Date Received 2-20-74

MECK. COUNTY HEALTH DEPT. RECEIVED 1974

APT No 7499

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Kemper (LAST) James (FIRST) William (MIDDLE)

2) ADDRESS OF OWNER 13309 Nice Rd. Huntersville ZIP 28105

3) PHONE NO Home 892-7556 Office

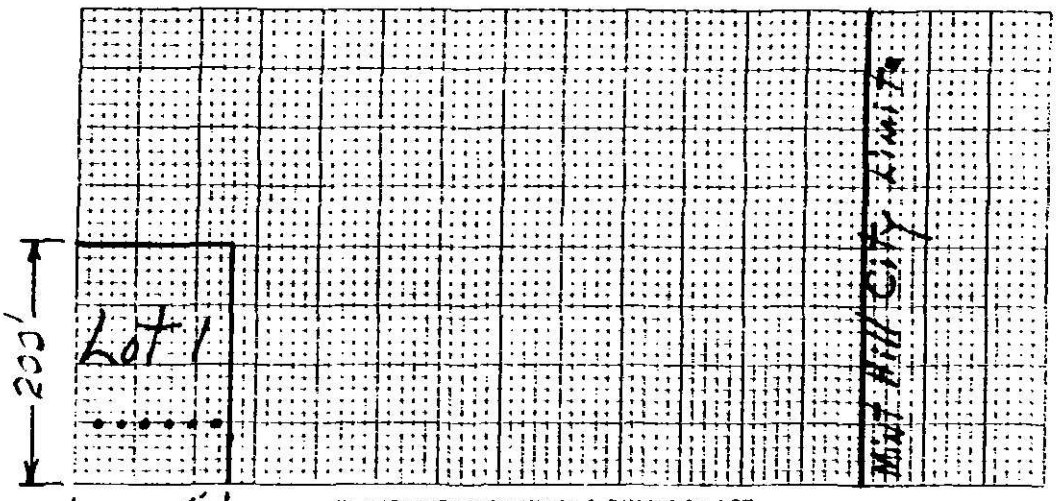
4) LOCATION OF PROPERTY Blair Rd. (S.R. 1164) off Hwy #51 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 1 BLOCK NO

MAP BOOK NO 89 & 109 PAGE NO 73 & 81

6) DEED REFERENCE. DEED BOOK 3237 PAGE NO 146

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

Blair Rd Hwy #51

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. 3-13-7[illegible]
2. _____
3. _____

SDR No. [illegible]
T.C. No. [illegible]tion of [illegible]-132-05

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

NAME OF OWNER _____

ADDRESS OF OWNER _____ ZIP 105

LOCATION OF LOT _____

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
A	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

_____

_____

_____

C.M. Reynolds
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Date Issued

Serial No. 6098 ICAR(S)-Permit No.

T C No.

Map Date

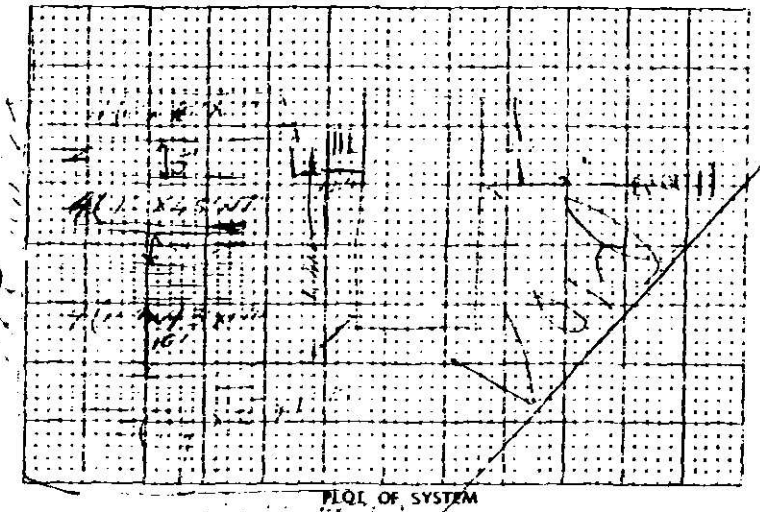
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application _____, dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments:

Division or Section Head

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-8-1-72

HEALTH DEPARTMENT'S COPY