SEE INSTRUCTIONS ON BACK

Date Received 6/7/78

ICAR(S) Application No. 1418

T. C. No 099-30-15

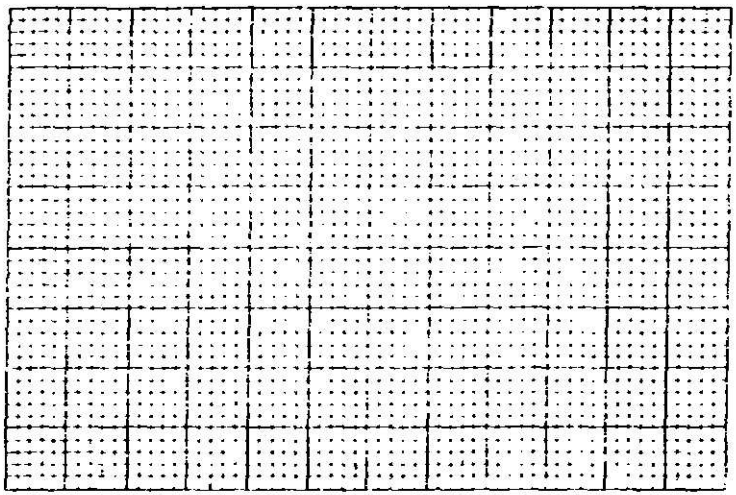
Map Date 9-29-76

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) Repair 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 X Yes ___ No

4) No of Bedrooms 2
5) Business Use -- Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Broome (LAST) Edith (FIRST) C (Mrs. H. G.) (MIDDLE)

14) ADDRESS OF OWNER 5618 Langley Circle, Charlotte, N. C. 28215

15) PHONE NO. Home 537-4008 Office 554-2421

16) LOCATION OF SYSTEM 5631 Hickory Grove Road (small white house directly back of 5627 H.G. Rd.) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 1490 AT PAGE 163

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.

DATE OF APPLICATION June 7, 1978

OWNER Edith C. Broome

EHD-5-76

Environmental Health Department's Copy