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SEE INSTRUCTIONS ON BACK

Date Received 7-16-73

ICAR(S) Application No 6666

T C No 097-111-07

Map Date 2-14 73

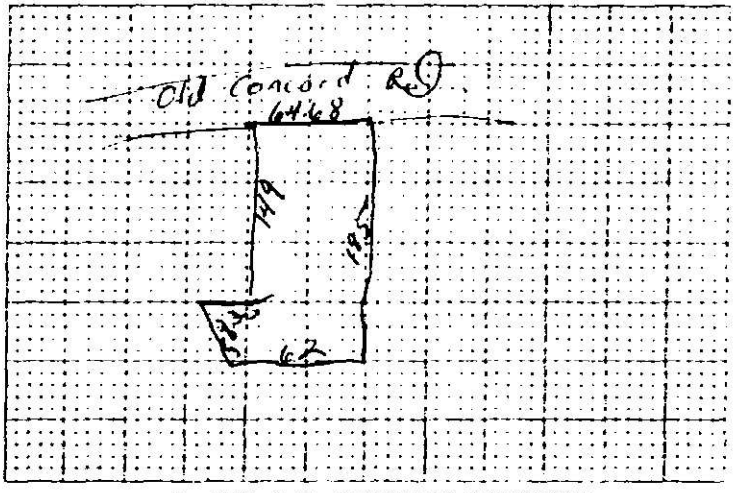
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 0

5) Proposed Use Single Family
Employees 5

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A. Individual Well
B. Government Approved ✓
C. Community System
1. Well
2. Surface

X Sewage System
House sewer 4" cast iron 60 feet
Is public sewer available? ✓ Yes No
House sewer 4" PVC 20 feet
Is community sewer available? Yes No

11) FHA Case No.

12) VA Case No.

X13) NAME OF OWNER Debery (LAST) M. (FIRST) E. (MIDDLE)

X14) ADDRESS OF OWNER P.O. Box 165 Harrisburg, N.C.

X15) PHONE NO Home 455-2642 Office

X16) LOCATION OF SYSTEM 5608 Old Concord RD. (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 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.

X DATE OF APPLICATION

X OWNER W. E. Debery

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY