Date Received 4-23-73

ICAR(S) Application No 5635

T C No 167-042-16

Map Date 9/70

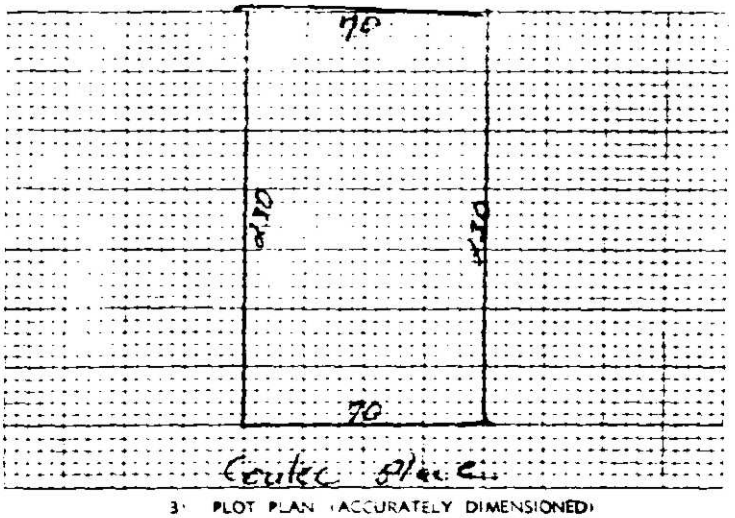
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Beds 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

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 Brown (LAST) Dorothy (FIRST) Owen (MIDDLE)

14) ADDRESS OF OWNER 5144 Cowles Place

15) PHONE NO Home 527-1315 Office 375-2715

16) LOCATION OF SYSTEM 5144 Cowles Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Yorkmont Park Lot No. 13 Block No. 1

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.

DATE OF APPLICATION

Dorothy O Brown
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY