Date Received 7-23-79 Apt. No. (S) _____ Application No. (W) 15983

T. C. No 057-092-09

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Rosebro (LAST) Thomas (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 316 Todd Road _____ ZIP _____

PHONE NO. Home No Office No

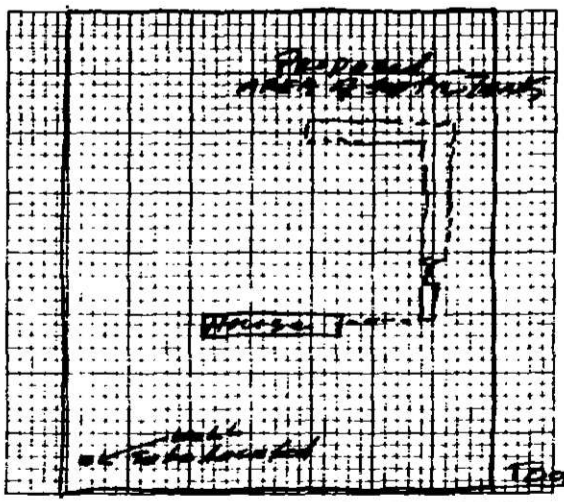
LOCATION OF PROPERTY 316 Todd Road (Todd Park)
STREET OR COUNTY ROAD

WELL CONTRACTOR _____ LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health 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.

7/23/79
DATE OF APPLICATION

Thomas Rosebro
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks _____

Application approved and permit hereby granted

Permit No: _____

Marshall Edwards
ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received Dec 77

ICAR(S) Application No. 15983

T. C. No. 057-092.09

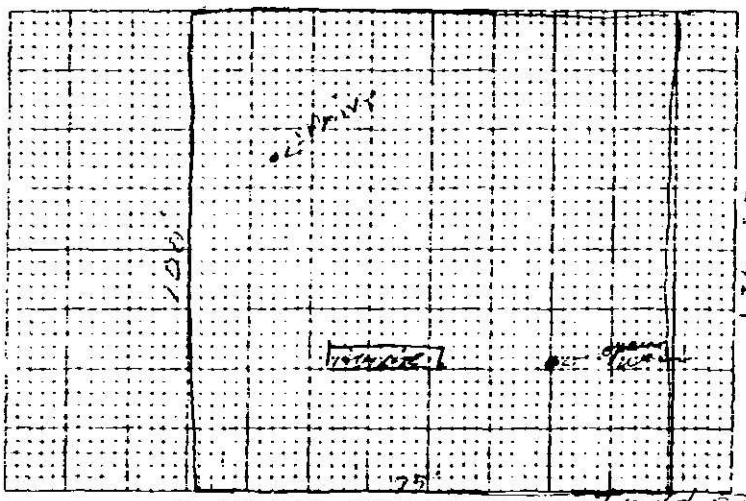
Map Date 3.2278

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No. of Bedrooms 2

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 Peterson Thomas (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 216 Twin [redacted] Rd

15) PHONE NO Home ____ Office ____

16) LOCATION OF SYSTEM 216 First Street Twin Park (STREET OR COUNTY ROAD)

17) SUBDIVISION Todd Park Lot No. ____ Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 4190 AT PAGE 0532

19) HAS A SOIL INVESTIGATION 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.

DATE OF APPLICATION ____ OWNER Thomas Peterson

EHD-5-76

Environmental Health Department's Copy