Date Received 6/13/73

APT No 6426

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Dixie Tag & Label Co. (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER Dillard Drive & Norfolk & Western R.R. ZIP

3) PHONE NO. Home Office

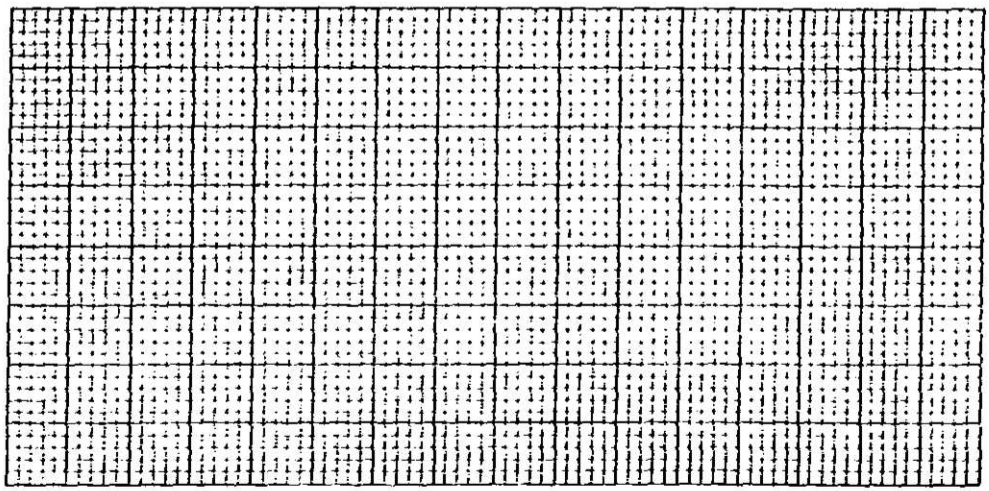
4) LOCATION OF PROPERTY Dillard Drive & Norfolk & Western R.R. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO

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 D J Lyons Mgr Manufacturing

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. June [illegible], 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6426
T.C. No. 099-241-01

NAME OF OWNER [illegible] ompany

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT [illegible]

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) present syste[illegible]

[illegible]rface of ground. This will have to be repaired before [illegible]rmits for further [illegible] can be issued.

John B Atkisson
Environmentalist

(Stencil No.)
HD 398
8/70

FORM NO.
H-19-8-14-70

SEE INSTRUCTIONS ON BACK

Date Received 6-6-73

ICAR (S) Application No 6426

T C No 099-241-01

Map Date

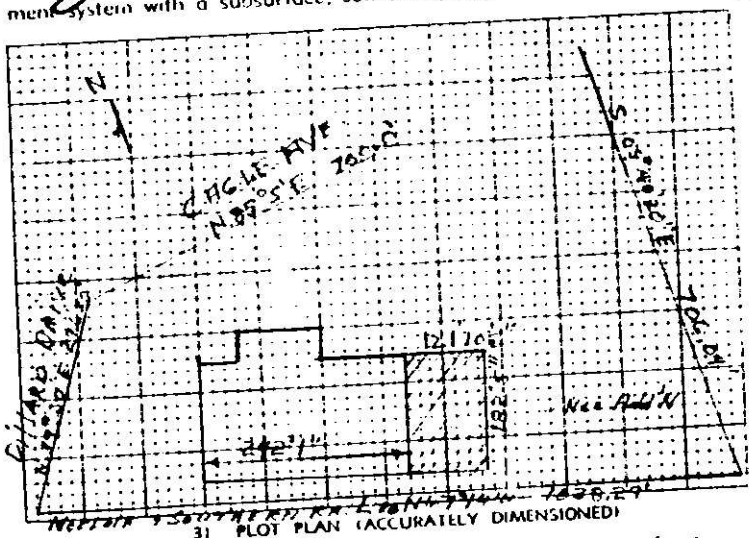
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom ____

5) Business Use ☒ Max No Employees 18 EMPLOYEES PER SHIFT

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual well
B) Government system
C) Community system
1 Well owner
2 Government

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 Dixie Tug Label Company (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER Dillard Drive and Eagle Ave. Mecklenburg Co. N.C.

15) PHONE NO Home 704-537-3223 Office 537-3223

16) LOCATION OF SYSTEM Eagle Ave. East of Dillard Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No ____ Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

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.

5/3/73
DATE OF APPLICATION

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8 Aug 1977 Serial No. 3901 ICAR (S) Permit No. 6426

T. C. No. 099-241-01

Map Date ____

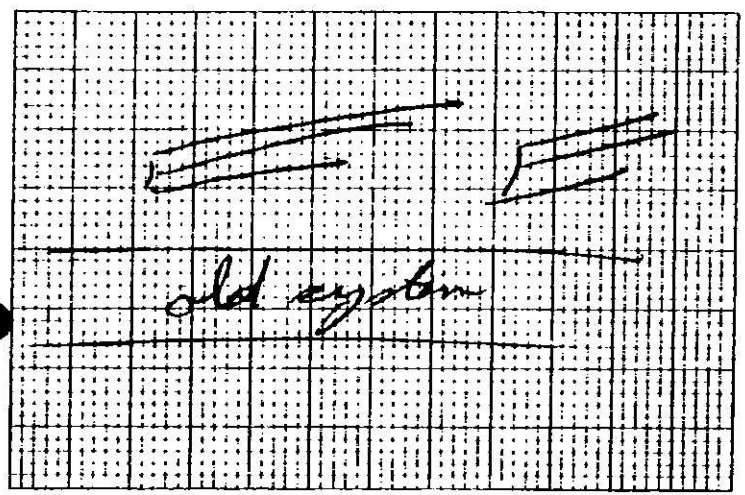
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 __ 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 _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair

Absorption and/or Nitrification Lines:

Total Line Lenght 800 L/ft

2 Beds

Number of Lines (12½ x 80)

Distance from House 100' +

Distance from Property Line 10' +

Distance from Well NA

NAME OF OWNER Dixie Tag & Label Co

LOCATION OF PROPERTY Dilkard Ave

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: _____

_____

_____

_____ John R Atkinson

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

Date Issued 9 Aug 1973 Serial No. 3504 C of A (s) No. 6426

T. C. No 099-841-01

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 Dixie Tag & Label Co (LAST, FIRST, MIDDLE)

Location of Property Billard Drive

Application Number — Permit Number —

Inspection: Repair

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 800 l/ft Number of Lines * all note

Depth of Filter Material 17" Cover Depth 15-18"

Water Supply Source city Distance from Water Source NA

Excavation Inspected 8/29/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable — (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: in two beds of 12½'X80'X17" each

John R Adkinson

Environmentalist

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

HEALTH DEPARTMENT'S COPY