Date Received 5-15-73

APT No 6293

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER John (LAST) M. (FIRST) Campbell Co. Inc. (MIDDLE)

2) ADDRESS OF OWNER Monroe N. C. ZIP 28110

3) PHONE NO. Home Office 283-8191

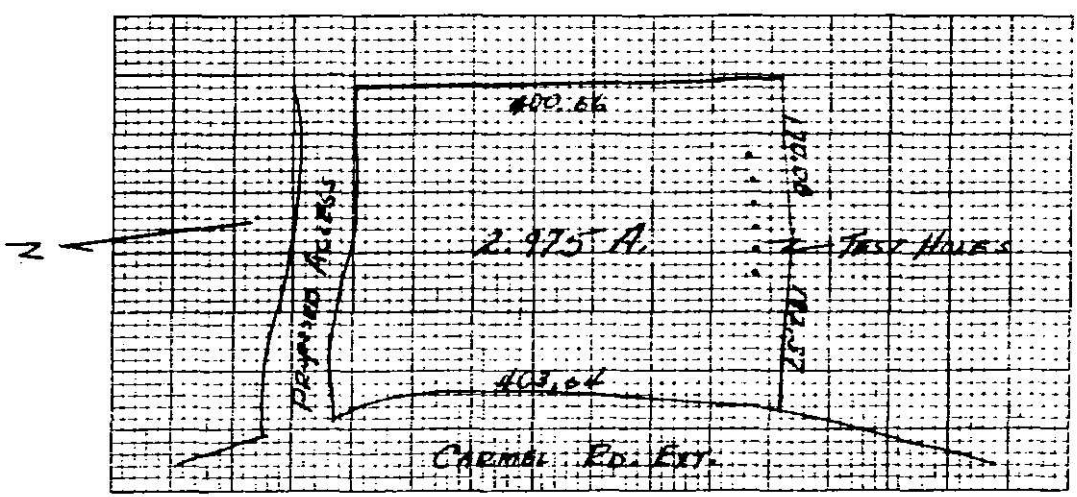
4) LOCATION OF PROPERTY Carmel Road Extension (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 61 PAGE NO. 344

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

John M. Campbell Co. Inc.
OWNER Harvey C. Rummage
Sec.-Treas.

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-15-73

(CARTS) Application No 6293

T C No

Map Date

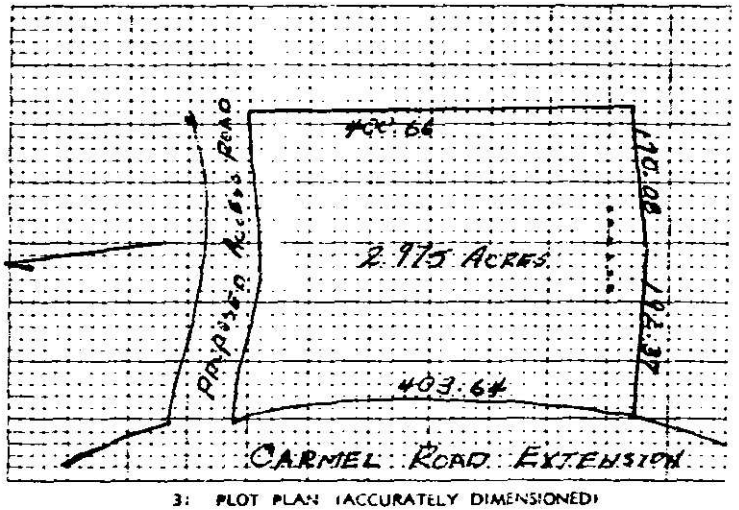
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms — ___

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 use ___

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 John M. Campbell Co. Inc.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER Monroe N.C. 28110

15) PHONE NO Home _____ Office 283-8191

16) LOCATION OF SYSTEM Carmel Road Extension
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 61 AT PAGE 344

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 John M. Campbell Co. Inc.
Harry C. Rumnage
Sec.-Treas.

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. _____
2. _____
3. _____

SDR No. _____
T.C. No. [illegible]

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

6-29-73

NAME OF OWNER _____, Inc.

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT _____

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
____	1.	_____	_____ min/in
X	2.	6-11-73	Infinity min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John A. Atkisson
Environmentalist

(Stencil No.)
KHD 398
8/70

FORM NO.
E-19-8-14-70