Date Received 4-17-73

APT No. 6054

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hastings (LAST) Earl (FIRST) Stilwell (MIDDLE)

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

3) PHONE NO Home 596-5324 Office _____

4) LOCATION OF PROPERTY Laboratt St (STREET OR COUNTY ROAD)

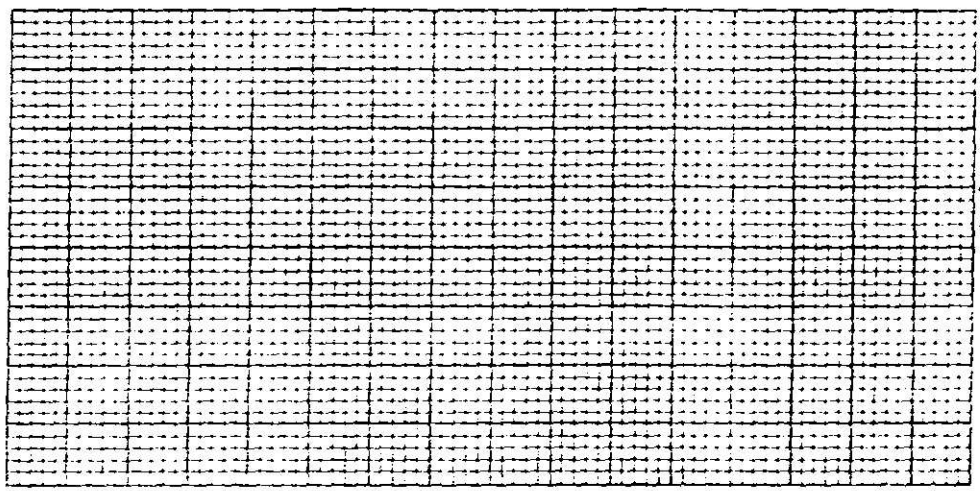
5) SUBDIVISION Holly Vista LOT NO. 8 BLOCK NO. 5

MAP BOOK NO. 8?2 PAGE NO. 371

6) DEED REFERENCE DEED BOOK 3 PAGE NO. 626

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

150'



7) ACCURATELY DIAGRAM & DIMENSION LOT

Earl S. Hastings
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2917

PTR No. 6054 P.O.

Date Issued April 19, 1973

T C No. 037-229-42

Map Date 11-10-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

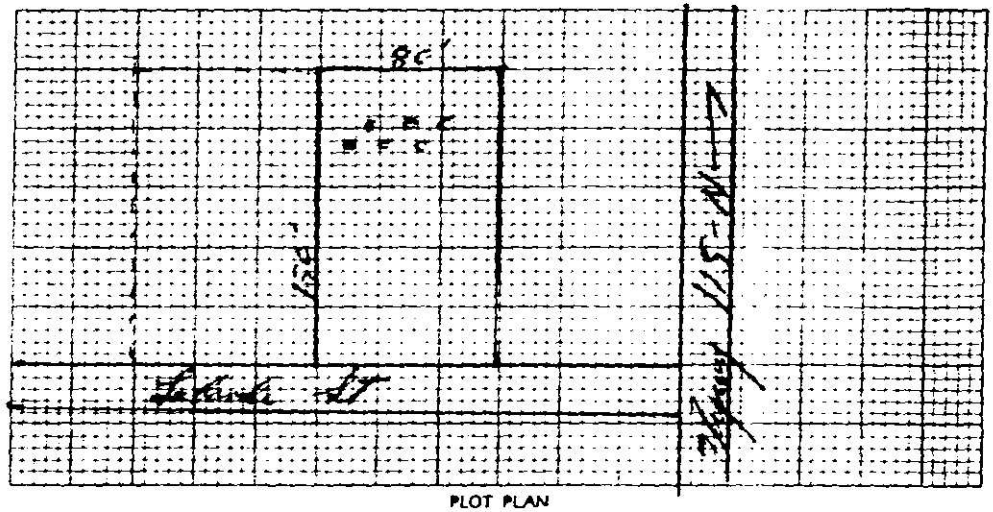
PERCOLATION TEST REPORT

NAME OF OWNER Hastings (LAST) Ethel (FIRST) Stilwell (MIDDLE)

ADDRESS OF OWNER Route 13, Box 362 ZIP 28213

LOCATION OF PROPERTY Laborde Street (STREET OR COUNTY ROAD)

SUBDIVISION Holly Vista LOT NO 5 BLOCK NO. B



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 50 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 drilling of a well) 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

SEE INSTRUCTIONS ON BACK

Date Received 4 20 73

ICAR (S) Application No 6054

T C No 037-229-42

Map Date 1/10 72

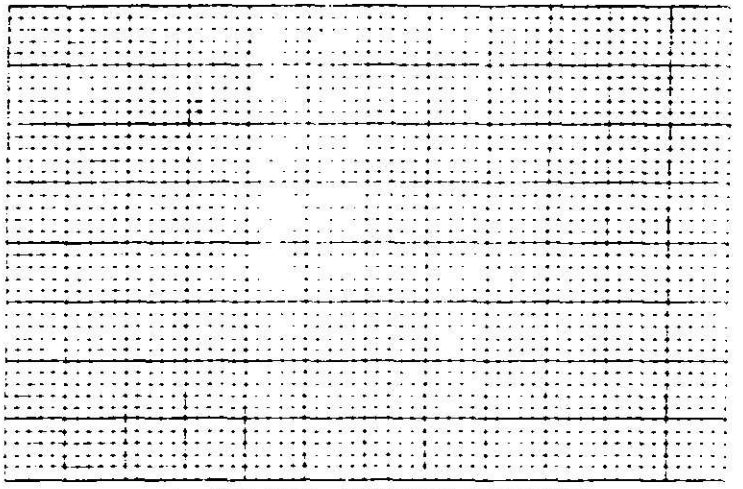
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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

Well Source ___

Governmental ___

Sewage System

Is lot located within 200' of public sewer? Yes ___ No

Is lot located within 200' of community sewer? Yes ___ No

10) FHA Case No ___

11) VA Case No ___

13) NAME OF OWNER Hastings (LAST) Ethel (FIRST) Stilwell (MIDDLE)

14) ADDRESS OF OWNER Rt. 13, Box 362

15) PHONE NO Home 596 5374 Office ___

16) LOCATION OF SYSTEM LaBarde Street (STREET OR COUNTY ROAD)

17) SUBDIVISION Holly Crest Lot No 13 Block No 2

Map Book No 52 Page No. 371

18) DEED REFERENCE — DEED BOOK 3 AT PAGE 626

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 4-17-72

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 ___

Ethel S Hastings
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY