SEE INSTRUCTIONS ON BACK

Date Received 11/7/73

ICAR (S) Application No 7211

T C No

Map Date

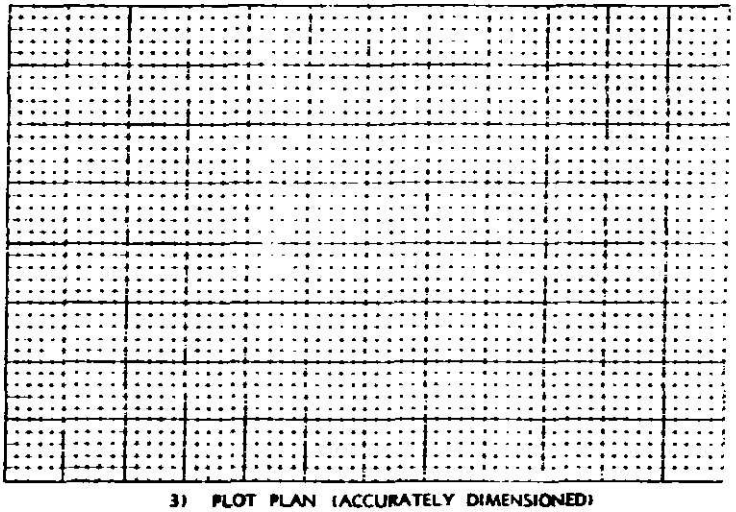
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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) Government System ___
C) Community System
1) Well Source ___
2) Government ___

10) Sewage System
House located within 200 feet of public sewer ___ 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 Graham (LAST) Thomas (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER 1015 Wilshire Rd

15) PHONE NO. Home 536-2789 Office 334-6429

16) LOCATION OF SYSTEM Alexander Rd (STREET OR COUNTY ROAD)

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3662 AT PAGE 0513

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 ___

OWNER Thomas Graham

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11/7/73

APT No. 7211

T. C. No. 113041-02

Map Date ~~8-May-71~~

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Graham (LAST) Thomas (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER 1615 Wilshire Ft ZIP

3) PHONE NO. Home 536-6784 Office 334-6429

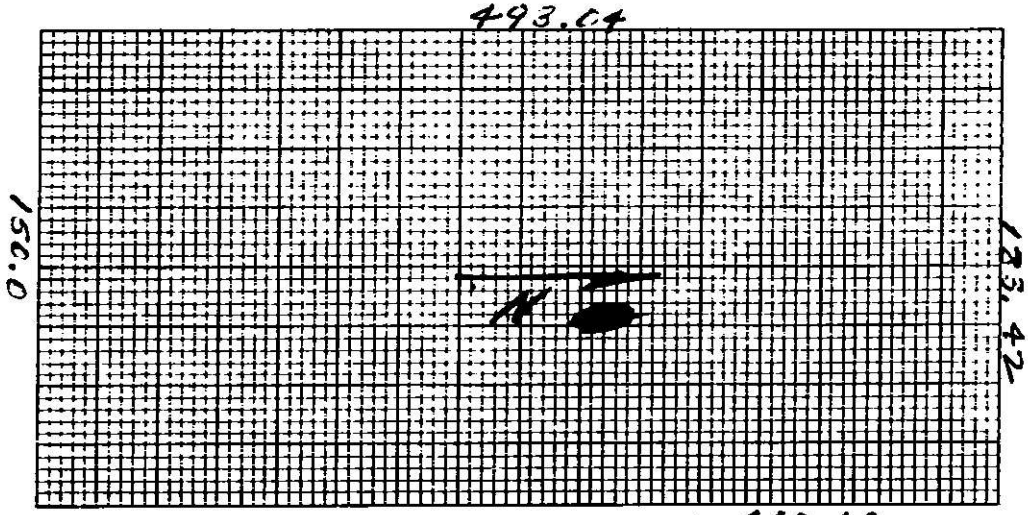
4) LOCATION OF PROPERTY Alexander Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. C BLOCK NO.

MAP BOOK NO. [redacted] PAGE NO. [redacted]

6) DEED REFERENCE: DEED BOOK [redacted] 3607 PAGE NO. [redacted] 0513

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 440.60

OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY