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ENVIRONMENTAL HEALTH DIVISION

APT No. 6555

T. C. No _____

Map Date _____

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Flowers (LAST) Philip (FIRST) Ray (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 492, Davidson, N.C. ZIP 28036

3) PHONE NO. Home 892-8995 Office _____

4) LOCATION OF PROPERTY Walter Henderson Road (STREET OR COUNTY ROAD) #2059 (Lake Norman Area)

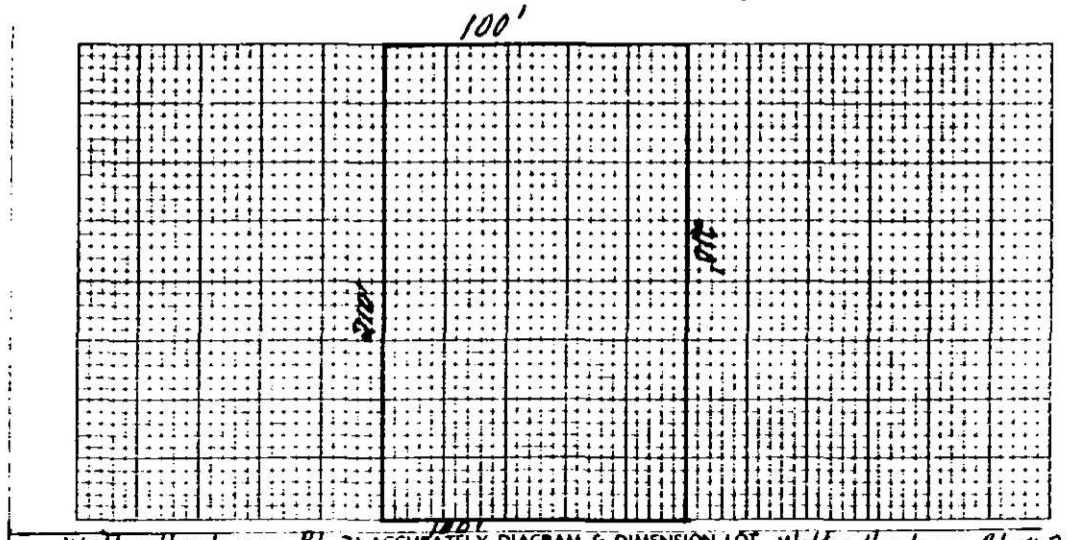
5) SUBDIVISION Lakeside Park LOT NO. 9 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

purchase pending test results.

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 Walter Henderson Rd #2059

Walter Henderson Road #2059

Philip R. Flowers
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3278

PTR No. 6555
P.O.
T. C. No. 001-121-10

Date Issued July 5, 1973

Map Date 4-27-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

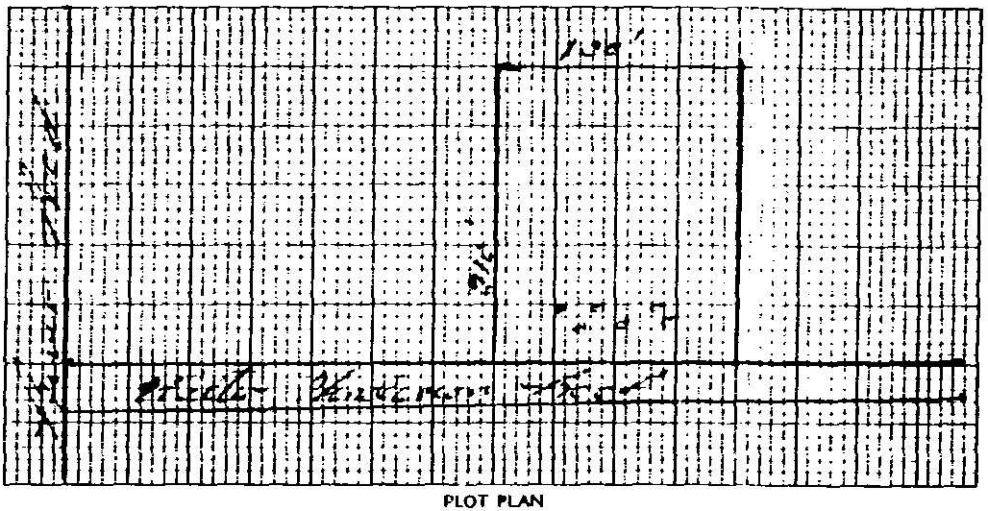
## PERCOLATION TEST REPORT

NAME OF OWNER Flowers (LAST) Philip (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER Route 1, Box 497, Davidson ZIP 28036

LOCATION OF PROPERTY Walter Henderson Road (STREET OR COUNTY ROAD) #2059

SUBDIVISION Lakeside Park LOT NO. 9 BLOCK NO.



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 40 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 teratment 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 o 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY