SEE INSTRUCTIONS ON BACK

Date Received 5-15-23

ICAR(S) Application No 6287

T C No

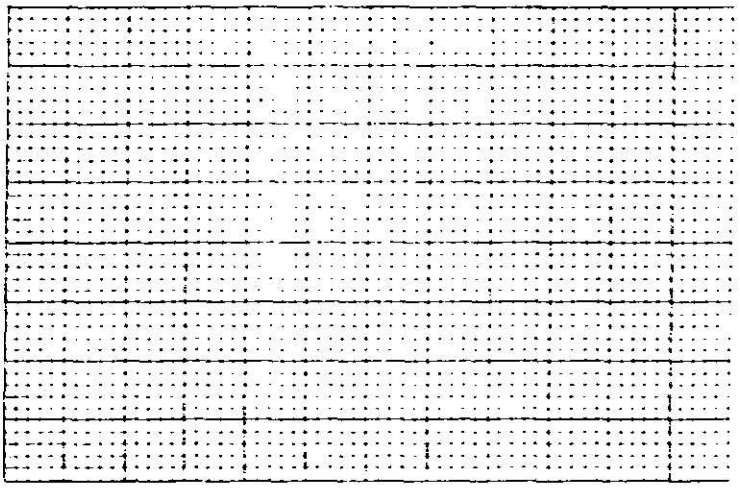
Map Date

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 ___ 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' of sewer ___ Yes ___ No
House located within 200' of community sewer ___ Yes ___ No

11) FmHA Case No ___

12) VA Case No ___

13) NAME OF OWNER F. W. Huntley Const. Co. Inc.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25242 Charlotte, N.C.

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM 2431 Tuckaseegee Rd. Charlotte
(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.

DATE OF APPLICATION ___

Wayne Huntley
OWNER

FORM NO E-4-5-1-72

HEALTH DEPARTMENT'S COPY