Date Received 3-30-23

APT No 5861

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mc Hurley (LAST) Earl (FIRST) ~~none~~ (MIDDLE)

2) ADDRESS OF OWNER 4414 Rosehill, Charlotte ZIP 28211

3) PHONE NO. Home 525-5056 Office _____

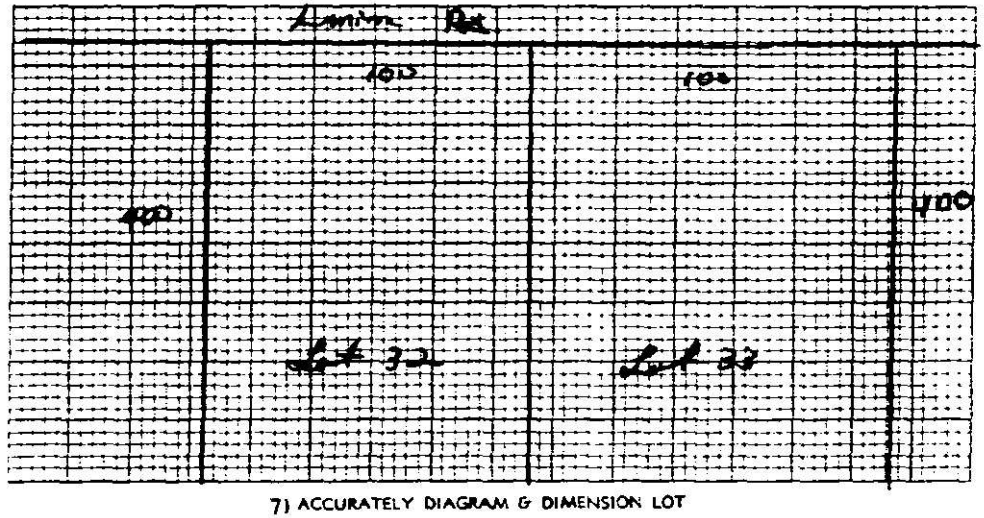
4) LOCATION OF PROPERTY Butler Field Park, Lancer Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Butler Field Park LOT NO 32-33 BLOCK NO 33

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

Earl Mc Hurley
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3 30 73

ICAR IS Application No 5861

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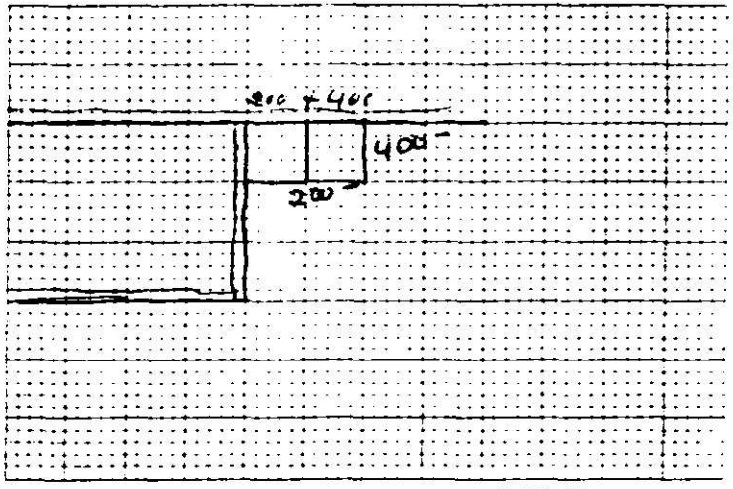
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5

5 Business (Office, Shop, Etc.) No. of Employees

6 Washing Machine ___ No ✓

7 Garbage Disposal ___ No ✓

8 Dishwasher ___ No ✓

9 Water Supply

A Individual Well ✓

B Government System

C Community System

1 Well

2 Surface Source

Sewage System

1 Public Sewer ___ No X

2 Private Sewer ___ No X

10 FHA Case No.

11 VA Case No.

13) NAME OF OWNER Mc Auley Earl
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 4414 Rosemary Lane Charlotte N.C.

15) PHONE NO Home 525-5586 Office

16) LOCATION OF SYSTEM Lanier Rd
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No 32-33 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

DATE OF APPLICATION

Earl mc Auley
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY