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SEE INSTRUCTIONS ON BACK

Date Received 4 2 73

ICAR (S) Application No 5899

T C No 037-071-05

Map Date 5 31 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

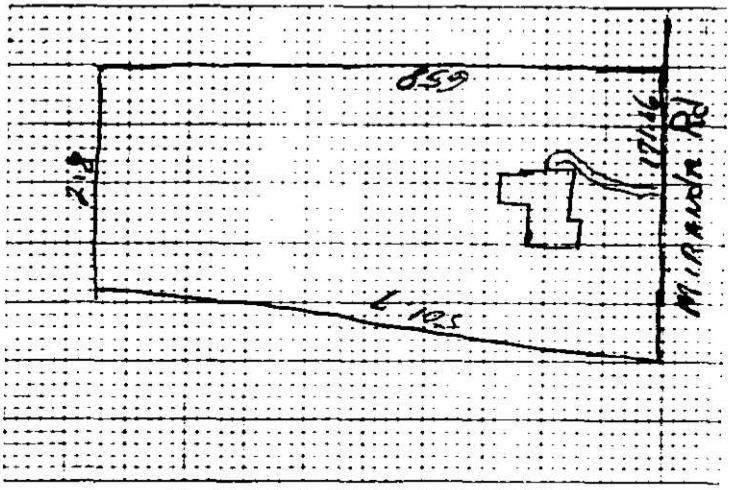
ENVIRONMENTAL HEALTH DIVISION

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

( ) Install or Construct (X) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

adding 1 Bedroom



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms	3		
5) Building Use	Max No. Employees		
6) Washing Machine	Yes	No	
7) Garbage Disposal	Yes	No	
8) Dishwasher	Yes	No	
9) Water Supply			
10) Sewage Disposal			
11) Swimming Pool	Yes	No	
12) Sewage Flow	Yes	No	
13) EHS Case No.			
14) LA Case No.			

13) NAME OF OWNER Moore (LAST) Johnie (FIRST) Bowman (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 3989

15) PHONE NO. Home 392-1619 Office 875-2986

16) LOCATION OF SYSTEM Miranda Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 2 Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 298 AT PAGE 357

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 1961

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 2, 73
DATE OF APPLICATION

Johnie B. Moore
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 3, 1973

Serial No. 2690

LA No. 5899

T. C. No. 037-071-05

Map Date 5-31-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Moore (LAST) Johnnie (FIRST) Bowman (MIDDLE)

ADDRESS OF OWNER Route 9, Box 398-J ZIP _____

LOCATION OF LOT Miranda Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 2 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * , on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5899. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* May use existing system.

M. C. Kirby
Environmentalist

John R. Wesson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY