W

Date Received 2-10-73

APT No. 5608

T. C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER TEXACO INC. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P.O. Box 88 PAW CREEK, N.C. ZIP 28130

3) PHONE NO Home ---- Office 704-399-3314

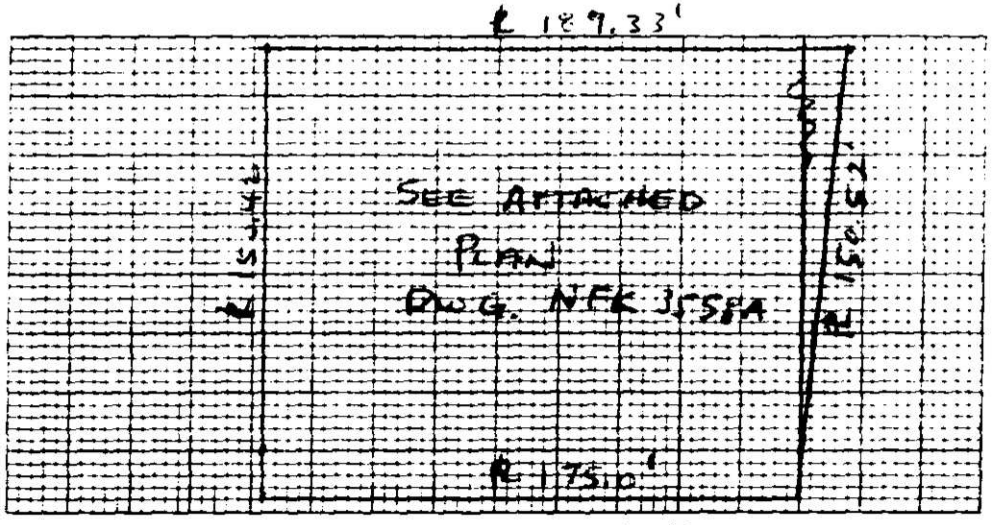
4) LOCATION OF PROPERTY 6541 - E. INDEPENDENCE BLVD (INDEP & SHARON FOREST) (@ ENTRANCE TO.) (STREET OR COUNTY ROAD)

5) SUBDIVISION SHARON FOREST LOT NO. --- BLOCK NO. ---

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

B. A. Kelly - Dist Supv C.P.C.
OWNER / APPLICANT

2-16-73

FORM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-30-73 ICAR (S) Application No 5608

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

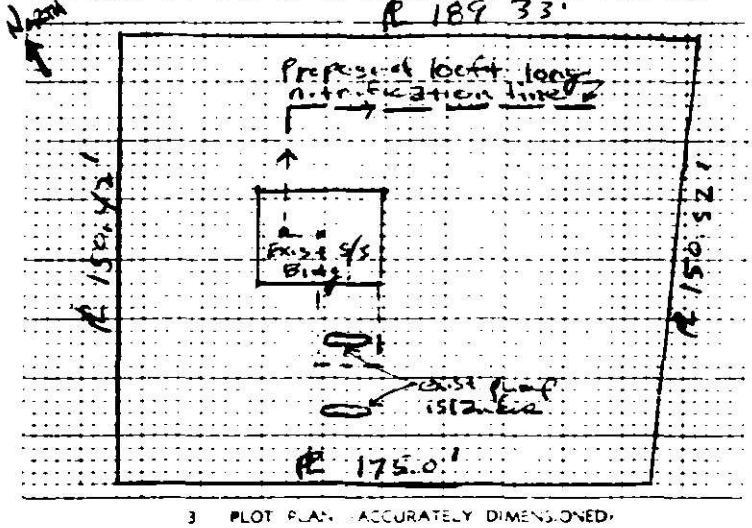
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that or parts described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 Install or Construct 2 X Alter or Repair an individual ~~septic~~ wastewater treatment system with a subsurface soil absorption effluent discharge

for 100 ft nitrification line



3 PLOT PLAN (ACCURATELY DIMENSIONED)

A N/A
B
E three
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T N/A
U N/A

13) NAME OF OWNER TEXACO INC. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 88 Paw Creek, N.C 28130

15) PHONE NO Home ___ Office 704 - 399-3374

16) LOCATION OF SYSTEM 6541 - E. Independence Blvd (Indep. & Sharon Forest, STREET OR COUNTY ROAD
@ Entrance To.

17) SUBDIVISION Sharon Forest Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

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 hereon shall be void and of no effect if any of the above facts are not true.

April 26, 1973
DATE OF APPLICATION

J. W. Talley - Dist Engr Coop
~~OWNER~~ APPLICANT

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY