SEE INSTRUCTIONS ON BACK

Date Received 9-21-86

ICAR(S) Application No. 20061

P.O. No. 077-011- part 01.

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

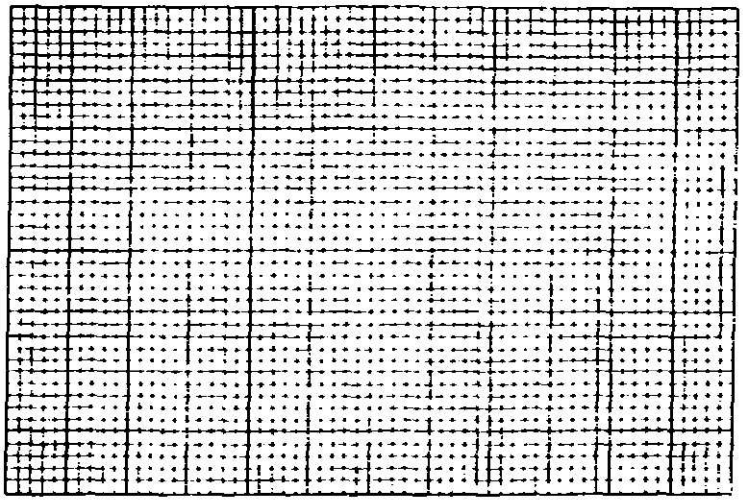
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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.

Mobile Home ____ Yes ____ No
Residence ____ Yes ____ No

4) No. of Bedrooms _____
5) Business Use — Max No. Employees 3
6) Washing Machine ____ Yes ✓ No
7) Garbage Disposal ____ Yes ✓ No
8) Dishwasher ____ Yes ✓ No
9) Water Supply
A) Individual Well City
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. NONE
12) VA Case No. NONE



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Hildreth (LAST) Ted (FIRST) (NMN) (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 5700. Huntersville N.C. 28078

15) PHONE NO. Home 892 0456 Office 333 4892

16) LOCATION OF SYSTEM 6735 Arr Road. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 3 Block No. _____

Map Book No. 4651 Page No. 673

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 4-83

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.

9-21-83
DATE OF APPLICATION

Ted Hildreth
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY