Date Received 4-11-74

Application No. 2166 19

T. C. No. 139-012-

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

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

ADDRESS OF OWNER 7600 MILTON ROAD ZIP 28205

PHONE NO. Home _____ Office 537-9553

LOCATION OF PROPERTY 7901 JEFFERSON COUNTY ROAD
(STREET OR COUNTY ROAD)

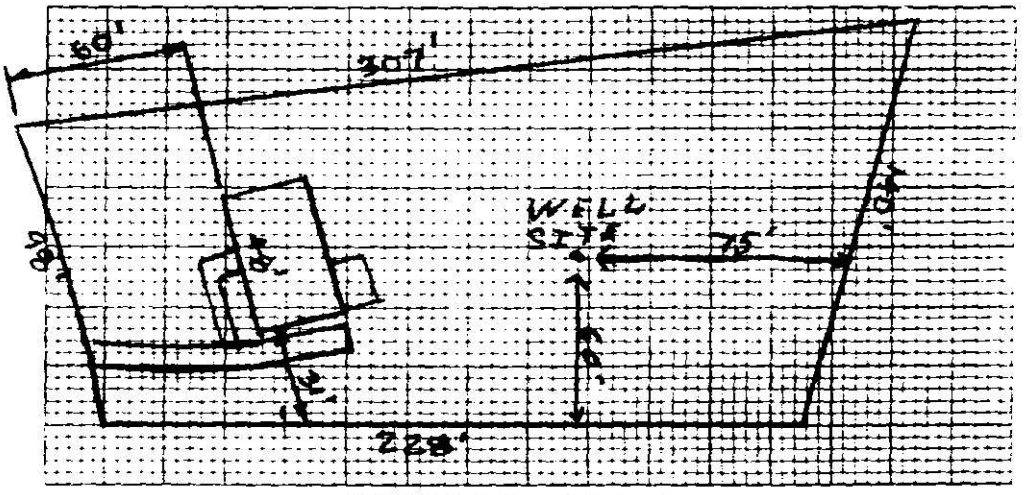
SUBDIVISION JEFFERSON COUNTY LOT NO. 3 BLOCK NO. A

MAP BOOK NO. 16 PAGE NO. 107

DEED REFERENCE: DEED BOOK 3482 PAGE NO 458

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

NOVEMBER 23, 1973
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 5766

ENVIRONMENTALIST

FORM NO. E-20-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-16-73

APT No. 5766

T C No. 139-012-19

Map Date 4-19-74

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 2600 MILTON ROAD ZIP 28212

3) PHONE NO Home _____ Office 537-4553

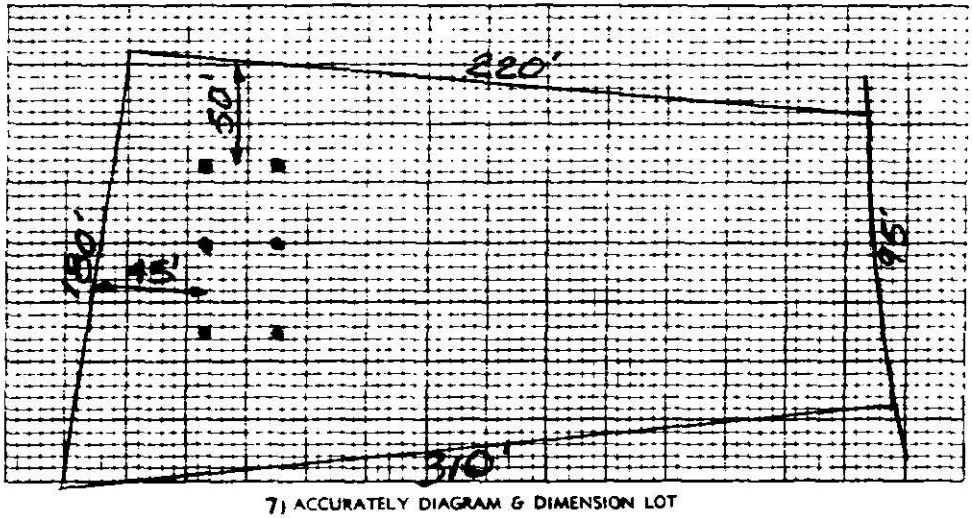
4) LOCATION OF PROPERTY 7901 JEFFERSON COLONY ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION JEFFERSON COLONY LOT NO 3 BLOCK NO A

MAP BOOK NO 16 PAGE NO. 107

6) DEED REFERENCE DEED BOOK 3482 PAGE NO 458

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 Harris
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. May 5, 1973
2. _____
3. _____

SDR No. 5766 19
T.C. No. 139-012-11
4-19-74

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Ralph Squires Construction Company, Inc.

ADDRESS OF OWNER 2600 Milton Road ZIP 28212

LOCATION OF LOT 7901 Jefferson Colony Road, Lot 3-A

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	5-[illegible]-73	1[illegible] min/in
X	2.	5-18-73	156 min/in
X	3.	7-5-73	180 min/in
X	4.	7-13-73	150 min/in
X	5.	8-7-73	150 min/in
____	ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____		

R. M. Reynolds
Environmentalist

(Stencil No.)
MED 398

FORM NO.
E-19-8-14-70

Serial No. 3838

PTR No 5766
T C No 139-012-[illegible]
Map Date 4-19-74

Date Issued November 23, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

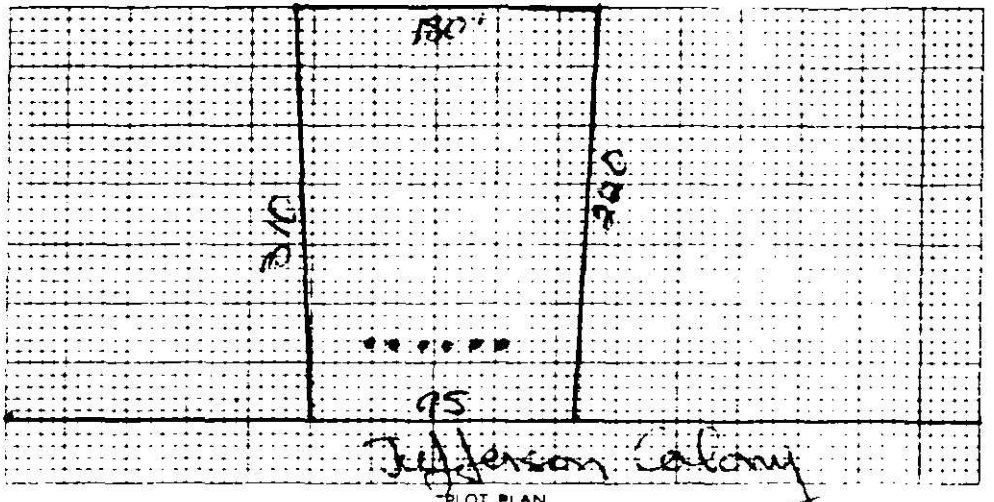
PERCOLATION TEST REPORT

NAME OF OWNER Ralph Squires Construction Company, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP 28212

LOCATION OF PROPERTY [illegible] Jefferson Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO 3 BLOCK NO A



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 25 min/in. The said lot 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 buildings or of the wastewater treatment system on the said lot.
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 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.

T.M. Reynolds

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 11 26 73

ICARIS Application No 5766-49

T C No 139-012 A

Map Date 4-19-74

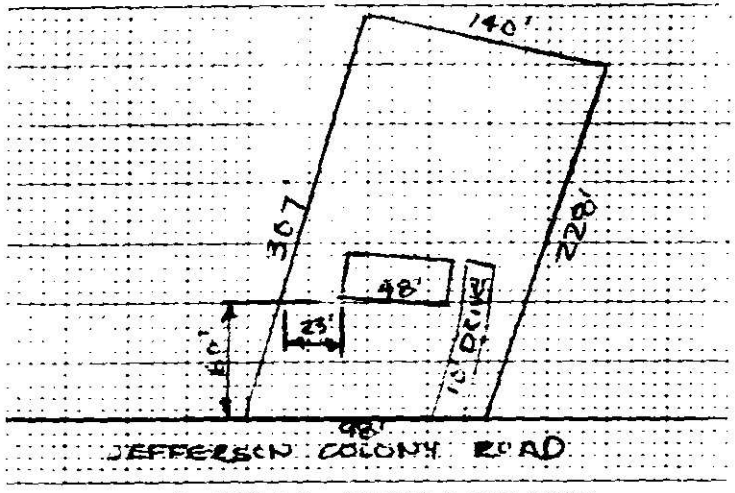
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 sewage treatment system with subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

3

Emp
W
Ground
D
Approx. Depth
A
N/A
N/A

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

14 ADDRESS OF OWNER 2000 MILTON ROAD

15 PHONE NO Home _____ Office 537-9553

16 LOCATION OF SYSTEM 7901 JEFFERSON COLONY ROAD
(STREET OR COUNTY ROAD)

17 SUBDIVISION JEFFERSON COLONY Lot No 3 Block No A

Map Book No 16 Page No 107

18 DEED REFERENCE — DEED BOOK 3482 AT PAGE 458

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 11 21 73 2R356

20 PTR NUMBER (See instructions) 5766

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

NOVEMBER 26, 1973
DATE OF APPLICATION

Jim Boyer, D.S.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3650

LA No. 5766

Date Issued November 26, 1973

T C. No. 139-012-

IMPROVEMENTS PERMIT

Map Date 4-19-74

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 2600 Milton Road ZIP

LOCATION OF LOT 7301 Jefferson Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO. 3 BLOCK NO A

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 56 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 5766. 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

B.M Reynolds
Environmentalist

John A Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued 18 May 74

ICARIS Permit No 5766 19

T C No 56.139-012-4

Map Date 4-19-74

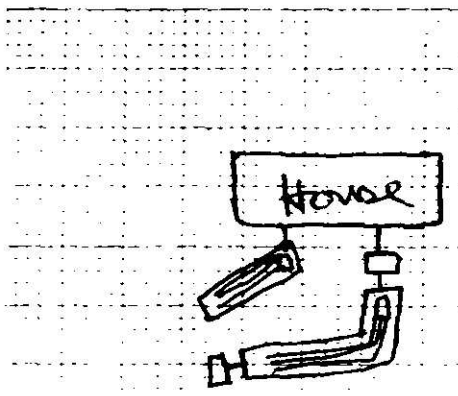
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 following described septic tank wastewater treatment system with subsurface soil absorption effluent discharge at the location described below. This permit is granted based upon the information submitted on application No. 5766 dated and this permit shall be void and of no effect if the proposal is not in accordance with the application and true and correct. All work shall be completed on or before 18 May 74 after which date this permit shall be null and void.



Jefferson Colony

PLAN OF SYSTEM

NAME OF OWNER Ralph Squires Const Co.

LOCATION OF PROPERTY 791 Jefferson Colony

Proposed Use 56

Liquid Capacity of Tank 1500 gal

Type of Tank Precast Concrete

Absorption Area in Square Feet

Trench 600' @ 150'

Bed @ 15'x100'

Distance from Tank to Trench 10'

Distance from Tank to Bed 10'

Distance from Well 100'

This system is to meet all 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. Otherwise rendered unobservable or can be used.

Comments: washer 7½'x50'
aeration pit 28'x7'x4' stone

Director or Section Head

R. M. Reynolds
Environmentalist

No part of this permit for the installation or construction of a new system is valid unless signed by the division or a duly authorized Environmental Health Director 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

DEPARTMENTS COPY

Date Issued 26 Apr 74 Serial 4725

C of A (s) No. 5766

T C No. BE-139-012 #19

Map Date 4-19-74

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 Squires, Ralph (LAST, FIRST, MIDDLE)

Location of Property 7901 Jefferson Colony

Application Number 5766 Permit Number 5766

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (6) 15' x 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 26 Apr 74 (DATE) Tank Inspected 26 Apr 74 (DATE)

Nitrification Field Inspected 26 Apr 74 (DATE)

Washing Machine Line Inspected, If Applicable 26 Apr 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 aeration pit O.K.

R. M. Reynolds

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

T. C. No. Pat 139-012-

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No. 279 Well Permit No. 5767

1. Town Mint Hill County Mecklenburg
2. Location 7909 Jefferson Colony Dr. - Lot 4 - Blk A Quadrangle No. J
   Show a sketch of location on back of form
3. Owner Ralph Squires Const. Co., Inc.
   Address 2600 Milton Road - Char. - 28205
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4-18-74
6. Rig type or method Rotary Total Depth 70
7. Casing: Depth From 0 to 63 ft. Diam. 2 in. Type GALV.
   ____ ____ ____ ____
   ____ ____ ____ ____
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) 65
11. Static Water Level: 21 ft. above/below top of casing
    which is 1 ft. above land surface. Elev. ____
    Date 4-18-74
12. Yield (gpm) 10 Method of testing Air Pump
13. Pumping Water Level: 42 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 4-18-74 By Crawford
    Capacity 10 (gpm) Hp. 1/2
    Intake depth ____ Airline depth ____
17. Remarks: ____

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

SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

From	To	Formation
0	30	Red Clay
30	60	Yellow Shale
60	63	White Blue Coarse Rock
63	70	Blue White speckled

MECK. CO. HEALTH DEPT. RECEIVED 1974 ENVIRONMENTAL HEALTH DIVISION

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