SUBDIVISION Winkrow Estates LOT NO. 14 BLOCK NO. E

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN

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

3-28-75
DATE OF APPLICATION

William K. Squires Jr.
OWNER

Application approved and permit hereby granted

Permit No: 2325

ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Received 12-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 13 1973

APT No. 7375

T C No. 215-167-02

Map Date 6-10-74

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 ZIP 28205

3) PHONE NO Home _____ Office 537-9553

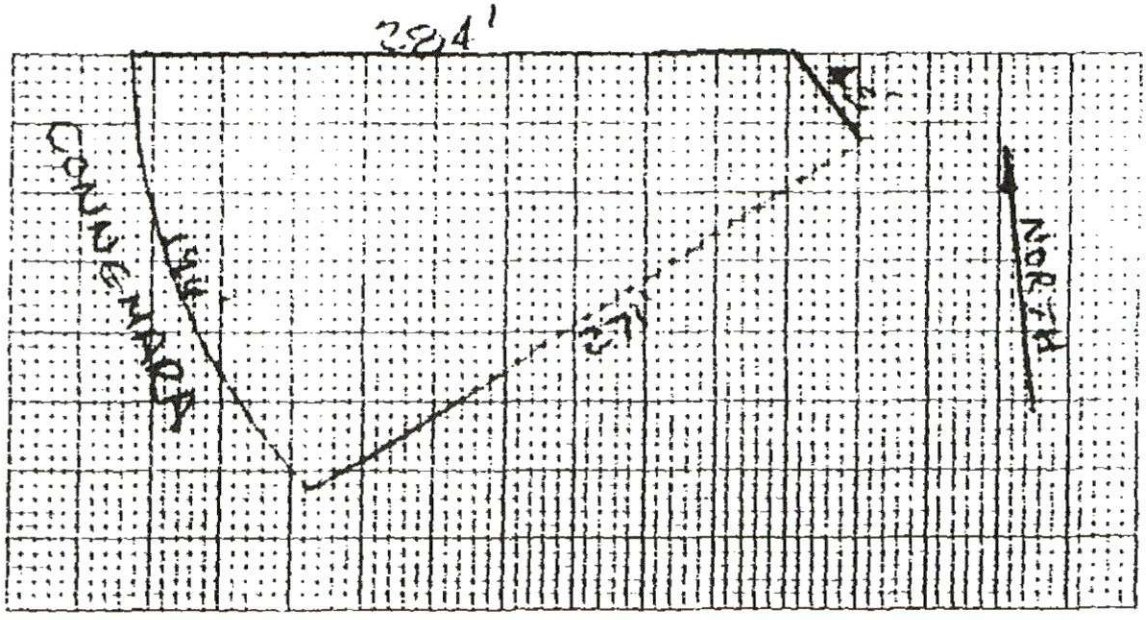
4) LOCATION OF PROPERTY 2610 Connemara Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Winnrow Estates LOT NO 14 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 John Boggan

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: April 3, 1974

TO: Moffitt Kirby

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

SUBJECT: APT #7375 (Ralph Squires Construction Co.)
Lot No. 14-F, 2610 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. percolation rate.

Serial No. 4182

PTR No. 7375

Date Issued April 3, 1974

T C No 215-167-02

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

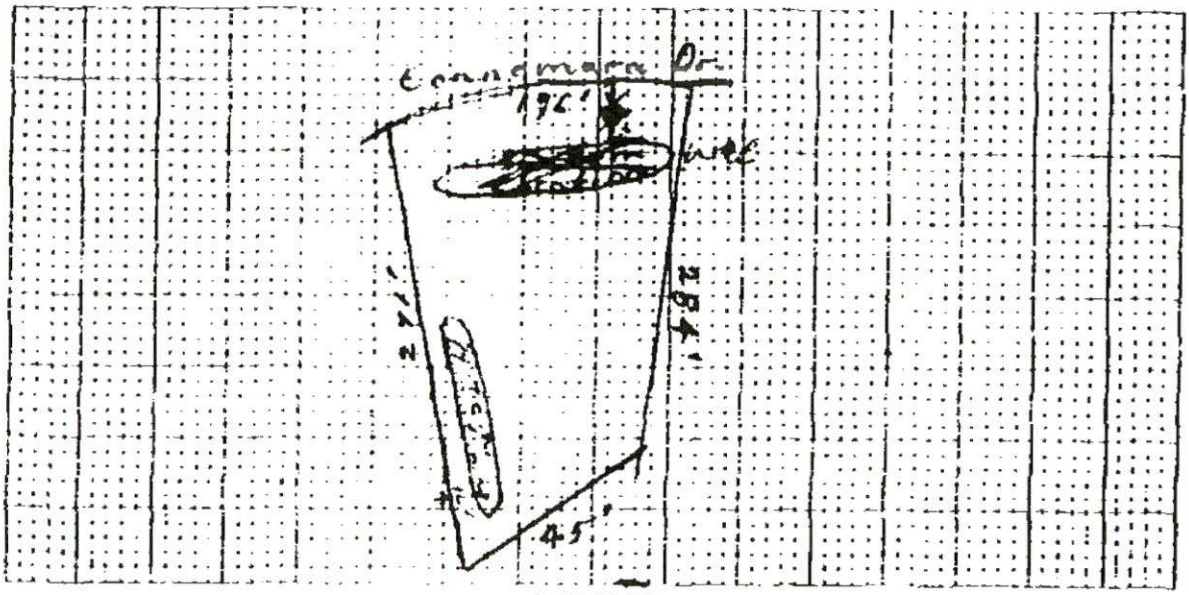
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2096 Milton Road ZIP 28205

LOCATION OF PROPERTY [illegible] Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windsor Park LOT NO 14 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 plat.

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

1. A permit to install, construct, alter, repair the septic system shall be obtained from the Mecklenburg County Health Department prior to the beginning of construction of building, or of the wastewater treatment system on the said lot.
2. The size of the septic tank, absorption lines or other 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, if the system is installed in the immediate area where the percolation test was run.
4. This approval is void at any time if construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, is in the area where the percolation test was run unsuitable for the installation, construction, alteration, and operation 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 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.

W. Cynthia Lyon Jr. — Soil Scientist

John M. Nelson — Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/17/75

ICAR(S) Application No 2375

T C No 215-169-03

Map Date 6-10-74

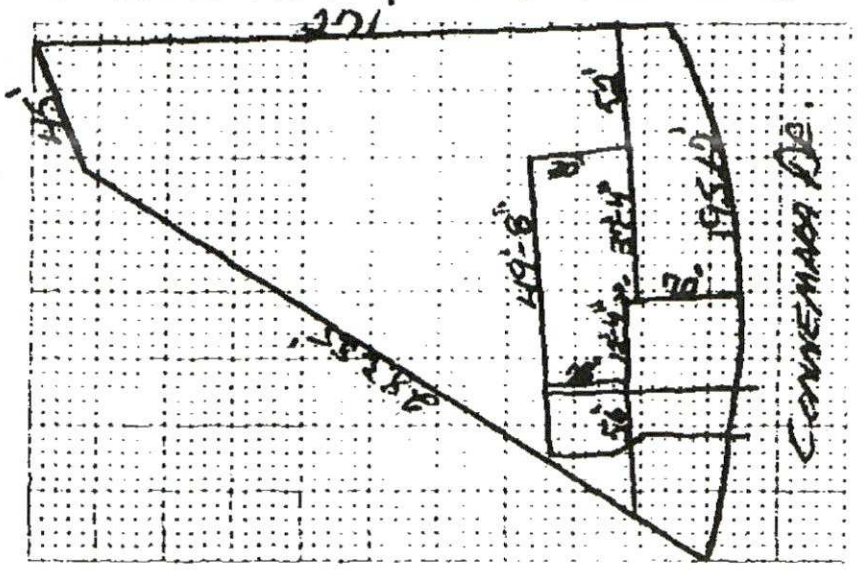
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct ? 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) Existing Water Supply Emp. ...

6) Water Meter ✓ Yes No

7) Sanitary Sewer ✓ Yes No

8) Driveway ✓ Yes No

9) Public Water Available YES

10) ...

11) ...

12) ...

13) ... ✓ No

14) ... Yes ✓ No

15) EHA Letter No. N/A

16) EA Card No. ...

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

14) ADDRESS OF OWNER P.O. Box 25128 28212

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

16) LOCATION OF SYSTEM 2610 CONNEMARA DRIVE
STREET OR COUNTY ROAD

17) SUBDIVISION WINDSOR ESTATES Lot No 14 Block No F

Map Book No ... Page No. ...

18) DEED REFERENCE — DEED BOOK ... AT PAGE 58 → 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ... NO DATE RUN 4-3-74

20) PTR NUMBER (See Instructions) 2325

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

3-17-75
DATE OF APPLICATION

OWNER William R. Squires Jr.

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 17, 1975 **Serial No. 4735**

LA No 7375

T C No 215-167-02

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 Co.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 25178 ZIP

LOCATION OF LOT 2610 Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 14 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., 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 7375. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-29-75 Serial No. [redacted] C of A (s) No 7375

T C No 315-162-02

Map Date 6-10-74

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. (LAST, FIRST, MIDDLE)

Location of Property 2610 Commerce Dr

Application Number 7375 Permit Number 7375

Inspection Date:

Liquid Capacity of Tank 1500 ' Tank Material SC

Total Length of Drain Tile 795' 200 Number of Lines 7 (1 1/2 x 115' x 17") 4 (10' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100 '

Excavation Inspected 4-25-75 (DATE) Tank Inspected 4-25-75 (DATE)

Nitrification Field Inspected 4-29-75 (DATE)

Washing Machine Line Inspected, If Applicable 4-25-75 (DATE)

The undersigned has inspected the Individual Septic Tank System as described above. Soil absorption effluent distribution system has been and it has been found to be in substantial accordance with the plans and specifications submitted and approved by the Mecklenburg County Board of Health prior to 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 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 and in addition to those listed below under comments. This Certificate of Approval shall be void and of no effect 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 Reduction for 2 1/2 x 7 x 4 Trench Homeowner

Environmentalist

FORM NO E-6-9-1-72