SEE INSTRUCTIONS ON BACK

R

Date Received 4-17-73

ICAR(S) Application No. 6029

T C No.

Map Date

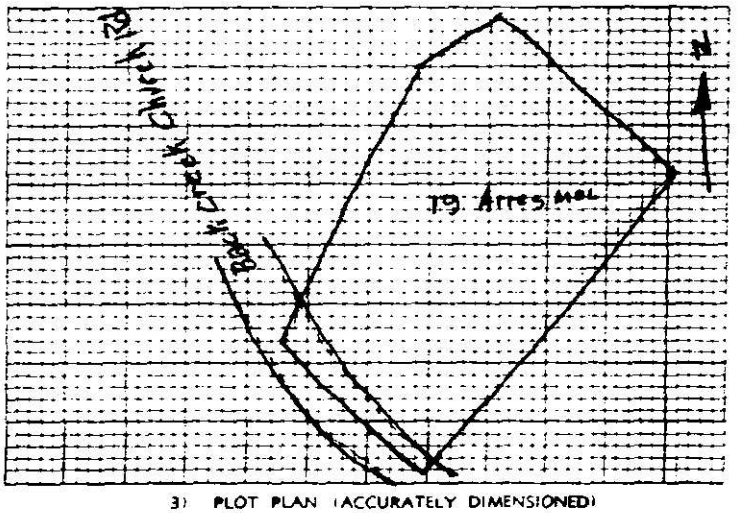
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 — Max No Employees None

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) FHA Case No None

12) VA Case No None

13) NAME OF OWNER Hoyle (LAST) George (FIRST) Walter (MIDDLE)

14) ADDRESS OF OWNER Rt 10 Box 462B

15) PHONE NO Home 597-1479 Office 523-6373

16) LOCATION OF SYSTEM Above address, Back Creek Church Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2904 AT PAGE 365 — Property I Now own.

19) HAS A PERCOLATION TEST BEEN RUN? I have NO information ___ 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.

4/15/73
DATE OF APPLICATION

Geo. W. Hoyle
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-23-74

ICAR (S) Application No 6029

T C No

Map Date

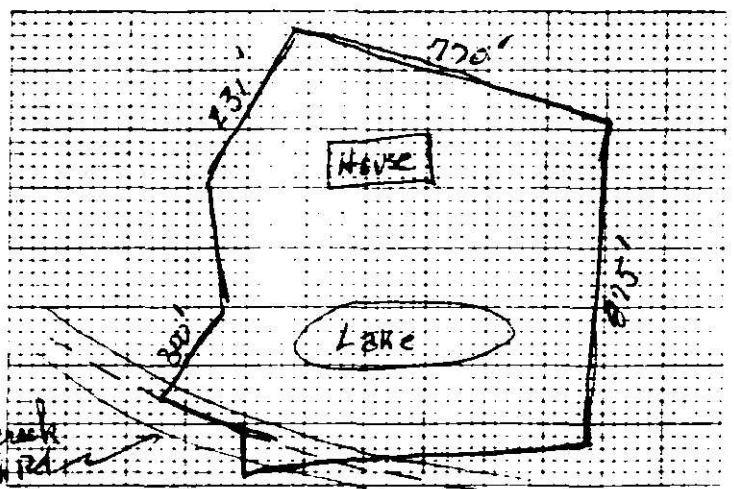
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) (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 4

5) Business (Kind) (Max No Employees) None

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) [illegible] Yes
B) Governmental System None
C) Community System
Well None
Governmental None

Sewage System
Private [illegible] ✓ No
Public [illegible] Yes
Community Sewer Yes ✓ No

11) FHA Case No None

12) VA Case No None

13) NAME OF OWNER Hoyle (Last) George (First) Walter (Middle)

14) ADDRESS OF OWNER Rt 10 Box 462-B

15) PHONE NO Home 597-1479 Office 523-6373

16) LOCATION OF SYSTEM Rt 10 Box 462-B (Back Creek Church Rd.) (Street or County Road)

17) SUBDIVISION None Lot No Block No

Map Book No [redacted] Page No. [redacted]

18) DEED REFERENCE — DEED BOOK 2693 AT PAGE 353

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.

1/16/74
DATE OF APPLICATION

Geo. W. Hoyle
OWNER