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SEE INSTRUCTIONS ON BACK

Date Received 1-15-73

ICAR (S) Application No. 5427

T. C. No. _____

Map Date _____

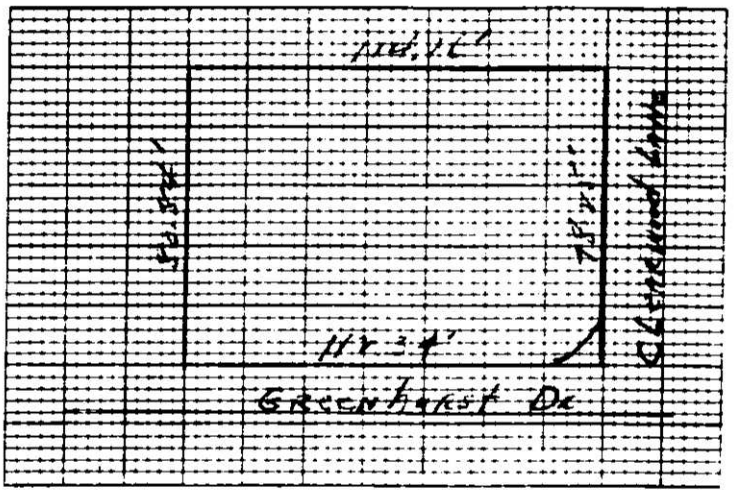
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

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.

14) ADDRESS OF OWNER [illegible] S. Independence Blvd., Charlotte, N. C. 28205
(LAST / FIRST / MIDDLE)

15) PHONE NO. Home _____ Office 333-5492

16) LOCATION OF SYSTEM Lot 22, corner Greenhurst Dr. & Clearwood Lane
(STREET OR COUNTY ROAD)

17) SUBDIVISION Westwood Forest Lot No. 22 Block No _____

Map Book No 2 Page No. 287

18) DEED REFERENCE — DEED BOOK 3 33 AT PAGE 182

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.

~~December 31, 1972~~

DATE OF APPLICATION January 12, 1973

Investment Land Sales, Inc.

OWNER [signature] Vice President

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 18 Jan 1973 Serial No. 0330 ICAR(S) Permit No 5427

T C No 053-185-08

Map Date 9/70

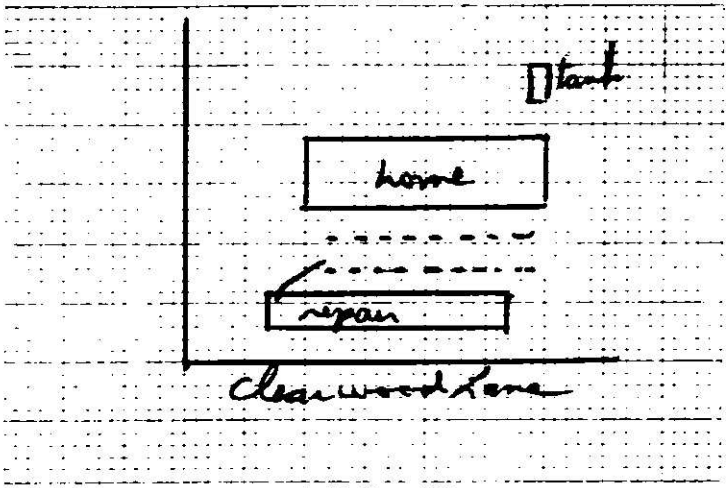
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank waste-water disposal system with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application 5427 dated 1-12-73 and this permit shall be of no effect if the proposal as provided in the application is not carried out as stated. All work shall be completed on or before 18 Feb 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption Trench Lines

Total Length 200 l/ft

No. of Lines 3

Depth of Trench 20' ±

Spacing of Lines 10' ±

Distance from Well NA

NAME OF OWNER Investment Land Sales, Inc

LOCATION OF PROPERTY Lot 82 Westwood Forest

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unserviceable or can be used.

Comments repair to be in bed 7½ x 33' x 36" #10 stone - excessive depth required due to limited space.

Division or Section Head

John R Atkinson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-4 1-71

HEALTH DEPARTMENT'S COPY