SEE INSTRUCTIONS ON BACK

Date Received 1-12 73

ICAR(S) Application No. 5425

T C. No. _____

Map Date _____

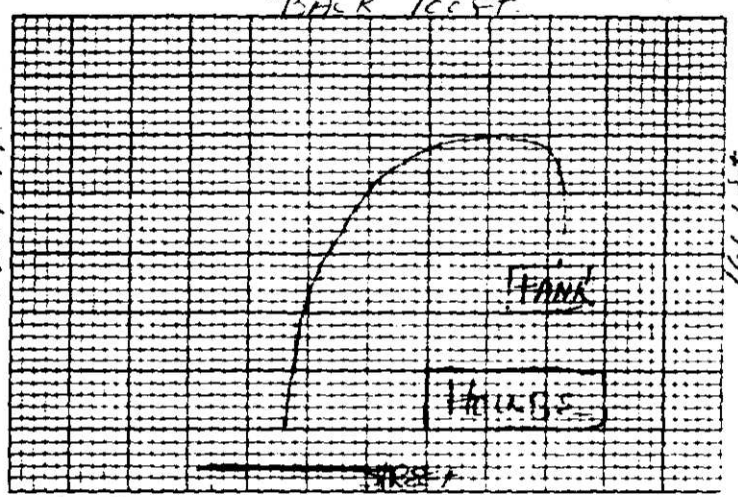
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____

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 _____

12) VA Case No _____

13) NAME OF OWNER LINKER (LAST) HENRY (FIRST) R (MIDDLE)

14) ADDRESS OF OWNER Route 6 Box 608 H-1

15) PHONE NO. Home 537-4515 Office West Gaston Fo

16) LOCATION OF SYSTEM [illegible] 27 Mt Holly
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 1311 AT PAGE 417

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.

12-11-72
DATE OF APPLICATION

Henry R. Linker
OWNER

E-4-4-1-71

HEALTH DEPARTMENT'S COPY