Date Received 3 4 74

APT No 7565

T C No 053-151 16

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Foster (LAST) Lonnie (FIRST) Hydrick (MIDDLE)

2) ADDRESS OF OWNER 3701 Grump St ZIP 28208

3) PHONE NO Home 399-7677 Office 394-6319

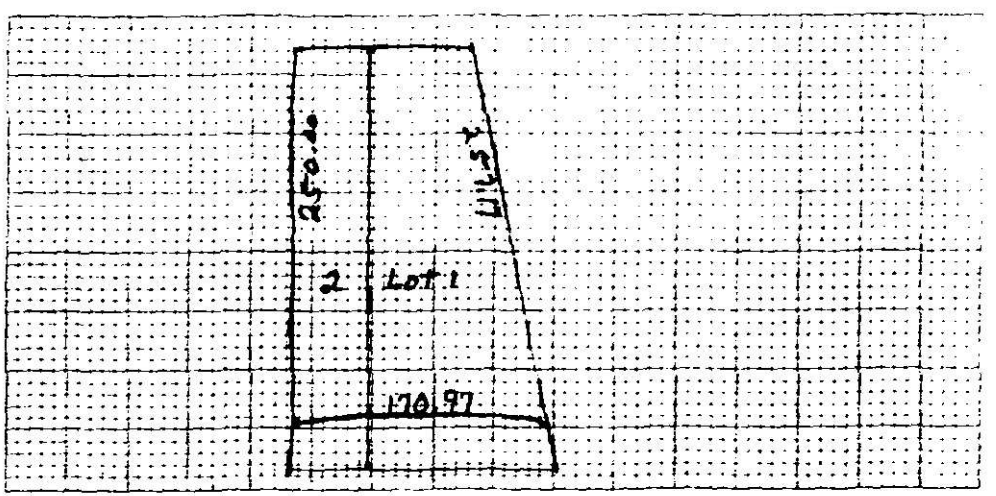
4) LOCATION OF PROPERTY Rt. 5, Wilkinson Blvd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 1 thru 2 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3628 PAGE NO 0148

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

Lonnie Foster

OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4107

PTR No 7565

Date Issued March 7, 1974

T C No 053-151-16

Map Date 11-10-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

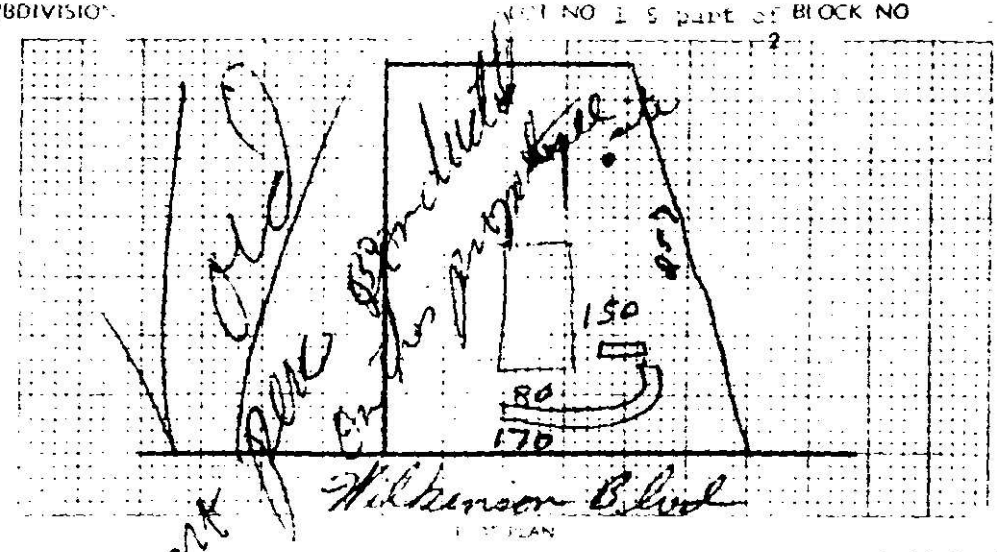
PERCOLATION TEST REPORT

NAME OF OWNER Porter (LAST) Daniel (FIRST) Hydrick (MIDDLE)

ADDRESS OF OWNER 3701 Beaux Street ZIP 28208

LOCATION OF PROPERTY Wilkinson Blvd. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 1 S part of BLOCK NO 2



PLAN

This is to certify that I have made an inspection on site [illegible] by the Mecklenburg County Health Department and have found as follows: The said test was conducted on that portion of the lot as indicated on above plan.

The percolation rate determined was [illegible] min/in. The site is approved for the installation of an individual septic tank sewage treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install the [illegible] system shall be obtained from the Mecklenburg County Health Department prior to the [illegible] of the sewage treatment system on the [illegible].
2. The size of the septic tank and new treatment system which must be installed will be determined by the Health Department [illegible] on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only for the site tested and 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 may be changed 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 Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-[illegible]-72

HEALTH DEPARTMENT'S COPY

Date Received 3-4-71

ICAR-S Application No 7565

S T C No 053-151-16

Map Date 11-10-72

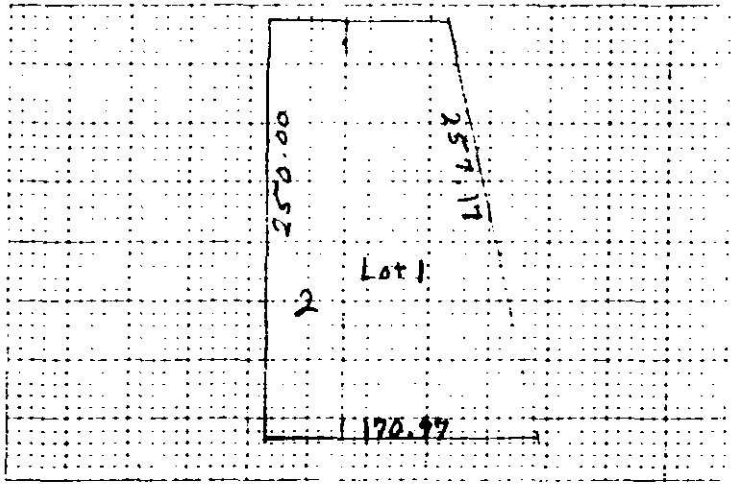
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or that pr party designated 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



Employees 16

Water Well No

Garbage Disposal No

Dishwasher No

Air Conditioning ✓

Well

Yes No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Potter (LAST) Daniel (FIRST) Hydrick (MIDDLE)

14) ADDRESS OF OWNER 3701 Beaux St. P.O. Box 5623 - Station C

15) PHONE NO Home 399-7677 Office 394-6319

16) LOCATION OF SYSTEM Rt. 5 Wilkinson Blvd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 1 & pt. of 2 Block No

Map Book No Page No

18) DEED REFERENCE -- DEED BOOK 3628 AT PAGE 0148

19) HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN

20) PTK NUMBER (See Instructions)

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

Daniel H. Hydrick
OWNER

DATE OF APPLICATION

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 7, 1974 **Serial No. 3881**

LA No 7565 A6

LOT C No 053-151-~~17~~

Map Date 11-10-72

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 Porter (LAST) Daniel (FIRST) Hydrick (MIDDLE)

ADDRESS OF OWNER 3701 Beaux Street ZIP 28208

LOCATION OF LOT Wilkinson Blvd. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 1 and part of 2 BLOCK NO

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 provided a percolation rate of 60 min/in and 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 7565 . 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

Environmentalist

John R Atkisson

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/7/74 Serial No. ICARUS Permit No 7565

T C No

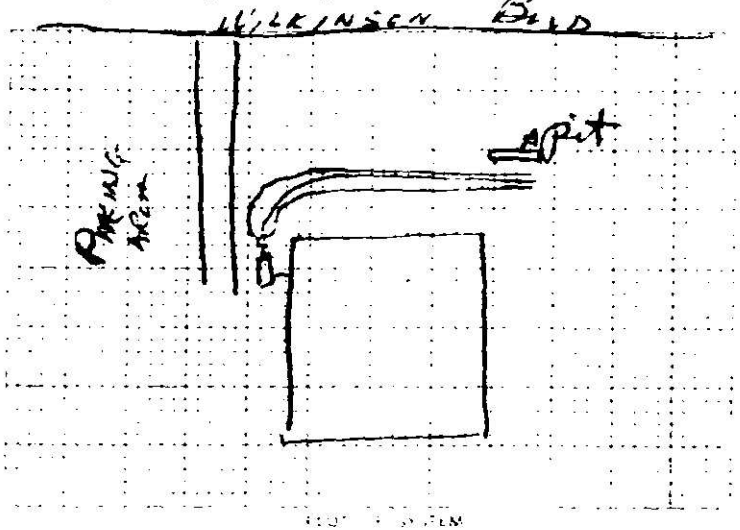
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted X Install or Construct Alter or Repair the individual septic tank waste-water treatment system with subsurface soil absorption effluent discharge as described herein at the described property. This permit is granted based upon the information supplied on application 7565, dated 3/4/74 and the approval is void and of no effect if the work is not begun in the approved manner within 60 days. All work shall be completed on or prior to 6/05/74 after which date this permit is void and of no effect.



FRONT OF SYSTEM

Proposed Use 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption Area in Sq Ft

Trench 300 Lft.

Area 3(7½'X100'X17

Distance from Building 10'

Distance from Property Line 10'

Distance from Well 130'±

NAME OF OWNER DANIEL H. PORTER

LOCATION OF PROPERTY WILKINSON BLVD. 150YDS W. OF SAM WILSONS

This system must 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 or otherwise rendered unavailable for use.

Comments: MARKING COVER ANY PART OF SYSTEM IS DETRIMENTAL

JP/KIB

Date Approved

L F Dickinson

Environmentalist

This permit for the installation of a new system must be approved by the division or a Registered Environmental Health Specialist before it is valid. The signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-8-1-72

Date Issued 10 June 1974 Serial No. C of A (s) No 7565

T C No 053-151-16

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Porter, (LAST) Daniel (FIRST) H. (MIDDLE)

Location of Property Wilkinson Blvd

Application Number 7565 Permit Number 7565

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material concrete

Total Length of Drain Tile 300 ft Number of Lines 5 (12½ x 60)

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 June 1974 (DATE) Tank Inspected 10 June 1974 (DATE)

Nitrification Field Inspected 10 June 1974 (DATE)

Washing Machine Line Inspected If Applicable 10 June 1974 (DATE)

This and required has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ✓ installed or constructed. [illegible] in accordance with the permit issued and the regulations of this Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not guarantee that the system will operate properly or relieve any person now or hereafter owning, occupying or using such system from any liability resulting from the failure of the system to function properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit 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 No "perc test" conducted on this property. System installed under old parking pavement, AND this may contribute to problems in the future

John R Alkinson
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT COPY

Date Received 19 Jan 1976

ICAR (S) Application No. 1565

T C No. 053-1517

Map Date 11-19-92

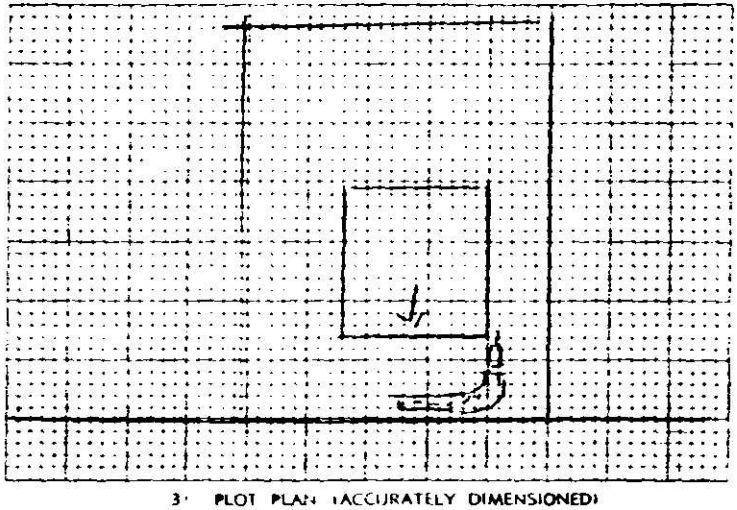
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

Beauty Shop

4) No. of Bedrooms 2 (1 full bath)

5) Business Use Max No Employees 10

6) Washing Machine ☐ Yes ☐ No

7) Garbage Disposal ☐ Yes ☐ No

8) Dishwasher ☐ Yes ☐ No

9) Water Supply
- A. Individual Well X
- 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 Porter (LAST) Daniel (FIRST) Hydrick (MIDDLE)

14) ADDRESS OF OWNER 3701 Beaux Street - Charlotte, N. C.

15) PHONE NO Home 399-7677 Office 394-6319

16) LOCATION OF SYSTEM 8620 (Route #5) Wilkinson Blvd. Charlotte, N. C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. 15 pt. of 2 Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 3628 AT PAGE 0148

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

20) PTR NUMBER (See Instructions)

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.

1/16/76
DATE OF APPLICATION

Daniel H. Porter
OWNER

FORM NO. E 4-4

HEALTH DEPARTMENT'S COPY

Serial No. 5542

LA No 7565

Date Issued January 15 1976

T C No 053-151-16

Map Date 11-10-72

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 PORTER (LAST) Daniel (FIRST) H. (MIDDLE)

ADDRESS OF OWNER Wilkinson Blve, Charlotte, N.C. ZIP

LOCATION OF LOT Wilkinson Blvd, Charlotte, N.C. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

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*** , 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 . 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

*** May use existing system

Environmentalist

John R Atkisson

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12/1/77

ICARIS Application No 795

T C No 053 151.16

Map Date —

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to Add 80+100' Room

Install or Construct ? Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge

Mobile Home Yes ___ No ___

Bedrooms

Number of Occupants

Number of Water Closets

Employees 15

Washing Machine Yes X No

Garbage Disposal Yes ___ No X

Dishwasher Yes ___ No X

Water Supply

A. Individual Well X

B. Governmental System ___

C. Community System

Well Source ___

2. Governmental Source ___

Sewage System

Nearest public water ___ feet

Is property within 200 feet of public water Yes X No

Is property within 200 feet of community sewer ___ Yes X No

11. FHA Case No. ___

12. VA Case No. ___

13. NAME OF OWNER Porter (LAST) Daniel (FIRST) Hyatt (MIDDLE)

14. ADDRESS OF OWNER 8620 W. Wilkinson Blvd.

15. PHONE NO. Home ___ Office 394-6319

16. LOCATION OF SYSTEM 8620 W. Wilkinson Blvd. (STREET OR COUNTY ROAD)

17. SUBDIVISION [redacted] Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18. DEED REFERENCE — DEED BOOK 3428 AT PAGE 144

19. HAS A SOIL INVESTIGATION BEEN RUN? ___ YES NO DATE RUN ___

20. PTR NUMBER (See Instructions)

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 ___

Daniel H. Porter
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 1/25/77

Serial No. 0415

LA No. 7565

T C. No 053-151-16

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Porter (LAST) Daniel (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 8620 Wilkinson Blvd. ZIP

LOCATION OF LOT 8620 Wilkinson Blvd (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 7565 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 soil investigation 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

John R Ackisson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5 76

Environmental Health Department's Copy