

10526 HADLOW CT

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Groundwater and Wastewater Services File Imaging Project
May 2007
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File # 1835

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA $50 8/4/95 Ck. # 1025 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Philemon (last) Terri (first) L. (mi)
ADDRESS: 10526 Hadlow Ct. PHONE: (704) 399-1332
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-251-34
STREET ADDRESS: 10526 Hadlow Ct.
ZONING:

PROPERTY OWNER:
NAME: Philemon (last) Terri (first) L. (mi)
ADDRESS: 10526 Hadlow Ct. PHONE: (704) 399-1332
CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Use existing System
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Terri Philemon Date: Aug. 4 1995

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Met with the Philemons and they are aware that in order to repair system would require a pump & the well re-located. Use existing system. 8/11/95

Don Higgins Bunny, R.S. 8/14/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 22791

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ISSI Operations Center Staff

Serial No. 0457

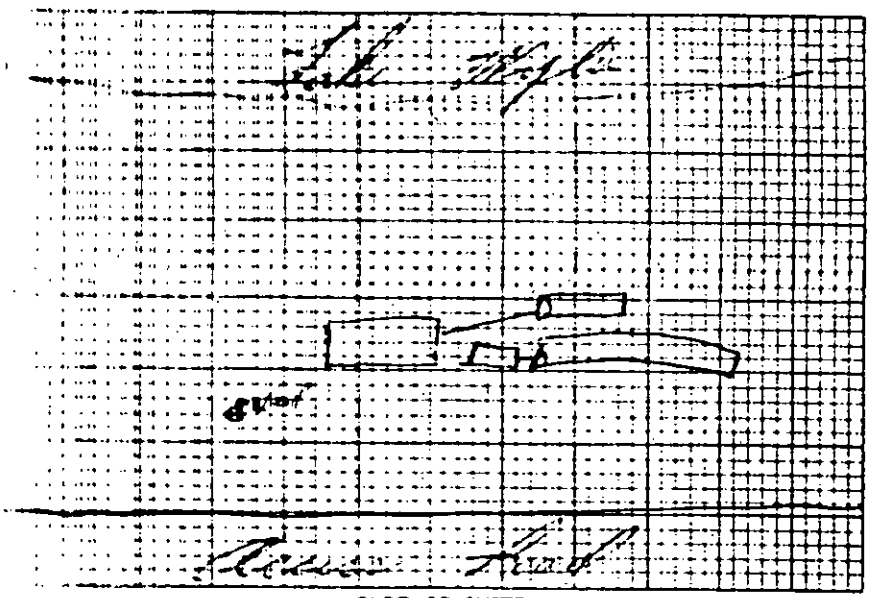
ICAR(S) Permit No. 11835

T. C. No. 113-221-16

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, ____ Alter 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 11835 and ____ 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 time this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 90

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 300' + 150' W/A
2(5 x 18' x 48")

Number of Lines 5(125 x 30' x 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Earl + David Wyatt

LOCATION OF PROPERTY Hall Cut Off Rd

Installations shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible or can be used.

Comments: T Wiley

Issued _____ M. K. Kirby
Environmentalist

As evidence is for the installation or construction of a new system, it must be signed by the division or a branch of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Environmental Health Department's Copy

Serial No. 0452

PTR No. 11835

Date Issued 2/4/77

T. C. No. 113-221-10

Map Date

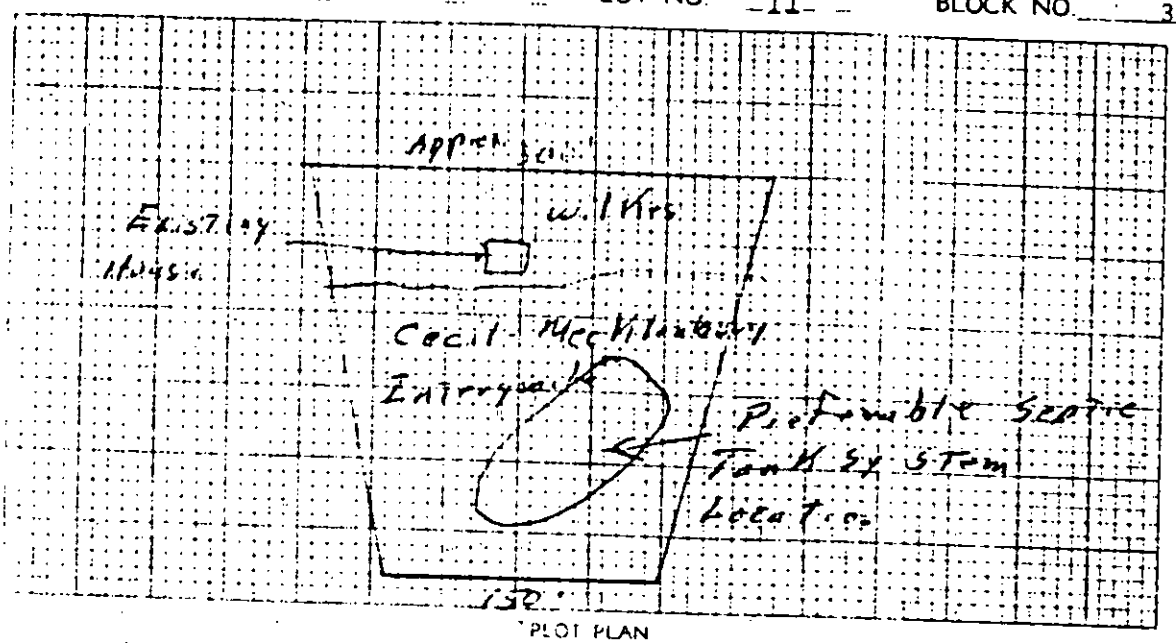
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

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

ADDRESS OF OWNER 8620 Wilkinson Blvd., Charlotte, N. C. ZIP 28208

LOCATION OF PROPERTY Off Walkers Ferry Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. -11- BLOCK NO. 35



PLOT PLAN

An on-site soil investigation and water investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted at the location indicated on the above plot Provisionally Suitable

The percolation rate determined by the investigation was 90Min./In. The said lot is approved for the location of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions.

1. The septic tank and absorption system shall be located from the Mecklenburg County Department of Environmental Health approved site as per direction of the sanitarian at the wastewater treatment system location.

2. The type of subsurface treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health at the time of application based on the permeability rate obtained above, and on the basis of the soil morphology of the test borings.

3. The system must be installed in the immediate area indicated as acceptable for system installation.

4. The issuance of this permit does not include the drilling of a well. If a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for the septic tank system unsuitable, a new site must be selected and an application for alteration and/or repair of such system.

This permit is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time prior to completion of the system, these laws, rules and regulations are changed such that this permit would not have been granted but the new or revised laws, rules and regulations been in effect at the issue date.

Alan H. Martin
Soil Scientist

John R. Atkisson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 1/22/81 RECEIVED JAN 22 1981 ENVIRONMENTAL HEALTH

Application No. 11235

T. C. No. 113-251-34

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: 1) * NONE REQUIRED - EXISTING Building & House 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)

Mobile Home ___Yes ✓No
Residence ✓Yes ___No
4) No. of Bedrooms 2
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. ___
12) VA Case No. ___

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

14) ADDRESS OF OWNER 6620 WILKINSON BLVD. 28208

15) PHONE NO. Home 399-7677 Office 394-1319

16) LOCATION OF SYSTEM Hadlock Court (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 11 Block No. ___

Map Book No. 18 Page No. 132

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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 ___

OWNER [signature]

LHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY