Date Received 9-21-84

SEE INSTRUCTIONS ON BACK

RECEIVED

SEP 1984

ICAR(S) Application No. 21482

T. C. No. 041-082-04

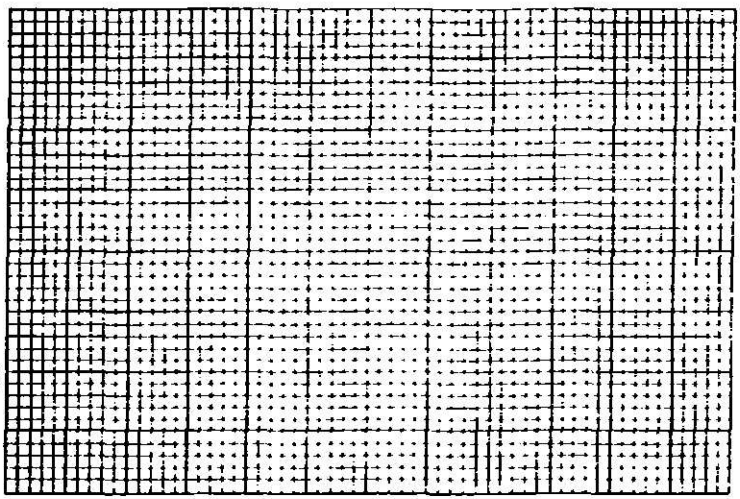
Map Date

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 3
5) Business Use — Max No Employees ____
6) Washing Machine ____ Yes X No
7) Garbage Disposal ____ Yes X No
8) Dishwasher ____ Yes X 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 X No
House located within 200 feet of community sewer ____ Yes ____ No
11) FHA Case No ____
12) VA Case No. ____

✓ 13) NAME OF OWNER Kerr (LAST) Barbara (FIRST) G (MIDDLE)

✓ 14) ADDRESS OF OWNER [illegible]

✓ 15) PHONE NO. Home [illegible] Office 392-5155

✓ 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 ____ AT PAGE ____

✓ 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.

✓ 9-21-84
DATE OF APPLICATION

✓ Barbara G Kerr
OWNER

EHD-5-76

Environmental Health Department's Copy