Date Received 8/20/75 Apt. No. (S) _____ Application No. (W) 7239

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Ralph Squires Co. (LAST FIRST MIDDLE)

ADDRESS OF OWNER P.O. Box 25178 Chas ZIP _____

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY 2904 Percheron (STREET OR COUNTY ROAD)

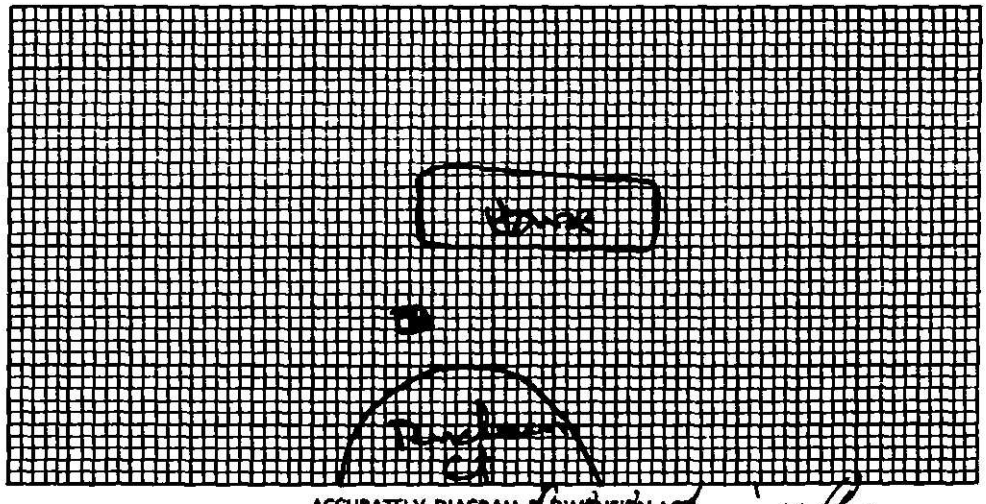
SUBDIVISION Windrow LOT NO. 24 BLOCK NO. C

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

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

WELL CONTRACTOR Carolina Well LICENSE NO. _____

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

18 Aug 75
DATE OF APPLICATION

Ralph Squires Co
by T. A. Crawford
OWNER

Application approved and permit hereby granted

Permit No: 7239

R. M. Reynolds
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

Date Received 11-19 73

APT No. 7239

T. C. No. 215-161-45

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

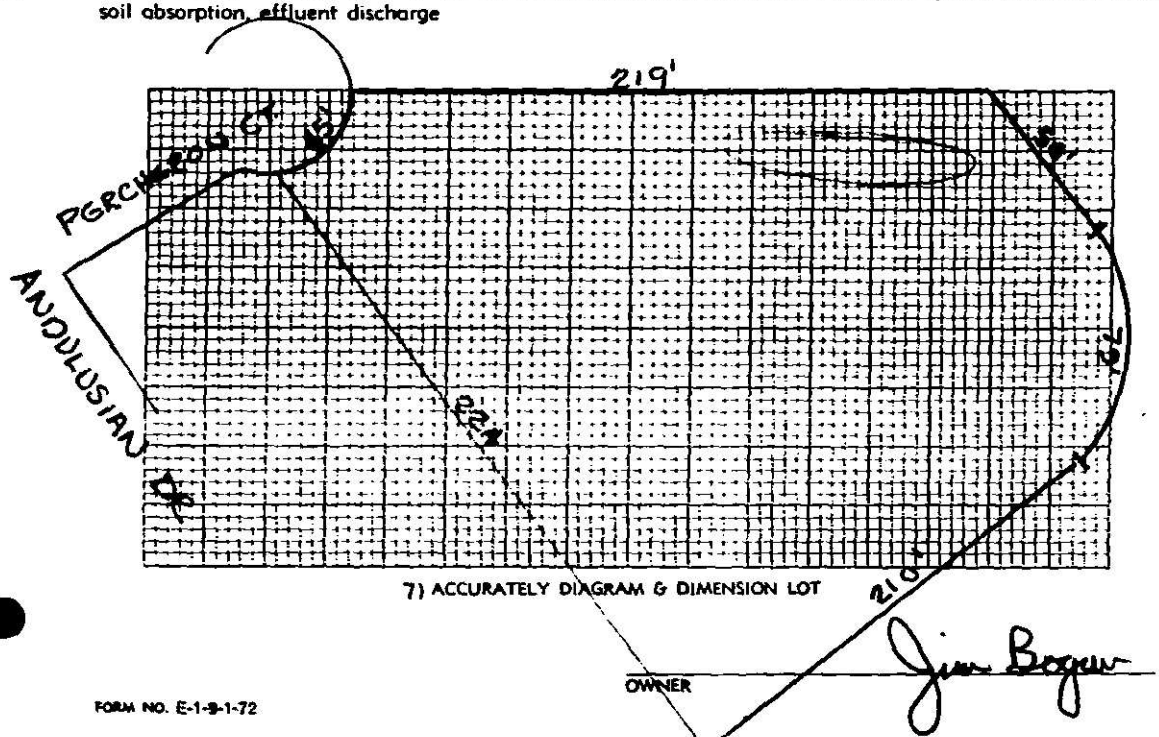
4) LOCATION OF PROPERTY 2904 PERCHERON COURT
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO 24 BLOCK NO. C

MAP BOOK NO. 16 PAGE NO. 173

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 Bogen

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: April 16, 1974

TO: Mr. Moffitt Kirby
Environmentalist

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

SUBJECT: APT #7239 (Ralph Squires Construction Co.)
Lot No. 24-C 2904 Percheron Court
Windrow Estates Subdivision
4-11-74

The lot consists of soils 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. 4215

PTR No. 7239

Date Issued April 16, 1974

T C No. 215-161-[illegible]

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

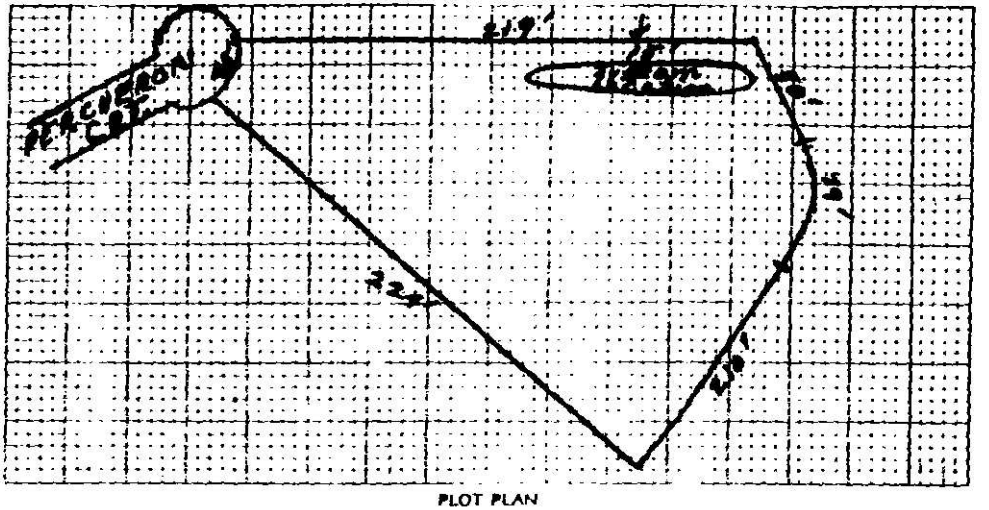
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 2600 Milton Road ZIP 28205

LOCATION OF PROPERTY 2904 Percheron Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 24 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 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 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. Everette Lyon, Jr. — Soil Scientist

John R. Robinson — 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 8/7/75

ICAR (S) Application No. 7239

T. C. No. 205-161-01

Map Date 9-27-72

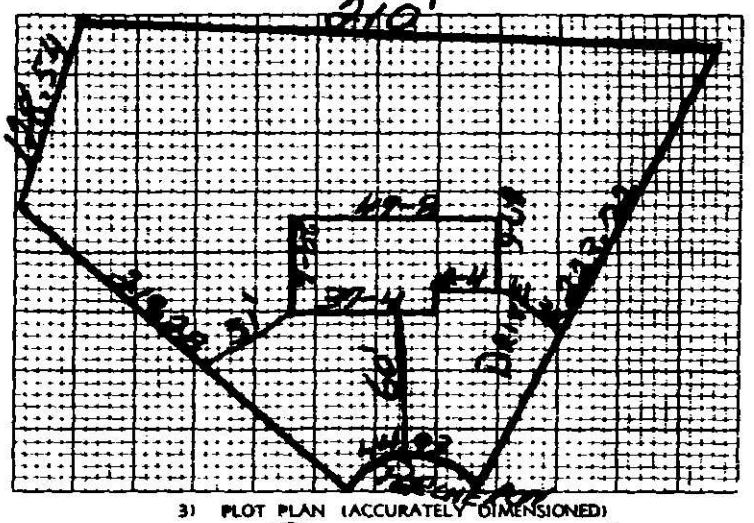
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 ✓
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Ralph Sowers Const. Co. Inc.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25178 28212

15) PHONE NO. Home ____ Office 537-9553

16) LOCATION OF SYSTEM 2404 Percheron Court
(STREET OR COUNTY ROAD)

17) SUBDIVISION Windsor Estates Lot No. 24 Block No. C

Map Book No. 16 Page No. 173

18) DEED REFERENCE — DEED BOOK 3438 AT PAGE 445 SB760

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 4-11-74

20) PTR NUMBER (See Instructions) 7239

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.

8-6-75
DATE OF APPLICATION

William K. Sowers Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued August 7, 1975

Serial No. 5193

IMPROVEMENTS PERMIT

LA No. 7239

T C. No. 215-161-45

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.
(LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 2904 Percheron Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO. 24 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 60Min./Inn 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 7239. 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.

L. M. Reynolds
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 Oct 75 Serial No. 6346 C of A (s) No. 7239

T. C. No P.O. 215-161-01

Map Date 9-27-73

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 Co. (LAST / FIRST / MIDDLE)

Location of Property 2904 Percheron Ct.

Application Number 7239 Permit Number 7239

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 795' & 200' Number of Lines 6 15'X133'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 8 Oct 75 (DATE) Tank Inspected 8 Oct 75 (DATE)

Nitrification Field Inspected 8 Oct 75 (DATE)

Washing Machine Line Inspected, If Applicable 8 Oct 75 (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-8-9-1-72

HEALTH DEPARTMENT'S COPY