Date Received 12-3-73

APT No. 7288

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 3 1973
ENVIRONMENTAL HEALTH DIVISION

T. C. No. 213-033-10

Map Date 6-10 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER PARKER (LAST) LARRY (FIRST) HUNTER (MIDDLE)

2) ADDRESS OF OWNER 7849 MEADOWVIEW LN. MATTHEWS, N.C. ZIP 28105

3) PHONE NO. Home 364-7268 Office 545-4693

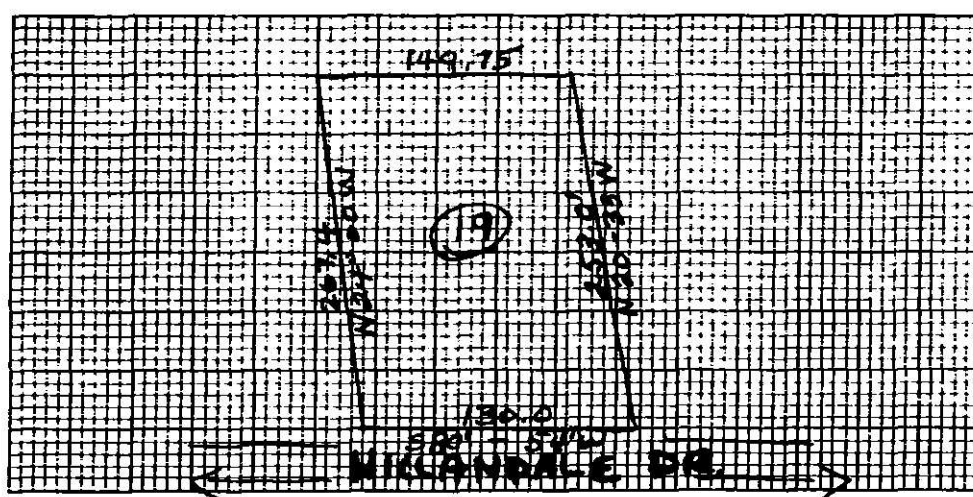
4) LOCATION OF PROPERTY HILLANDALE DRIVE (STREET OR COUNTY ROAD), MATTHEWS, N.C.

5) SUBDIVISION SARDIS TERRACE LOT NO. 19 BLOCK NO.

MAP BOOK NO. 7 PAGE NO. 799

6) DEED REFERENCE: DEED BOOK 2285 PAGE NO. 176

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

Larry H. Parker
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

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Application No 1288
T.C No 213-033-10
Map Date 6 10 74

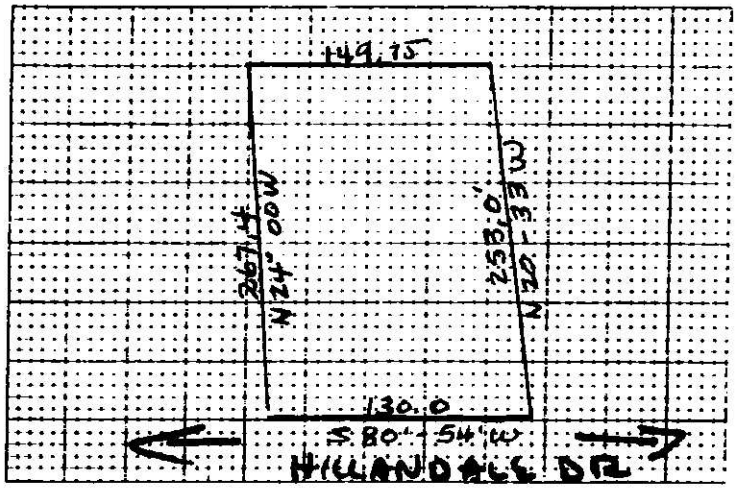
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 PARKER (LAST) LARRY (FIRST) HUNTER (MIDDLE)

14) ADDRESS OF OWNER 7849 MEADOWVIEW LN. MATTHEWS, N.C.

15) PHONE NO. Home 364-7268 Office 545-4693

16) LOCATION OF SYSTEM HILLANDALE DRIVE (STREET OR COUNTY ROAD), MATTHEWS, N.C.

17) SUBDIVISION SARDIS TERRACE Lot No. 19 Block No. ___

Map Book No. 7 Page No. 799

18) DEED REFERENCE — DEED BOOK 2285 AT PAGE 176

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 ___

Larry H. Parker
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY