Date Received 6-21-82

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ENVIRONMENTAL HEALTH

ICAR(S) Application No. 18805

T. C. No. 135-281-06

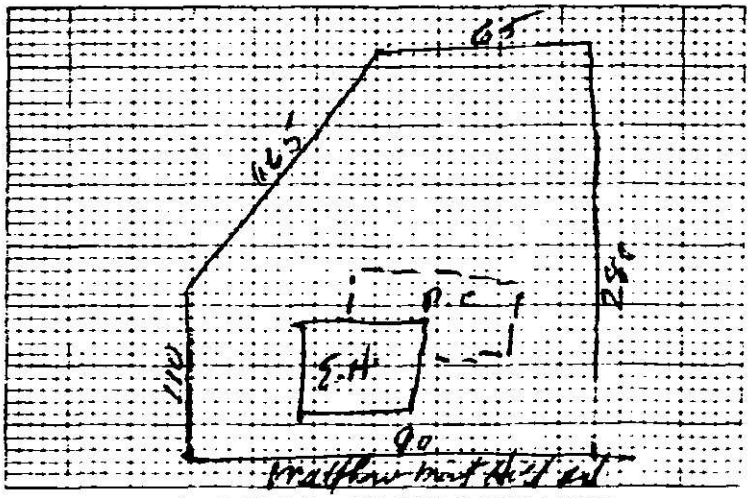
Map Date _____

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 alt a room 14X24 and a Garage 24X25'

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 2
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) FmHA Case No _____
12) VA Case No _____

13) NAME OF OWNER Conner (LAST) A. (FIRST) Bruce (MIDDLE)

14) ADDRESS OF OWNER 5505 Matthews-Mint Hill Rd

15) PHONE NO Home 545 3300 Office 821 7276

16) LOCATION OF SYSTEM 5505 Matthews-Mint Hill Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

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.

6-21-82
DATE OF APPLICATION

A. Bruce Conner
OWNER

EHD-S-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY