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SEE INSTRUCTIONS ON BACK

Date Received 5-14-73

ICAR(S) Application No. 6236

T. C. No.

Map Date

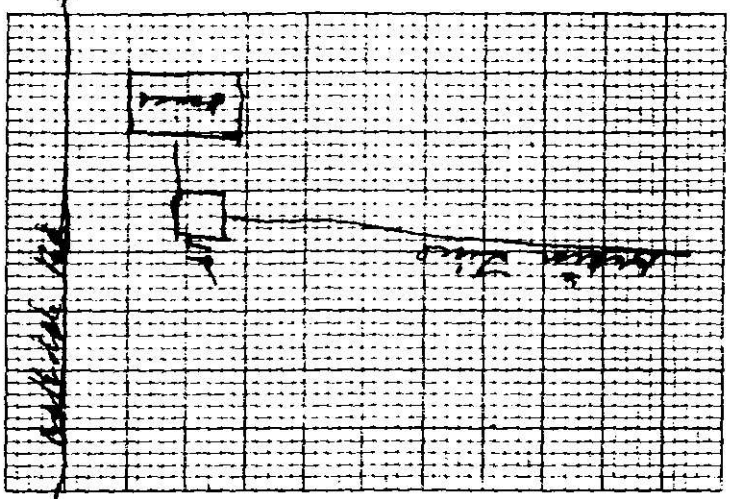
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) V 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 2

5) Business Use — Max. No Employees

6) Washing Machine ___ Yes V No

7) Garbage Disposal ___ Yes V No

8) Dishwasher ___ Yes V No

9) Water Supply
A) Individual Well Hyde Rock
B) Governmental System
C) Community System
1. Well source
2. Governmental source

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

11) FHA Case No. 118

12) VA Case No. 110

13) NAME OF OWNER Austin (LAST) William (FIRST) Adrian (MIDDLE)

14) ADDRESS OF OWNER 955 Goldell Rd

15) PHONE NO. Home 399-3176 Office

16) LOCATION OF SYSTEM 947 Goldell Rd (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.

5-12-73
DATE OF APPLICATION

W. A. Austin
OWNER

FORM NO. E-4-4-1-71

DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/5/76

6236 10928

ICAR (S) Application No.

T. C. No 035-134-14

Map Date 1-29-76

5/13/76

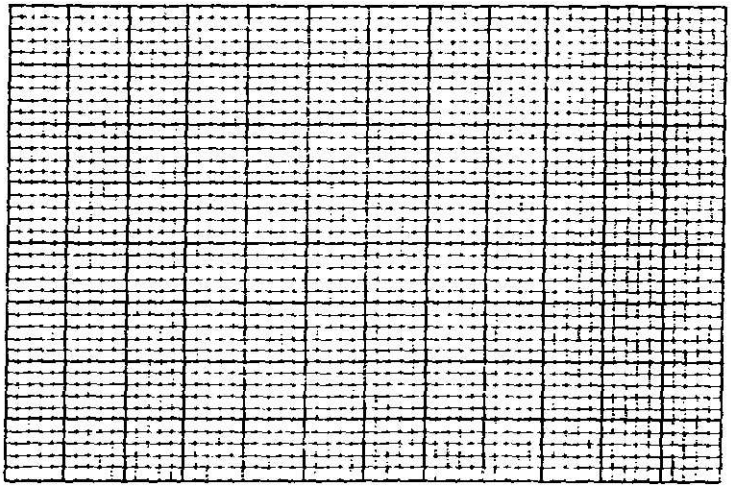
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 1 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 1 No

8) Dishwasher ____ Yes 1 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 Lentz (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office ____

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

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

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 576 AT PAGE 174

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES 1 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

[illegible] Lentz
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY