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SEE INSTRUCTIONS ON BACK

Date Received 6-7-73

ICAR (S) Application No 6452

T C No 03-07-2-02

Map Date 3-3-73

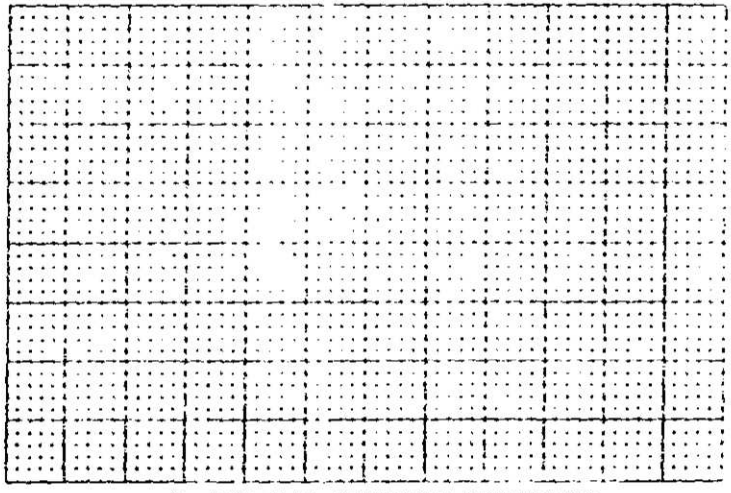
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Building Use Max. No. Employees

6) Washing Machine ✓ Yes

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

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

10) Sewage System
Property located within 200' of public sewer Yes ✓ No
House (main building) within 200' of community sewer Yes ✓ No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER HOPKINS (LAST) CHARLES (FIRST) DOUGLAS (MIDDLE)

14) ADDRESS OF OWNER RT. 9 BOX 388-B CHARLOTTE, N.C.

15) PHONE NO Home 392, 6857 Office

16) LOCATION OF SYSTEM SUNSET ROAD (STREET OR COUNTY ROAD) 1725

17) SUBDIVISION Clarks Lot No Block No

Map Book No 3 Page No.

18) DEED REFERENCE — DEED BOOK 2112 AT PAGE 135

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 content 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

Charles D. Hopkins
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY