Date Received 2-1-23

APT No. 5531

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SHARPE (LAST) CECIL (FIRST) ERVIN (MIDDLE)

2) ADDRESS OF OWNER 4623 GENERAL PERSHING DR. ZIP 28227

3) PHONE NO Home 523-0699 Office 372-0771 EXT. 612-624

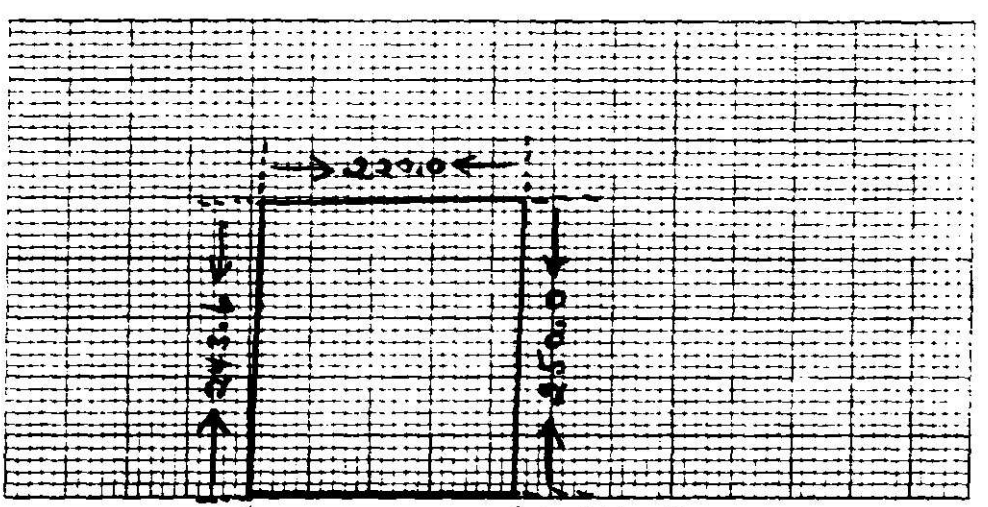
4) LOCATION OF PROPERTY SILVERLEAF ROAD (STREET ON COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 4 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3091 PAGE NO 45

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

220.0

SILVERLEAF ROAD

OWNER Craig E. Sharpe

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

HEALTH DEPARTMENT'S COPY

Date Received 2-6-73

ICAR(S) Application No. 5531

T. C No. _____

Map Date _____

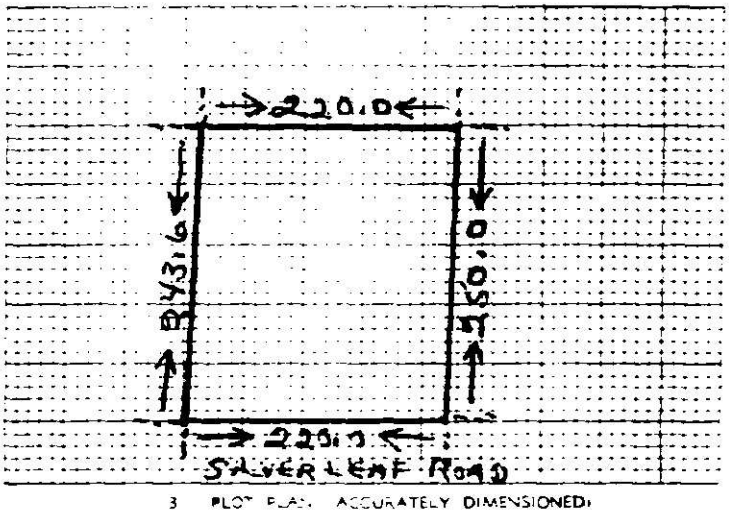
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. ✓ 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 2
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. Government System ___
   C. Community System
      1. Well Source ___
      2. Government 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. _____
12. VA Case No. _____

13. NAME OF OWNER SHARPE (LAST) CECIL (FIRST) ERVIN (MIDDLE)
14. ADDRESS OF OWNER 4623 GENERAL PERSHING DR.
15. PHONE NO Home 523-0699 Office 372-0971 EXT 612-624
16. LOCATION OF SYSTEM SILVERLEAF ROAD (STREET OR COUNTY ROAD)
17. SUBDIVISION _____ Lot No. 4 Block No. _____
    Map Book No _____ Page No. _____
18. DEED REFERENCE — DEED BOOK 3091 AT PAGE 45
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

Cecil E. Sharpe
OWNER

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

HEALTH DEPARTMENT'S COPY