SEE INSTRUCTIONS ON BACK

Date Received 10-1-73

ICAR(S) Application No 7061

T C No

Map Date

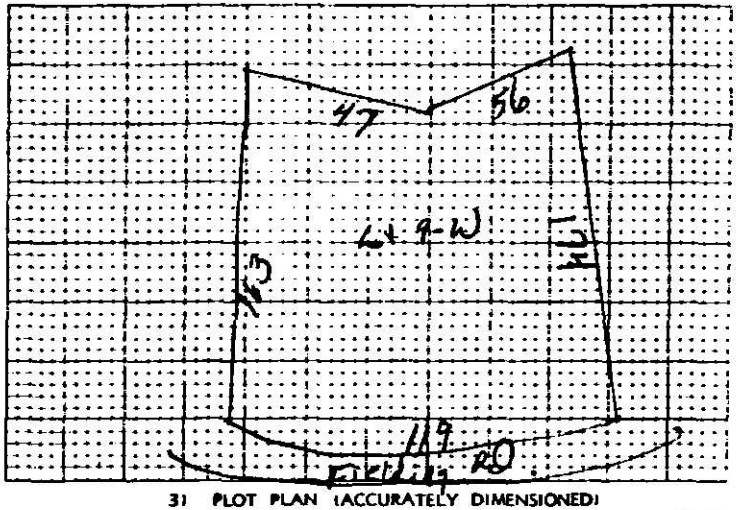
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.

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 3

5) Business Use Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply
A) Individual ___
B) Governmental System X
C) Community System
1 Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Lully (LAST) Phil (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER 606 Fielding Rd

15) PHONE NO. Home 394-5568 Office 3945568

16) LOCATION OF SYSTEM 606 Fielding RD (STREET OR COUNTY ROAD)

17) SUBDIVISION Lawwood Hills Lot No. 9 Block No. W

Map Book No. 7 Page No. 547, 545, 549

18) DEED REFERENCE — DEED BOOK 3238 AT PAGE 500

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

9-29-73
DATE OF APPLICATION

Phil Lully
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY