Date Received 4-13-84

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APR 13 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 2C 910

T. C. No. 139-173-C1

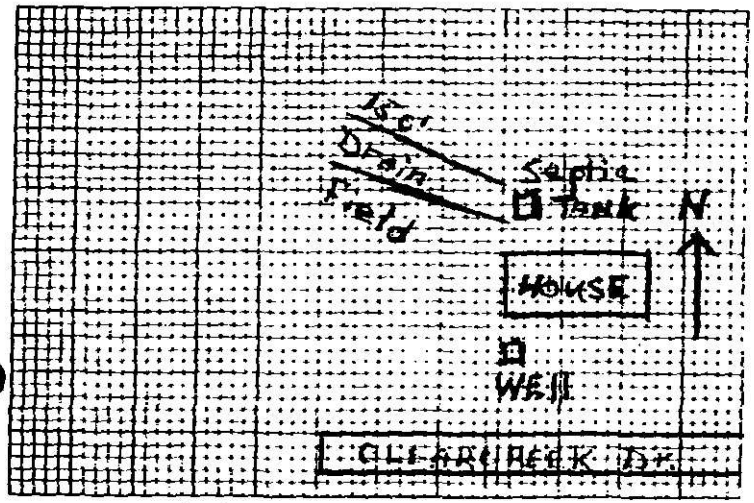
Map Date _____

# 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 ✓ 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
Residence ✓ 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 Malone (LAST) James (FIRST) Isham (MIDDLE)

14) ADDRESS OF OWNER Rt. 1 Box 341 Midland, N.C. 28107

15) PHONE NO. Home 545 6215 Office ___

16) LOCATION OF SYSTEM 10301 Clearcreek Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Clearcreek Acres Lot No. 41 Block No. ___
Map Book No. 4 pt. 71 139-173-C1 Page No. ___

18) DEED REFERENCE — DEED BOOK 1394 AT PAGE 173
2811145

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1968

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.

4-11-84
DATE OF APPLICATION

James I Malone
OWNER

EHD-S-76

Environmental Health Department's Copy