Date Received 6-21-73

MECK COUNTY HEALTH DEPT.
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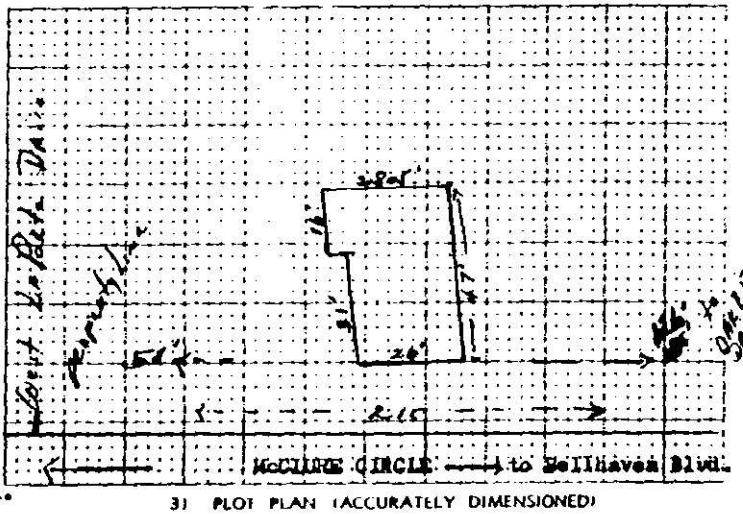
CAR(S) Application No 6556
T C No
Map Date

# 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) XX 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 n/a
6) Washing Machine X Yes No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
A) Individual Well XX
B) Government System
C) Community System
1. Well source
2. Government 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 n/a
12) VA Case No n/a

13) NAME OF OWNER EDWARDS (LAST) WALLACE (FIRST) ERVIN (MIDDLE)

14) ADDRESS OF OWNER 118 McClure Circle, Charlotte, N. C. 28216

15) PHONE NO Home 399-5598 Office –

16) LOCATION OF SYSTEM 118 McClure Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION None Lot No Block No

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 2166 AT PAGE 114

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.

June 18, 1973
DATE OF APPLICATION

Wallace E Edwards
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY