Date Received 21 Aug 74

Application No. 7363

T. C. No. 215-168-04

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER (LAST) THE RALPH SQUIRES CONSTRUCTION Co, Inc. (FIRST) (MIDDLE)

ADDRESS OF OWNER P.O. Box 25178 ZIP 28212

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 2627 CONNEMARA DR (STREET OR COUNTY ROAD)

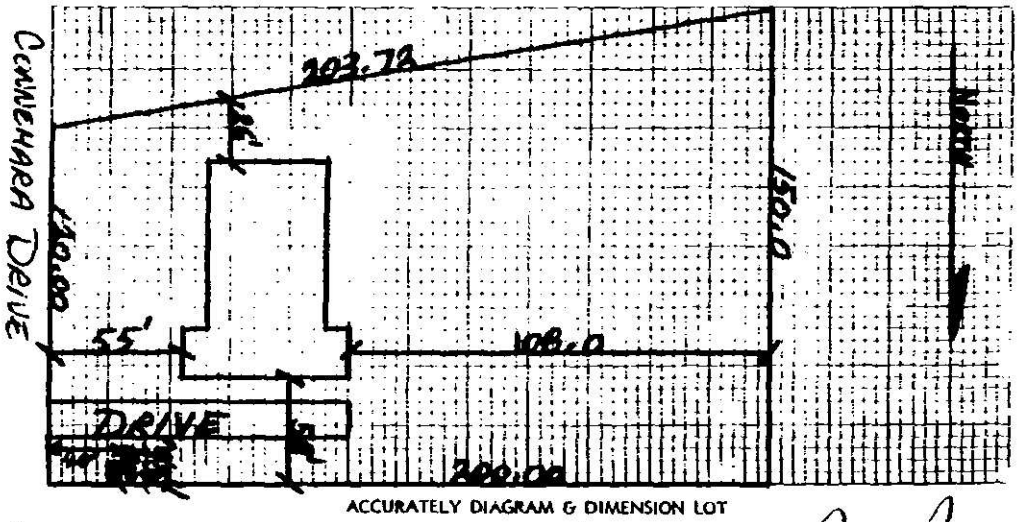
SUBDIVISION WINDSOR ESTATES LOT NO. 4 BLOCK NO C

MAP BOOK NO. 16 PAGE NO. 174

DEED REFERENCE: DEED BOOK 3448 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 ✓ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

August 12, 1974
DATE OF APPLICATION

William R. Rice Jr
OWNER

Application approved and permit hereby granted

Permit No: 7363

Jerry Burleson
ENVIRONMENTALIST 21 Aug 74

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

HEALTH DEPARTMENT'S COPY

215-168-04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

RECEIVED
OCT 2 1974
MECK. COUNTY HEALTH DEPT.

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 377 Well Permit No. 7363

1. Town Matthews
2. Location 2137 Connemara Dr - Lot 4 - Block C
   Show a sketch of location on back of form
3. Owner Ralph Swaim Const. Co. Inc.
   Address P.O. Box 35176 - Charl. 28235
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 10-18-74
6. Rig type or method Air Rotary Total Depth 125
7. Casing: Depth From 0 to 63 ft. Diam. 6¼ in. Type .185
8. Grout: Depth From 0 to 55 ft. Material in. Method Sackrete
9. Screen: Depth From to ft. Diam. in. Type and Opening
10. Water Zones (depth) 85
11. Static Water Level: 20 ft. above/below top of casing which is 1 ft. above land surface. Elev.
    Date 10-18-74
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 H.T.H.
16. Permanent Pump: Type Deep Well Make Myers
    Installed — Date 10-18-74 By Crawford
    Capacity 10 (gpm) Hp. ½
    Intake depth Airline depth
17. Remarks:

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

Charles R. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	30	Red Clay
30	65	Yellow Shell
65	125	Blue Granite

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

Date Received 12-12-73

MCCK COUNTY HEALTH DEPT.
RECEIVED
DEC 12 1973
ENVIRONMENTAL HEALTH DIVISION

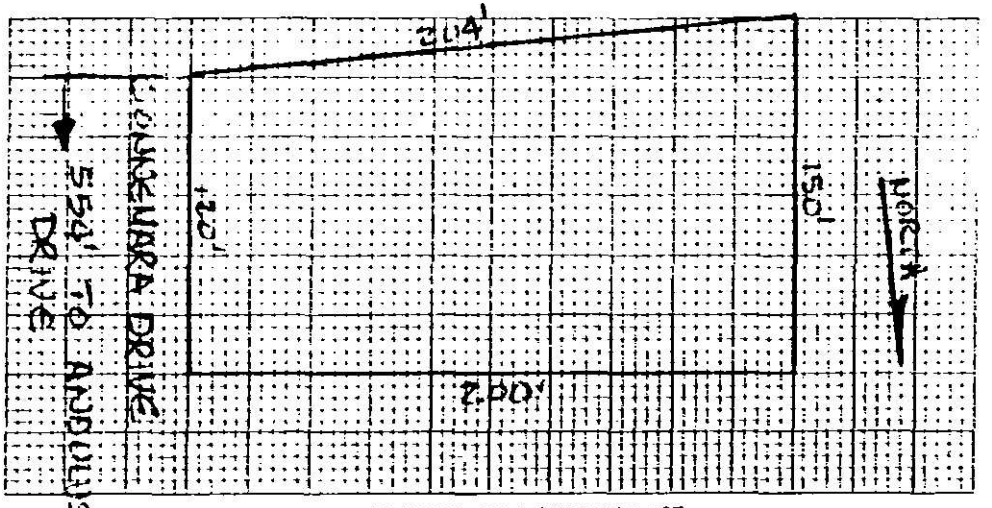
APT No 2363
T C No 215-168-04
Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER RALPH (LAST) SQUIRES (FIRST) CONST. CO, INC. (MIDDLE)
2) ADDRESS OF OWNER 2602 MILTON ROAD ZIP 28205
3) PHONE NO Home _____ Office 537-9553
4) LOCATION OF PROPERTY 2627 CONNEMARA DRIVE (STREET OR COUNTY ROAD)
5) SUBDIVISION WINDSOR ESTATES LOT NO 4 BLOCK NO. G
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 Jim Boyd

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

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

SUBJECT: APT #7363 (Ralph Squires Construction Co.)
Lot No. 4-G, ~~2637~~ 2737 Connemara Drive
Windrow Estates Subdivision
3-28-74

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. 4187

PTR No 7363

Date Issued April 3, 1974

T C No 215-16[illegible]-04

Map Date 5-3-72 4-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

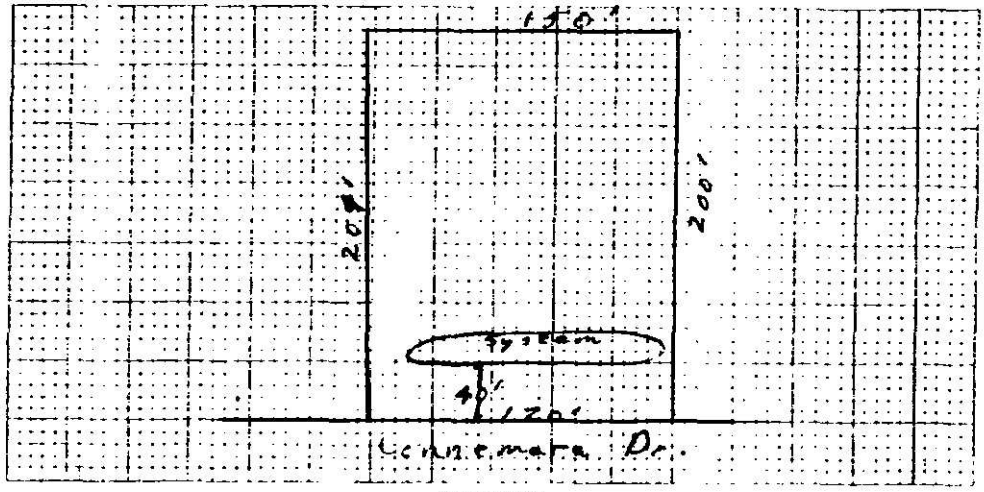
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP 28205

LOCATION OF PROPERTY 2627 Connemara Drive
STREET OR COUNTY ROAD

SUBDIVISION Windrow Estates LOT NO 4 BLOCK NO G



PLOT PLAN

This is to certify that a percolation test has been run and an on site investigation 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 soil 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 building, or of the wastewater treatment system on the site.
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 wells 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.

W. Courtlandt Lyons, Jr. Soil Scientist

Director Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-18-74

ICAR(S) Application No. 7363

T. C. No. 215-16-04

Map Date ~~3-22~~ 4-10-74

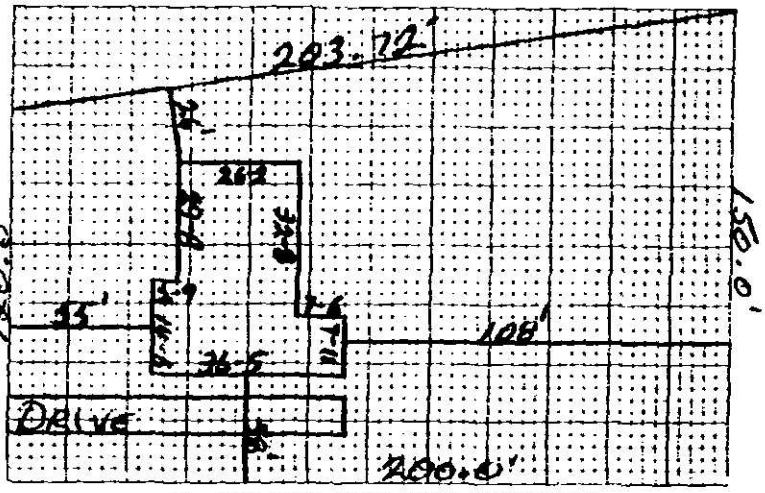
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 2637 CONNEMARA DRIVE
(STREET OR COUNTY ROAD)

17) SUBDIVISION Windrow Estates Lot No. 4 Block No G

Map Book No 16 Page No. 174

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445 SB 3460

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-28-74

20) PTR NUMBER (See Instructions) 7363

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 7-18-74

OWNER Jim Boston Development Superintendent

FORM NO. E 4-4-71

HEALTH DEPARTMENT'S COPY

Date Issued July 19, 1974 **Serial No. 4303**

IMPROVEMENTS PERMIT

LA No 7363

T C No 215-168-04

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 Co. Inc.
(LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 2627 Connemara Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 4 BLOCK NO G

MAP BOOK NO 16 PAGE NO 174

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 7363. 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

M. A. Gusky
Environmentalist

John R. Kissam
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

Date Issued [illegible]

ICAR(S)-Permit No [illegible]

T C No 15-1084

Map Date [illegible]

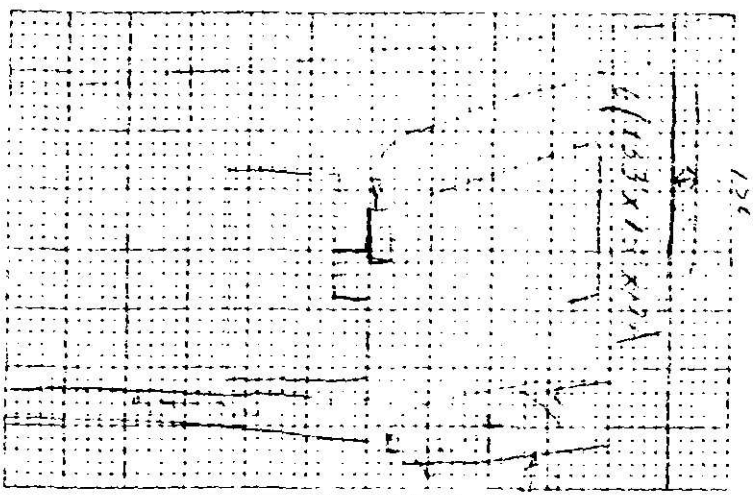
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nutrification Lines [illegible]

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head [illegible]

Environmentalist [illegible]

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. For the signature of the Environmentalist is required where an existing system is being altered or repaired.

Form E-5-8-1-72

Serial No. 5143

C of A (s) No 7363

Date Issued 11-1-74

T C No 215-165-74

Map Date 6-16-74

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 (LAST) (FIRST) (MIDDLE)

Location of Property

Application Number

Permit Number

Inspection Data:

Liquid Capacity of Tank 750 GAL

Tank Material CONC

Total Length of Drain Tile 245 LIN FT

Number of Lines 4

Depth of Filter Material 12"

Cover Depth 4"

Water Supply Source WELL

Distance from Water Source 75'

Excavation Inspected 11-4-74 (DATE)

Tank Inspected 11-4-74 (DATE)

Nitrification Field Inspected 11-4-74 (DATE)

Washing Machine Line Inspected, If Applicable 11/4/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent disch[illegible] described above and it has been X 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 is not a warranty or guarantee that the system will operate properly or relieve any person now or hereafter owning or installing 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 in 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 System Dist Septic Creek

Environmentalist

FORM NO E-6-9-1-72