SEE INSTRUCTIONS ON BACK

Date Received 5-30-78

MECK. COUNTY DEPARTMENT OF
RECEIVED
MAY 30 1978
ENVIRONMENTAL HEALTH

109 26

ICAR(S) Application No. 14164

T. C. No. 109-26(-0)

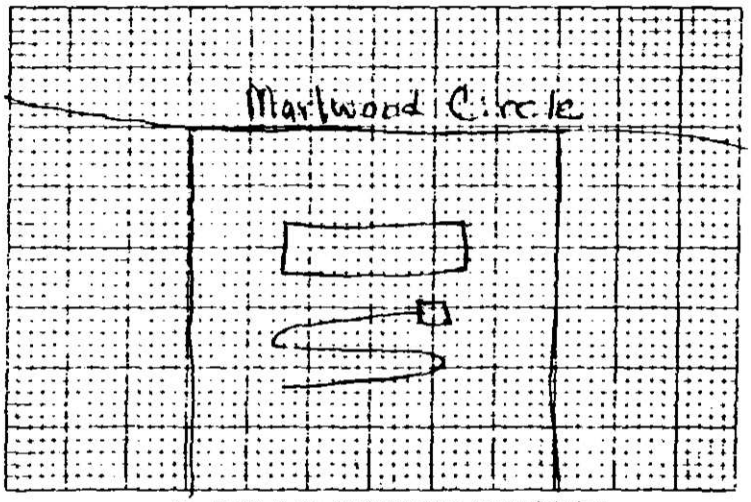
Map Date

# 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)

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 Strahan (LAST) Thomas (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER 1704 Marlwood Circle

15) PHONE NO. Home 537-6167 Office 394-3361

16) LOCATION OF SYSTEM 1704 Marlwood 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 ___

20) FTR 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.

5-25-78
DATE OF APPLICATION

Thomas J. Strahan
OWNER

EHD-5-76

Environmental Health Department's Copy