BACK

Date Received 6-25-73 ICAR(S) Application No 0531

T C No 031-082-04

Map Date 4-27-73

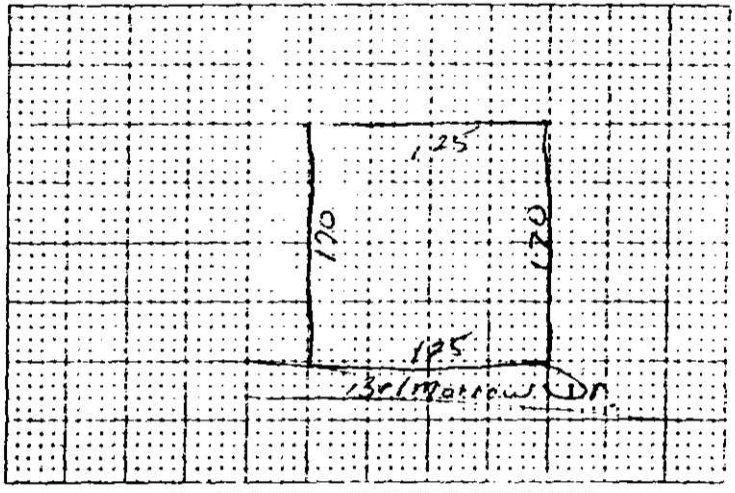
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual well ___
B) Government system X
C) Community system ___
1 Well owner ___
2 Government owned ___

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 Nixon (LAST) Perry (FIRST) T (MIDDLE)

14) ADDRESS OF OWNER 1020 Belmarrow Drive

15) PHONE NO Home 392-1877 Office 374-6667

16) LOCATION OF SYSTEM 1020 Belmarrow Dr, Carlwood (STREET OR COUNTY ROAD)

17) SUBDIVISION Carlwood Lot No 20 Block No F

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 6/25

OWNER [signature]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY