W

Date Received 5-2-73

APT No 6130

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Villacres (LAST) Lan (FIRST) C. (MIDDLE)

2) ADDRESS OF OWNER 5603 B Four Seasons Apts. ZIP 28212

3) PHONE NO. Home 535-4614 Office SAME

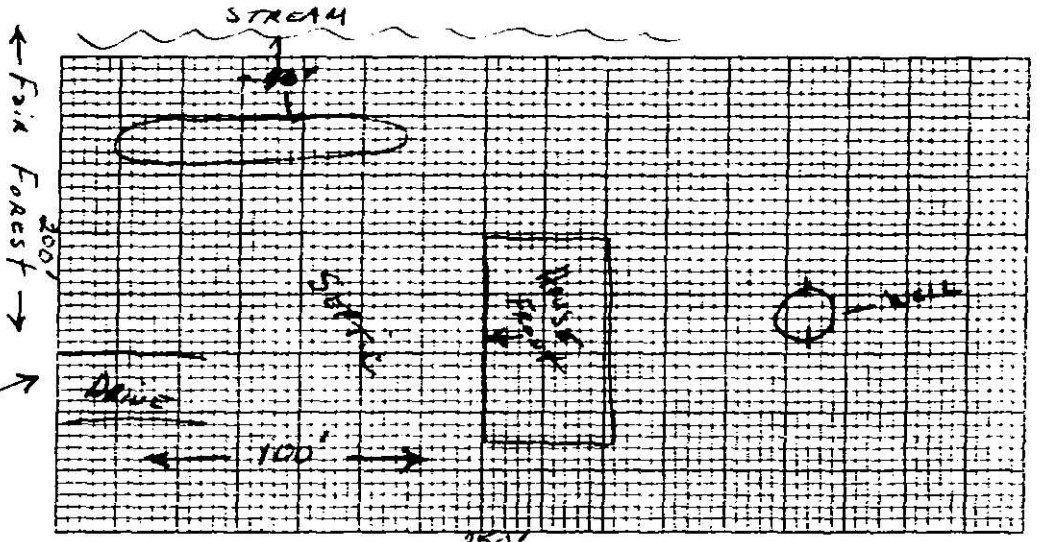
4) LOCATION OF PROPERTY Off Woodlawn Rd. Village of Mathews (STREET OR COUNTY ROAD)
Fair Forest Dr.

5) SUBDIVISION Country Acres LOT NO. 13 BLOCK NO.
Not Recorded

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 2485 PAGE NO 69

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



Gray For Ln. → 7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

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

HEALTH DEPARTMENT'S COPY

Joe Jakins



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SEE INSTRUCTIONS ON BACK

Date Received 5-2-73

ICAR (S) Application No 6130

T C No 227-174-34

Map Date 5-9-74

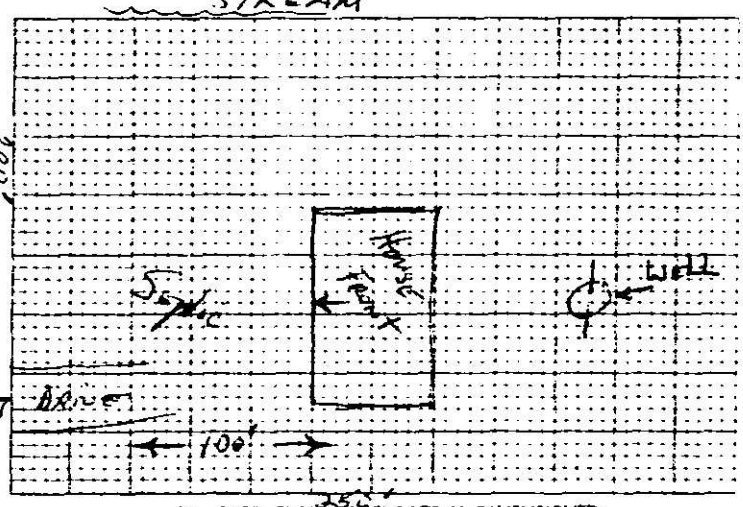
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

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 N/A

12) VA Case No N/A

GRAY FOR LN

13) NAME OF OWNER Villacres, Len C.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 5603 B Four Seasons Apt.

15) PHONE NO Home 535-4624 Office SAME

16) LOCATION OF SYSTEM Fir Forest Dr.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Country Acres Lot No. 13 Block No ___
Not Recorded
Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2485 AT PAGE 69

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.

DATE OF APPLICATION ___

OWNER L. C. Villacres

FORM NO E-4-5-1-72

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. May [illegible] 73
2. _____
3. _____

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

SDR No. [illegible]
T.C. No. [illegible] 227-174-07
5-9-74

NAME OF OWNER [illegible]

ADDRESS OF OWNER [illegible] ZIP [illegible]

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
[illegible]	1.	[illegible]	[illegible] min/in
_____	2.	_____	_____ min/in
_____	3.	_____	_____ min/in

_____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John R. Atkinson
Environmentalist

(Stencil No.)
EHD 398
8/70

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