Date Received 1/18/73

APT No. 5440

T. C. No. 227-85-29

Map Date 5-1-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Ejlali (LAST) Hamid (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER 3707 Rosehaven Dr. ZIP 28205

3) PHONE NO Home 536 4385 Office 374-2205

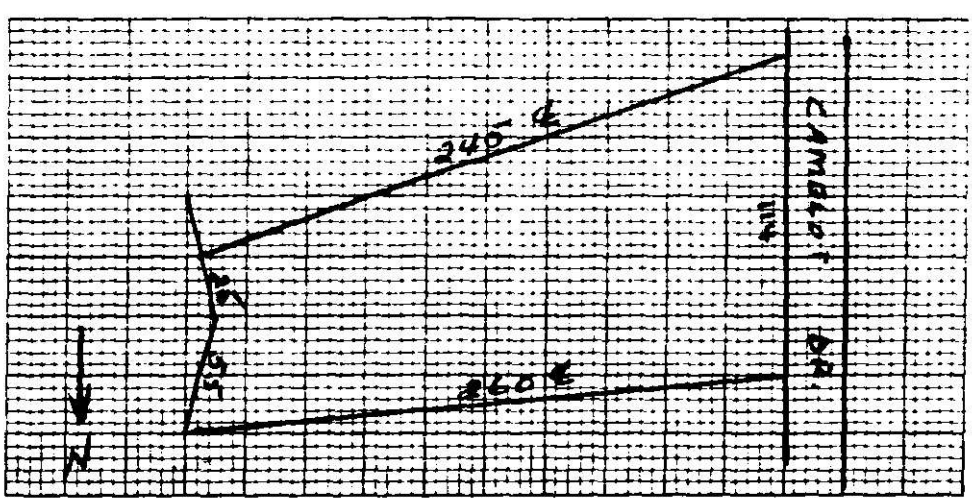
4) LOCATION OF PROPERTY Camelot Drive - off Camelot Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Camelot Acres LOT NO. 29 BLOCK NO.

MAP BOOK NO. 11 PAGE NO. 257

6) DEED REFERENCE DEED BOOK 2952 PAGE NO 100

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

Hamid Ejlali
OWNER

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

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. April 19, 1973
2. _____
3. _____

SDR No. 5440
T.C. No. 227-095-29

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

NAME OF OWNER Ejlali, Hamid A.

ADDRESS OF OWNER 3707 Rosehaven Drive ZIP 28205

LOCATION OF LOT Camelot Drive, Lot 29

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 |
|---|---|---|---|
| X | 1. | 2-8-73 | 320 min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

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

Thomas R. Ward
Environmentalist

(Stencil No.)
HHD 398
8/70

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

SEE INSTRUCTIONS ( ) BACK

Date Received 1/16/73

ICAR (S) Application No. 5490

T. C. No. 22795-27

Map Date

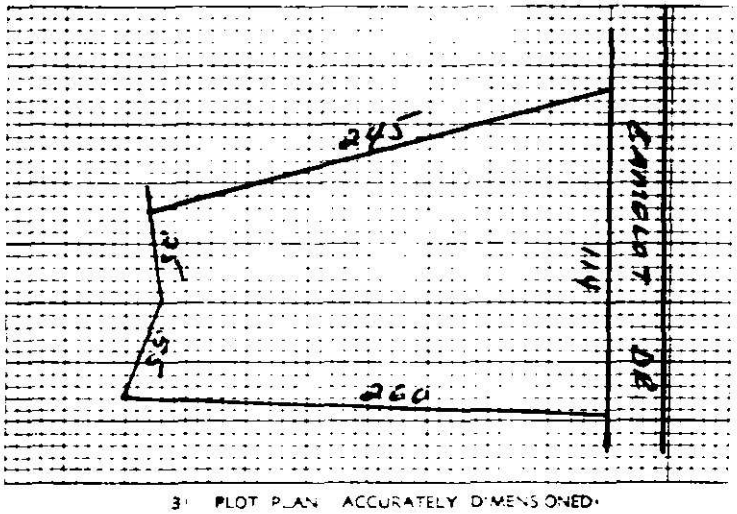
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 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
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 Ejlali (LAST) Hamid (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER 3707 Rosehaven Dr.

15) PHONE NO Home 536-4385 Office 374-2205

16) LOCATION OF SYSTEM Lot 25, Camelot Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Camelot Lot No. 25 Block No. —

Map Book No 11 Page No. 257

18) DEED REFERENCE — DEED BOOK 3952 AT PAGE 100

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.

Jan 18, 1973
DATE OF APPLICATION

Hamid A. Ejlali
OWNER

FORM NO E-4-4-1-71

**HEALTH DEPARTMENT'S COPY**