SEE INSTRUCTIONS ON BACK

Date Received 8-9-73 ICAR(S) Application No 6822

T C No

Map Date

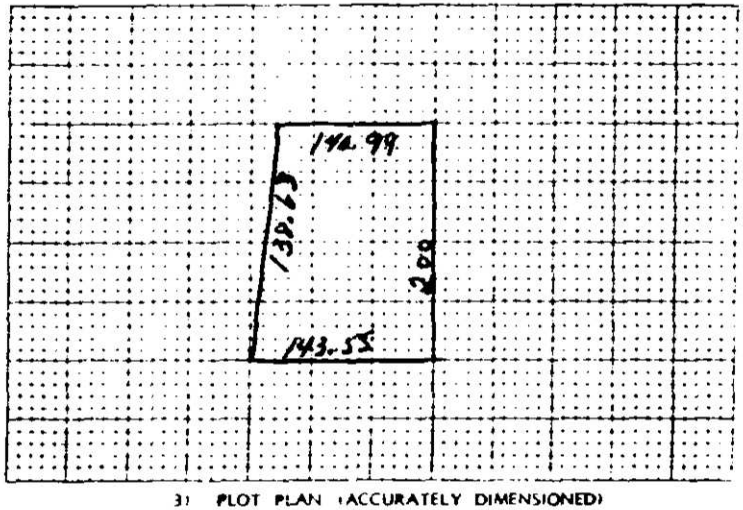
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Yes No
Employees 4

6) Washing Machine Yes No

7) Garbage Disp Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
1) Well System
2) Government

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 Donald (LAST) Ruth (FIRST) Dragenhart (MIDDLE)

14) ADDRESS OF OWNER 7800 Belhaven Blvd.

15) PHONE NO Home Office Same

16) LOCATION OF SYSTEM [illegible] HAVEN [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 5 Block No 5

Map Book No 095 Page No 14

18) DEED REFERENCE — DEED BOOK 3297 AT PAGE 40

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.

DATE OF APPLICATION

Mr Ruth Donald
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY