Date Received 1-29-23

APT No. 5484

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Council (LAST) John (FIRST) Cromartie, Jr (MIDDLE)

2) ADDRESS OF OWNER 1053 Bullard Rd ZIP 28207

3) PHONE NO. Home 315 2821 Office 333 1743

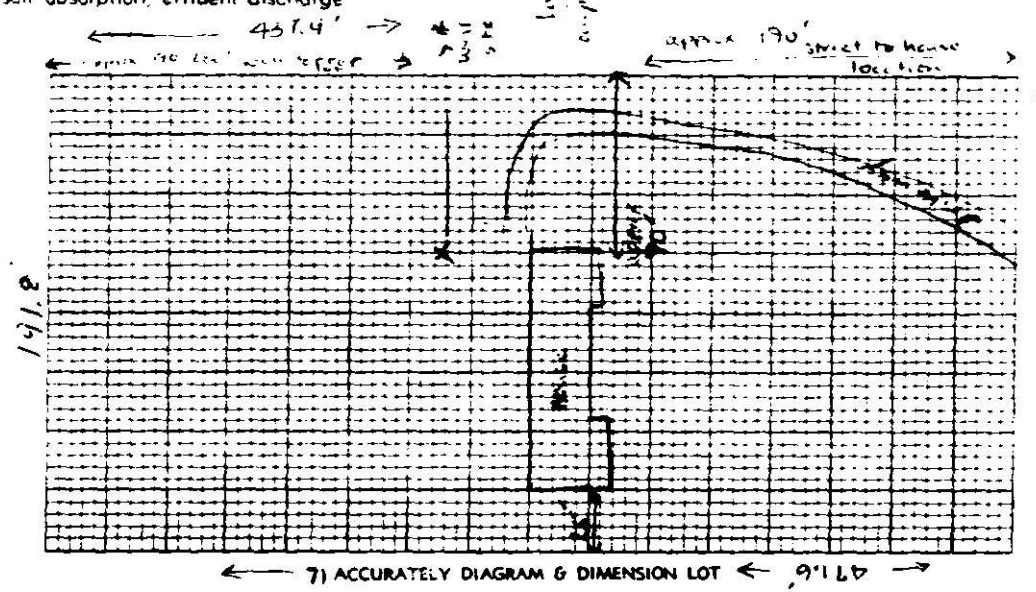
4) LOCATION OF PROPERTY 7413 Valley Brook Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Valley Brook LOT NO. 5 BLOCK NO. 1

MAP BOOK NO. 8 PAGE NO. 15 & 17

6) DEED REFERENCE DEED BOOK 3300 PAGE NO. 563

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

OWNER JCouncil

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

Lot 4 (Vacant)

HEALTH DEPARTMENT'S COPY

W

Date Received 1-29-73

ICAR(S) Application No. 5484

T C No.

Map Date

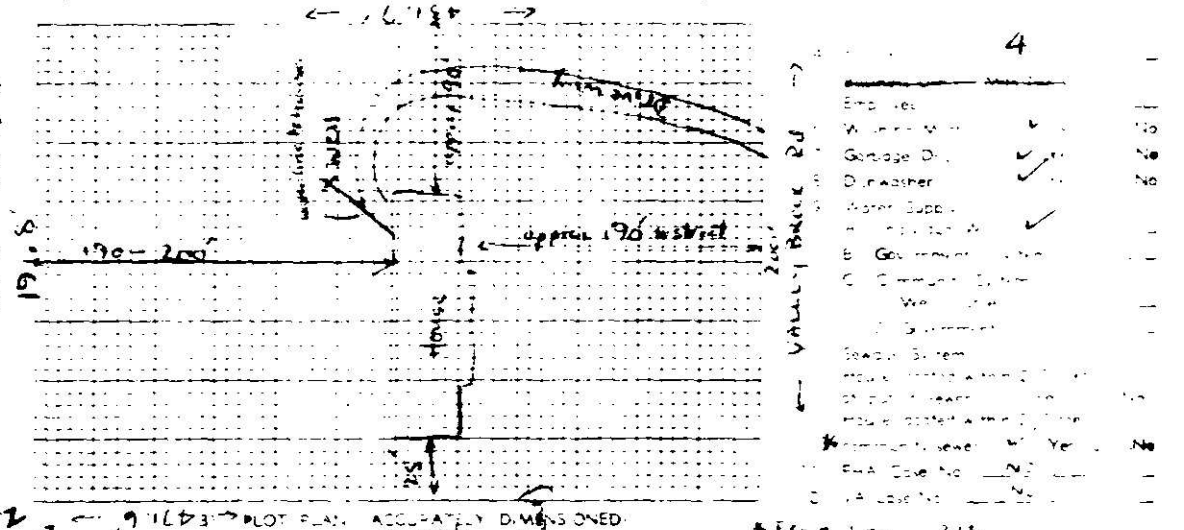
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

✓ Install a Septic Tank System ... Alter or Repair an individual Septic Tank wastewater treatment system ... Discharge an effluent discharge



PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER 1053 [illegible]

15) PHONE NO Home [illegible] Office 333 7143

16) LOCATION OF SYSTEM 1415 Valley Brook Rd STREET OR COUNTY ROAD

17) SUBDIVISION Valley Brook Lot No. 5 Block No. 1

Map Book No. 8 Page No. 15 & 17

18) DEED REFERENCE -- DEED BOOK 3360 AT PAGE 563

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.

1-29-73
DATE OF APPLICATION

[signature]
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY