SEE INSTRUCTIONS ON BACK

Date Received 4-24 73

ICAR (S) Application No 6083

T C No

Map Date

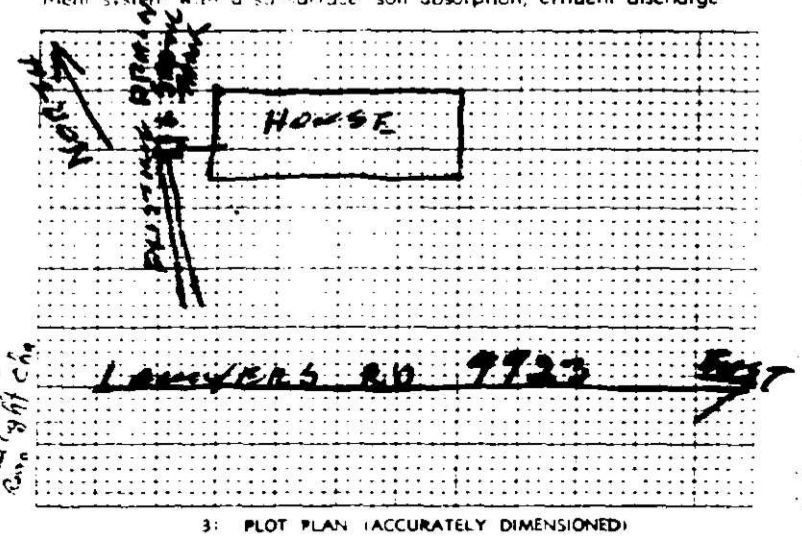
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3rd left before Road Light Cha

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom 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
D Well (Public)
E Government Well

Sewage System
A Private (Septic Tank) Yes
B Public (Sewer) Yes No
C Public (Septic Tank) Yes
D Community (Sewer) Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Helms (LAST) Sarah (FIRST) D. (MIDDLE)

14) ADDRESS OF OWNER 9923 Lawyers Rd.

15) PHONE NO Home 545-4416 Office

16) LOCATION OF SYSTEM 9923 LAWYERS RD (STREET OR COUNTY ROAD)

17) SUBDIVISION Mint Acres Lot No 1 + 2 Block No

Map Book No 7 Page No. 243

18) DEED REFERENCE — DEED BOOK 1703 AT PAGE 142

19) HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN ADT 14 Yds ADD WHEN SYSTEM HAS SETTLED.

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.

4-24-1973
DATE OF APPLICATION

Sarah D. Helms
OWNER

Form No E-4-9-1-72

HEALTH DEPARTMENT'S COPY