Date Received 1-23-73

APT No. 5453

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO. Home _____ Office _____

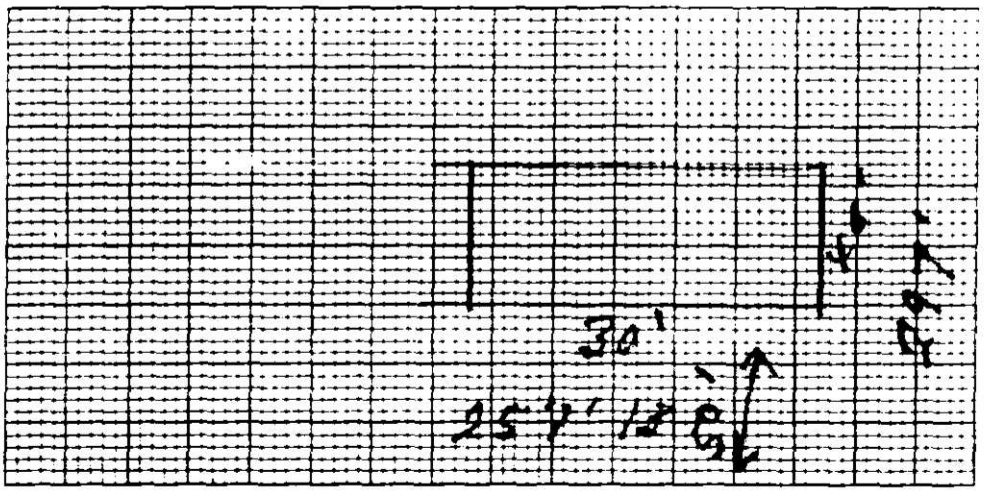
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD) _____

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

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO 165

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

_____ OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Date Received 1-23-23

ICAR(S) Application No 5453

T C No

Map Date

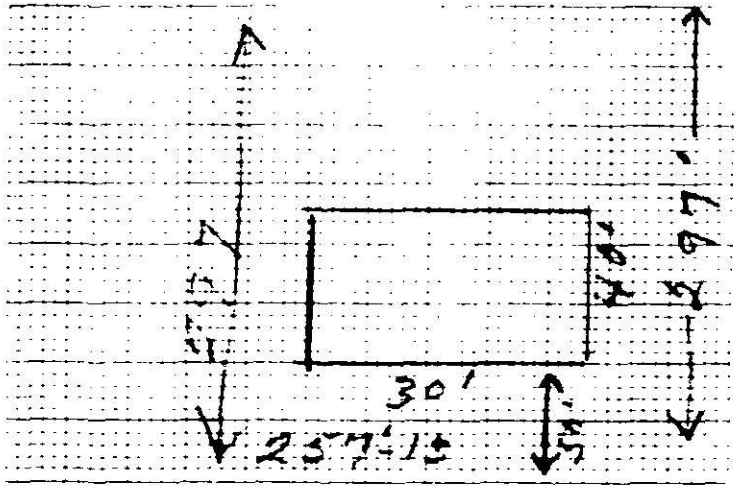
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Garage 5 Driveway 6 Water Supply A Public or Community System B Government Approved Individual System C Other (Explain) Well

Distance to Well

Well Located on Property

House Piped for Water

Comments

FHA Case No

VA Case No

13) NAME OF OWNER LAST FIRST MIDDLE

14) ADDRESS OF OWNER

15) PHONE NO Home Office

16) LOCATION OF SYSTEM 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 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

FORM NO

HEALTH DEPARTMENT'S COPY