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SEE INSTRUCTIONS ON BACK

Date Received 4-13-73

ICAR (S) Application No 5995

T C No 227-128 01

Map Date 11/10/72

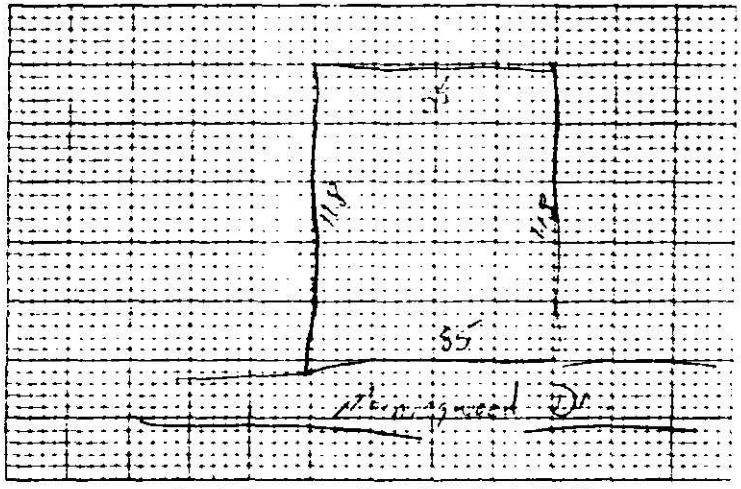
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Bedroom 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 ___

✓ Community System ___

1) Well source ___

2) Governmental ___

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 Hatfield (LAST) Keith (FIRST) Horton (MIDDLE)

14) ADDRESS OF OWNER 125 Morningwood Drive

15) PHONE NO. Home 521-8667 Office ___

16) LOCATION OF SYSTEM 125 Morningwood Dr. Eastwood Forest Trailer Park
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. 72 Block No ___

Map Book No 14 Page No. 217

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.

4-9-73
DATE OF APPLICATION

Ruth Horton Hatfield
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY