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SEE INSTRUCTIONS ON BACK

Date Received 8-8-73

ICAR (S) Application No 6815

T C No 25-151-02

Map Date 2-14-73

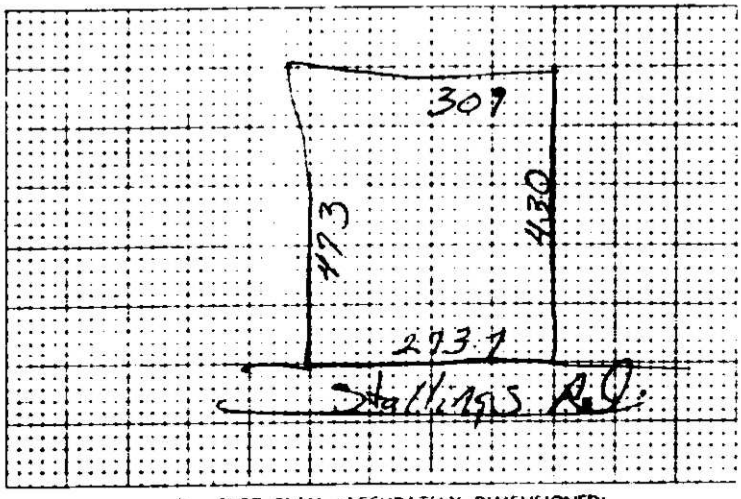
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

Bed Room + Bath + Car Port /



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom ---
5) Business Use Max No Employees
6) Washing Machine ✓ Yes
7) Garbage Disposal Yes No
8) Dishwasher Yes No
9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
1) Well source
2) Governmental
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

13) NAME OF OWNER Guster (LAST) James (FIRST) Norman (MIDDLE)

14) ADDRESS OF OWNER 5001 Stallings Road, Matthews, N.C.

15) PHONE NO Home 847-6126 Office 547-9600

16) LOCATION OF SYSTEM 5001 Stallings Road (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 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.

8-8-1973
DATE OF APPLICATION

Norman Guster
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3449

LA No. 6815

Date Issued September 24, 1973

T. C. No. 215-151-02

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Sustar (LAST) James (FIRST) Norman (MIDDLE)

ADDRESS OF OWNER 5001 ~~XXX~~ Stallings Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 5001 Stallings Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * ___, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6815. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* May use existing system.

Thomas R. Wilds — Environmentalist

John R. Atkisson — Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY