T. C. No. 215-161-33

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg No 279 Well Permit No. 6650

1. Town ~~Mecklenburg~~ Matthews County Meck.
2. Location 13501 Lipizzan Court-Lot 13-Blk C Quadrangle No.
   Show a sketch of location on back of form
3. Owner Ralph Squires Const. Co, Inc.
   Address 3660 Milton Rd. - P.O. Box 25178 28212
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 4-10-74
6. Rig type or method Air ROTARY Total Depth 120
7. Casing: Depth From C to 93 ft. Diam. 6¼ in. Type .185
8. Grout: Depth From C to 70 ft. Material Sakrete Method
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) 105
11. Static Water Level: 70 ft. above/below top of casing which is 1 ft. above land surface. Elev. ____
    Date 4-10-74
12. Yield (gpm) 12 Method of testing Air Lift
13. Pumping Water Level: 100 ft. after 5 hrs. at 12 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method H.T.H
16. Permanent Pump: ____ Type SUB Make Myers
    Installed — Date 4-16-74 By Crawford
    Capacity 15 (gpm) Hp. ½
    Intake depth ____ Airline depth ____
17. Remarks: ____

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

Charles P. Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0	20	Red Clay
20	50	Yellow Clay
50	82	Yellow Shale
82	120	Blue Granite

MECK. COUNTY HEALTH DEPT.
RECEIVED
APR - 1974
ENVIRONMENTAL HEALTH DIVISION

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

Date Received 9 Apr 74

Application No. 6650

T. C. No. 215-161-23

Map Date 9-27-72 4-10-74

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 2600 MILTON RD. PO BOX 2578 ZIP 28212

PHONE NO. Home 537-9553 Office 537-9553

LOCATION OF PROPERTY 13501 CAPIZZANI COURT
(STREET OR COUNTY ROAD)

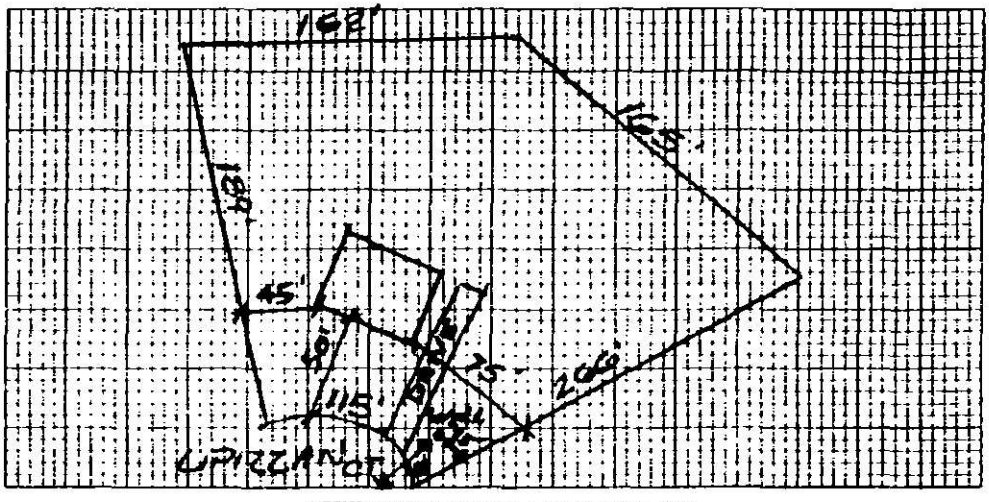
SUBDIVISION WINDSOR LOT NO. 13 BLOCK NO. C

MAP BOOK NO. 16 PAGE NO. 131

DEED REFERENCE: DEED BOOK 3438 PAGE NO. 445

WELL CONTRACTOR CRAWFORD WELL DRILLING 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

4/9/74
DATE OF APPLICATION

Bill Starks
OWNER

Application approved and permit hereby granted

Permit No: 6650

R.M. Reynolds
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

W

Date Received 7-12-73

APT No 6650

T. C No. 215-161-23

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 P.O. BOX 25178 ZIP 28212

3) PHONE NO Home _____ Office 537-9553

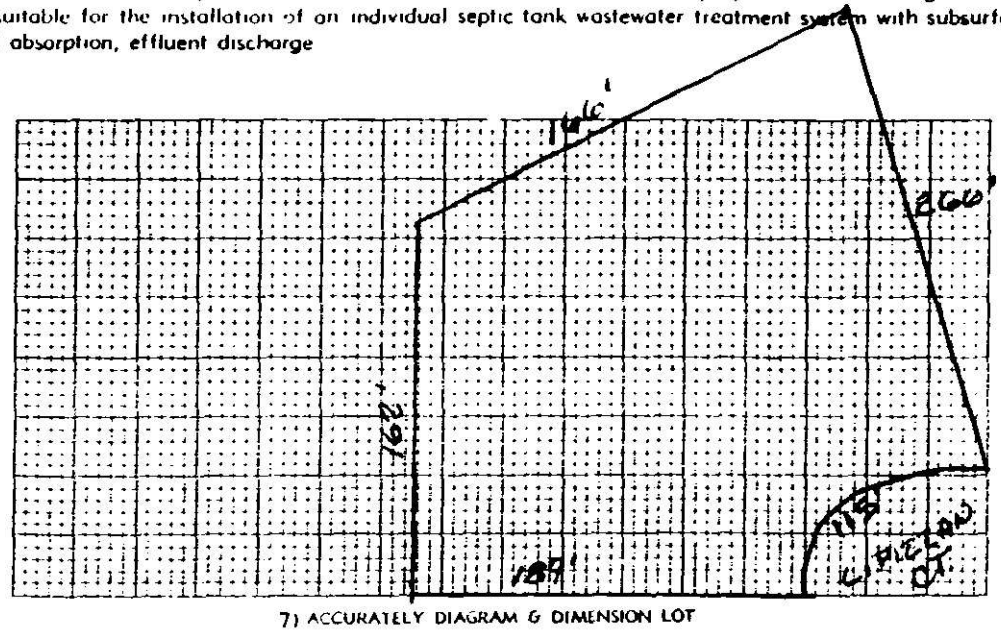
4) LOCATION OF PROPERTY 13501 LIPIZZAN COURT
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO 13 BLOCK NO C

MAP BOOK NO 160 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 Harris
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3613

PTR No. 6650

T C No 215-161-~~0133~~

Date Issued September 25, 1973

Map Date ~~9-27-72~~ 6 10 74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

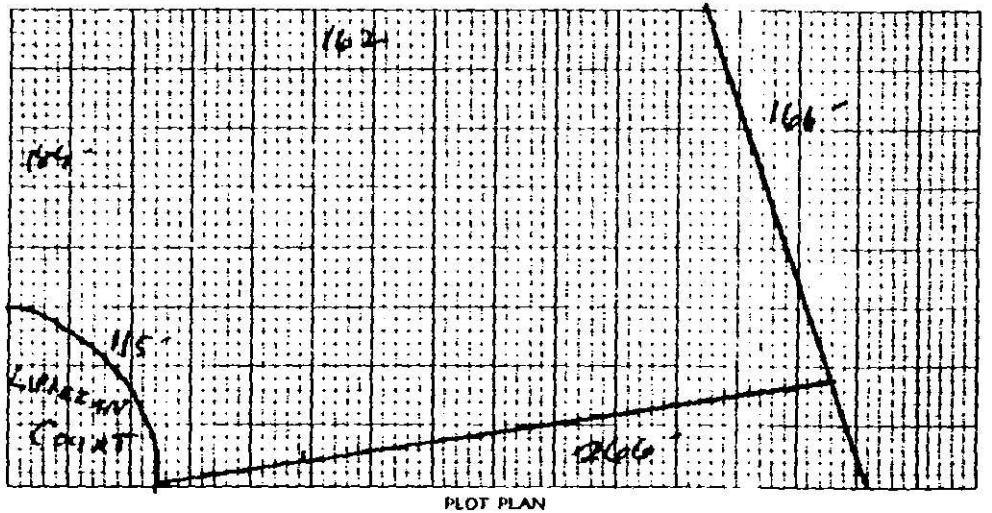
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P. O. Box 25178 ZIP 28212

LOCATION OF PROPERTY 13501 Lipizzan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 13 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 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 D. Thomason

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9 24 13

ICARIS Application No 6650

T C No 215-161-433

Map Date 9 27 73 10 74

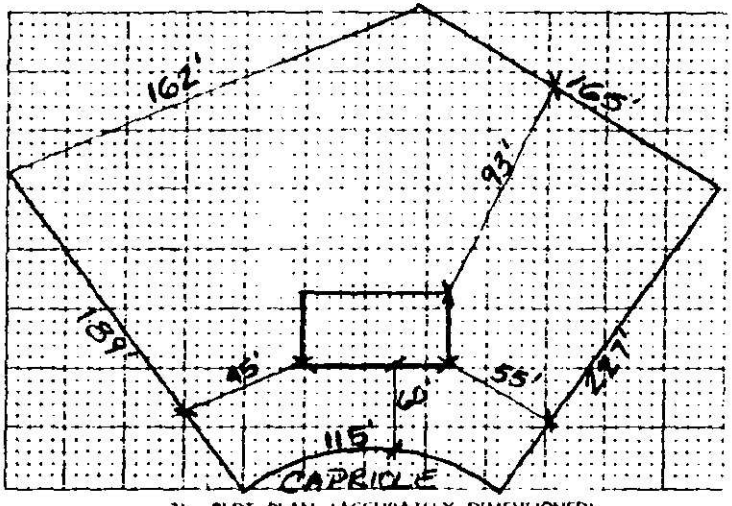
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ✓
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 SQUIRES CONST. CO. INC (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 2600 MILTON ROAD PO BOX 25178 28213

15) PHONE NO Home 537 9553 Office 537-9553

16) LOCATION OF SYSTEM 13501 LIPIZZAN CT. (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDROW Lot No 13 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 9 21 73

20) PTR NUMBER (See Instructions) 6650

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

OWNER Bill Hartis

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3453

LA No. 6650

Date Issued September 25, 1973

T. C. No 215-161-[redacted]33

Map Date ~~9-27-72~~ 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 P.O. Box 25178 ZIP 28212

LOCATION OF LOT 13501 Lipizzan Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO. 13 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/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 6650. 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 A. Thiesson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4991 ICAR(S) Permit No. 6650

Date Issued 21 Mar 74

T C No 215-161-0423

Map Date 6/10 74

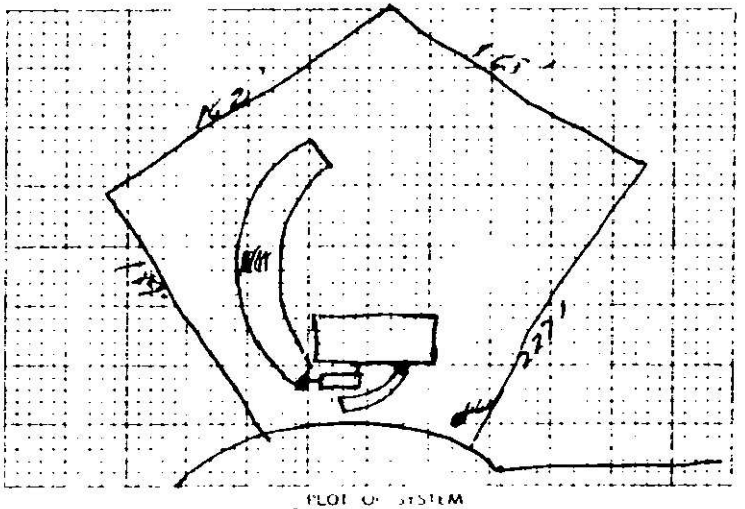
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 After or Repair the individual septic tank waste water 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 6650, dated 20 Mar 74 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 20 Sept 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1250

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 795' + 150' Lat (3 Cuts 265' x 50" x 17")

Number of Lines 6 (5 @ 133' x 17")

Distance from House 12'

Distance from Property Line 10'

Distance from Well

NAME OF OWNER Ralph Lemon Const. Co.

LOCATION OF PROPERTY 1350 Tyvola Road (Winter)

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 County Septic (Conv.)

Division or Section Head

M. H. Linky
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 if work is on an existing system is being altered or repaired.

E-5-9-1-72

Serial 4620

C of A (s) No. 6650

Date Issued 2 Apr 74

T C. No. 215-161-0033

Map Date 2 Apr 74 6/18/74

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 Ralph Squires Const. Co.
(LAST, FIRST, MIDDLE)

Location of Property 13501 Lapiggon Court (Huntersville)

Application Number 6650 Permit Number 6650

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC 3 (7½'x50'x17")

Total Length of Drain Tile 295+120'410 Number of Lines 6 (15'x133'x12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Lot Well Distance from Water Source 160

Excavation Inspected 2 Apr 74 (DATE) Tank Inspected 2 Apr 74 (DATE)

Nitrification Field Inspected 2 Apr 74 (DATE)

Washing Machine Line Inspected, If Applicable 2 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: County Septic (Conv.)

M. R. Eddy
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY