Date Received 4-12-73

APT No. 6027

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Colonia. Realty Co. (William H. Ross)
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 1244 East Blvd. P.O.Box 17683, Charlotte, N.C. ZIP 82211

3) PHONE NO. Home 364-3476 Office 372-8551

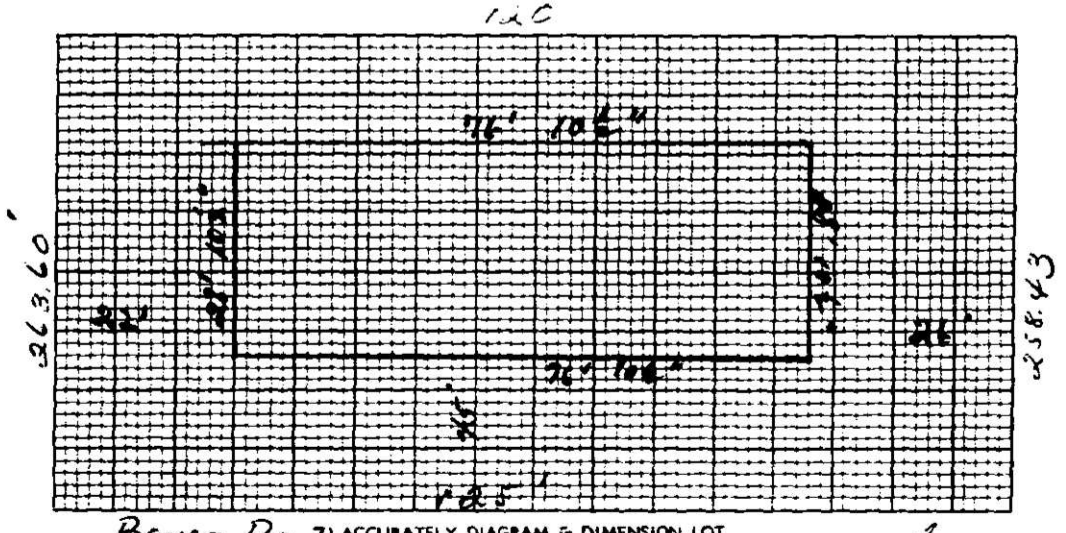
4) LOCATION OF PROPERTY Lot 1, Block A, Charles B. Griffith Property, Boyce Road.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Chas. B. Griffith Property LOT NO. 1 BLOCK NO. A

MAP BOOK NO 1698 PAGE NO. 409

6) DEED REFERENCE: DEED BOOK 2619 PAGE NO. 337

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

William H. Ross
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. April 25, 1973
2. _____
3. _____

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

SDR No. 6027
T.C. No. _____

NAME OF OWNER Colonial Realty Company

ADDRESS OF OWNER P.O. Box 17683 ZIP _____

LOCATION OF LOT Boyce Road, Lot 1-A

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
X	1.	4-24-73	130 min/in
X	2.	4-25-73	140 min/in
X	3.	4-26-73	85 min/in
___	4.	5-11-73	140 min/in

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

Thomas R. Ward
Environmentalist

(Stencil No.)
HHD 398
8/70

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

SEE INSTRUCTIONS ON BACK

Date Received 4/19/73

ICAR(S) Application No. 6027

T C. No.

Map Date

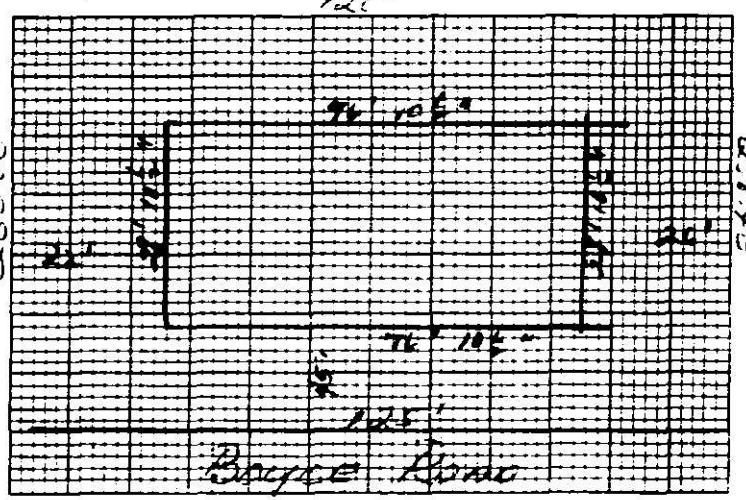
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) XX 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) No. of Bedrooms three

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply: X
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 X No
House located within 200 feet of community sewer ____ Yes ____ No

11) FHA Case No _____

12) VA Case No. _____

13) NAME OF OWNER Colonial Realty Co. (William H. Ross)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1244 East Blvd., PO. Box 17683, Charlotte, N. C. 28211

15) PHONE NO. Home 364-3476 Office 372-8551

16) LOCATION OF SYSTEM Boyce Road
STREET OR COUNTY ROAD

17) SUBDIVISION Chas. B. Griffith Prop. Lot No. 1 Block No. A

Map Book No. 1698 Page No. 409

18) DEED REFERENCE — DEED BOOK 2619 AT PAGE 337

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X 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.

4-19-73
DATE OF APPLICATION

William H. Ross
OWNER

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

HEALTH DEPARTMENT'S COPY