Date Received 7/[illegible]/78

APT No. 14975

T. C. No. 55-141-1

Map Date ——

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GRIFFITH (LAST) E.C. (FIRST) (MIDDLE)

2) ADDRESS OF OWNER SOUTHERN BUILDERS CORP ZIP

3) PHONE NO. Home Office 332-7173

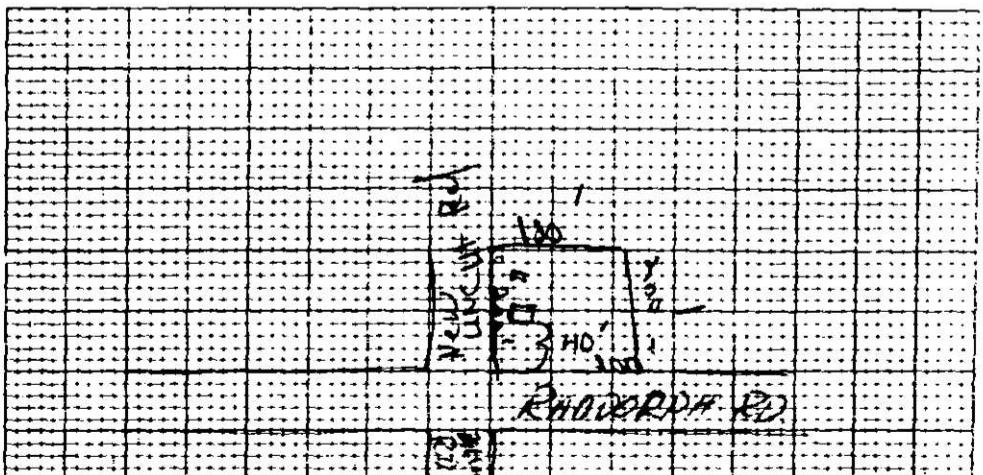
4) LOCATION OF PROPERTY RHODORA AT BILLINGSLEY (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO 155 PAGE NO 141

6) DEED REFERENCE DEED BOOK 2042-614 PAGE NO 14

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

END-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 7/10/78

ICAR (S) Application No. 14275

T. C. No. 155-141.15

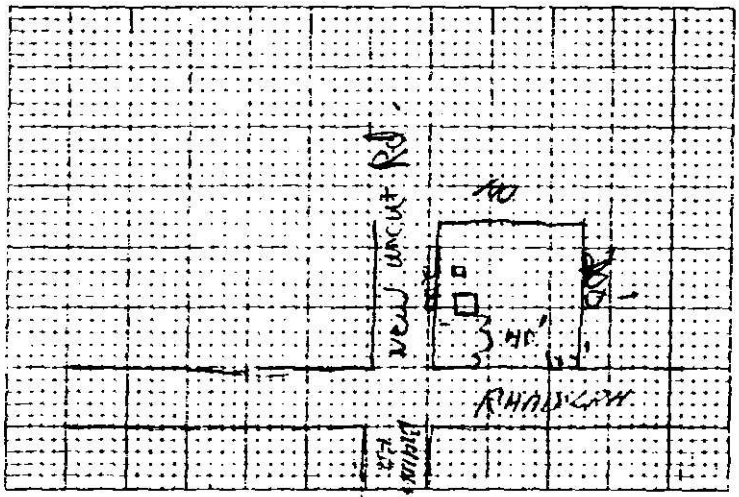
Map Date ———

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 Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge. 12 x 15 Bldg



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms ___

5) Business Use — Max No Employees 2

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 X
   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 X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER GOLDEN E C
LAST FIRST MIDDLE

14) ADDRESS OF OWNER SOUTHERN NATIONAL CENTER

15) PHONE NO. Home ___ Office 333-7173

16) LOCATION OF SYSTEM CHICKEN HT BILLINGSLEY
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 155 Page No. 14

18) DEED REFERENCE — DEED BOOK 2642-614 AT PAGE 14

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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

EHD-5-76

Environmental Health Department's Copy