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Date Received 1 30 73

ICAR(S) Application No. 5492

T C No. _____

Map Date _____

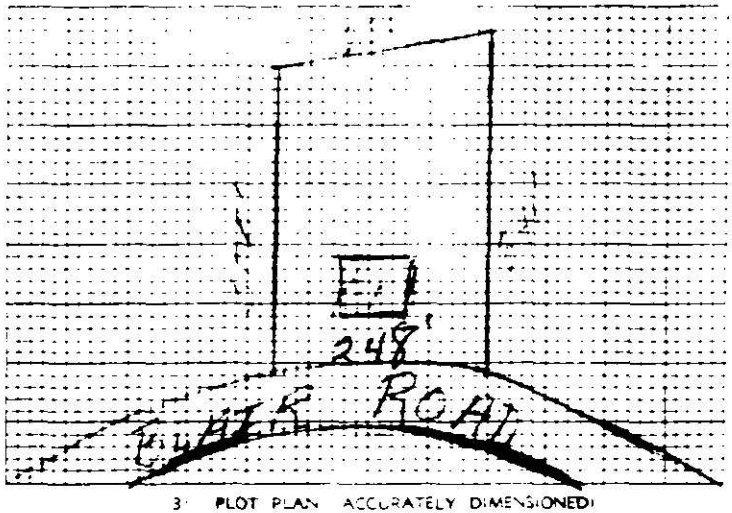
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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

[ ] Install or Construct [X] Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge




3) PLOT PLAN ACCURATELY DIMENSIONED

a. No. of Bedrooms _____
b. Fixtures (Count No.)
Employees _____
c. Washing Machine [X] Yes [ ] No
d. Garbage Disposal [ ] Yes [ ] No
e. Dishwasher [X] Yes [ ] No
f. Water Supply
A. Public or Community System _____
B. Community System
Well Source _____
C. Government Source _____
g. Sewage System
House located within 200 feet of public sewer [ ] Yes [ ] No
House located within 200 feet of community sewer [ ] Yes [ ] No
h. FHA Case No. _____
i. VA Case No. _____

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office 333 3775

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. 123

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.

1-26-73
DATE OF APPLICATION

H. A. Gibson
OWNER

FORM NO. E-4-4-1-2

**HEALTH DEPARTMENT'S COPY**