Date Received 3/13/79

MECK COUNTY DEPARTMENT ... ON BACK
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ENVIRONMENTAL HEALTH

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ICAR (S) Application No. 15242

T C No. 211-28-06

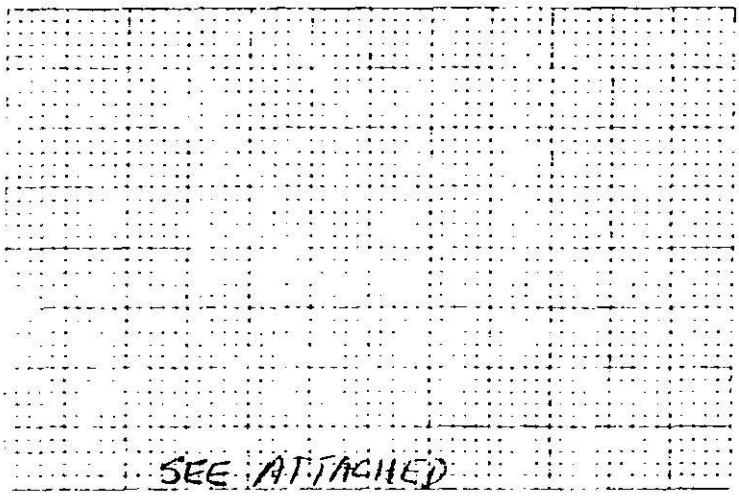
Map Date 5/23/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

1) Install or Construct 2) N/A Adding On; Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
For Sale ✓Yes ___No
4) No. of Bedrooms 4
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. ___

13) NAME OF OWNER GRAHAM (LAST), WILLIAM (FIRST) D (MIDDLE) JR

14) ADDRESS OF OWNER 7126 HILLSIDE LANE, MATTHEWS, NC

15) PHONE NO Home 366-3576 Office 375-9011

16) LOCATION OF SYSTEM 7126 Hillside Lane, Matthews (STREET OR COUNTY ROAD)

17) SUBDIVISION CEDARCREST Lot No Pt 14 & All 15 Block No. B

Map Book No 7 Page No. 49 & 51

18) DEED REFERENCE — DEED BOOK 3735 AT PAGE 188

19) HAS A SOIL INVESTIGATION 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.

MARCH 9, 1979
DATE OF APPLICATION

William D Graham Jr
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY