Date Received 8/7/78

HEALTH DEPARTMENT

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 14404

T C. No. 103-133-13

Map Date _____

E. Reynolds
374-2113
8-8 30

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

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes ___ No
Residence X Yes ___ No
4) No. of Bedrooms 3
5) Business Use Max. No. Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
Approved Individual Well X
Approved Community System ___
Approved Emergency System ___
Well Source ___
Approved Municipal Source ___
Treatment System
Distance from well ___ feet
Public sewer ___ Yes X No
Distance from septic tank ___ feet
Public sewer ___ Yes X No
10) Existing Use ___
11) Proposed Use ___

13) NAME OF OWNER Wallace (LAST) William (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 6333 Vendale Rd. Charlotte 28212

15) PHONE NO. Home 704-537-7966 Office ___

16) LOCATION OF SYSTEM Vendale Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 1740 Page No. 247

18) DEED REFERENCE DEED BOOK ___ AT PAGE ___

19) HAS A SURVEY PLAT BEEN RUN? YES X NO DATE RUN ___

20) ETR NUMBER ___

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.

7-31-78
DATE OF APPLICATION

William B. Wallace
OWNER

Rev. 7/76

Environmental Health Department's Copy