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Date Received 2-7-74

APT No 7465

T C No 141-151-04

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Goodman (LAST) Emma (FIRST) (Mrs E. D.) (MIDDLE)

2) ADDRESS OF OWNER Rt 4 Box 424 ZIP

3) PHONE NO Home 523-2025 Office

4) LOCATION OF PROPERTY Goodman Rd off Dixie Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 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 hereinafter 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

OWNER Josie Allen Porter

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2-7-74

ICAK S Application No 7465

T C No 171-451-04

Map No

# 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 undersigned hereby makes application to the Mecklenburg County Health Department for a permit to:

[X] Install a Complete [ ] Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Wilds Christopher Junior Wilds (Wife)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Rt 11 Box 424

15) PHONE NO Home 523-6035 Office

16) LOCATION OF SYSTEM Beckham Rd Off Beatties Ford Rd.
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No 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 herein, agrees that he has read the foregoing application and that the statements of same are true. It is understood that any permit applied for herein may be revoked and of no effect if any of the above facts are not true.

DATE OF APPLICATION 2/7/74

OWNER Wilds Junior Wilds

Form E-4-8-1-72

HEALTH DEPARTMENT'S COPY