R

Date Received 8-2-23

APT No 6779

T C No 105-091-06

Map Date 9/70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Southern Co. Inc., Agent for Skyway Broadcastint, Miami, Fla.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF Agent OWNER 1720 Maryland Avenue, Charlotte ZIP 28209

3) PHONE NO Home _____ Office 332-1145

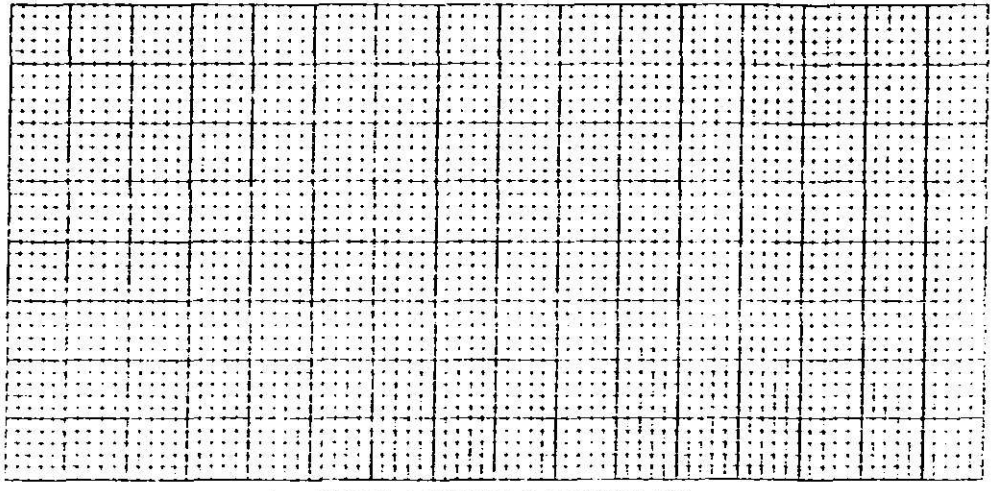
4) LOCATION OF PROPERTY 2505 Newell-Hickory Grove Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Acreage LOT NO _____ BLOCK NO. _____

MAP BOOK NO 105 PAGE NO 091

6) DEED REFERENCE DEED BOOK 2242 PAGE NO 572

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

Southern Company, Inc
OWNER AGENT

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY J. E. McCraw, President

P

SEE INSTRUCTIONS ON BACK

Date Received 8-13-73

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

Application No 6729

T C No 105-091-06

Map Date 9-1-70

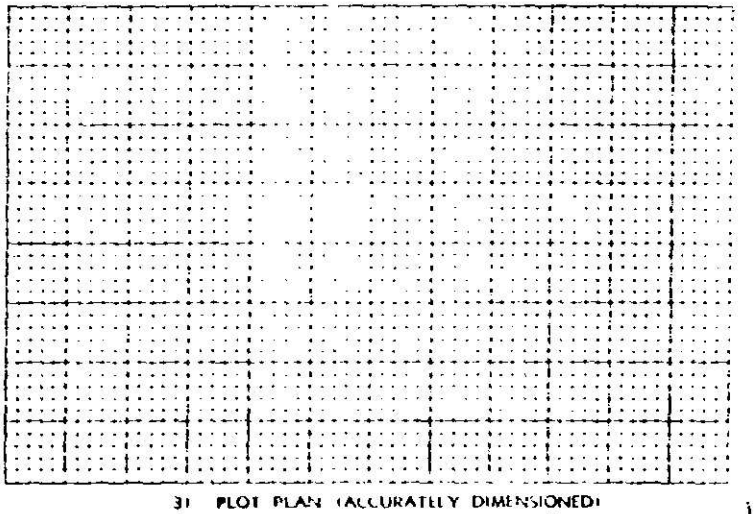
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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



4) No. of Bedrooms 1
5) Basement Floor Drain _____ Yes _____ No
Engineer _____
6) Washing Machine _____ Yes ✓ No
7) Garbage Disposer _____ Yes ✓ No
8) Dishwasher _____ Yes ✓ No
9) Water Supply
A Individual Well
B Community System
C Community Well ✓
1 Well Location
2 Community System
10) Sewage System
Number of Bedrooms _____
Septic Tank _____ Yes ✓ No
Number of Bedrooms _____
Community Sewer _____ Yes ✓ No
11) FHA Case No _____
12) VA Case No _____

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Skyway Broadcasting Co.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Miami Fla. Agent: Southern Co. Inc 1720 Maryland Ave Char.

15) PHONE NO Home Ed Hawks - Lessee Office 332-1145

16) LOCATION OF SYSTEM 2505 Newell-Hickory Grove Rd
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 statements 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 Ed Hawks LESSEE

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3278

LA No. 6779

Date Issued August 14, 1973

T. C. No. 185-091-06

Map Date 9-1-70

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 Skyway Broadcasting Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER c/o Southern Co., Inc., 1720 Maryland Ave

LOCATION OF LOT 2505 Newell-Hickory Grove Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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 *, 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 6779. 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

* May use Porta-John until permanent septic system is installed.

R.M. Reynolds
Environmentalist

John R. Akerson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY