SEE INSTRUCTIONS ON BACK

Date Received 4/25/73

ICARIS Application No 6102

T C No 139-011-14

Map Date

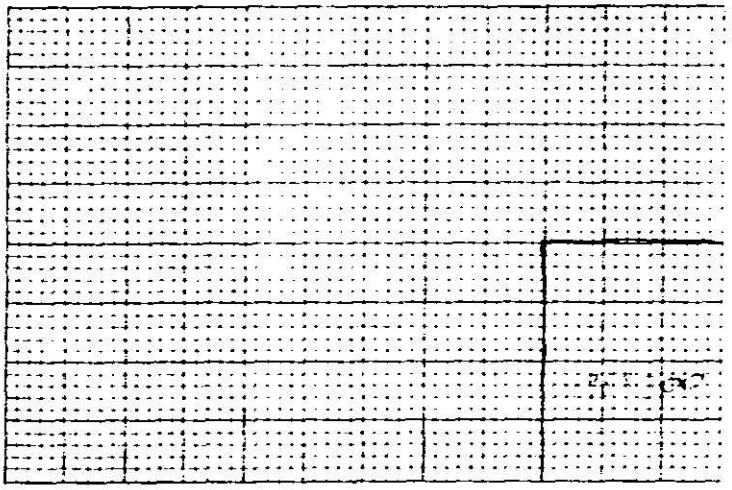
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 Bedrooms PRESENT 0 FUT- 5

5) Business Use (Type No. ___ 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 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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ (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 _____ OWNER _____

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY