Date Received 2-13-73

ICAR(S) Application No 5555

T. C No

Map Date

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) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

3

Single Family

Employee

4 Washing Machine Yes No

5 Garbage Disposal Yes ✓ No

6 Dishwasher Yes ✓ No

7 Water Supply

A Individual Well

B Government System

C Community System

Well source

D Government source

8 Sewage System

House located within 200 feet of public sewer Yes ✓ No

House located within 200 feet of community sewer Yes No

9 FHA Case No

10 VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER _____ (LAST) _____ (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM 3409 ... 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 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 _____ OWNER _____

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY