Date Received 7-23-73

APT No [redacted]6717

T C No 023-023-01

Map Date 2-14-75

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Lowe (LAST) Ilene (FIRST) F (MIDDLE)

2) ADDRESS OF OWNER Rte 3, Box 317 Huntersville ZIP 28078

3) PHONE NO. Home 875-2273 Office ____

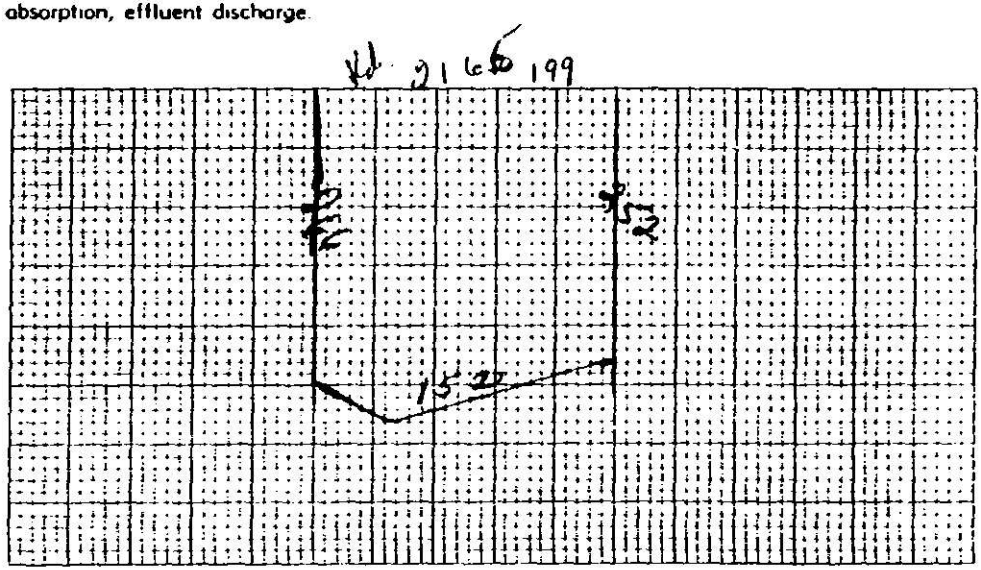
4) LOCATION OF PROPERTY Rd. 2165 (STREET OR COUNTY ROAD)

5) SUBDIVISION ____ LOT NO 1 BLOCK NO. ____

MAP BOOK NO 7 PAGE NO. 587

6) DEED REFERENCE DEED BOOK 5P11 PAGE NO 776

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

Ilene F Lowe
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 7-23-73

ICAR (S) Application No 6111

T C No 023-0501

Map Date 2/1973

# MECKLENBURG COUNTY HEALTH DEPARTMENT

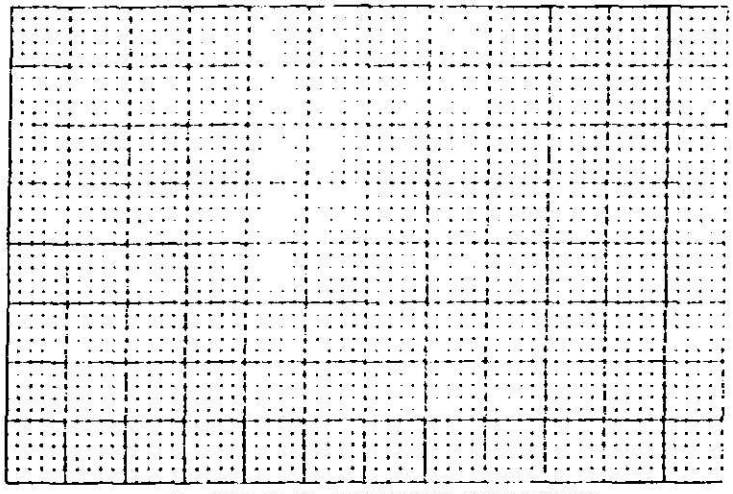
## ENVIRONMENTAL HEALTH DIVISION

**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

mobile home



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 1

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
2 Governmental

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 Irene F. Lowe
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Rte 3 Box 317 Huntersville, NC.

15) PHONE NO Home 875-2273 Office

16) LOCATION OF SYSTEM County Rd 2165
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No Block No

Map Book No 7 Page No. 587

18) DEED REFERENCE — DEED BOOK 5511 AT PAGE 276

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.

7/27/73
DATE OF APPLICATION

Irene F. Lowe
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4545

PTR No 6717

T C No 023-023-01

Map Date 2-14-73

Date Issued July 17, 1974

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

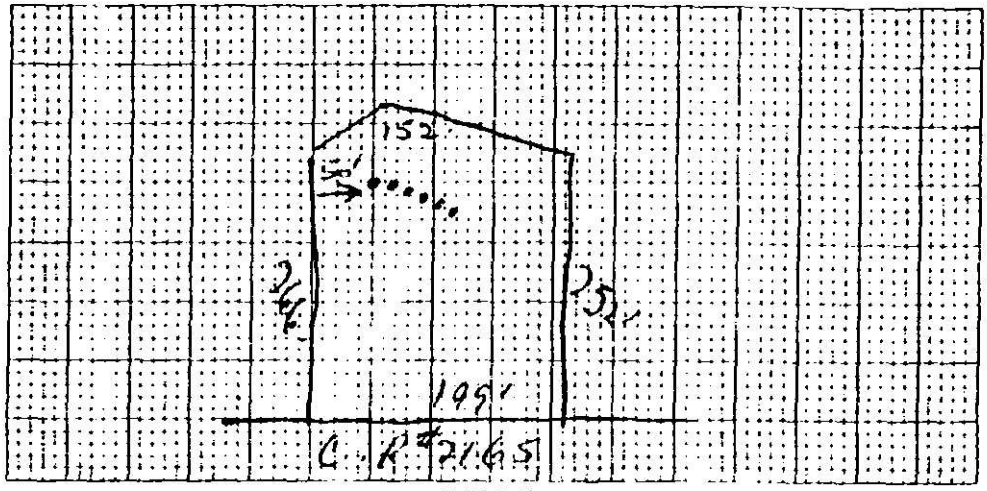
## PERCOLATION TEST REPORT

NAME OF OWNER Lowe (LAST) Ilene (FIRST) F. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 317, Huntersville, N. C. ZIP 28078

LOCATION OF PROPERTY County Road 2165 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO




PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of building, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is void unless the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-8-1-72

HEALTH DEPARTMENT'S COPY