SEE INSTRUCTIONS ON BACK

K

Date Received 5-22-23

ICAR (S) Application No 6333

T C No 045-343-05

Map Date 29 Aug 76

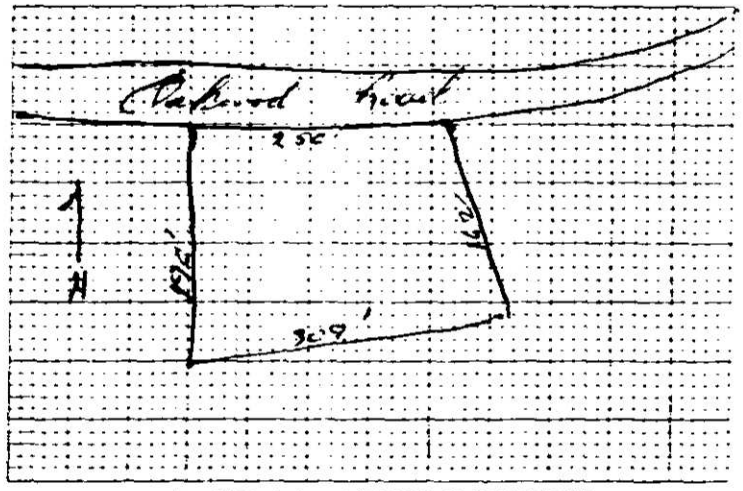
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

5) Business Use Yes No
Employees

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A Individual Well ✓
B Government System
C Community System
1 Well Owned
2 Government System

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 Harvin (LAST) Parker (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER Route 11, Box 129 I Charlotte, N C

15) PHONE NO Home 596-1594 Office

16) LOCATION OF SYSTEM Oakwood Road (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.

DATE OF APPLICATION _____

OWNER Harvin Parker

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY