Date Received 3-4-83

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ENVIRONMENTAL HEALTH

ICAR (S) Application No. 19407

T. C. No. 227-027-17

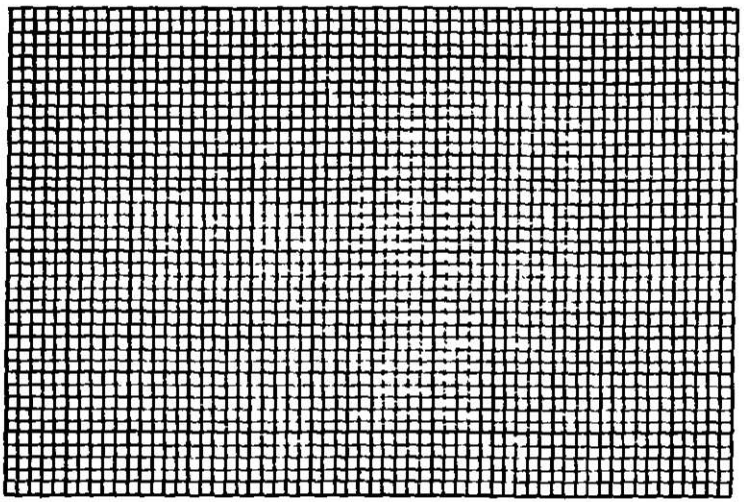
Map Date _____

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) X 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 Hood (LAST) Miriam Elizabeth (FIRST MIDDLE)
14) ADDRESS OF OWNER 217 Bubbling Well Road, Matthews N.C.
15) PHONE NO. Home 847-4315 Office _____
16) LOCATION OF SYSTEM 217 Bubbling Well Road (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) 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 4, 1983
DATE OF APPLICATION

Mrs Miriam E. Hood
OWNER

EHD-5-76

HEALTH DEPARTMENT COPY