W

Date Received 2-12-73

APT No. 5551

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Tompkins-Johnston Co., Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 104 Baldwin Ave., P.O. Box 4184, Charlotte NC ZIP 28204

3) PHONE NO Home 821 8242 Office 333 6684

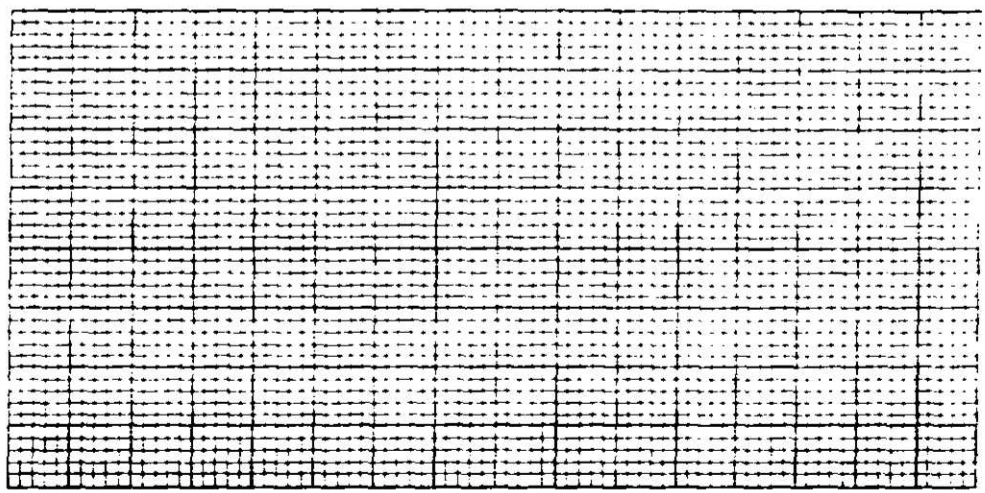
4) LOCATION OF PROPERTY Old Monroe Road, 1,000 yards east of McAlpine Creed
(STREET OR COUNTY ROAD)

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

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3528 PAGE NO 335

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

E. L. Aldridge Pres.
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Received 2-28-73

ICAR (S) Application No. 5551

T. C. No. _____

Map Date _____

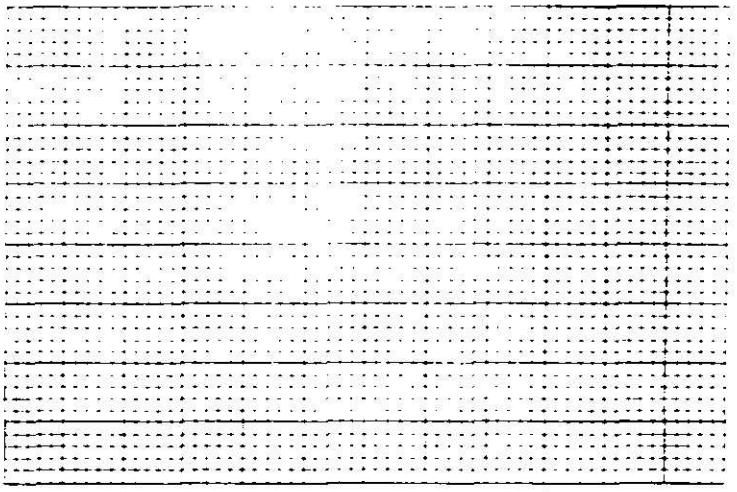
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. X 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: 0
5. Business Use — Max. No. Employees _____
6. Washing Machine ___ Yes X No
7. Garbage Disposal ___ Yes X No
8. Dishwasher ___ Yes X No
9. Water Supply
   A. Individual Well ___
   B. Governmental System X
   C. Community System
      1. Well source ___
      2. Governmental source Chas.
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 Tompkins-Johnston Co., Inc. (LAST / FIRST / MIDDLE)

14. ADDRESS OF OWNER P.O. Box 4184, Charlotte, N.C. 28204

15. PHONE NO. Home 821 8242 Office 333 6684

16. LOCATION OF SYSTEM Old Monroe Road, 1,000 yards east of McAlpine Creek (STREET OR COUNTY ROAD)

17. SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18. DEED REFERENCE — DEED BOOK 3528 AT PAGE 336

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.

2/12/73
DATE OF APPLICATION

C.W. Aldridge President
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY