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SEE INSTRUCTIONS ON BACK

Date Received 9-10-73

ICAR(S) Application No 6965

T C No

Map Date

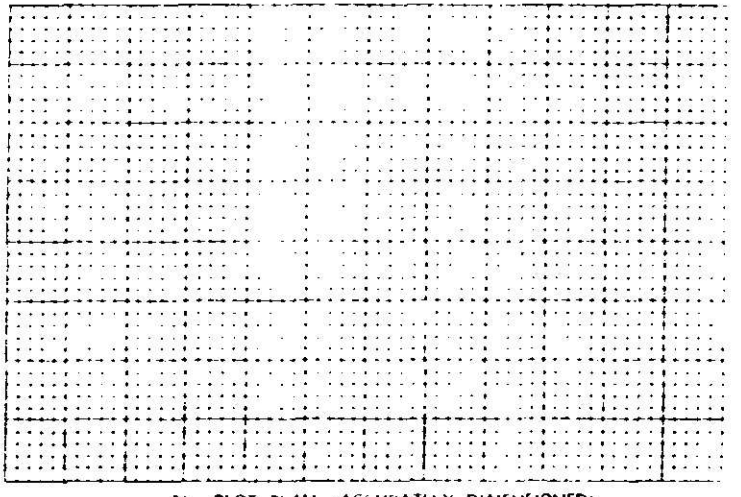
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 a subsurface soil absorption, effluent discharge



4) No. of Bedrooms 3

5) Home Use Only / Employee

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply ✓
A) Individual Well
B) Community Well
C) Other

10) Previously Sewered Yes ✓ No

11) EHA Case No.

12) SA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Ross (LAST) J. H. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1117 East 20th St.

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM 7621 Conelock Circle (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

9-16-73
DATE OF APPLICATION

X J H Ross
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY