Date Received 30 May 74

Application No. 7218

T. C. No. 113-196-C

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Hyatt (LAST) John (FIRST) Alexander (MIDDLE)

ADDRESS OF OWNER [illegible] W. Dixie Dr. ZIP 28205

PHONE NO. Home 392 5371 Office 290 5371

LOCATION OF PROPERTY W. Dixie Drive (STREET OR COUNTY ROAD)

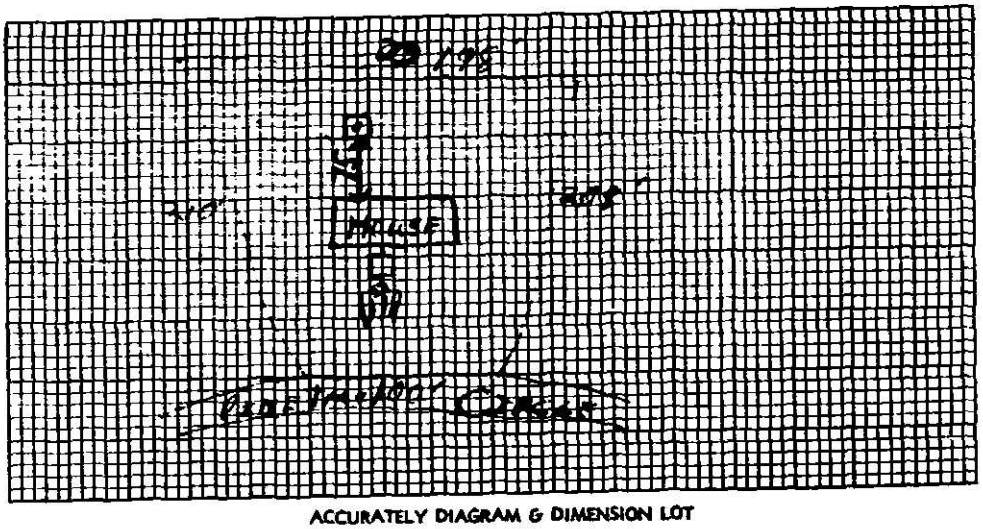
SUBDIVISION W Dixie Heights LOT NO. 12 BLOCK NO. F

MAP BOOK NO. 44 PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Lassiter & Hackney LICENSE NO. 139

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 X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

5/31/74
DATE OF APPLICATION

John W. Hyatt
OWNER

Application approved and permit hereby granted

Permit No: 7218

Jerry Burleson
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

T. C. No. 113-196-05

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Hassell Hartley Well Drilling Sig. 434 Well Permit No. 7218

1. Town Charlotte County Mecklenburg
2. Location Five Forks Subdivision Quadrangle No.
   Show a sketch of location on back of form Lot 2, Block H
3. Owner Carlos Alexander Pharr
   Address 4th Ave, Dilworth Ext. Charlotte, N.C. 28208
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Date Completed
6. Rig type or method Air Total Depth 185
7. Casing: Depth Diam. Type
   From 0 to 70 ft. 6 in. Steel New
8. Grout: Depth Material Method
   From 0 to 20 ft. Cement in. Pressure
9. Screen: Depth Diam. Type and Opening
   From to ft. in.
10. Water Zones (depth) 175 ft
11. Static Water Level: 40 ft. above/below top of casing
    which is ft. above land surface. Elev.
    Date
12. Yield (gpm) 4 Method of testing Air
13. Pumping Water Level: ft. after hrs.
    at gpm.
14. Water Quality Good Temperature (°F)
15. Well sterilization method Yes
16. Permanent Pump: Type Make
    Installed — Date By
    Capacity (gpm) Hp.
    Intake depth Airline depth
17. Remarks:

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

SIGNATURE OF CONTRACTOR OR AGENT BCH

FORM NO. E-22-8-1-72

DRILLING LOG

Depth From	Depth To	Formation
0	70	Red + yellow clay
70	185	Blue Speckled Granite

Date Received 11/10/73 APT No. 7218

T. C. No.

Map Date

RECEIVED
NOV 13 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER ~~Wayne Frances~~ Hyatt, Willie Frances, & Husband, Hyatt, John Alexander
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Rt. 4 West Dixie Dr ZIP 28208

3) PHONE NO. Home 392-6457 Office 392-3371

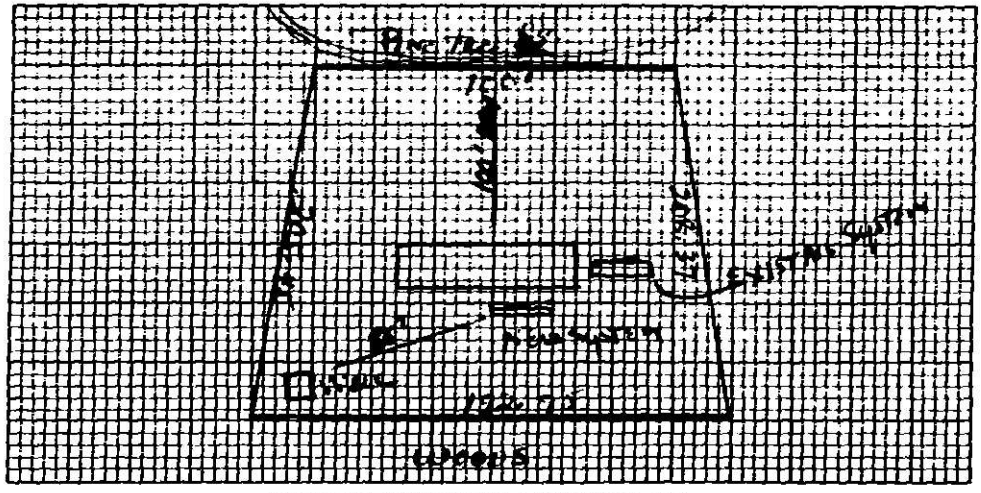
4) LOCATION OF PROPERTY West Dixie Acres -- ~~West Dixie~~ Dr
STREET OR COUNTY ROAD

5) SUBDIVISION West Dixie Acres LOT NO. 12 BLOCK NO. H

MAP BOOK NO. 8 PAGE NO. 81

6) DEED REFERENCE: DEED BOOK 2415 PAGE NO. 339

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

Willie Frances Hyatt
OWNER John Alexander Hyatt

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: November 21, 1973

TO: Luther Bridgeman
Environmentalist

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

SUBJECT: APT #7218 (J. A. Hyatt)
Lot No. 12, Block A
Pinetree Circle
11-21-73

Soils were found to be of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3840

PTR No. 7218

T. C. No. 113-196-05

Date Issued November 23, 1973

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

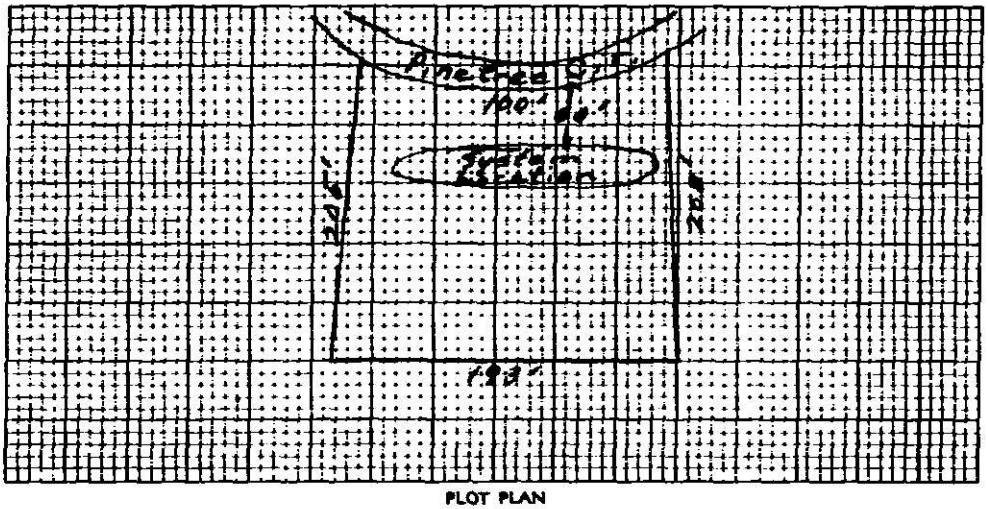
PERCOLATION TEST REPORT

NAME OF OWNER Hyatt (LAST) XXXXX (FIRST) John (MIDDLE) Alexander

ADDRESS OF OWNER Route 4, West Dixie Dr. ZIP 28208

LOCATION OF PROPERTY Pinetree Circle (STREET OR COUNTY ROAD)

SUBDIVISION West Dixie Acres LOT NO. 12 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 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 teratment 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.

*Results determined by soil analysis.

W. Gantt Lyon, Jr. — Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM HD 2-B-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-13-73

ICAR (S) Application No 7218

T C No

Map Date

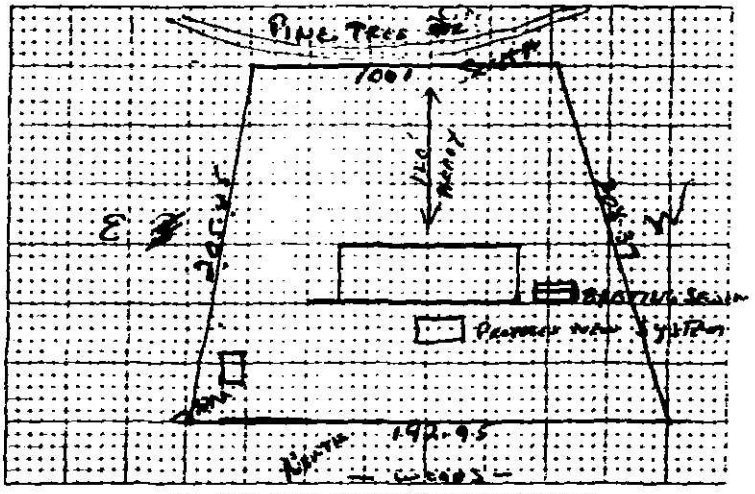
MECK COUNTY HEALTH DEPT.
RECEIVED
NOV 13 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
for an 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 3

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 NONE

12) VA Case No NONE

13) NAME OF OWNER Hyatt, Willie Francis & Husband John Alexander
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Rt 4. West Dixie Dr.

15) PHONE NO. Home 392-6457 Office 392 5371

16) LOCATION OF SYSTEM 1 Pine Tree Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION West Dixie Acres Lot No. 12 Block No. A

Map Book No. 5 Page No. 89

18) DEED REFERENCE — DEED BOOK 8 AT PAGE 89

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES No 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.

November 8, 1973
DATE OF APPLICATION

Willie Francis & John Alexander Hyatt
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3640

LA No. 7218

Date Issued November 23, 1973

T. C. No. 113-196-05

IMPROVEMENTS PERMIT

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 Hyatt (LAST) John (FIRST) Alexander (MIDDLE)

ADDRESS OF OWNER Route 4, West Dixie Drive ZIP 28208

LOCATION OF LOT Pinetree Circle (STREET OR COUNTY ROAD)

SUBDIVISION West Dixie Acres LOT NO. 12 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 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 7218. 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

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 11/20/23

Serial No. 4610

ICAR(S) Permit No. 7218

T. C. No.

Map Date

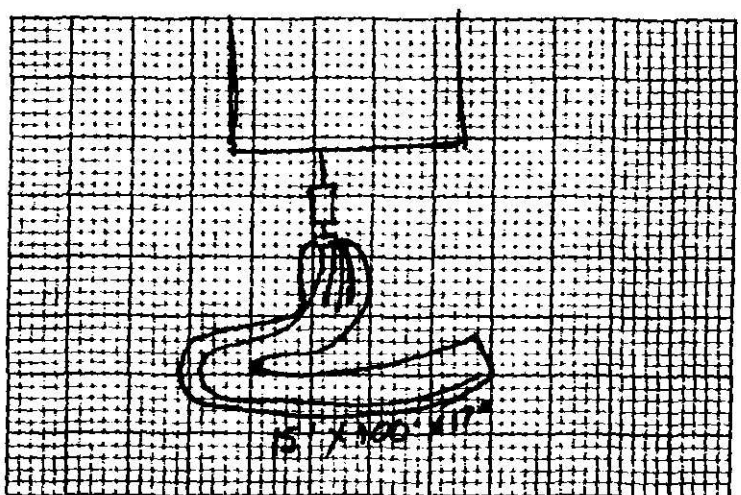
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to X 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 7218 dated 11/13/23 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 12/15/23 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 SOIL ANAL

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600

Number of Lines 6 (15'X100'X17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER W.F. HYATT

LOCATION OF PROPERTY PINE TREE C.R. (DIXIE ACRES)

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: D Staley

Division or Section Head

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 4231

C of A (s) No. 7218

Date Issued 12/5/73

T. C. No. _____

CERTIFICATE OF COMPLETION

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WYATT (LAST) W (FIRST) F. (MIDDLE)

Location of Property PINE TREE C.C.

Application Number 7218 Permit Number 7218

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600 ft Number of Lines 5/12½'X100X20")

Depth of Filter Material 20" Cover Depth _____

Water Supply Source IND WELL Distance from Water Source 100'+

Excavation Inspected 12/5/73 (DATE) Tank Inspected 12/5/73 (DATE)

Nitrification Field Inspected 12/5/73 (DATE)

Washing Machine Line Inspected, If Applicable COMB. (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: See Attached Variance from permit

L P Dickerson

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12/5/73

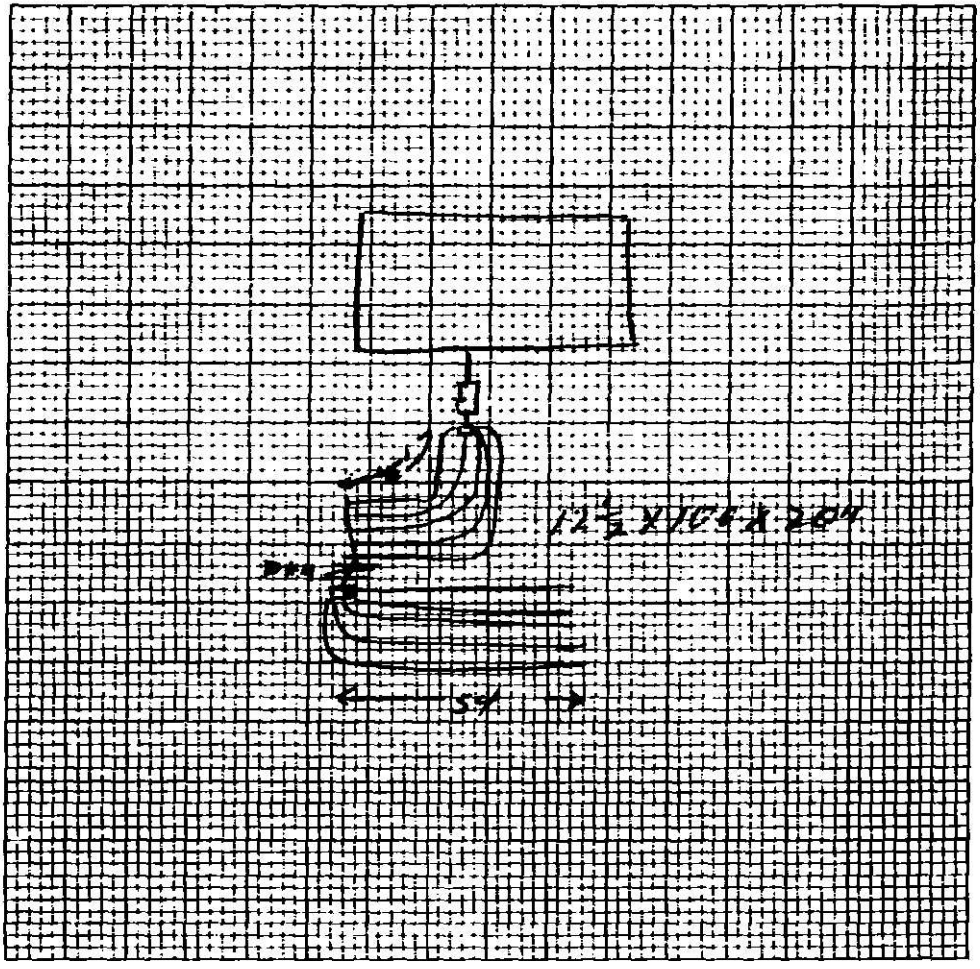
C of A (s) No. 7218

T. C No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

L. P. Bridgers
Environmentalist

FORM NO. E-7-7-1-70

HEALTH DEPARTMENT'S COPY