Date Received 2-6-73

APT No 5530

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hendricks (LAST) Robert (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER 3868 The Plaza Charlotte (ZIP) 28205

3) PHONE NO Home 376-4620 Office 375-5511 ext 344 (MRS. M.)

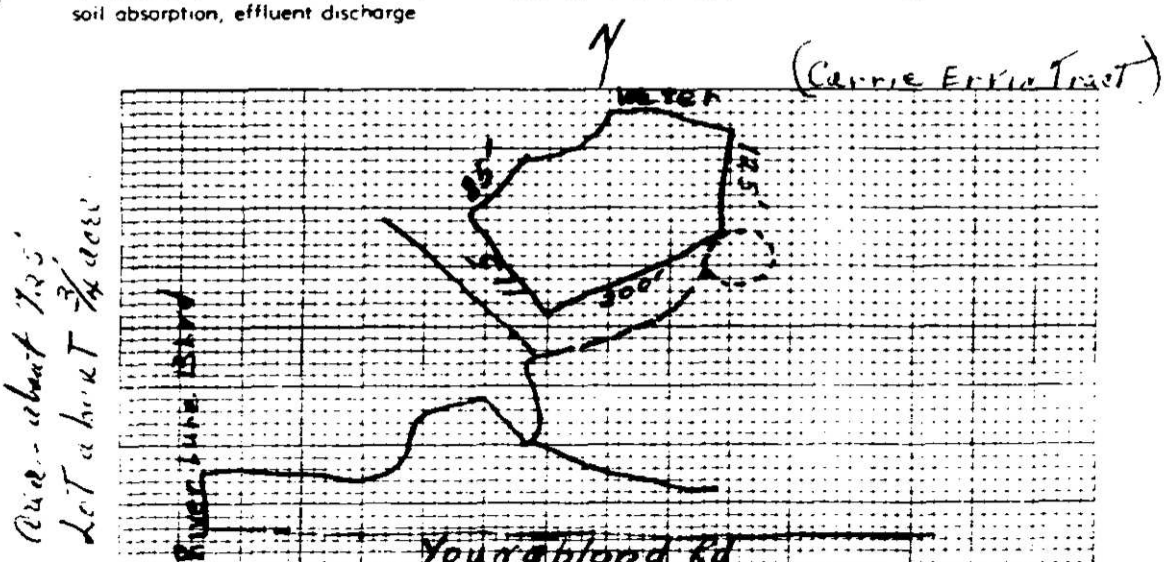
4) LOCATION OF PROPERTY Duke Power Co. Compartment #42 Lot 11 (STREET OR COUNTY ROAD) off Youngblood Rd Boyd's Corner Catawba Dr. 1960 Lake Wylie

5) SUBDIVISION ____ LOT NO 11 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

Robert L Hendricks
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5530

T C. No. 217-131-01Y

Date Issued 2-9-73

Map Date 7-17-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

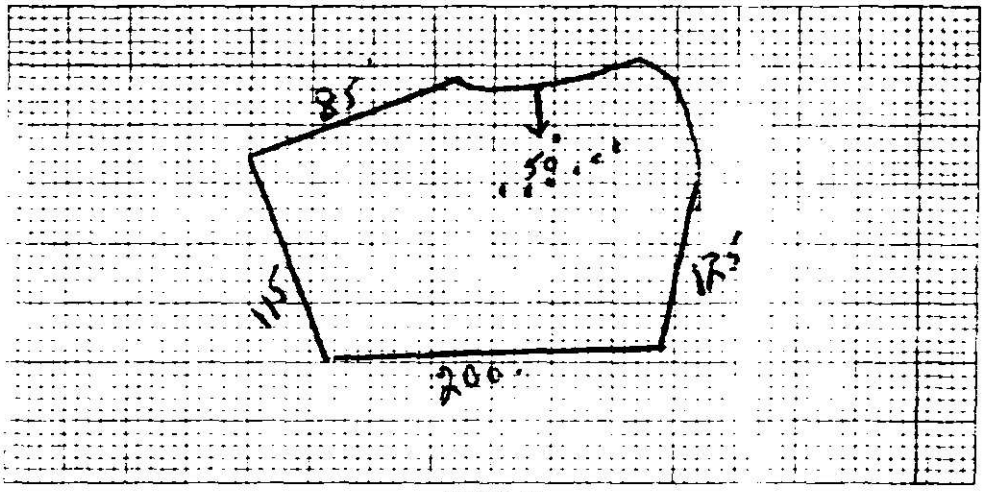
PERCOLATION TEST REPORT

NAME OF OWNER Hendricks (LAST) Robert (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 3808 The Plaza ZIP 28205

LOCATION OF PROPERTY Off Youngblood Rd. (STREET OR COUNTY ROAD), Boyd's Cove

SUBDIVISION LOT NO 11 BLOCK NO Compartment 42



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 48 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.

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 2-13-73

ICAR (S) Application No. 5530

T. C. No 247-131-01Y

Map Date 7-17-72

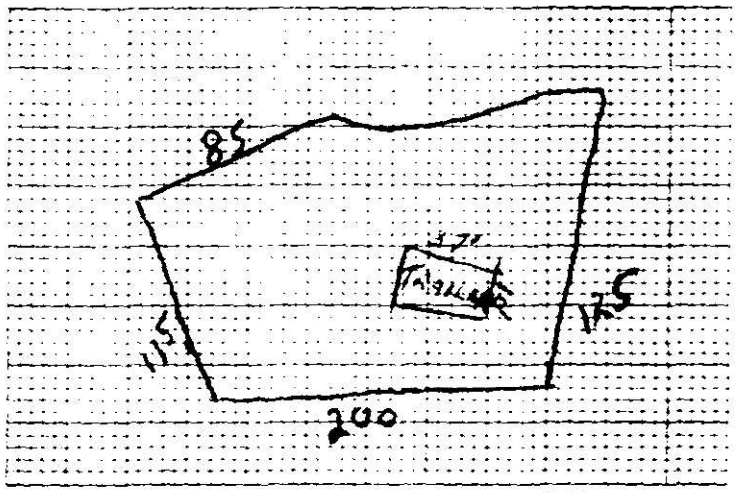
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Number of Units 2

5 Number of Persons Using Facility

Employees

6 Washing Machine Yes No

7 Garbage Disposal Yes No

8 Dishwasher Yes No

9 Water Supply Private

A Individual Well Location

B Government

C Community

1 Well source

2 Government

10 Sewage System

House located within 200' of public sewer Yes

House located within 1000' of community sewer Yes No

11 FHA Case No.

12 VA Case No.

13) NAME OF OWNER Hendrick Robert E.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 11 Block No. [illegible]

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 2-9-73 AM 7-45

20) PTR NUMBER (See Instructions) [illegible]

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.

2-10-73
DATE OF APPLICATION

Robert E. Hendrick
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued February 13, 1973 Serial No. 2519

LA No. 5530

T C No. 217-131-01 Y

Map Date 7-17-72

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 Hendricks (LAST) Robert (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 3808 The Plaza ZIP

LOCATION OF LOT off Youngblood Road (STREET OR COUNTY ROAD) in Boyd's Cove

SUBDIVISION LOT NO 11 BLOCK NO Compartment #42

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 48 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 5530. 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 permits 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 Atkisson
Environmentalist

R. L. McMillan
Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 27 March 1973 Serial No. 1429 ICAR(S) Permit No. 5530

T C No. 217-131-04

Map Date 3-17-22

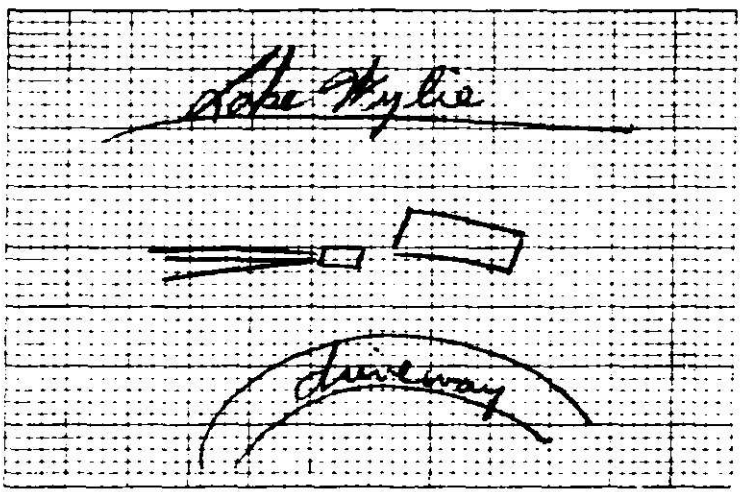
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is 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 5530, dated 2-13-73 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 27 April 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate <60

Liquid Capacity of Tank 1000

Tank Construction precast

Absorption and/or Distribution Lines

Total Line Length 300 L/ft

Number of Lines 10X25

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Hendricks, Robert Lee

LOCATION OF PROPERTY Lake Wylie Comp# 42

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

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 4/12/73 **Serial No.** 3131 C of A (s) No. 5530

T. C. No. 217-131-017

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner HENDRICKS (LAST) ROBT. (FIRST) LEE (MIDDLE)

Location of Property _____

Application Number 5530 Permit Number 5530

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PE

Total Length of Drain Tile 360' Number of Lines 4

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source IND WELL Distance from Water Source 100

Excavation Inspected 4/12/73 (DATE) Tank Inspected 4/12/73 (DATE)

Nitrification Field Inspected 4/12/73 (DATE)

Washing Machine Line Inspected, If Applicable 4/12/73 (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: ADVISE ROUTINE DRIVE TO KEEP FROM DRIVING OVER SYSTEM

L P McGowan
Environmentalist

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

HEALTH DEPARTMENT'S COPY