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SEE INSTRUCTIONS ON BACK

Date Received 5-7-73

ICAR(S) Application No 6157

T C No 001-271-03 I

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

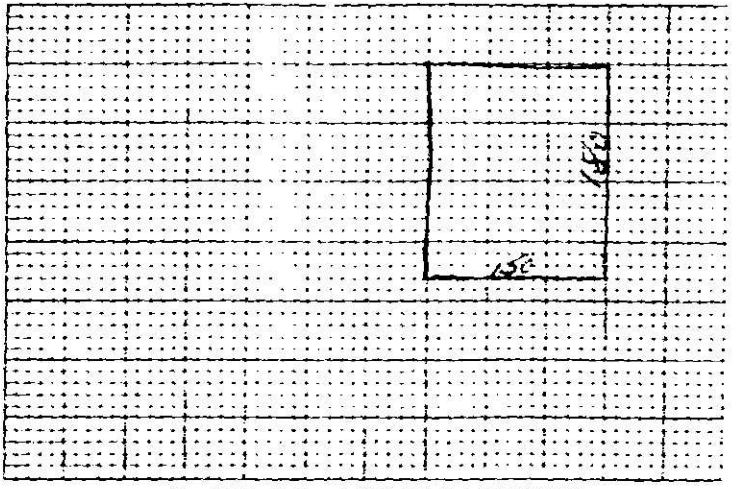
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to Applying for additional Bath + Bedroom change to an existent To The present house

1) _ Install or Construct 2) _ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

Present house has 2 Bedrooms
One Bath 1 Bedroom + Bath



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom 2

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 source

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 Mark's (LAST) Lonnie (FIRST) Williams (MIDDLE)

14) ADDRESS OF OWNER R-6 Brawley School Rd Mooresville NC 28115

15) PHONE NO. Home 664-2657 Mooresville NC Office 596-3431 - Charlotte

16) LOCATION OF SYSTEM Brawley Sch. Rd - Mecklenburg Hwy (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 447 - Duke Power Co Block No. Section 6

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✓ NO DATE RUN Oct 1963

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.

5-7-73
DATE OF APPLICATION

Lonnie Williams Marks
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 8, 1973

Serial No. 2897

LA No. 6157

T.C No 001-271-03 I

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Marks (LAST) Lonnie (FIRST) William (MIDDLE)

ADDRESS OF OWNER Route 6, Brawley School Road, Mooresville, N.C. 28115

LOCATION OF LOT Brawley School Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 447 BLOCK NO. 6

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6157. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* May use present system, adding one bedroom and one bath.

M. L. Kirby
Environmentalist

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY