

5301 HICKORY GROVE RD

09927112

5/25/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

APPLICATION FOR SOIL ~~INVESTIGATION~~ CONSULTATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4918A

TC: 099-271-03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5301 HICKORY GROVE ROAD

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: SAVINGS OF AMERICA c/o RE/MAX LAKE & LAND REALTY
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 260 GRIFFITH STREET

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) (704) 892-9999 (HOME) _____

⑬ Accurately diagram and dimension lot.

LOCATE SEPTIC TANK AND DRAIN FIELD

pd $25
9-7-92
BOK #3689

⑭ The undersigned, 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: W. Chuck Elder

Date: 7/31/92

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

[illegible] CONSTRUCTION

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⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) (704) 892-9999 (HOME) _____

⑬ Accurately diagram and dimension lot.

LOCATE SEPTIC TANK AND DRAIN FIELD

call to find plumbing stub out

called 8-18
8-21

cannot locate septic tank or the drain field

pd $25
8-7-92
BOK #3689

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Signed: W. Chuff Elder

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WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 2 8 1989
ENVIRONMENTAL HEALTH
DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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(OFFICE USE ONLY)
FILE: 4918A
TC:
SERIAL: № 16807

☐ I ☐ CRT

JOB LOCATION

① ADDRESS: 5301 (STREET NO.) Hickory Grove Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 099-271-03
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: HERBERT (FIRST) LEE (MIDDLE) RHEDRICK (LAST)
⑨ MAILING ADDRESS: 5301 Hickory Grove Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 535-5254 ⑭ (HOME) 568 7246

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? ☑ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: 8/24/88
Date: 8/24/88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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:

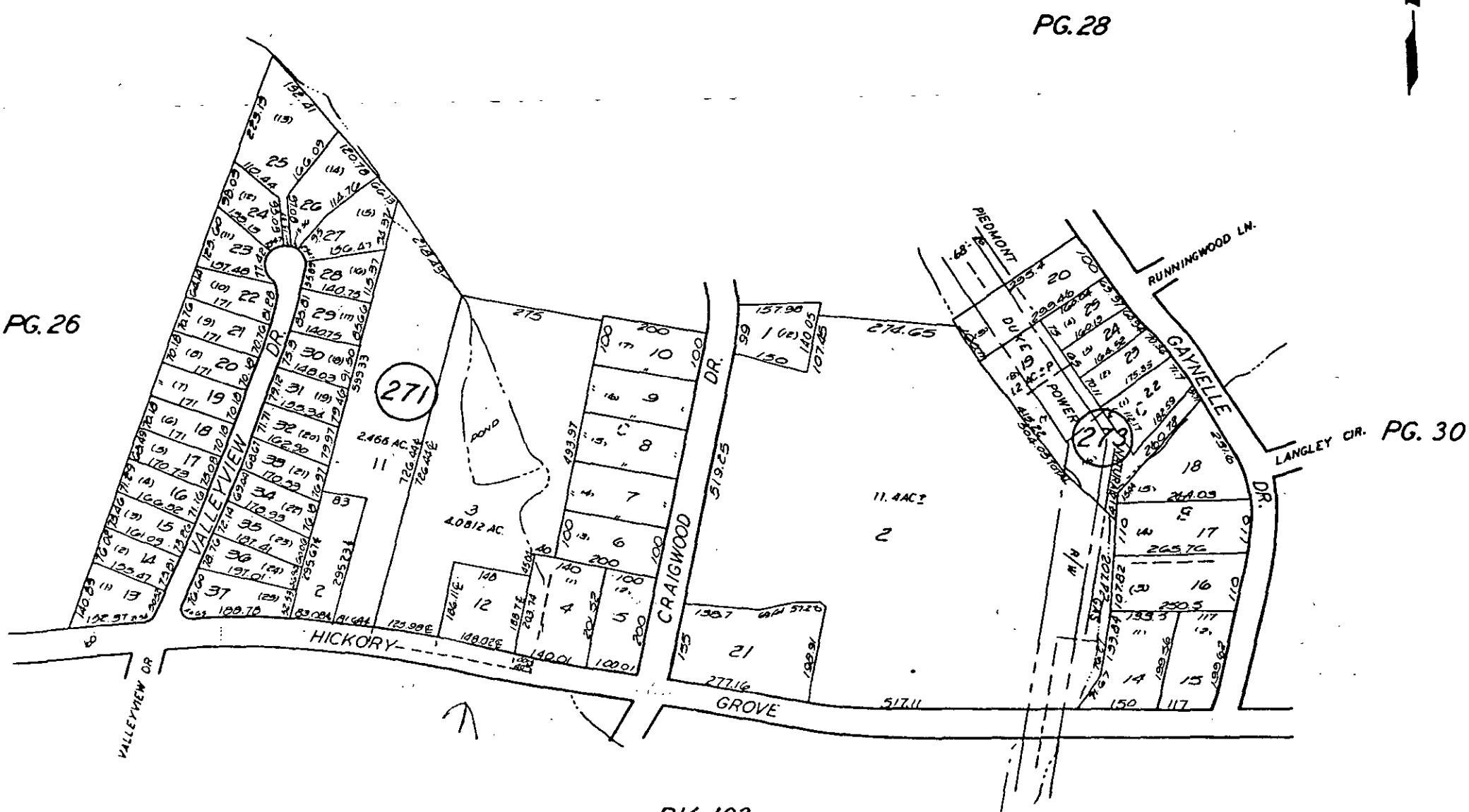
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

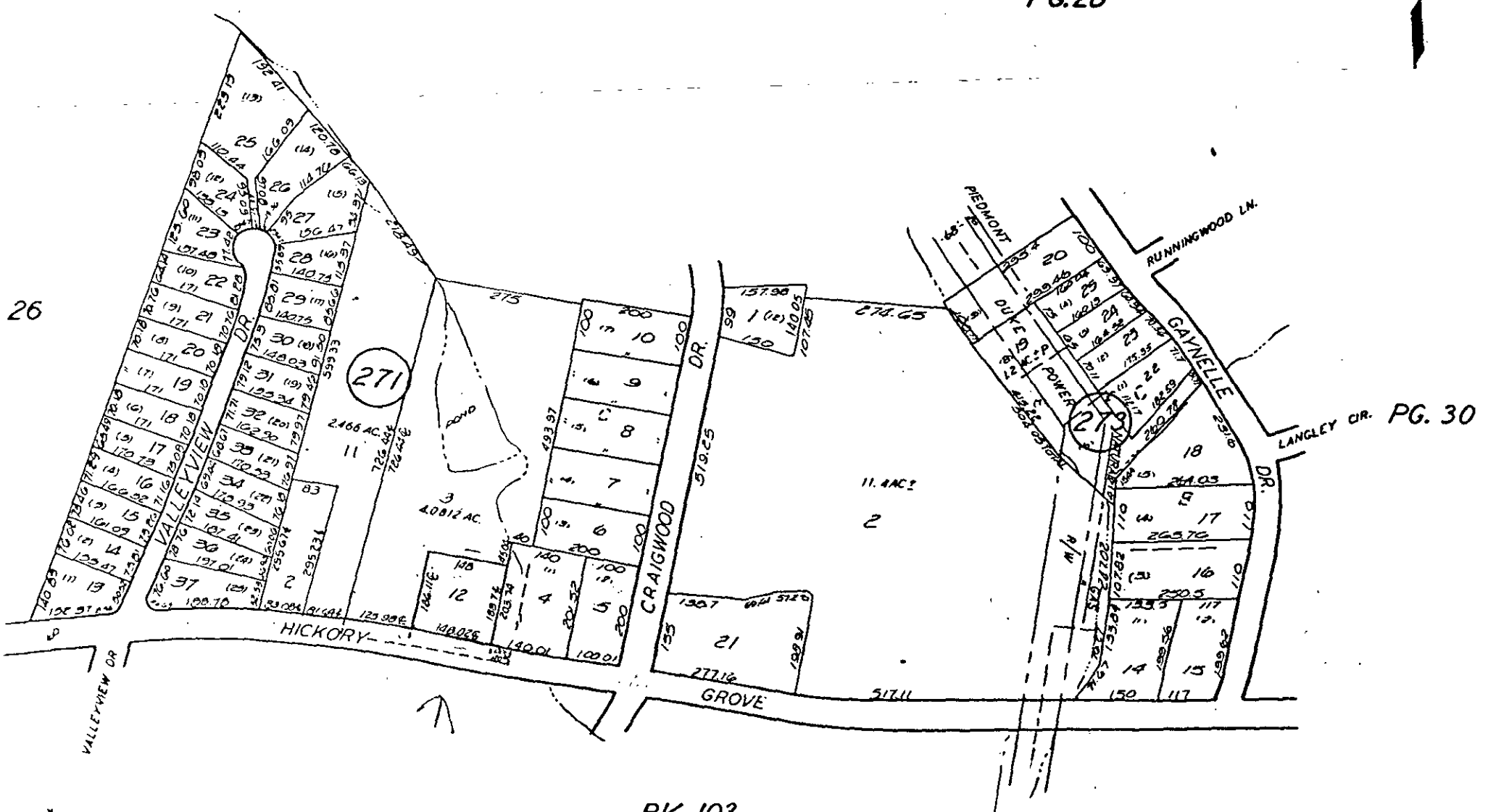
Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.



TAX LINE MAP	BOOK 99	PAGE
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED	SCALE 1" = 200'	

Pg 37



Pg 27

TAX LINE MAP	BOOK 99	PAGE
MECKLENBURG COUNTY, NORTH CAROL		
REVISED	SCALE 1" = 20	