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SEE INSTRUCTIONS ON BACK

Date Received 3-29-73

ICAR(S) Application No 5854

T C No

Map Date

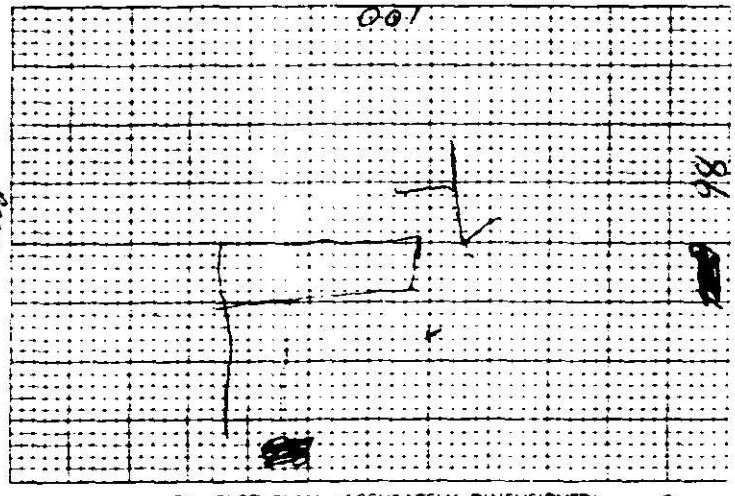
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 Supply ✓
- B) Governmental ___
- C) Community System
  - 1 Well source ___
  - 2 Governmental ___

10) Sewage System
- House connected to public sewer ___ Yes ___ No
- House connected to community sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Smith (LAST) David (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER 6205 Rockwell Blvd. & Conway

15) PHONE NO Home 596-5098 Office ___

16) LOCATION OF SYSTEM drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Rockwell Park 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.

3-29-73
DATE OF APPLICATION

David Smith
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY