SEE INSTRUCTIONS ON BACK

Date Received 1-7-74

MECKLENBURG COUNTY HEALTH DEPT. RECEIVED

Application No 7398

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

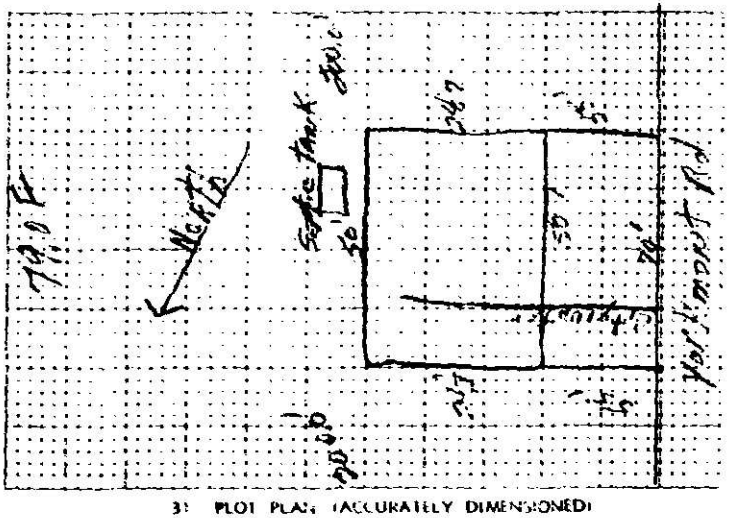
ENVIRONMENTAL HEALTH DIVISION

Application for an Installation, Construction, Alteration, and/or Repair Permit

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

The owner of the 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 Beds or 3

5) Existing Use Max No Employees

6) Water Meter ✓ Yes

7) Garbage Disp ✓ No

8) Driveway ✓ No

9) Water Supply

A) Individual Well

B) Government ✓

C) Community Well

D) Community System

E) Spring

F) Other

Sewerage System Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER GRAY (LAST) JAMES (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER 209 Yorkwood Rd

15) PHONE NO Home 5338851 Office 588-1363

16) LOCATION OF SYSTEM 209 Yorkwood Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Yorkwood Lot No 2 Block No A

Map Book No 1844 Page No. 613-14

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.

1-7-74
DATE OF APPLICATION

James E Gray
OWNER

REV 12 E-4-9-1-72

HEALTH DEPARTMENT'S COPY