Date Received 3-13-73

APT No 5235

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER TAYLOR (LAST) JR ROBERT (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER [illegible] GLEN FALL [illegible] ZIP [illegible]

3) PHONE NO Home 364-7296 Office 525-8120 EXT 128

4) LOCATION OF PROPERTY LAKE PROVIDENCE LANE (STREET OR COUNTY ROAD)

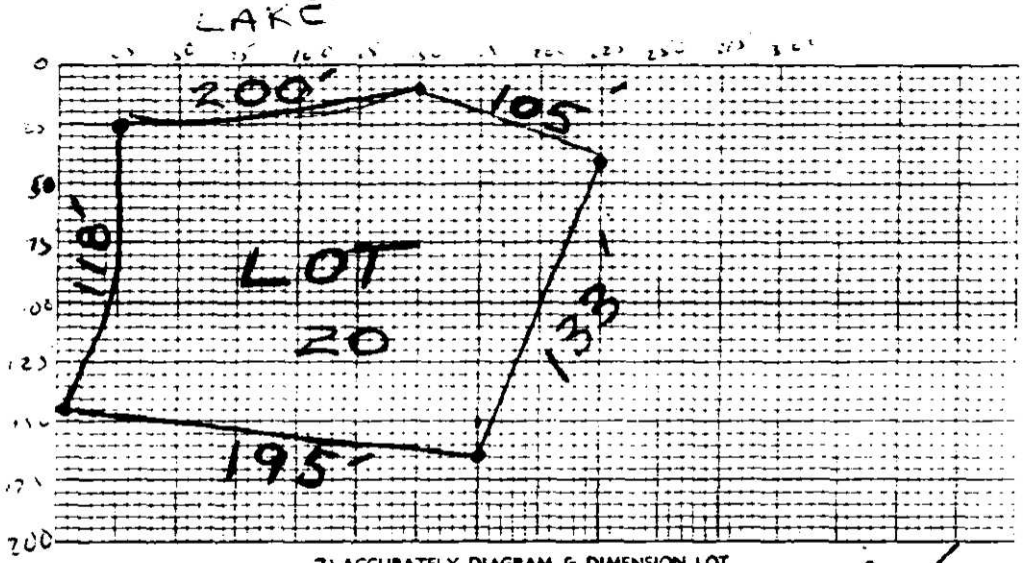
5) SUBDIVISION LAKE PROVIDENCE ESTATES LOT NO 20 BLOCK NO 2

MAP BOOK NO NONE PAGE NO NONE

6) DEED REFERENCE DEED BOOK 3451 PAGE NO 569

LAKE PROVIDENCE LANE

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

Robert Earl Taylor Jr
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2[illegible]8

PTR No. 5735
P.O.
T C No 225-111-15
14
Map Date 2-[illegible]-73

Date Issued March 23, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

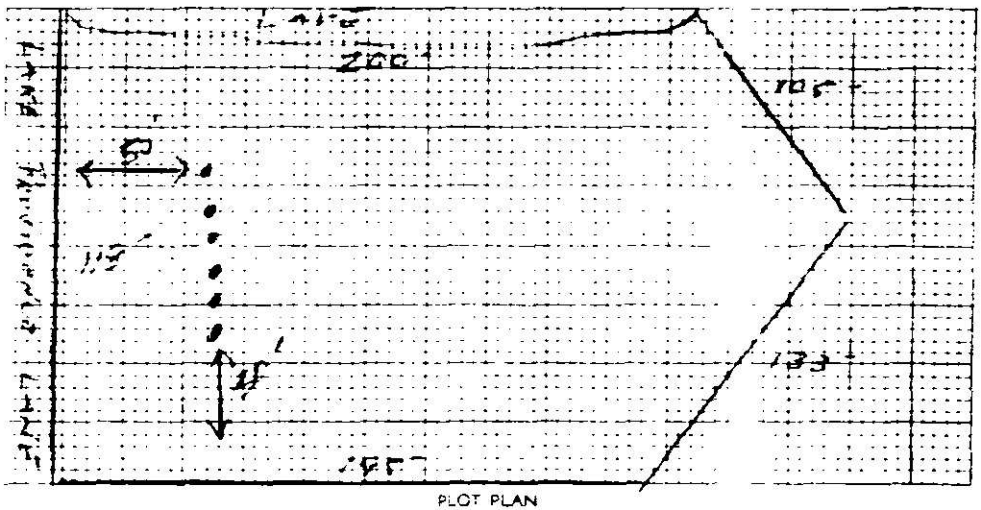
PERCOLATION TEST REPORT

NAME OF OWNER Taylor, Jr. (LAST) Robert (FIRST) Earl (MIDDLE)

ADDRESS OF OWNER 3329 Glenfall Avenue ZIP 28210

LOCATION OF PROPERTY Lake Providence Lane (STREET OR COUNTY ROAD)

SUBDIVISION Lake Providence Estate LOT NO 29 BLOCK NO 2



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 53 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 buildings, 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 valid only if 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 cutting of trees 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.

John R. Johnson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received _____

ICAR(S) Application No 5735

T C No 225-111-15

Map Date 2-14-13

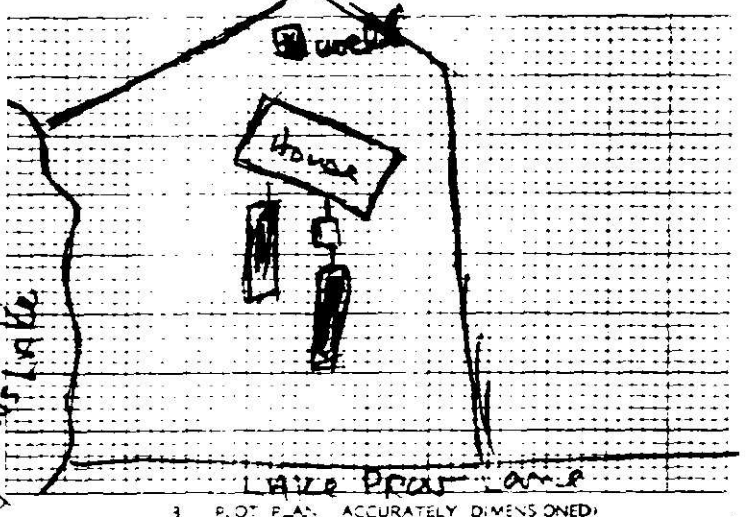
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 subsurface soil absorption effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No. of Bedrooms 4

5 Business Establishment Type 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
Well Source _____
2 Governmental Source _____

10 Sewage System
Well located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of common sewer ___ Yes ✓ No

11 FHA Case No. _____

12 VA Case No. _____

Pavement End

13) NAME OF OWNER Taylor JR. Robert E
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3929 Glenfall Ave

15) PHONE NO Home 364-9996 Office 525-8120 Ext 128

16) LOCATION OF SYSTEM Lake Prov. Ln.
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 3-22-13 HR > 59

20) PTR NUMBER (See Instructions) 5735

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

William Robert Taylor Jr.
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY