SEE INSTRUCTIONS ON BACK

Date Received 11-28-79

ICAR(S) Application No. 9788

T. C. No. _____

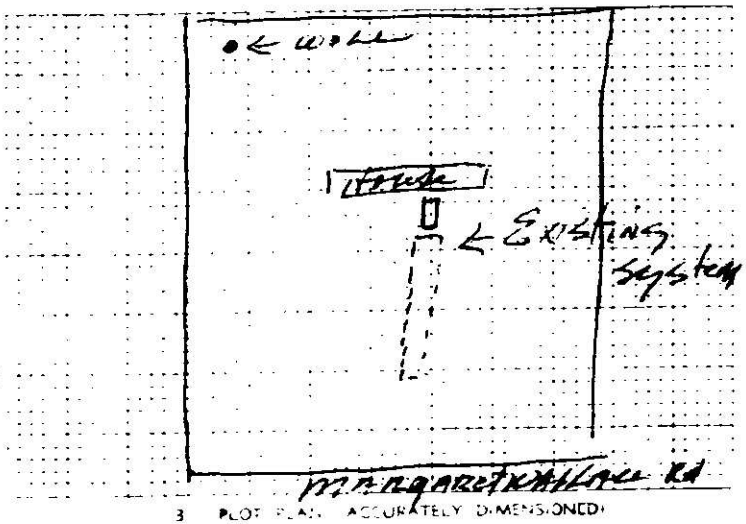
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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 ACCURATELY DIMENSIONED

Mobile Home Yes No
Pr[illegible] Yes No
4 No. of Bedrooms 3
5 Public Water Main No
Employees
6 Washing Machine ✓ Yes No
7 Garbage Disposal Yes No
8 Dishwasher Yes No
9 Water Supply
A Individual Supply ✓
B Governmental System
C Community System
1 Well Source
2 Governmental Source
Sewage System
A Public sewer within 200 feet
Is it available? Yes No
B Public sewer within 200 feet of property lines Yes No
FHA Case No.
VA Case No.

13) NAME OF OWNER Flow (LAST) M (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER 3356 Margaret Wallace Rd Matthews 28105

15) PHONE NO. Home 535-3015 Office 597-8860

16) LOCATION OF SYSTEM 3356 Margaret Wallace Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION 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.

11-28-79
DATE OF APPLICATION

Mrs. M. J. Flow
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY