APR 8 1983
Date Received 4-8-83
ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

mike

ICAR (S) Application No. 19544

T. C. No. 145-254-02

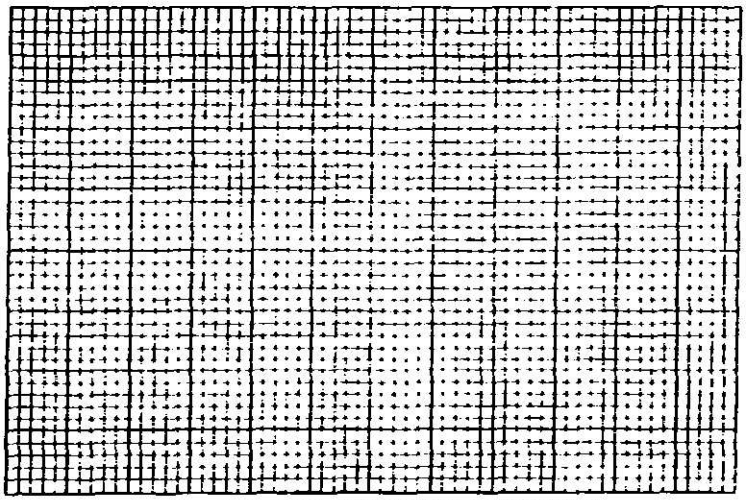
Map Date _____

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No of Bedrooms 3

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 BROWN (LAST) JAMES (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 4114 AYCOCK LANE, CHARLOTTE

15) PHONE NO. Home 5254791 Office 3340821

16) LOCATION OF SYSTEM 143 ORCHARD CIRCLE (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 SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 1947

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.

4/6/83
DATE OF APPLICATION

James L Brown Jr
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY