SEE INSTRUCTIONS ON BACK

Date Received 10-31-73

ICAR(S) Application No 7192

T C No

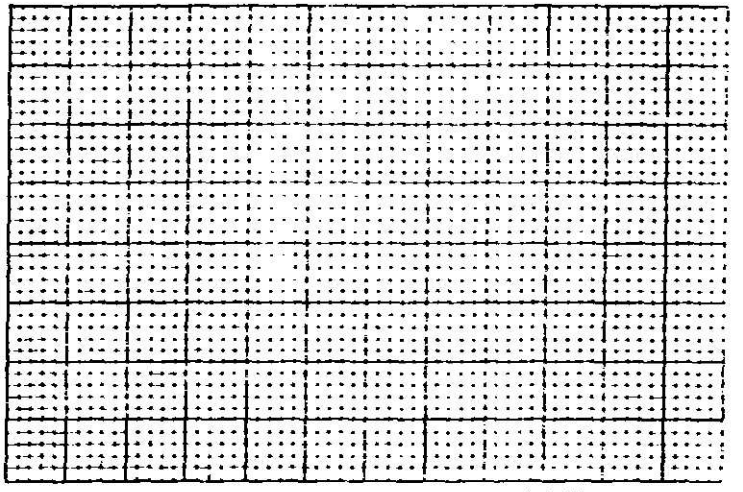
Map Date

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) X 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 Bedroom ___

5) Business Use - Max No Employees 8

6) Washing Machine - Yes X No

7) Garbage Disposal - Yes X No

8) Dishwasher - Yes X No

9) Water Supply
- A) Individual Well X
- B) Governmental System ___
- C) Community System ___
  - 1 Well source ___
  - 2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer - Yes X No
House located within 200 feet of community sewer - Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER American Bank & Trust Company (Branch Office)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Post Office Box 250, Monroe, North Carolina

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM Mint Hill, North Carolina
Highway #51 East Of Center of Mint Hill Intersection
STREET OR COUNTY ROAD

17) SUBDIVISION ___ 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.

31 Oct 73
DATE OF APPLICATION

Acme Plumbing & Supplies, Inc.
By: [signature]
Contractor

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY