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SEE INSTRUCTIONS ON BACK

Date Received 7-2-73

ICAR (S) Application No 6570

T C No 135-03713

Map Date 9 1 70

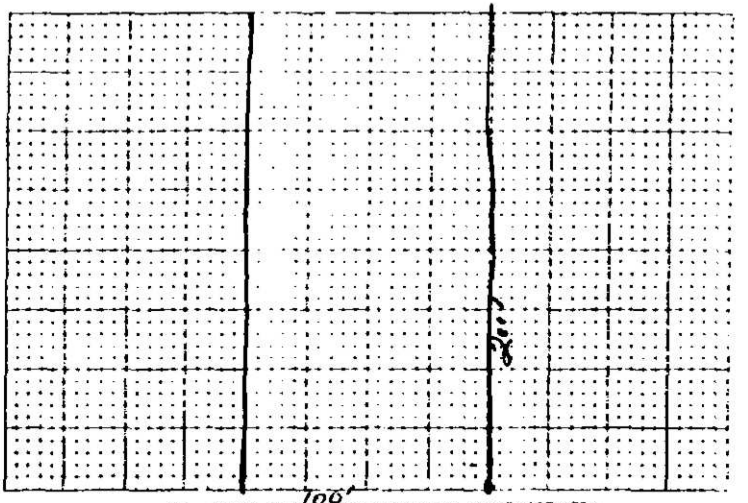
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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)

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) Government System ___
C) Community System
1) Well Source ___
2) Government System ___

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 Austin (LAST) George (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 7617 Elwood DR.

15) PHONE NO Home 536-0606 Office 364 2580

16) LOCATION OF SYSTEM 7617 Elwood Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Fairfield FK. Lot No. 13 Block No 9

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2668 AT PAGE 7

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.

7/2/73
DATE OF APPLICATION

G W Austin
OWNER

FORM No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY