5 Date Received 2-23-23 APT No. 5629

T C. No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Potter (LAST) Ronald (FIRST) Lumpkin (MIDDLE)

2) ADDRESS OF OWNER 233 [illegible] ZIP [illegible]

3) PHONE NO. Home [illegible] Office [illegible]

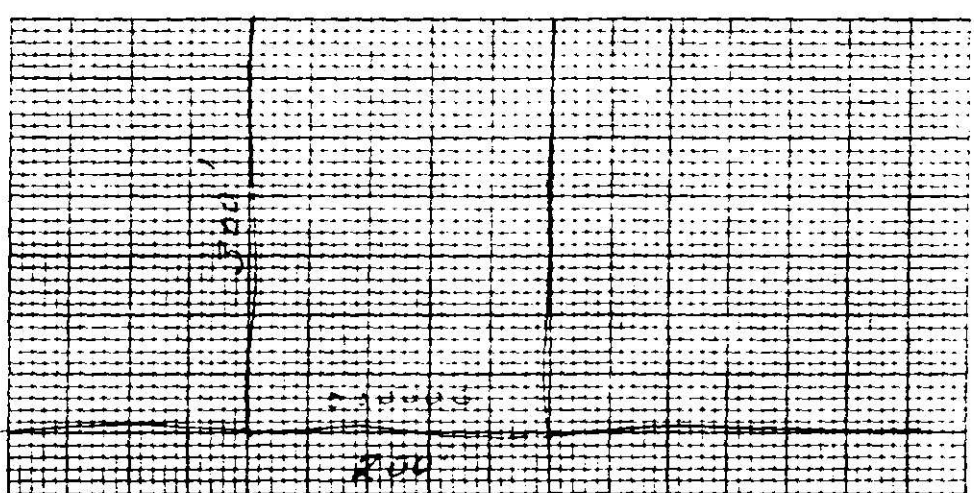
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION Mt Hill Estates LOT NO 5 & 15 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

Walter Douglas Potter
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. February 23, 1973 SITE DISAPPROVAL REPORT SDR No. 5629
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. _____
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Porter, Douglas Walter

ADDRESS OF OWNER 233 Edgeland Dr., Matthews, N.C. ZIP 28105

LOCATION OF LOT Colson Ave., Lots 58 & 59

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 n	1.	2-23-73	305 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

Donald Styer
Environmentalist

(Stencil No.)
MHD 398
8/70

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

Date Received 2 23 73

ICAR(S) Application No. 5629

T. C. No. _____

Map Date _____

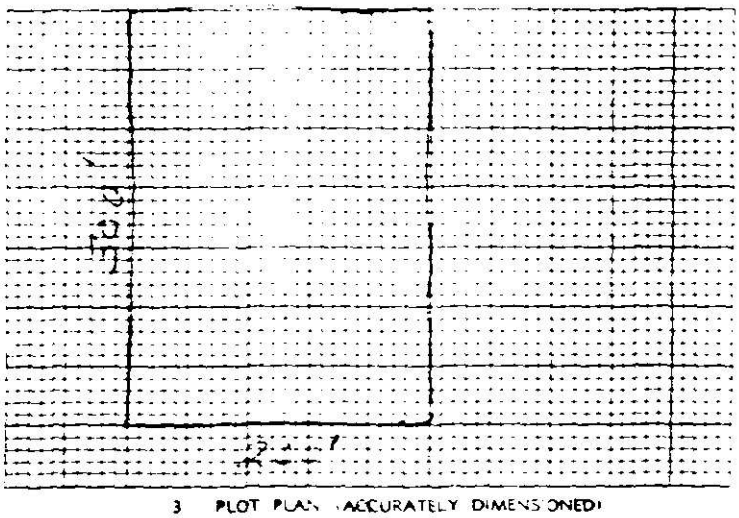
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 subsurface soil absorption, effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4. No. of Bedrooms 3
5. Business Use Max No. Employees 2
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. _____
12. VA Case No. _____

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] AVE (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 50 + 51 Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

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.

2-21-73
DATE OF APPLICATION

Walter Taylor Jenkins
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY