Date Received 3-7-73

ICAR(S) Application No. 5710

T. C. No.

Map Date

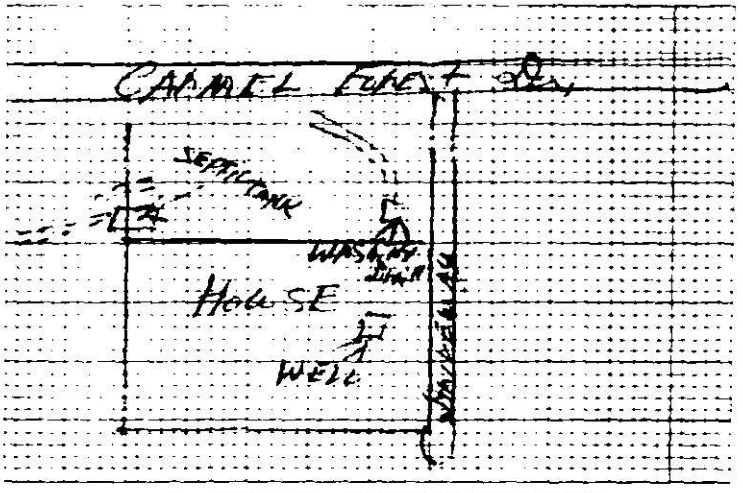
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 subsurface soil absorption, effluent discharge



3. PLOT PLAN, ACCURATELY DIMENSIONED

4 No. of Bedrooms 4

5 Furnace Gas Min No
Electric

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 System

10 Sewage System
House located within 200' of public sewer Yes No
House located within 300' of community sewer Yes No

11 FHA Case No

12 VA Case No

13 NAME OF OWNER Evans (LAST) Charles (FIRST) E (MIDDLE)

14 ADDRESS OF OWNER 4109 CARMEL FOREST 28211

15 PHONE NO. Home 364-1959 Office

16 LOCATION OF SYSTEM SAME 4109 Carmel Forest Dr.
STREET OR COUNTY ROAD

17 SUBDIVISION Lot No. 7 Block No

Map Book No Page No.

18 DEED REFERENCE — DEED BOOK 209 AT PAGE 253

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

3/2/73
DATE OF APPLICATION

Charles Evans
OWNER

FORM HD 844 (7)

HEALTH DEPARTMENT'S COPY