Date Received 5/4/77 | LOOK FOR INSTRUCTIONS ON BACK OF | ICAR (S) Application No 12381

T. C. No 029 022 V

Map Date 7-1-

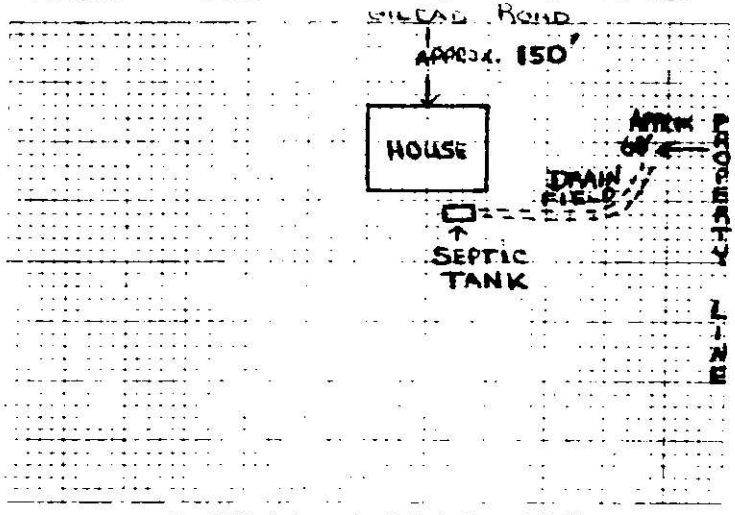
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (AS DRAWN OR REVISED)

4) No. of Bedrooms 5

5) Business Use ___ May 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
1) Well Source ___
2) Governmental Source ___

10) Sewage System
Whole Property within 300 feet of public sewer ___ Yes ___ No
If not connected within 300 feet of public sewer ___ Yes ___ No

11) FmHA Case No ___

12) VA Case No ___

13) NAME OF OWNER McGEE (LAST), VIRGINIA (FIRST), CORNELIUS (MIDDLE) (MRS. JACK H.)

14) ADDRESS OF OWNER Rt. 1, Box 81, Huntersville, N.C. 28078

15) PHONE NO Home 875-8871 Office ___

16) LOCATION OF SYSTEM GILEAD ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK 3749 AT PAGE 549

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN MARCH 1942 PRESENT TANK IN USE SINCE

20) PTR NUMBER See Instructions: ___

The undersigned person hereby certifies 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.

5/4/77
DATE OF APPLICATION

OWNER

FORM NO. E-4-4 2M-6-75

HEALTH DEPARTMENT'S COPY