3

SEE INSTRUCTIONS ON BACK

Date Received 4-2-73

ICAR (S) Application No 5897

T. C. No

Map Date

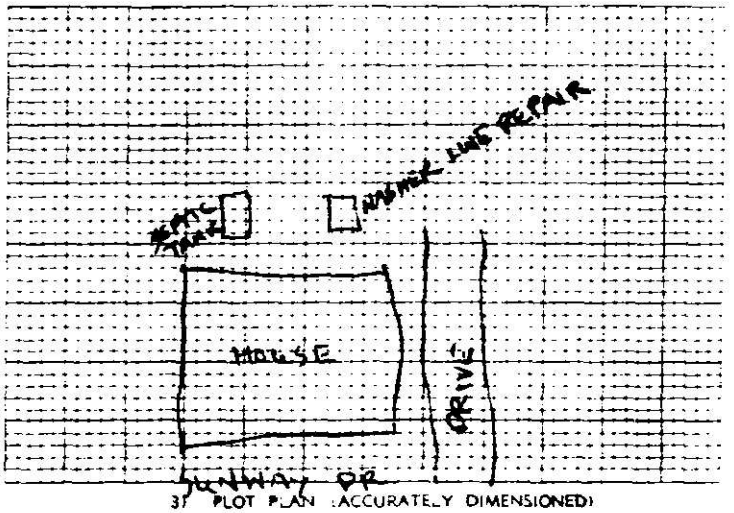
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 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 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 SNIPES (LAST) JAMES (FIRST) TED (MIDDLE)

14) ADDRESS OF OWNER 9735 SUNWAY DR. CHARLOTTE, N.C.

15) PHONE NO Home 545-5882 Office ___

16) LOCATION OF SYSTEM SUNWAY DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION PLEASANT VIEW ACRES Lot No. 18 Block No. B

Map Book No. 12 Page No. 279

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.

3-30-73
DATE OF APPLICATION

James T. Snipes
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY