Date Received 8-28-73

RECEIVED
AUG 2 . 1973

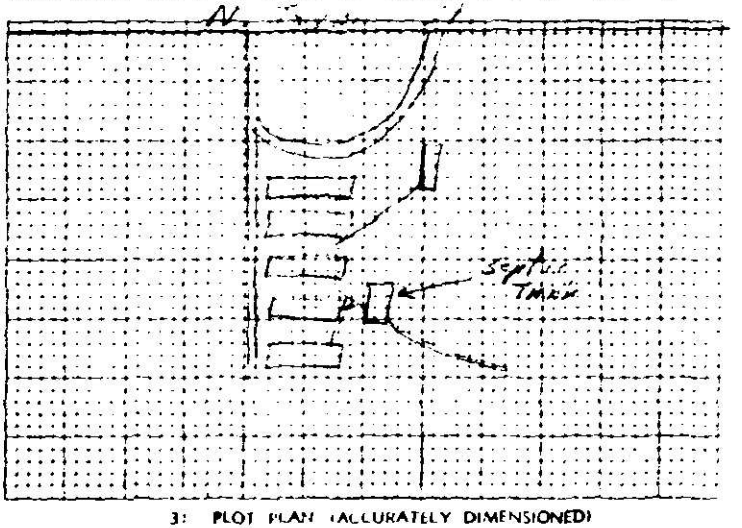
ICAR(S) Application No 6906
T C No
Map Date

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)

6 mobile homes
4) No of Bedrooms 2 bedrooms each
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 Government system
C Community system
1 Well owned
2 Government owned
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 Gauch (LAST) Harvey (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 6606 Pinerock Lane, Char, N.C.

15) PHONE NO Home 536 5742 Office 596 4379

16) LOCATION OF SYSTEM 8330 N. Tryon St. (STREET OR COUNTY ROAD)

17) SUBDIVISION N. 29 Mobile Home Park No Block No

Map Book No Page No

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

June 6, 19 73
(DATE OF APPLICATION)

Harvey W. Gauch
(OWNER)

Date Received 10-15-74

Application No. [illegible]
T. C. No. 011-102-01
Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER O'Brien (LAST) James (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER 2100 Syracuse Dr. Charlotte ZIP 28208

PHONE NO. Home 391-4666 Office _____

LOCATION OF PROPERTY Poplar Tent Road (STREET OR COUNTY ROAD)

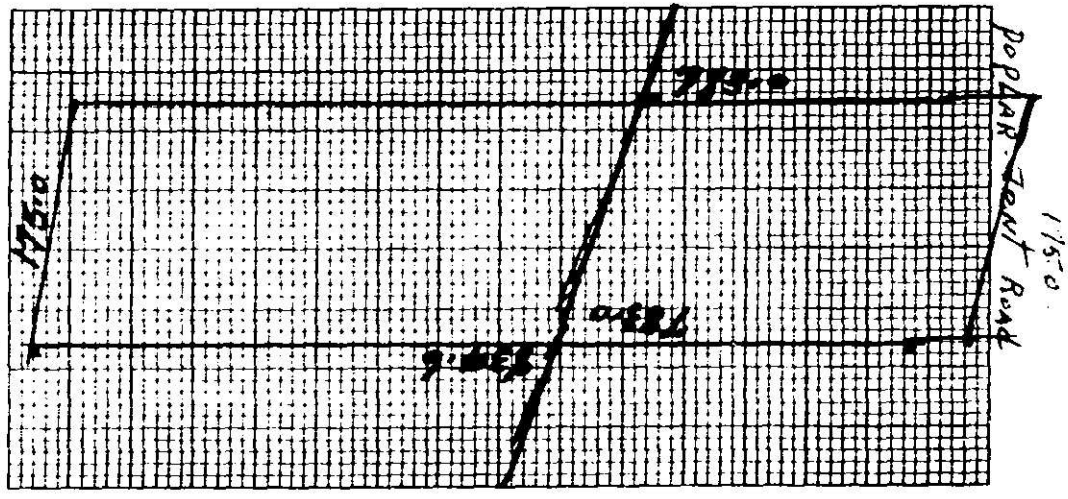
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK 3588 PAGE NO. 152

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

10-14-74
DATE OF APPLICATION

Howard Howard O'Brien
OWNER

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY