SEE INSTRUCTIONS ON BACK

Date Received 5-16-75

ICAR(S) Application No 14098

T.E. No. 2-17-1161

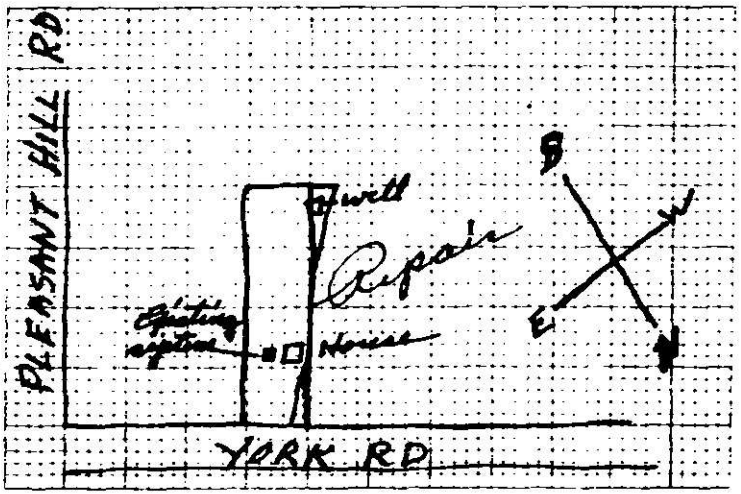
Map Date

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 or Construct 2) Repair Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Replacement ✓ Yes ___ No
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 Rice (LAST) Hubert (FIRST) Edmund (MIDDLE)

14) ADDRESS OF OWNER Rt 1, Box 130 York Rd.

15) PHONE NO. Home 588-3706 Office 554-1280

16) LOCATION OF SYSTEM Rt 1, Box 130 York Rd. (STREET OR COUNTY ROAD)

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK [illegible] 3765 AT PAGE [illegible] 0663

19) HAS A SOIL INVESTIGATION 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 ___

Hubert E. Rice
OWNER

EHD-5-76

Environmental Health Department's Copy