SEE INSTRUCTIONS ON BACK

Date Received 3-30-84

ICAR(S) Application No. 20852

T. C. No. 049-271-16

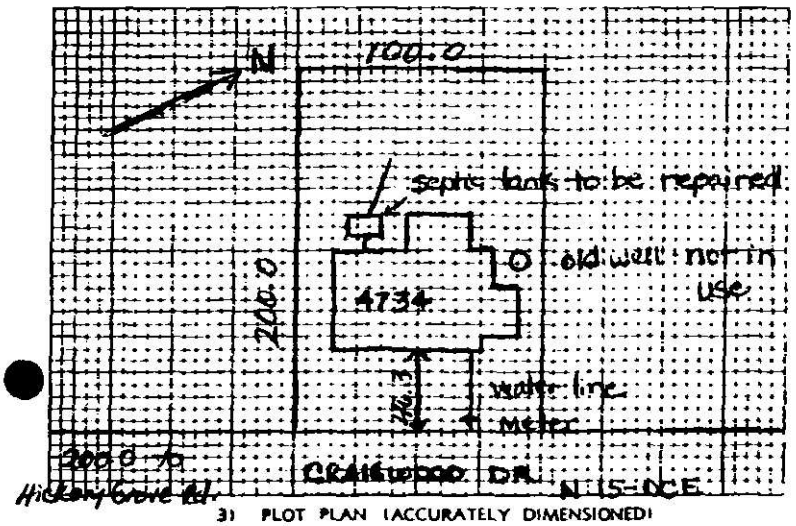
Map Date _____

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) ✓ 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 ✓Yes ___No
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 Governments 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 Cook (LAST) Sandra (FIRST) McDonald (MIDDLE)

14) ADDRESS OF OWNER 4734 Craigwood Dr. 28215

15) PHONE NO. Home 536-4430 Office 331-2385

16) LOCATION OF SYSTEM 4734 Craigwood Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Crab Orchard Trail Lot No. 3 Block No. C

Map Book No. 4284 Page No. 910

18) DEED REFERENCE — DEED BOOK 4284 AT PAGE 910

19) HAS A SOIL INVESTIGATION 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.

3/28/84
DATE OF APPLICATION

Sandra M. Cook
OWNER

EHD-S-76

Environmental Health Department's Copy