T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

COUNTY HEALTH DEPT. RECEIVED 1974

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 278 Well Permit No. (Division) 6651

1. Town Matthews — County _____
2. Location 13500 Lipizzan Ct. - Lot 14. — Quadrangle No. _____
   Show a sketch of location on back of form Block C
3. Owner Ralph Squires Const. Co. Inc.
   Address P.O. Box 25178 - Charlotte 28212
4. Topography draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 10-16-74
6. Rig type or method Air Rotary Total Depth 105
7. Casing: Depth From 0 to 68 ft. Diam. 6¼ in. Type .185

8. Grout: Depth From 0 to 20 ft. Material _____ in. Method Sakrite

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 _____ ft above land surface. Elev _____
    Date 10-16-74
12. Yield (gpm) 10 Method of testing _____
13. Pumping Water Level: 50 ft after 8 hrs.
    at 10 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method HTH
16. Permanent Pump: Type Deep Well Make Myers
    Installed — Date 10-16-74 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 K. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	40	Red Clay
40	68	Yellow Clay & Shell
68	105	Blue white Granite

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

Date Received 10-9-74

Application No. 6651
T. C. No. 215-161-01
Map Date 9-22-72

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 13500 LIPIZZAN CT.
(STREET OR COUNTY ROAD)

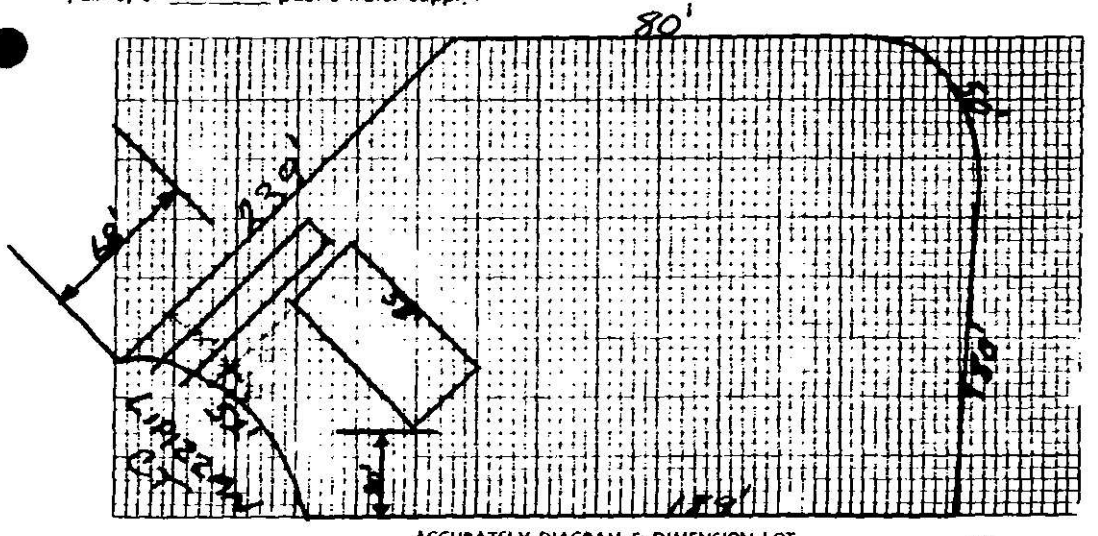
SUBDIVISION WINDROW ESTATES LOT NO. 14 BLOCK NO. C

MAP BOOK NO. 216 PAGE NO. 173

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

8-21-74
DATE OF APPLICATION

William K. Squires Jr.
OWNER

Application approved and permit hereby granted

10-9-74

Permit No: 6651

ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

W

Date Received 7-12-73

APT No. 6651

T C No. 215-161-35

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 2600 MILTON ROAD P.O. BOX 25178 ZIP 28212

3) PHONE NO Home _____ Office 537-9553

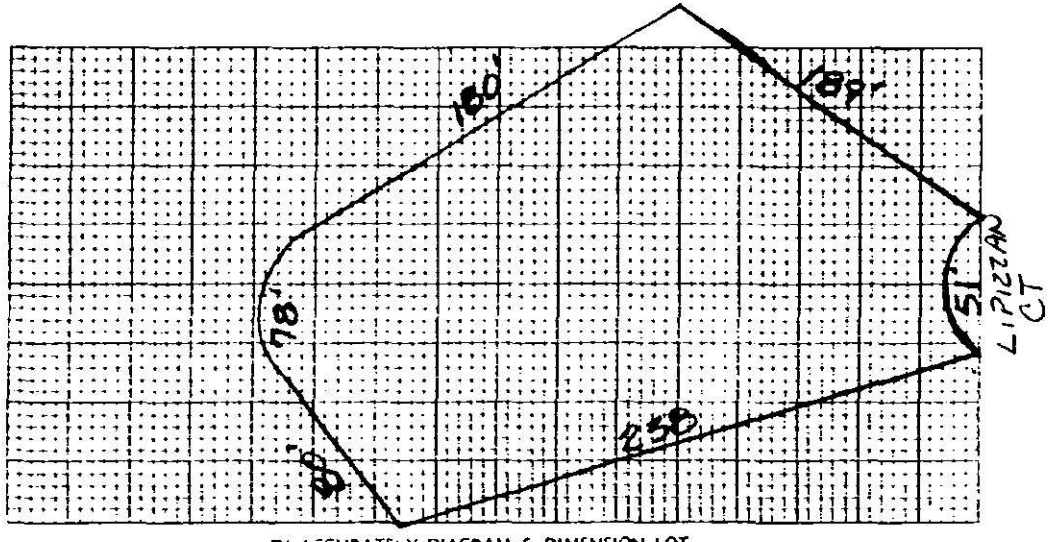
4) LOCATION OF PROPERTY 13500 LIPIZZAN CT (STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO. 14 BLOCK NO. C

MAP BOOK NO 16 PAGE NO 131

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

Bill Hartes
OWNER

FORM NO E-1-B-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: October 29, 1973

TO: Tom Ward
Environmentalist

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

SUBJECT: APT #6651 (Ralph Squires Construction Company)
Lot No. 14-C, 13500 Lipizzan Court
Windrow Estates Subdivision
10-26-73

Soils were found to be of the Appling series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3767

PTR No 6651

T C No 215-161-[illegible]35

Date Issued October 29, 1973

Map Date ~~9-27-74~~ 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

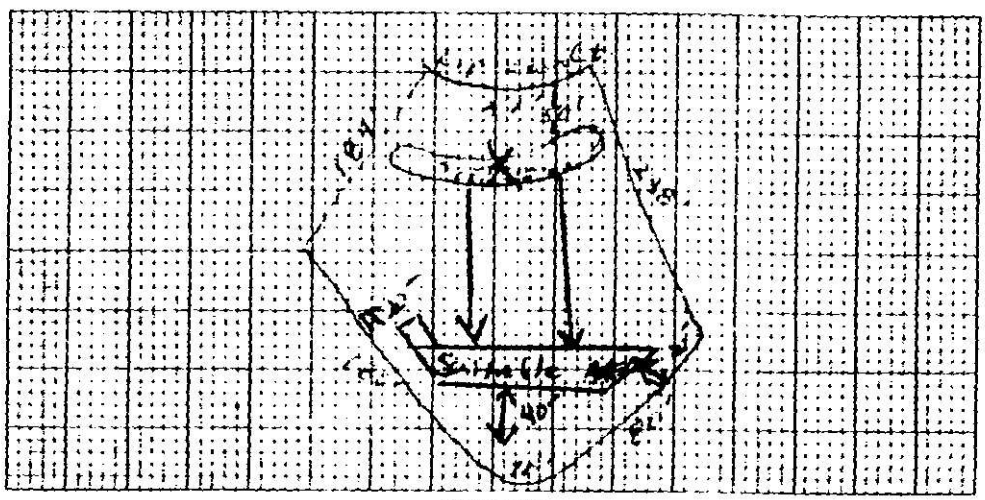
PERCOLATION TEST REPORT

NAME OF OWNER Ralph Squires Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP 28212

LOCATION OF PROPERTY 13500 Lipizzan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 14 BLOCK NO C



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 plot

The percolation rate determined by the test was 60 min/in* The said lot is approved for the installation of an individual septic tank wastewater treatment system with sub-surface, 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 buildings, 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, fillings, or construction (including the drilling of a well) 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. Curtis Lipscomb Jr. Soil Scientist

John R Atkisson
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 11-26-73

ICARIS Application No 6651

T C No 215-161-[illegible]

Map Date [illegible] 6/10 74

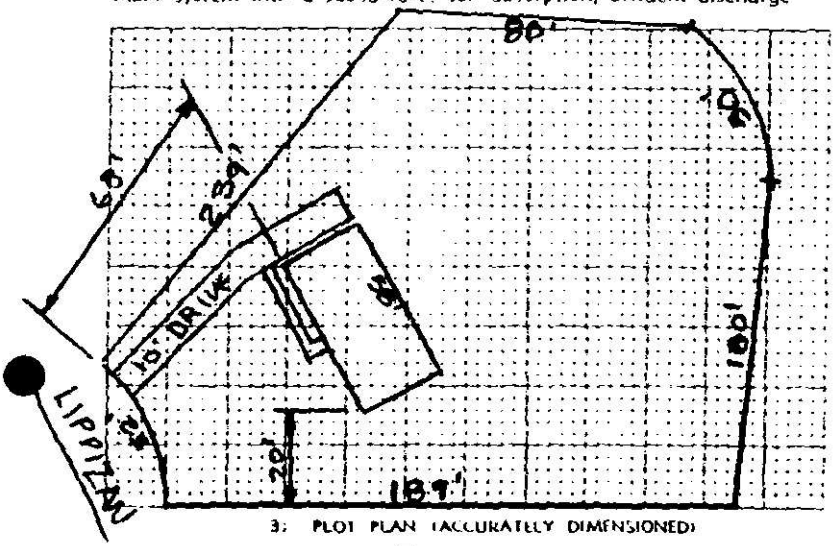
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5

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 YES
B) Government ___
C) Community System
1 Well ___
2 Government ___

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. ___

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

14) ADDRESS OF OWNER 2600 MILTON ROAD

15) PHONE NO Home _____ Office 537-9553

16) LOCATION OF SYSTEM 13500 LIPPIZAN COURT (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW ESTATES Lot No 14 Block No C

Map Book No 16 Page No 131

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-29-73 47 60

20) PTR NUMBER (See Instructions) 6651

The undersigned person hereby agrees that he has read the foregoing application and that the content 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.

NOVEMBER 21, 1973
DATE OF APPLICATION

Jim Bogan
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3648

LA No. 6651

Date Issued November 26, 1973

T. C. No. 215-161-[redacted]35

IMPROVEMENTS PERMIT

Map Date [redacted]2
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 2600 Milton Road ZIP _____

LOCATION OF LOT 13500 Lippizan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO. 14 BLOCK NO. C

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/inch 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 6651. 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

Thomas R. Ward
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 25Sept74 Serial No. 5790 ICAR(S)-Permit No. 6651

T C No 215-161-01

Map Date 27Sep72

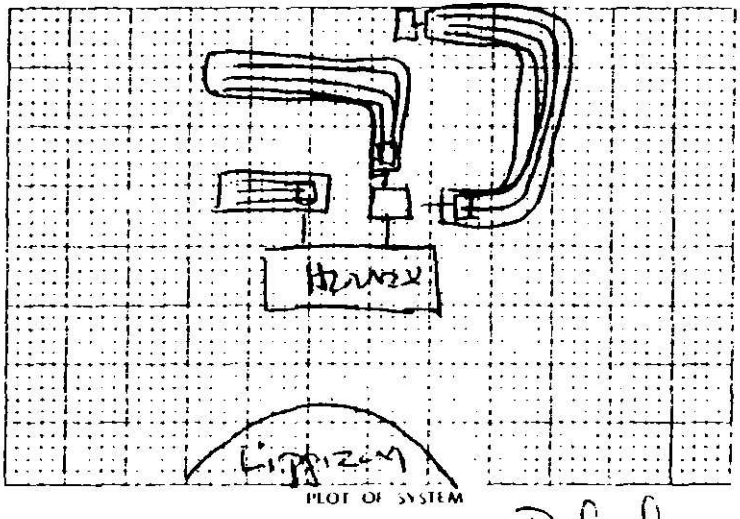
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6651 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 25Oct74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 990' & 200'

Number of Lines Two Beds 10' X 125'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Squires, Ralph

LOCATION OF PROPERTY Lippizan Court

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 washer 7½'x50'
aeration pit 2½'x7'x4' stone

R.M. Reynolds
Environmentalist

Division or Section Head

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

Serial No. 5335

C of A (s) No. 6451

Date Issued 1 Oct 1974

T. C No. 215-161-01

Map Date 27 Sep 12

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 Squires (LAST) Ralph (FIRST) (MIDDLE)

Location of Property Lipizzan Court

Application Number 6651 Permit Number 6651

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 990'/200' Number of Lines 5½ beds (10'x125') WM-4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 1 Oct 74 (DATE) Tank Inspected 1 Oct 74 (DATE)

Nitrification Field Inspected 1 Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable 1 Oct 74 (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 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 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 trench 7'2' x 50'

Quantity pit OK

Environmentalist

FORM NO E-6-9-1-72

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor _____ Reg. No _____ Well Permit No. _____

1. Town _____ County _____
2. Location _____ Quadrangle No _____
   Show a sketch of location on back of form
3. Owner _____
   Address _____
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well _____ Date Completed _____
6. Rig type or method _____ Total Depth _____
7. Casing: Depth From _____ to _____ ft. Diam. _____ in. Type _____
8. Grout: Depth From _____ to _____ ft Material _____ Method _____ in.
9. Screen: Depth From _____ to _____ ft. Diam. _____ in. Type and Opening _____
10. Water Zones (depth) _____
11. Static Water Level: _____ ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) _____ Method of testing _____
13. Pumping Water Level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method _____
16. Permanent Pump: _____ Type _____ Make _____
    Installed — Date _____ By _____
    Capacity _____ (gpm) Hp. _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

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

_____
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	30	Red Clay
30	40	Brown Shell
40	65	Blue Rock

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