SEE INSTRUCTIONS ON BACK

Date Received 3-30-73

ICAR(S) Application No 5860

T. C No 043-C11-4C

Map Date 16 Nov 72

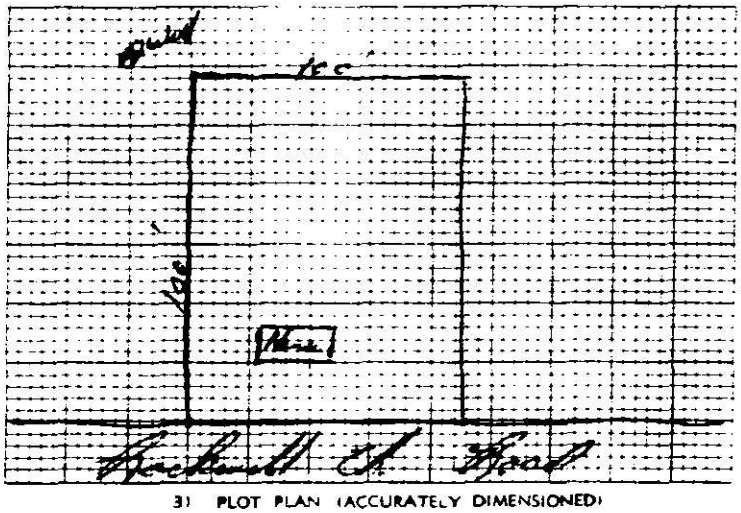
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ 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 ✓ 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 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 Alexander (LAST) Ellen (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER 6109 Rockwell Ch. Road

15) PHONE NO. Home 597-8107 Office —

16) LOCATION OF SYSTEM Same 6109 Rockwell ch. Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Vesta 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)

✓ Ellen Alexander (OWNER)

FORM NO. E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Date Received 3-30-23

APT No. 5860

T.C No. 043-01-46

Map Date 10 Nov 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Alexander, Ellen
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 6109 Rockwell Ch. Rd. ZIP

3) PHONE NO. Home 597-8107 Office

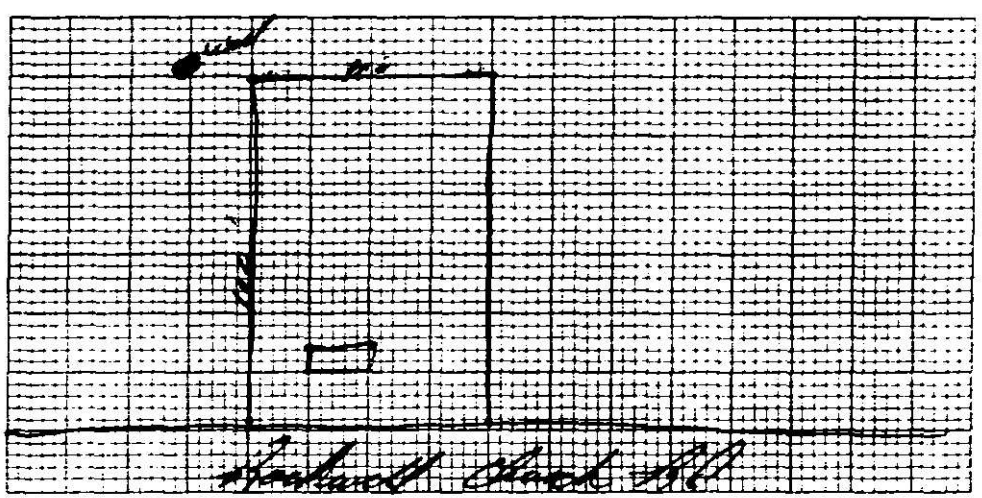
4) LOCATION OF PROPERTY Same 6109 Rockwell Ch. Rd.
STREET OR COUNTY ROAD

5) SUBDIVISION Anita LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test 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

Ellen Alexander
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY