Date Received 2 26 13

ICAR(S) Application No. 5655

T C. No. 029-121-07

Map Date 9:1:70

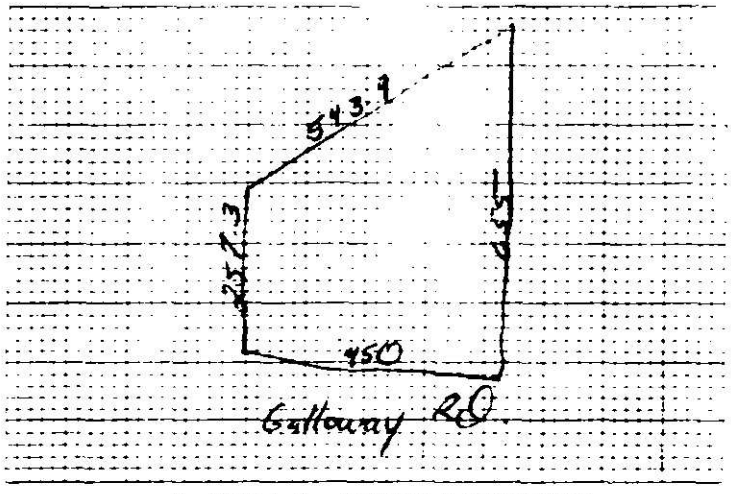
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN ACCURATELY DIMENSIONED

4) Bedrooms

5) Map No.

6) Estimated Water Usage ___ gpd

7) Washing Machine ___ Yes ___ No

8) Garbage Disposal ___ Yes ___ No

9) Dishwasher ___ Yes ___ No

10) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
Well source ___
Governmental source ___

11) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

12) FHA Case No. ___

VA Case No. ___

13) NAME OF OWNER ___ Kent (LAST) ___ Harold (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER ___

15) PHONE NO. Home ___ Office 597-1267

16) LOCATION OF SYSTEM ___ Mulas Creek (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 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.

2-26-13
DATE OF APPLICATION

Mrs Robert N Garrison
OWNER

FORM NO. E 4-4-[illegible]

HEALTH DEPARTMENT'S COPY