Date Received 11-26-13 APT No. 7252

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Clyde Paul Elliott
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 7252 Timberlake Dr. Char. N.C. ZIP 28213

3) PHONE NO. Home 536-5556 Office 333-3134

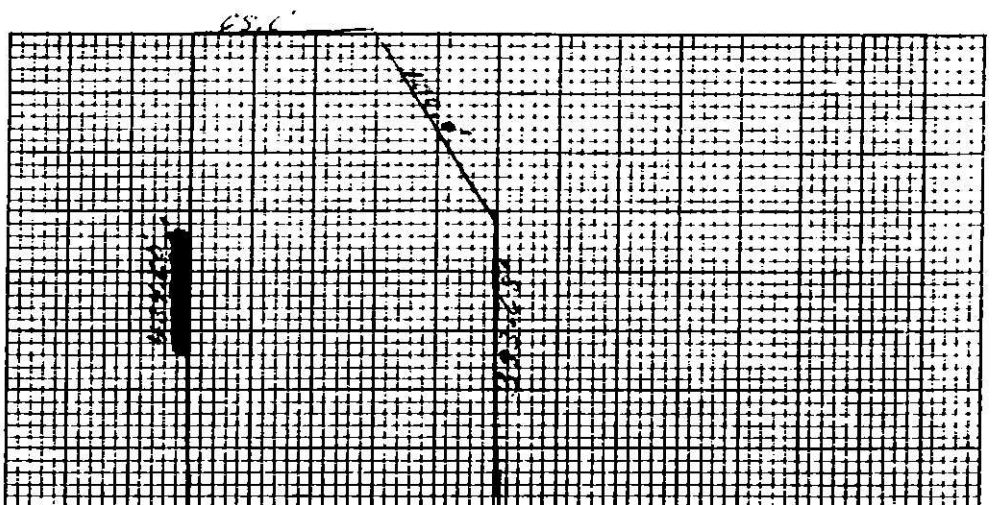
4) LOCATION OF PROPERTY Thompson Rd
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 3625 PAGE NO. 373

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

Clyde Paul Elliott
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-20-73

ICAR (S) Application No 7252

T C No

Map Date

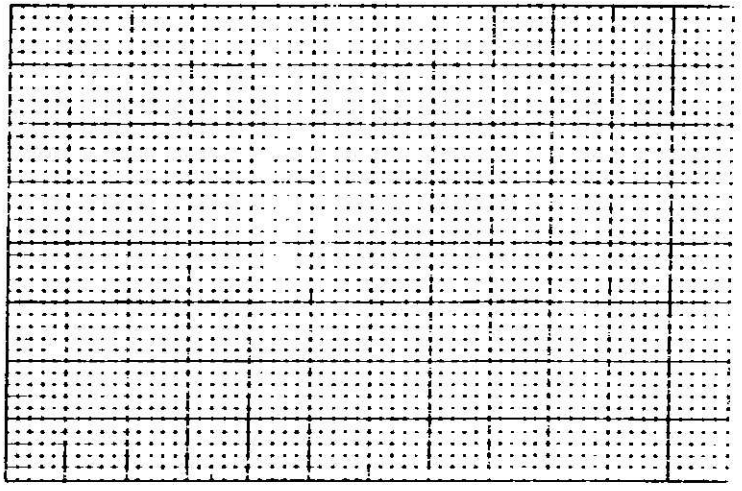
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) _ 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) FmHA Case No

12) VA Case No

13) NAME OF OWNER Myers (LAST) Charles (FIRST) Ernest (MIDDLE)

14) ADDRESS OF OWNER 1611 Timberlake Dr. Charlotte, NC 28210

15) PHONE NO. Home 536-3356 Office 332-3192

16) LOCATION OF SYSTEM Thompson Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3525 AT PAGE 0373

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.

DATE OF APPLICATION _____

Ernest Myers
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY