SEE INSTRUCTIONS ON BACK

Date Received 5/3/78

ICAR (S) Application No 14007

T. C No. 035-04-05

Map Date

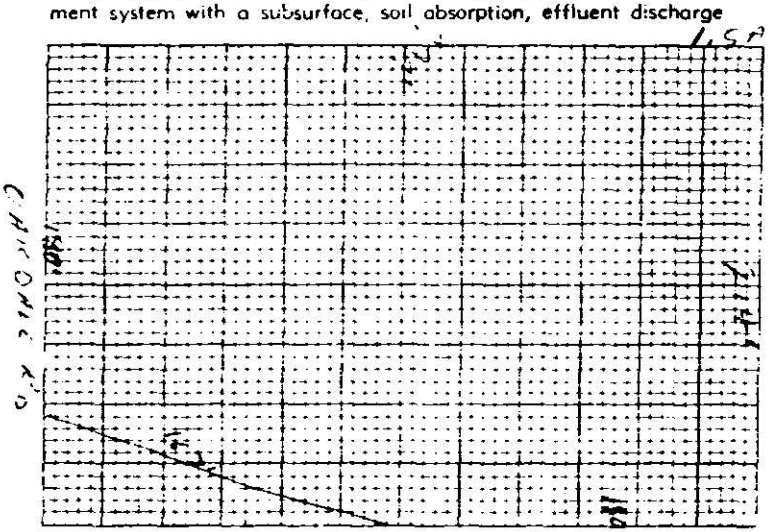
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Repair 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 _____

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 Duke Power Co. — AGENT: Brown & Glenn Co.
(422 S. Church St) LAST FIRST MIDDLE

14) ADDRESS OF OWNER 200 E. Morehead St.

15) PHONE NO. Home _____ Office 332-7734

16) LOCATION OF SYSTEM 611 Oakdale Rd.
STREET OR COUNTY ROAD

17) SUBDIVISION Oakdale 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.

April 24, 78
DATE OF APPLICATION

Robert M Glenn, Agent
OWNER

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY