Date Received 7-2-73

MECK COUNTY HEALTH DEPT.
RECEIVED
ENVIRON. HEALTH

APT No 6569

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKESIDE (LAST) ESTATES (FIRST) INC. (MIDDLE)

2) ADDRESS OF OWNER 1320 E. DICKERSON ST ZIP 28204

3) PHONE NO Home 366-5182 Office 372-9550

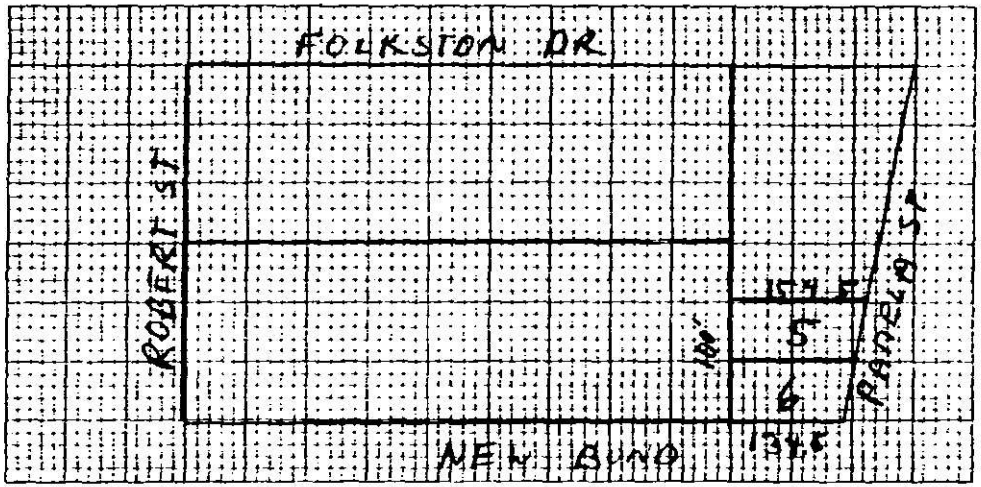
4) LOCATION OF PROPERTY PAMELA ST (STREET OR COUNTY ROAD)

5) SUBDIVISION Biltmore Park LOT NO 576 BLOCK NO. E

MAP BOOK NO 1 PAGE NO 1

6) DEED REFERENCE DEED BOOK 11 PAGE NO 283

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

Marshall H Kamm
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 7-2-73

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JUL 02 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 6569

T C No

Map Date

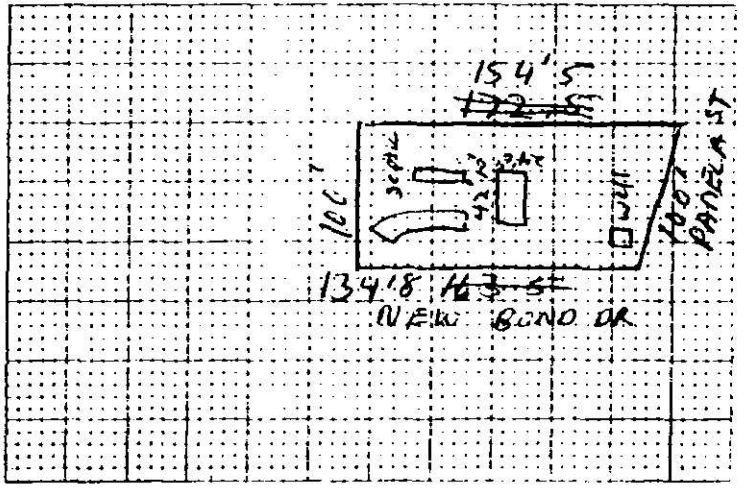
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X 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 X Yes No

7) Garbage Disposal X Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual Well X
B) Governmental System
C) Community System
1 Well source
2 Governmental

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER LAKESIDE (LAST) ESTATES (FIRST) INC (MIDDLE)

14) ADDRESS OF OWNER 1320 EAST MOREHEAD ST.

15) PHONE NO Home 366-5182 Office 372-9550

16) LOCATION OF SYSTEM PAMELA ST. (STREET OR COUNTY ROAD)

17) SUBDIVISION Biltmore Park Lot No 5 + 6 Block No E

Map Book No 1 Page No. 1

18) DEED REFERENCE — DEED BOOK 11 AT PAGE 283

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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

OWNER Marshall H Kain

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY