SEE INSTRUCTIONS ON BACK

Date Received 4-5-73

ICAR (S) Application No. 5934

T. C No. 187-041-18

Map Date 9-1-70

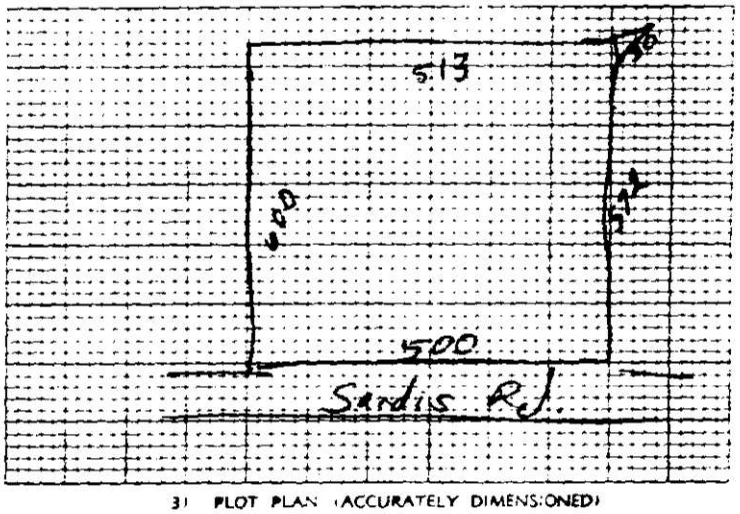
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Francis (LAST), Garland (FIRST) Scott (MIDDLE)

14) ADDRESS OF OWNER 6215 Sardis Road

15) PHONE NO. Home 366-2865 Office 333-0165

16) LOCATION OF SYSTEM 6215 Sardis Road (STREET OR COUNTY ROAD)

17) SUBDIVISION P.C. Harkey Land Lot No. 6 A C W/S Sardis R Block No. ___

Map Book No. ___ Page No. ___ 1970-135-01 187-041-18-0

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 3, 1973
DATE OF APPLICATION

Mrs. G. S. Francis
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY