Randy Reynolds

NORTH CAROLINA DEPARTMENT OF NATURAL AND ECONOMIC RESOURCES

6651

OFFICE OF WATER AND AIR RESOURCES
GROUND WATER DIVISION
P. O. BOX 27687 – RALEIGH, N. C. 27611

WELL RECORD

DRILLING CONTRACTOR [illegible] REG. NO. [illegible] WELL CONSTRUCTION PERMIT NO. [illegible]

1. WELL LOCATION (Sketch in box at right. Show direction and distance from nearest town. Also show road, RFD or other identifiable landmarks.)
   Nearest Town [illegible] County [illegible]
   [illegible] Quadrangle No. [illegible]
2. OWNER [illegible]
3. ADDRESS [illegible]
4. TOPOGRAPHY (draw, valley, slope, ridge, flat)
5. USE OF WELL [illegible] DATE [illegible]
6. DOES THIS WELL REPLACE AN EXISTING WELL? [illegible]
7. TOTAL DEPTH 65 R.C. TYPE OR METHOD [illegible]
8. FORMATION SAMPLES COLLECTED? ☐ YES No. of Bags [illegible]
9. CASING:

From	Depth to	Inside Diam.	Wall thick. or weight/ft	Type
0	40 ft	2		Plastic

10. GROUT:

From	Depth to	Material	Method
0	20 ft	Cement	

11. SCREEN:

From	Depth to	Diam.	Type and Slot No.
	ft		

12. GRAVEL:

From	Depth to		Material
	ft		

13. WATER ZONES (depth): 55'
14. STATIC WATER LEVEL [illegible] ft above / below top of casing.
    Casing is [illegible] above land surface
    DATE MEASURED [illegible]
15. YIELD (gpm) [illegible] METHOD OF TESTING [illegible] Pump
16. PUMPING WATER LEVEL [illegible] ft. after [illegible] hours
    at [illegible] gpm
17. CHLORINATION: Type [illegible] Amount [illegible]
18. WATER QUALITY: [illegible] TEMPERATURE(°F) [illegible]
19. PERMANENT PUMP: Show distance of well head on back of form.
    Date Installed [illegible] Type [illegible] Make [illegible]
    Capacity [illegible] (gpm) HP [illegible]
    Intake Depth [illegible] Drop Pipe Depth [illegible]
20. HAVE YOU INFORMED THE WELL OWNER OF THE DEPARTMENT'S REQUIREMENTS AND RECOMMENDATIONS?
21. REMARKS: [illegible]

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

[illegible]
SIGNATURE OF CONTRACTOR OR AGENT DATE

DRILLING LOG

DEPTH From	DEPTH To	FORMATION DESCRIPTION
0	10	[illegible]
10	65	[illegible]

RECEIVED
NOV 26 1974

Form GW-1 White Copy-Office of Water and Air Resources, Blue-Drillers Copy; Green-Owners Copy

R

Date Received 7-12-73

17

APT No. 6639

T. C. No. 139-014-18

Map Date 4-19-74

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 PO Box 25178 ZIP 28213

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

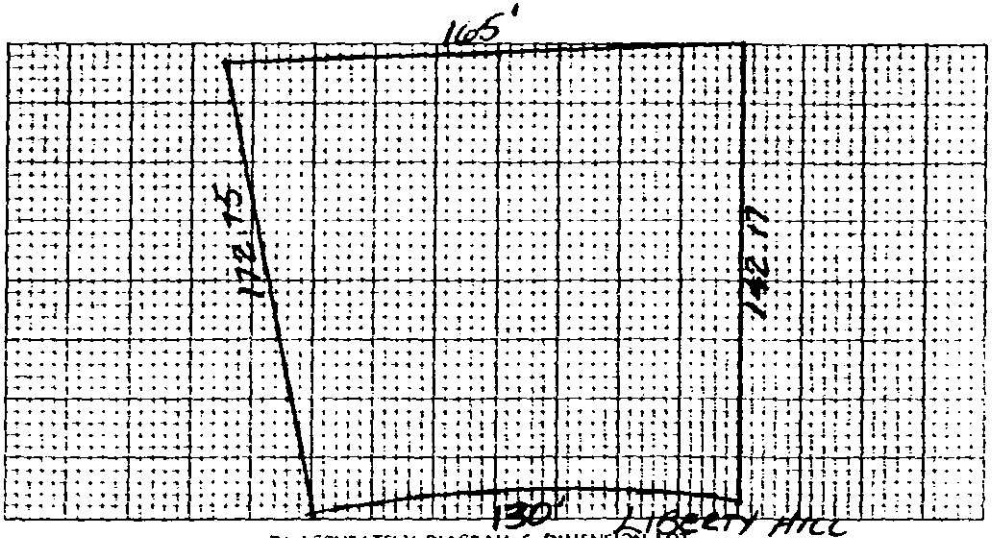
4) LOCATION OF PROPERTY 8810 LIBERTY HILL DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION JEFFERSON COLONY LOT NO 15 BLOCK NO. C

MAP BOOK NO 17 PAGE NO. 133

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-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3618

PTR No. 6639

T C No. 139-01[illegible]-1[illegible]

Date Issued September 26, 1973

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

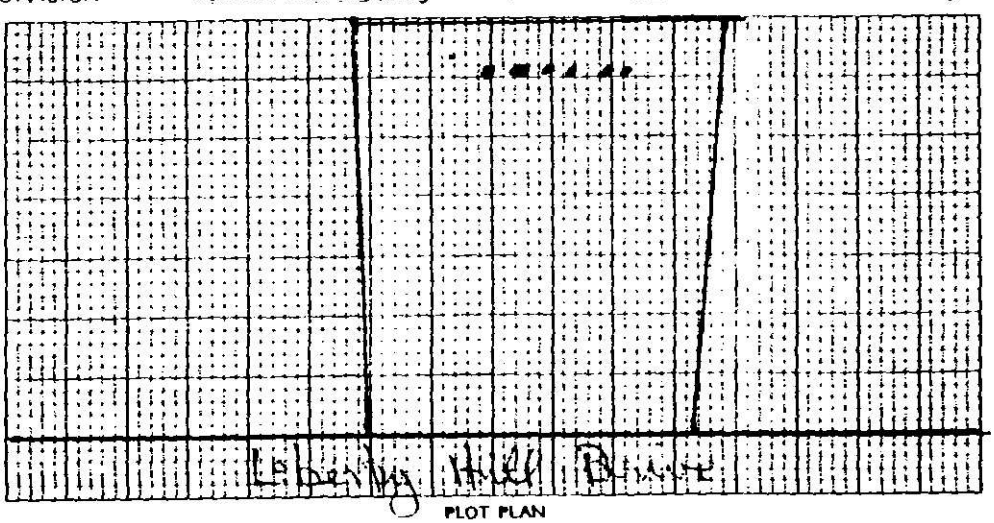
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P.O. Box 25178 ZIP _____

LOCATION OF PROPERTY 8810 Liberty Hill Drive (STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO 15 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 48 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.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 10-1-73

ICAR(S) Application No 6639

T C No 139-04-18

Map Date 4-19-74

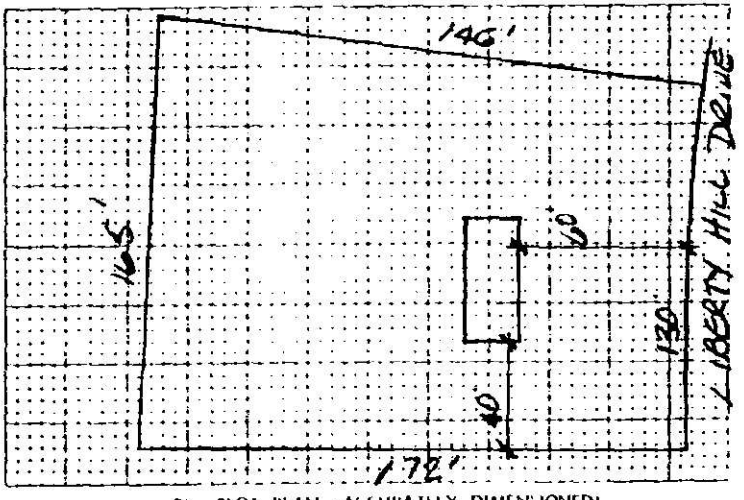
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Supply YES
B) Government System ____
C) Community System
1 Well Source ____
2 Government System ____

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 (FIRST) CONST. CO. INC. (MIDDLE)

14) ADDRESS OF OWNER 2600 MILTON RD P.O. BOX 25178 28213

15) PHONE NO Home 537-4553 Office 537-9553

16) LOCATION OF SYSTEM 8810 LIBERTY HILL DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION JEFFERSON COURT Lot No 15 Block No C

Map Book No 17 Page No 133

18) DEED REFERENCE — DEED BOOK 3482 AT PAGE 458

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 9-25-73 [illegible]

20) PTR NUMBER (See Instructions) 6639

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.

10-1-73
DATE OF APPLICATION

Bill Hartis
OWNER

Form No E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 1, 1973

Serial No. 3471

IMPROVEMENTS PERMIT

LA No. 6639
P.O.
T. C. No. 139-012-11

Map Date

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 P.O. Box 25178 ZIP 28212

LOCATION OF LOT 8810 Liberty Hill Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Jefferson Colony LOT NO. 15 BLOCK NO. C

MAP BOOK NO. 17 PAGE NO 133

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 48 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 6639. 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

R. M. Reynolds
Environmentalist

W. L. Gaston
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 22 Jan 74 Serial No. 4816

ICAR(S) Permit No. 6639

T. C. No. [redacted]-77

Map Date 139-014-18

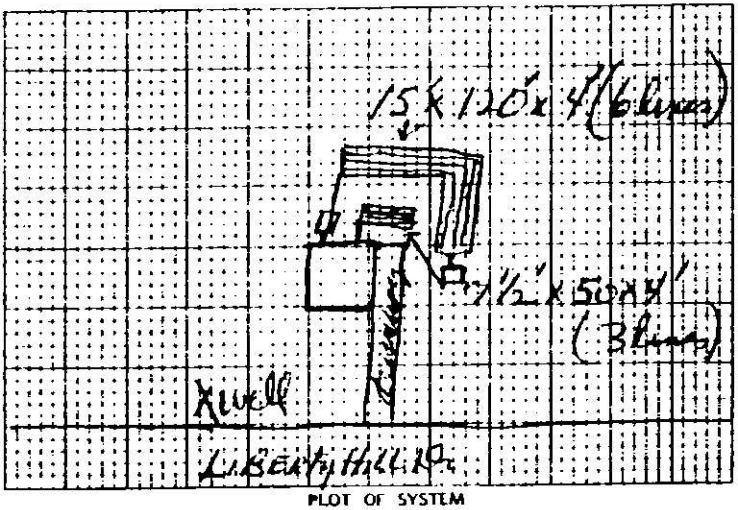
MECKLENBURG COUNTY HEALTH DEPARTMENT 4-19-74

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given t ✓ 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 _ _____, 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 _ _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 720±150

Number of Lines 6 & 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires Coast Co.

LOCATION OF PROPERTY 5810 Liberty Hill Rd.

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 4' w/stone at end of nitrifying field

_____ Division or Section Head

Richard Gorstman 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 NO. E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4505

C of A (s) No. 6639

Date Issued 5 Mar 74

T. C. No. 139

Map Date 4/19/74

John R Robinson

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. (LAST FIRST MIDDLE)

Location of Property 8810 Liberty Hill Dr.

Application Number 6639 Permit Number 6639

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 720' & 150' Number of Lines (6) 15' x 120'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 5 Mar 74 (DATE) Tank Inspected 5 Mar 74 (DATE)

Nitrification Field Inspected 5 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 5 Mar 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