

5731 HORNET DR

03711303

5/27/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: December 18, 1995

Ref: File #5262/5731 Hornet Drive

SUBJECT: Refund

(Mr./Mrs./Co.) Ranulfo Campos originally paid $100.00

for $100.00/new Improvement Permit on October 27, 1995

.

A refund should be issued for $50.00 because

the tap on fee to Charlotte Mecklenburg Utility had been paid. The

soil scientist completed a site visit and consultation only .

Please make check payable to: Mr. Ranulfo Campos

#1 Meadowlark Lane

Charlotte, NC 28210

FEE: 100.00 cash
DATE: 10/27/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5262

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 5731 HORNET DR

TAX/PARCEL NUMBER: 037-113-03

STREET ADDRESS: 5731 HORNET Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
X DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: (LAST) Campos (FIRST) Ramulfo (MI)
ADDRESS: 1 Meadowlark Ln.
CITY: Charlotte STATE: N.C. ZIP: 28216
DAYTIME PHONE: (704) 641-6306 - 553-9657

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Ramulfo Campos S DATE: 10-27-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

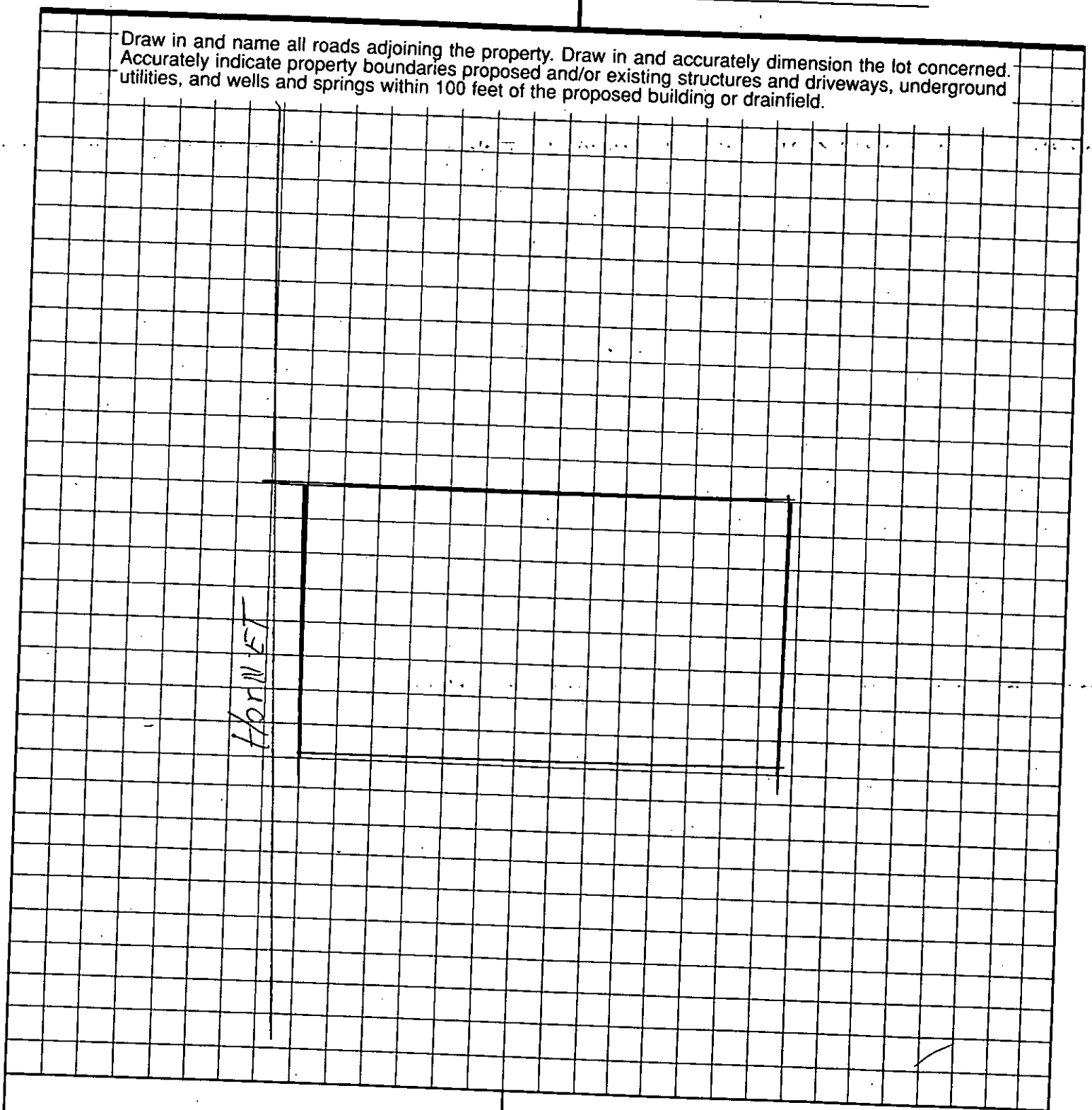
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5262

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 5731 | STREET NAME: Hornet | (AV,RD,ST, etc): Dr

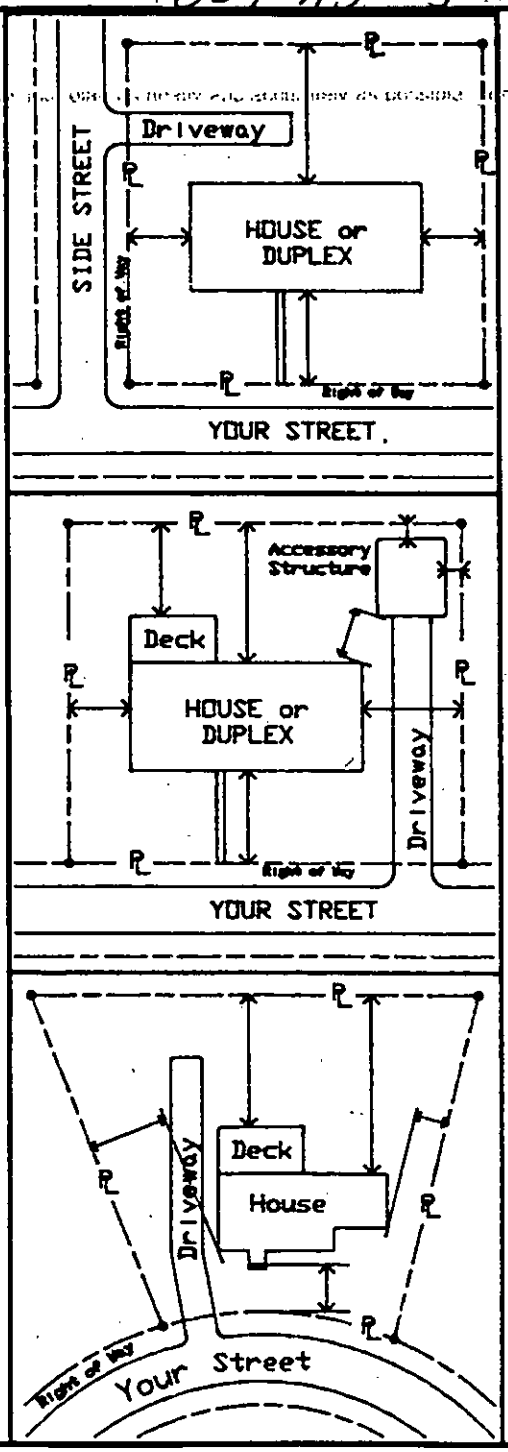
PERMIT #:

SUITE/UNIT(S):

TAX JURISDICTION: *(Check One)*
- [x] 0-Mecklenburg
- [x] 4-Pineville
- [ ] 1-Charlotte
- [ ] 5-Matthews
- [ ] 2-Davidson
- [ ] 6-Huntersville
- [ ] 3-Cornelius
- [ ] 7-Mint Hill

TAX PARCEL #: 037-113-03 | JOB #:

EXAMPLES/PLOT PLAN

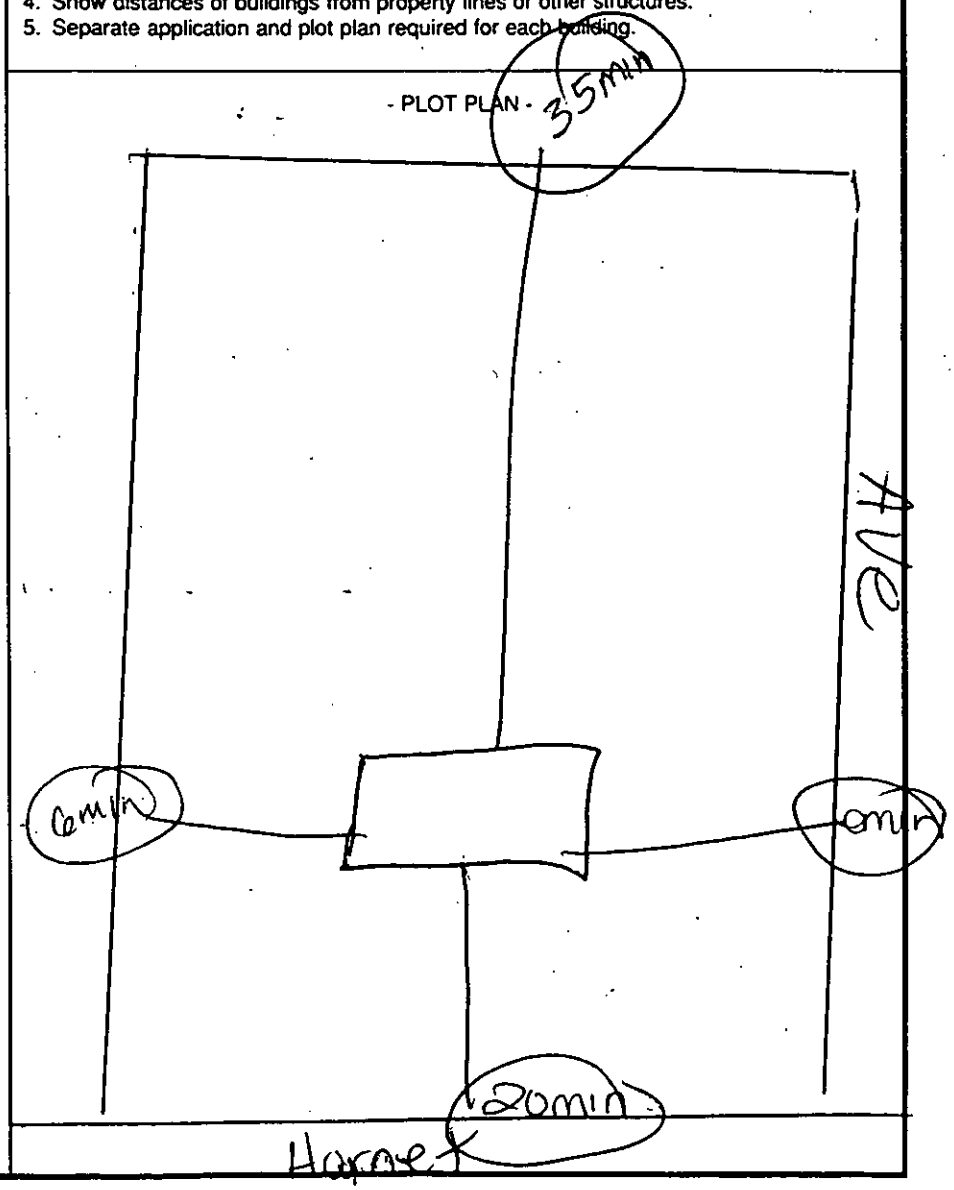


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Rolando Campos S | 6-27-95 | RANULFO CAMPOS

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY:

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

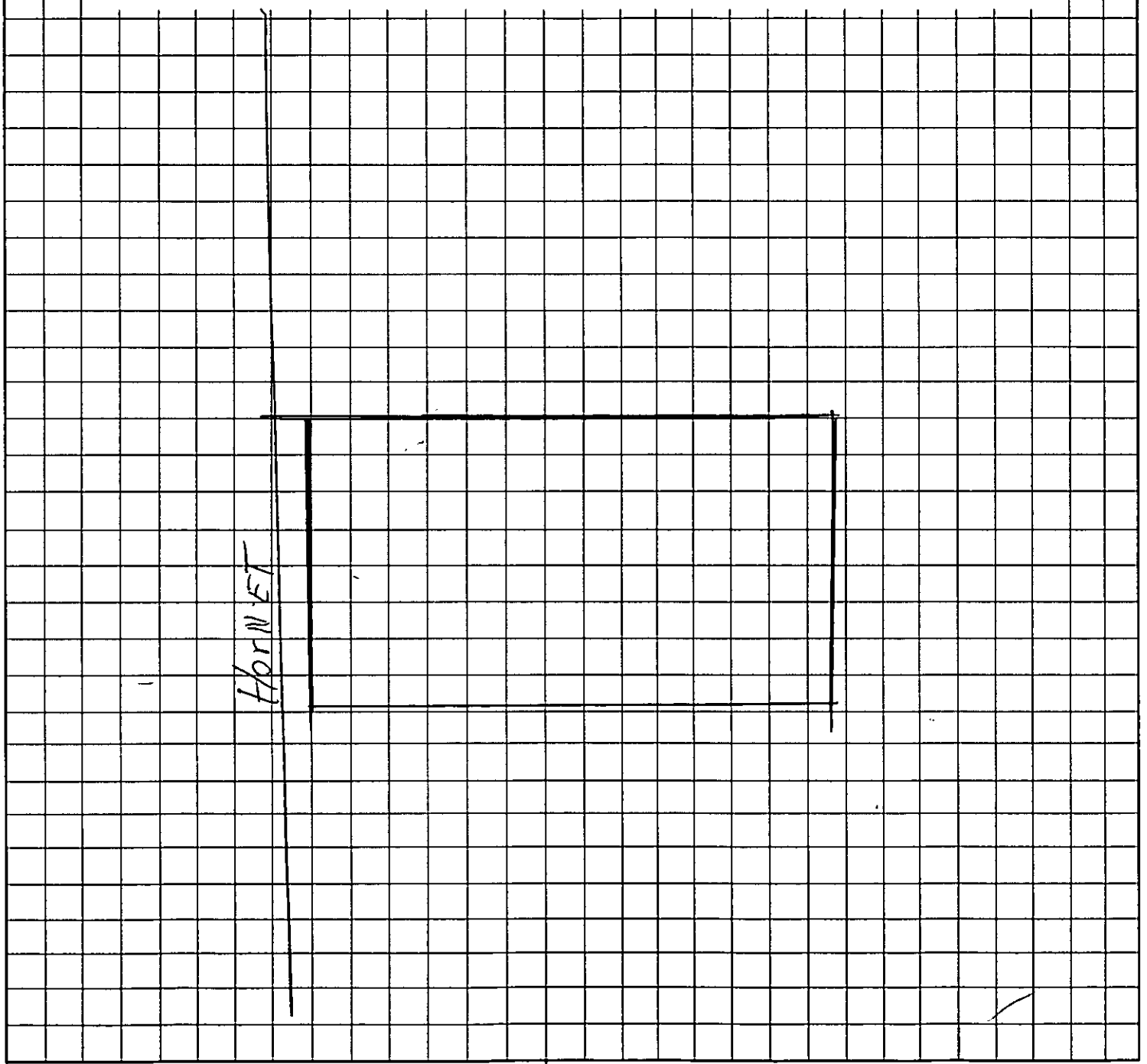
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5262

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

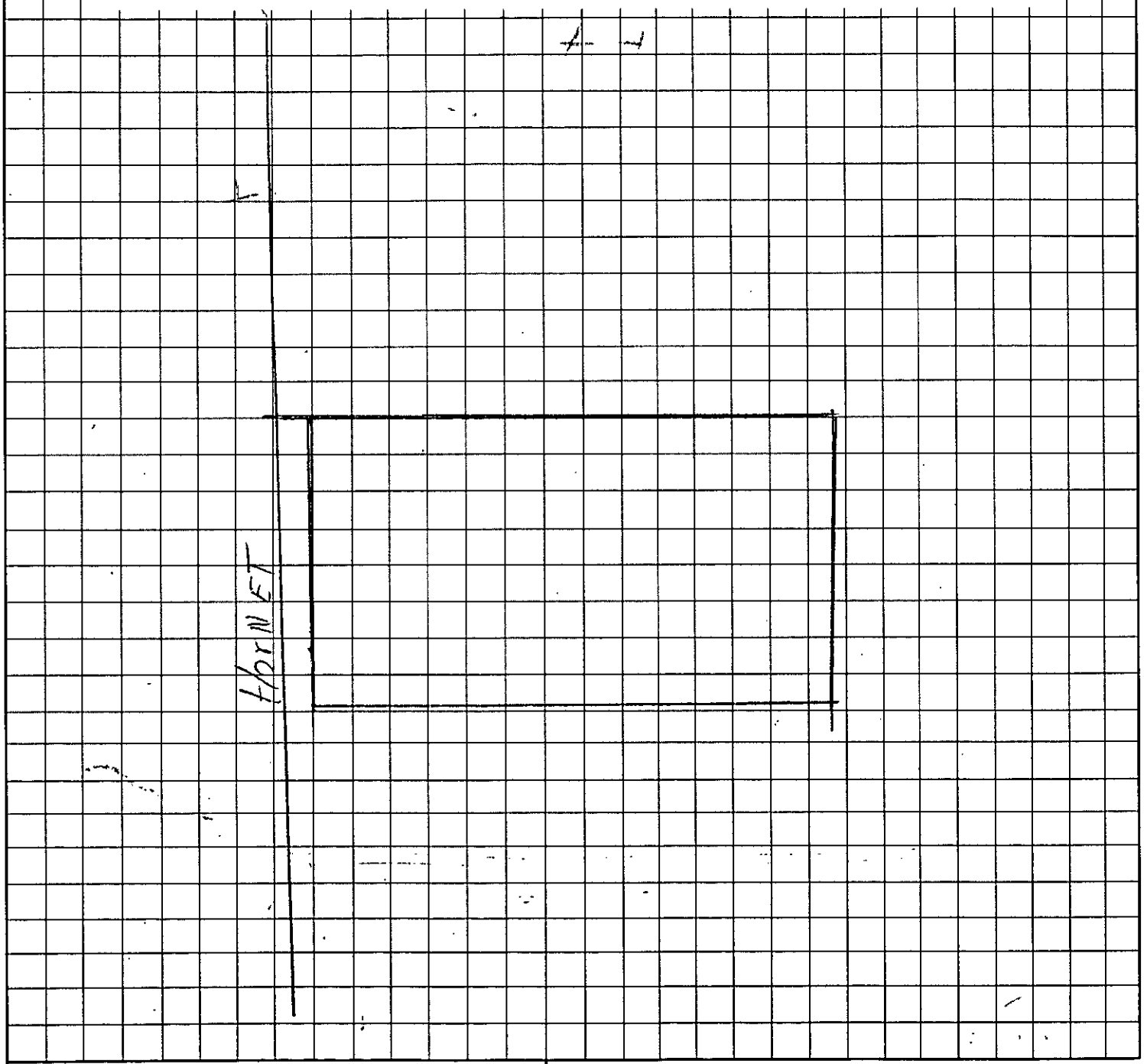
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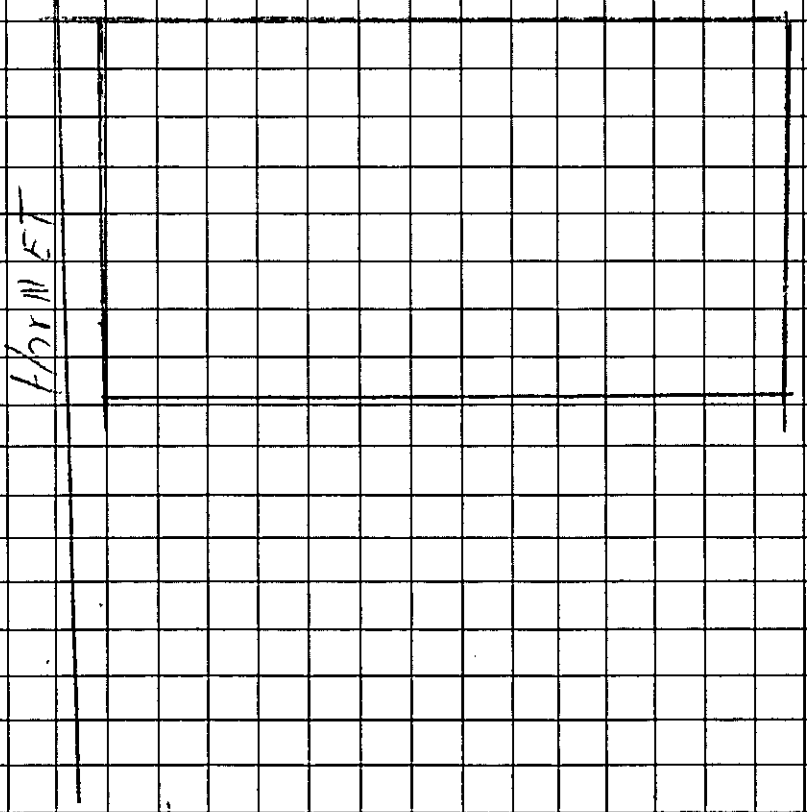
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TC: _____

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

(15)

DATE 10/27/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

037-113-03
PARCEL NUMBER

5731 Hornet Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Mobile Home Tie down

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pmc

REVISED 1/91

FEE: 100.00 cash
DATE: 10/27/95 ES

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

Rec'd 12/18/95 complete Rec'd 1 CRT ES

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5262

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TAX/PARCEL NUMBER: 037-113-03

STREET ADDRESS: 5731 Hornet Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
X DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

Tap on fee to sewer has been paid - refund $50.00 for site visit & installation
W.R. Marsh 12-4-95

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: (LAST) Campos (FIRST) Rafaela (MI)

ADDRESS: 1 Meadowlark Ln.

CITY: Charlotte STATE: N.C. ZIP: 28216

DAYTIME PHONE: (704) 641-6306 - 553-9657

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Rafaela Campos DATE: 10-27-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 5731 STREET NAME: Hornet (AV,RD,ST, etc): Dr

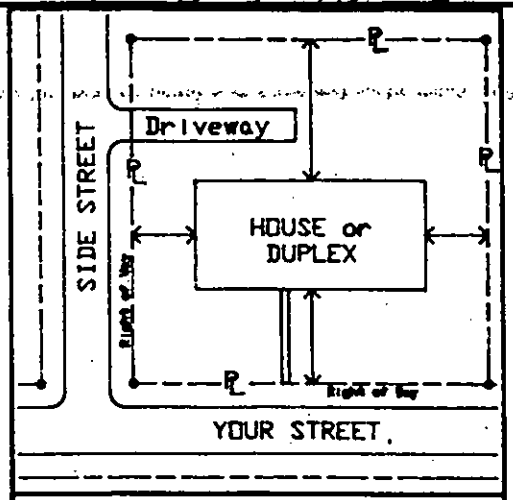
SUITE/UNIT(S):

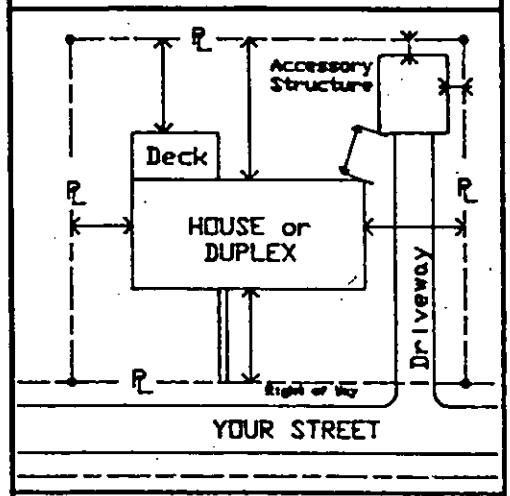
PERMIT #:

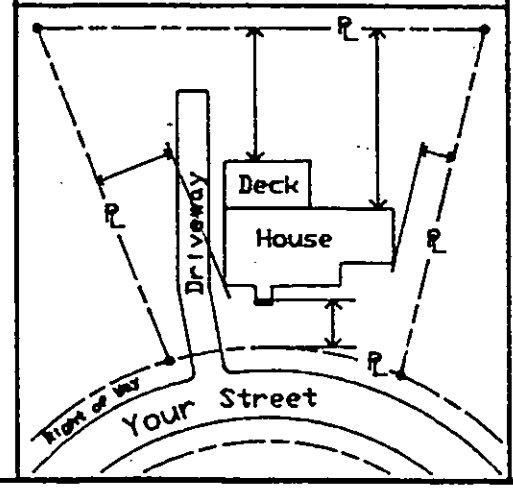
TAX JURISDICTION (Check One): ☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 037-113-03 JOB #:

EXAMPLES / PLOT PLAN





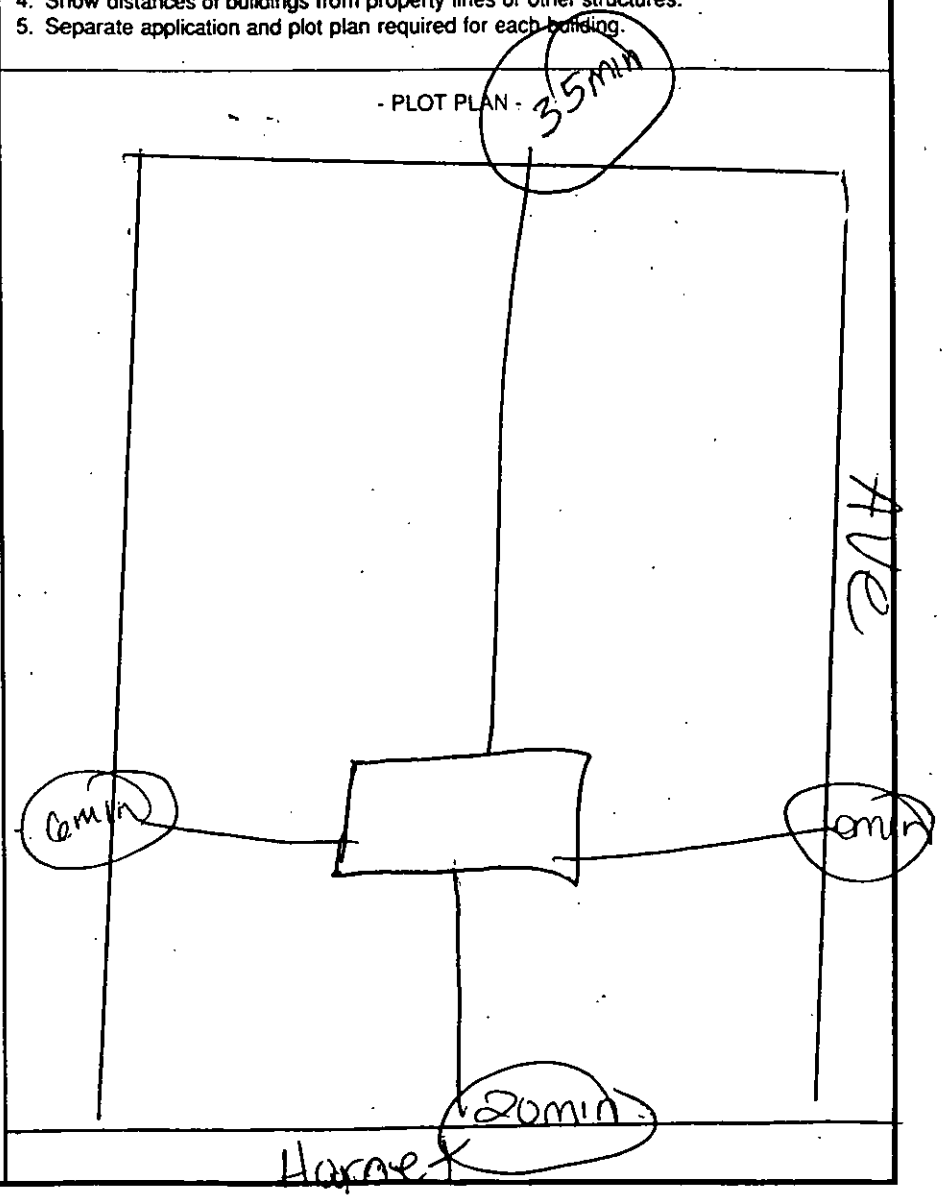


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Ramiro Campos Jr — APPLICANT'S SIGNATURE

10-27-95 — DATE

RAMIRO CAMPOS — PRINT APPLICANT'S NAME

APPROVED BY:

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P O BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

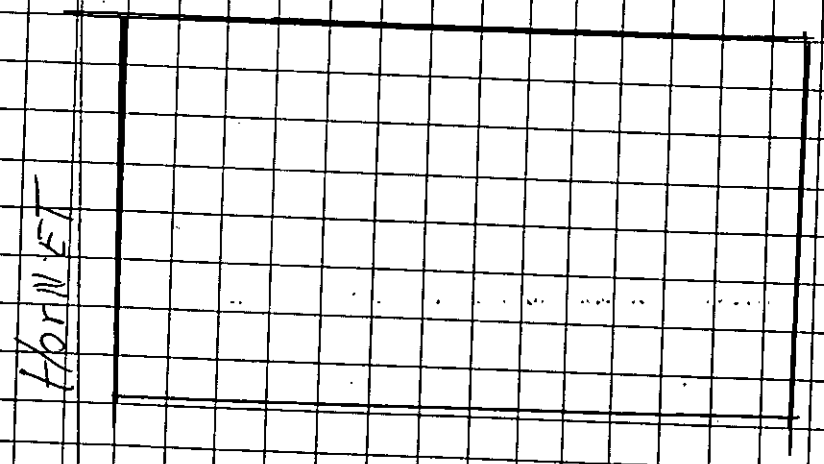
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5262

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Received Nov. 5 1974

SEE INSTRUCTIONS ON BACK

RECEIVED
NOV 5 1974
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No. 5262
T. C. No. 037.113.23
Map Date 11-10-72

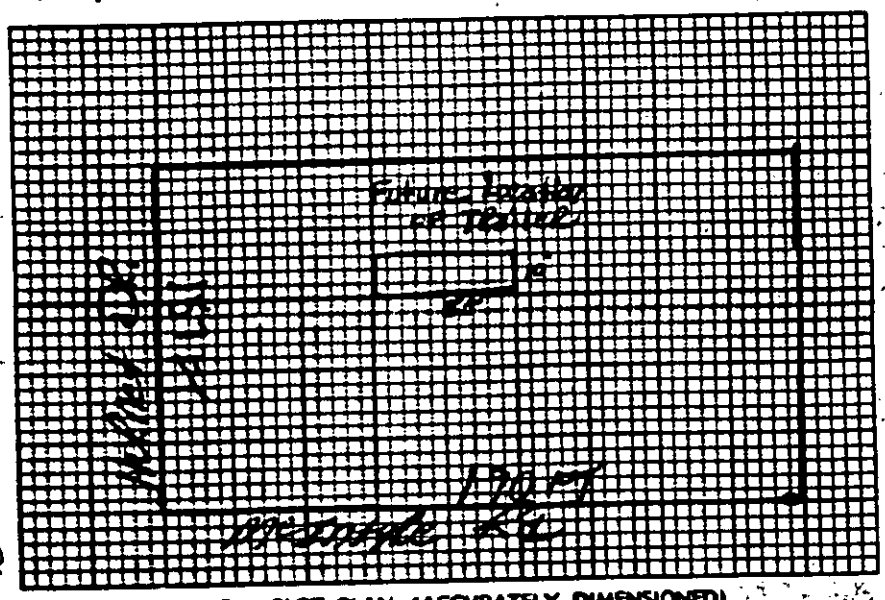
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 3
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) 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. _____

Bratton Ford Rd

13) NAME OF OWNER Roberts (LAST) Nancy (FIRST) Robb (MIDDLE)
14) ADDRESS OF OWNER 1037 #1 Noble St. Charlotte 28208
15) PHONE NO. Home 394-3724 Office 394-1181
16) LOCATION OF SYSTEM McIntyre Rd (STREET OR COUNTY ROAD)
17) SUBDIVISION Spring Lake Lot No. 6 Block No. C
Map Book No. 9 Page No. 33
18) DEED REFERENCE — DEED BOOK 3697 AT PAGE 0313
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.

11-4-74
DATE OF APPLICATION

Nancy R. Roberts
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: November 7, 1974

TO: John R. Adkisson

FROM: Ed Casavant EC
Soil Scientist

SUBJECT: APT 5262 (Nancy Ruth Roberts)
Lot No. 6C, McIntyre Road
11-6-74

The lot consists of both cut and fill material. The soils have been cut in excess of four feet on the upper end of the lot and has undergone considerable compaction. The material left exposed consists of weathered rock material which has very little porosity or natural structural development. These characteristics of the area cut result in inadaquately slow permeability and percolation rate (true mean perc. rate in excess of 120 Min./in.).

The filled in area of the lot overlies soils of the Pacolet series. The fill extends to a depth in excess of five feet on the side paralleling the dirt road. This fill material consists of compacted soil material which has limited porosity and natural structural development. The underlying Pacolet series have good drainage and aeration and moderate permeability but it is shallow to weathered rock. These soil characteristics result in inadaquately slow permeability and percolation rate (true mean perc. rate in excess of 180 Min./in.).

Based on this investigation, the lot is not recommended for installation of a septic tank system.

EC/jjk

Date Received Nov. 5 1974

RECEIVED
NOV 6 1974
ENVIRONMENTAL HEALTH DIVISION

APT No. 5262
T. C. No. 057-112-03
Map Date 11-12-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Roberts (LAST) Nancy (FIRST) Ruth (MIDDLE)

2) ADDRESS OF OWNER 1032 Market St Apt #1 Chas. ZIP 28204

3) PHONE NO. Home 394-5724 Office 594-1181

4) LOCATION OF PROPERTY McIntyre Rd (STREET OR COUNTY ROAD)

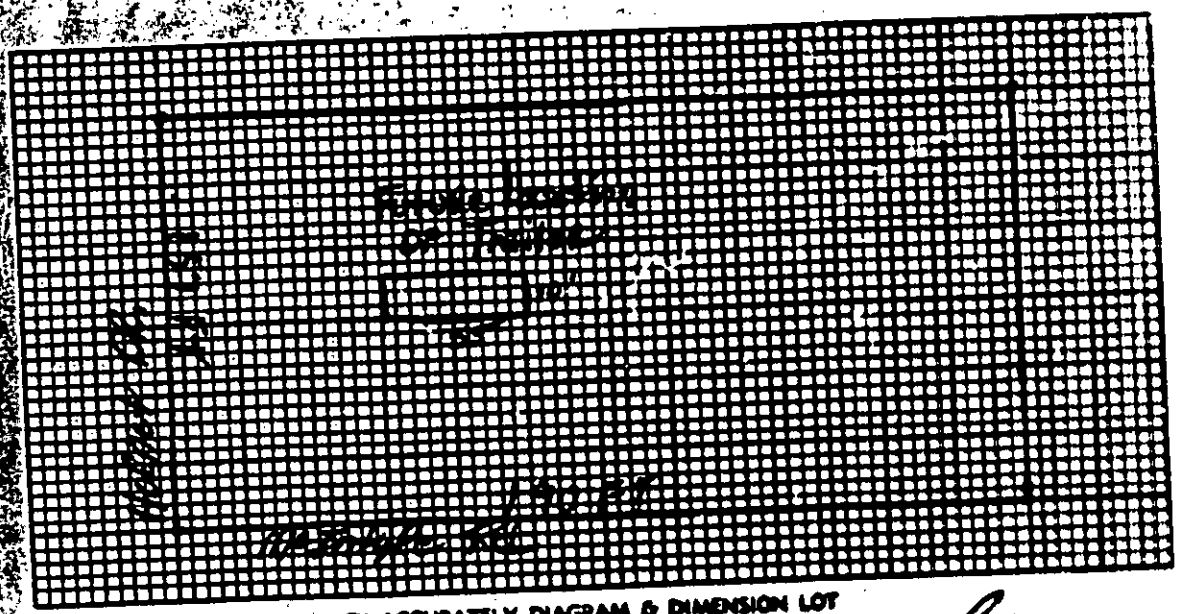
5) SUBDIVISION Spring Lake LOT NO. 6 BLOCK NO. C

MAP BOOK NO. 9 PAGE NO. 33

6) DEED REFERENCE: DEED BOOK 3697 PAGE NO. 0313

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.

Entire Lot Fill



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Nancy R. Roberts

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11.20.72

ICAR (5) Application No. 5262

T. C. No. 37-11-15

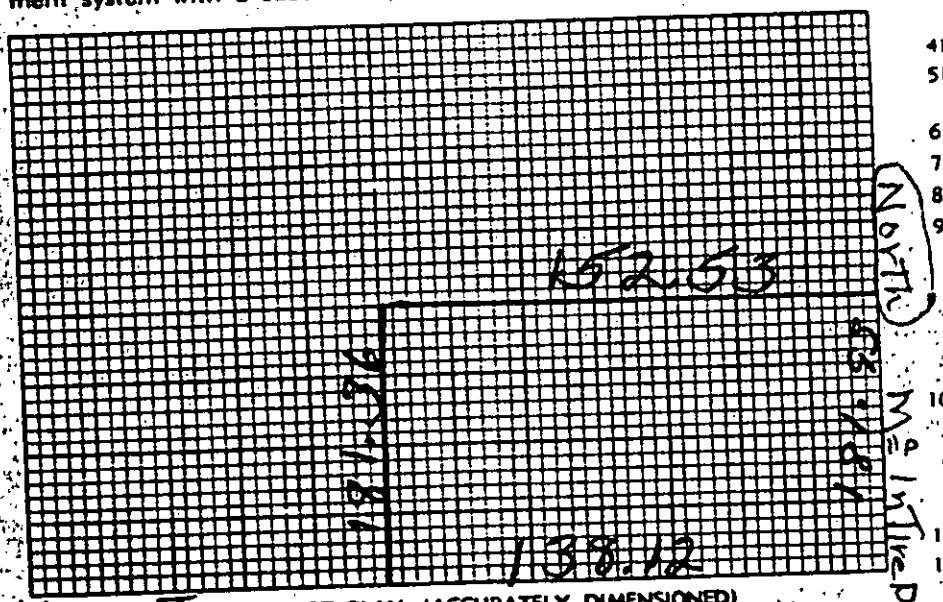
Map Date 11-6-72

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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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 3

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) 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 Farmer (LAST) W. M. + Virginia (FIRST) 7 (MIDDLE)

14) ADDRESS OF OWNER 5 Sharon Brook Drive

15) PHONE NO. Home 523 4848 Office _____

16) LOCATION OF SYSTEM 077 Beatty Ford Rd - on Corner of Mrs. Intersection Hornet Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Spring Lot No. 6 Block No. 6

Map Book No. 9 Page No. 33

18) DEED REFERENCE — DEED BOOK 3145 (3145) AT PAGE 63

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.

11-20-72
DATE OF APPLICATION

Guy Andrew Allen
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

K

Date Received 11-20-72

APT No. 52621

T. C. No. 037-113-03

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER FARMER WAYNE MARCUS
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Rt 1 Box 407A Pineville NC ZIP 28134
Wife Virginia F. Farmer

3) PHONE NO. Home 5234848 Office Rt #1 Box 407A Pineville NC

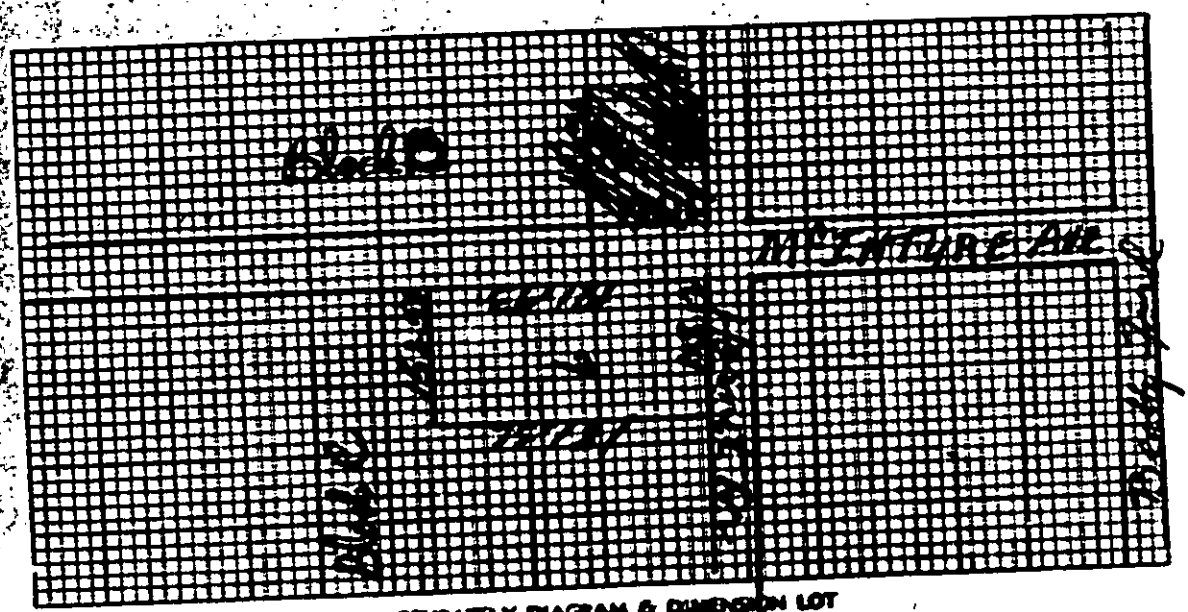
4) LOCATION OF PROPERTY Corner of McDuffie Ave + Hornet Dr.
STREET OR COUNTY ROAD

5) SUBDIVISION Springlake LOT NO. 6 BLOCK NO. C

MAP BOOK NO. 9 PAGE NO. 33

6) DEED REFERENCE: DEED BOOK 3145 PAGE NO. 63

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

W.M. Turner
Agent
Virginia F. Farmer

FORM NO. E-1-0-1-72

HEALTH DEPARTMENT'S COPY