R

SEE INSTRUCTIONS ON BACK

Date Received 6 2073

ICAR(S) Application No. 6513

T. C No. 053-182-01

Map Date 5-9-74

MECK COUNTY HEALTH DEPT. RECEIVED JUN 2 0 1973 ENVIRONMENTAL HEALTH DIVISION

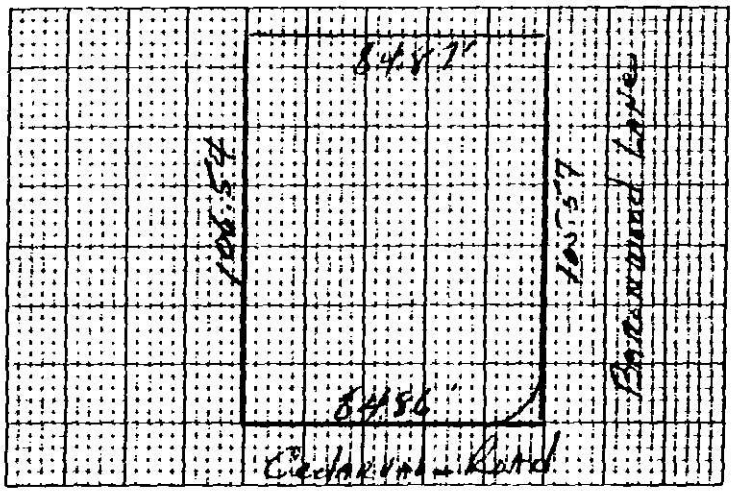
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓

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 Investment Land Sales, Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1740 E. Independence Blvd. 28205

15) PHONE NO Home ___ Office 333-5492

16) LOCATION OF SYSTEM Lot 107, Cedarvale Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Westwood Forest Lot No. 107 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.

June 19, 1973
DATE OF APPLICATION

Investment Land Sales, Inc.
Howard A. Cain Treas
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY