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SEE INSTRUCTIONS ON BACK

Date Received 5-28-73

ICAR IS Application No 6379

T C No

Map Date

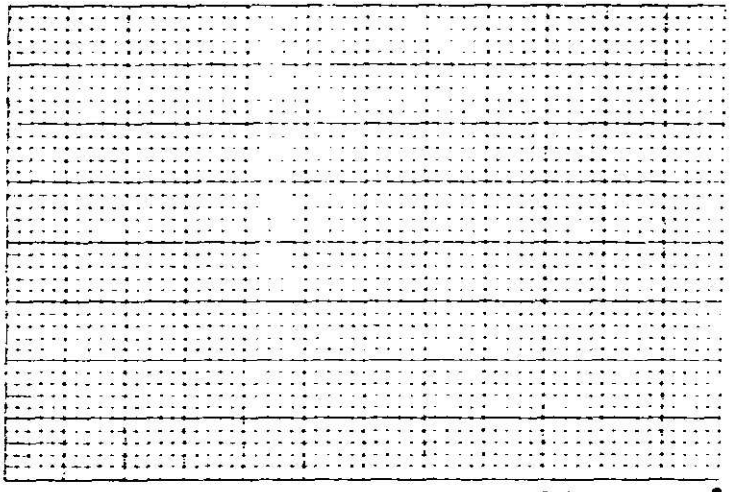
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4 No. of bedrooms 4

5 Business Use Max. No. Employees

6 Washing Machine Yes ✓ No

7 Garbage Disposal Yes ✓ No

8 Dishwasher Yes ✓ No

9 Water Supply

A Municipal Water Co.

B Governmental Unit

C Community Water System

1 Well

2 Governmental Unit

10 Sewage System

Public sewer Yes No

Private disposal system (specify)

Community sewer Yes No

11 FmHA Case No.

12 VA Case No.

31 PLOT PLAN (ACCURATELY DIMENSIONED)

131 NAME OF OWNER Miller (LAST) Charles (FIRST) J. (MIDDLE)

141 ADDRESS OF OWNER 8420 W. Ison Woods Dr.

151 PHONE NO. Home 545-6450 Office

161 LOCATION OF SYSTEM 8420 W Ison Woods Dr. (STREET OR COUNTY ROAD)

171 SUBDIVISION Lot No Block No

Map Book No. Page No.

181 DEED REFERENCE — DEED BOOK AT PAGE

191 HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

201 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

Charles J. Miller
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY