SEE INSTRUCTIONS ON BACK

Date Received 10-9-73

(CAMIS) Application No 7090

MECK COUNTY HEALTH DEPT. RECEIVED OCT 11 1973 ENVIRONMENTAL HEALTH DIVISION

T C No 135-192-06

Map Date 9-5-73

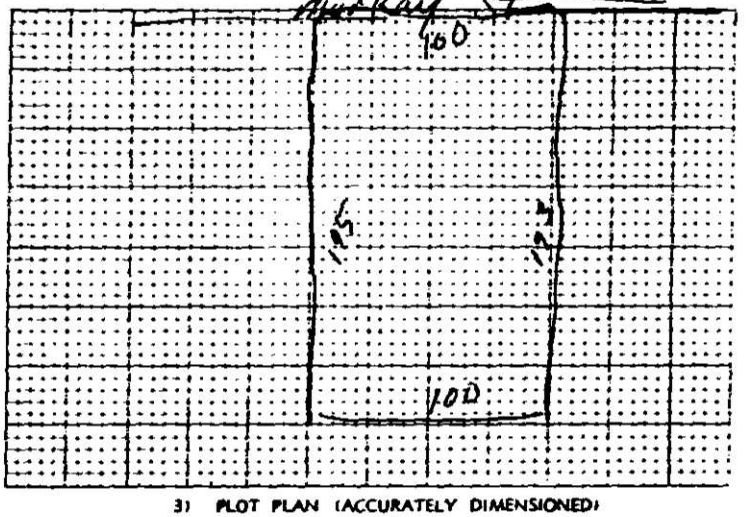
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for Permit for 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 Bedroom 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 Baucom (LAST) James (FIRST) Olen (MIDDLE)

14) ADDRESS OF OWNER 5324 MacKay Dr Matthews, N C

15) PHONE NO. Home 545-5489 Office 377-3421

16) LOCATION OF SYSTEM 5324 MacKay Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 46 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 1961

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 10-8-73

OWNER James O Baucom

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

LOCATION (St., Rd., Hwy.) Shamrock Road on Lot.
SUBDIVISION _____
LOT & BLOCK NO. _____
FHA CASE NO. _____
OWNER Paul L. Helms Robert
BUILDER _____
NO. PERC. HOLES 12

6 HOLE AVERAGE

1ST. PERC. RATE	17.5	MIN./IN.	DATE 7-30-62
2ND. PERC. RATE	"	MIN./IN.	DATE 7-31-62
3RD. PERC. RATE		MIN./IN.	DATE
4TH. PERC. RATE		MIN./IN.	DATE

LOWEST RATE ABOVE = AVERAGE PERC. RATE _____

NO. BEDROOMS _____ BATHS _____
WASHING MACHINE _____ DISPOSAL _____
YES NO YES NO
SEPARATE _____ SEPARATE _____
YES NO YES NO

TANK CAPACITY _____ GALLONS
NITRIFICATION LINE _____ LIN. FT. _____ SQ. FT.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ URINALS _____ LAVATORIES _____
SHOWERS _____ SINKS _____ OTHER _____
NO. OF EMPLOYEES _____

CHECK:
APPROVED ✓
DISAPPROVED _____
CONDITIONAL _____ AGREEMENT CARD SIGNED _____

S M Truman
SANITARIAN - ENGINEER