MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH — SEE INSTRUCTIONS ON BACK

RECEIVED
APR 5 1977

Date Received 4/5/77

ICAR (S) Application No. 1273

T. C. No. 77-29520

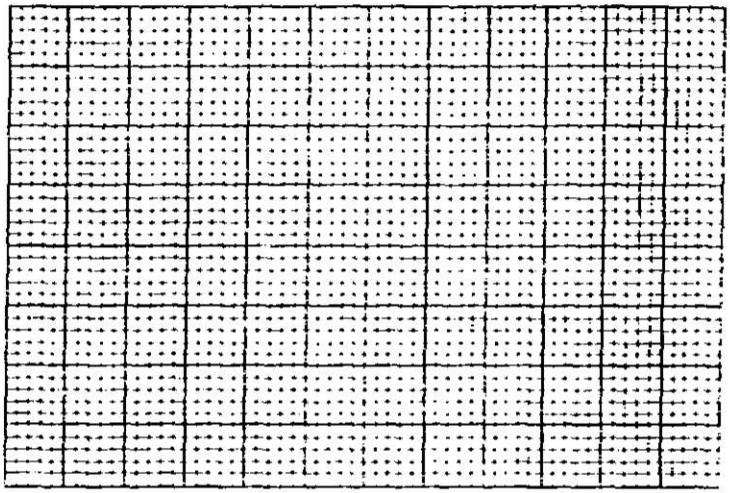
Map Date —

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) ____ 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 2

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:
1. 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. ____ private

13) NAME OF OWNER Kerley (LAST) SARAH (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER P. O. Box 515, Huntersville, N.C.

15) PHONE NO. Home 875-1245 Office 875-6564 (Cyle)

16) LOCATION OF SYSTEM Commanche Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 117 & 118 Block No. ____

Map Book No. 14 Page No. 165

18) DEED REFERENCE — DEED BOOK 3735 AT PAGE 0645

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.

April 13 1977
DATE OF APPLICATION

Sarah S. Kerley
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY