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SEE INSTRUCTIONS ON BACK

Date Received Jan. 12-1974 | FOR OFFICIAL USE ONLY | Application No 7424

T C No

Map Date

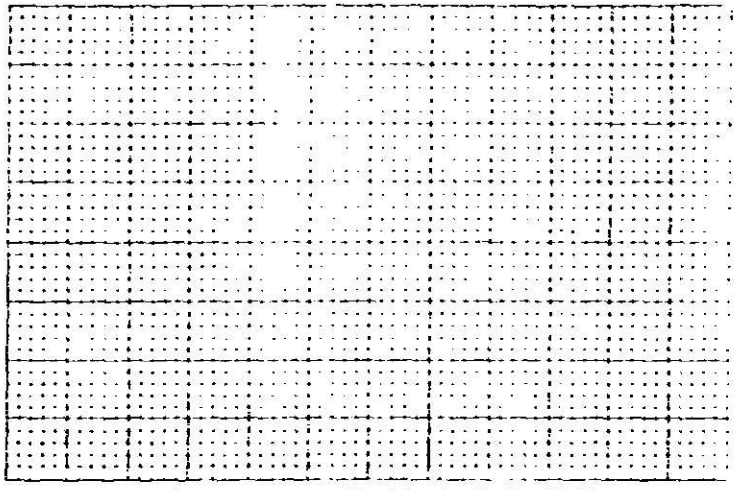
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bdrms 3

5) Type Water Supply
Employee
6) Washing Machine ✓ Yes
7) Garbage Disp. Yes ✓ No
8) Dishwasher Yes ✓ No
9) Water Supply
A. Individual Well
B. Community System
C. Community System
1. Well
2.

Sewage System
Public Sewer Yes No
Community Sewer Yes ✓ No
11) FHA Case No.
12) VA Case No.

13) NAME OF OWNER McNeely (LAST) Annie (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER Route 3 Sledge Road Charlotte

15) PHONE NO Home 535-6726 Office

16) LOCATION OF SYSTEM 6th Highway NC (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 Let that 2 times of

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.

Jan. 12, 1974
DATE OF APPLICATION

Mrs. C. H. McNeely
Annie L.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY