SEE INSTRUCTIONS

Date Received 1-22-73

ICAR(S) Application No 5449

T C No.

Map Date

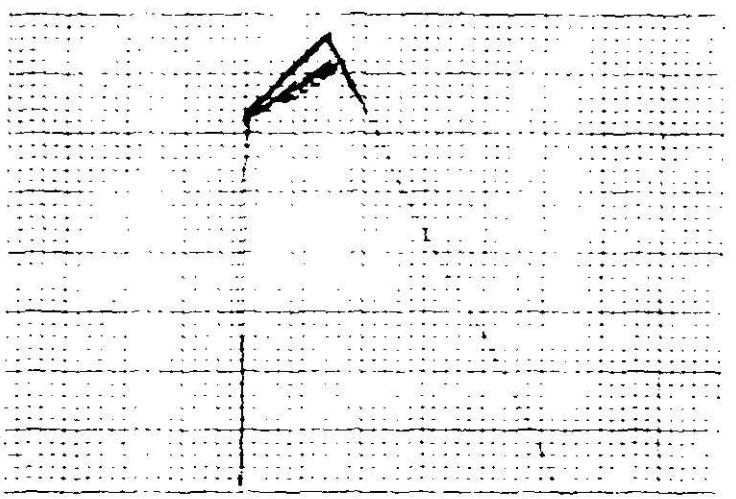
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

[illegible] or Construct ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Pearson, Mrs. Annette D.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 701 Marley Circle

15) PHONE NO Home 596-0436 Office

16) LOCATION OF SYSTEM 701 Marley Circle
STREET OR COUNTY ROAD

17) SUBDIVISION Westwood Lot No. 6 Block No. 1

Map Book No 6 Page No 949

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.

1-20-73
DATE OF APPLICATION

Mrs. Annette D. Pearson
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY