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SEE INSTRUCTIONS ON BACK

Date Received 10-27-73

ICAR(S) Application No 7063

T C No 049-021-05

Map Date 1-22-73

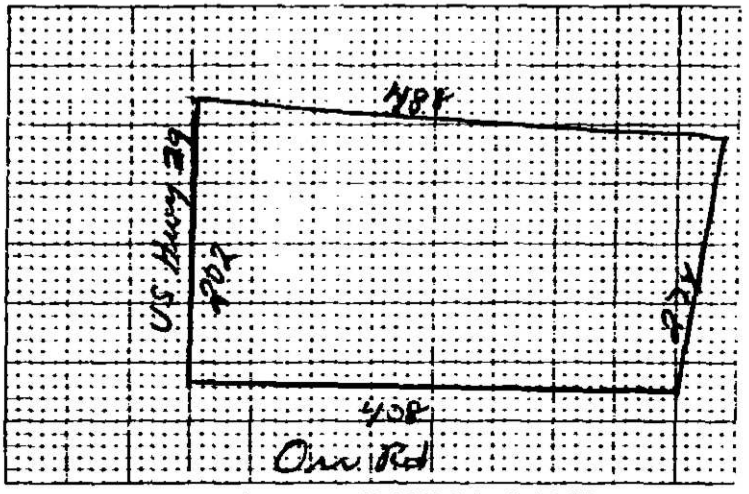
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms ____

5) Business Use Max. No. Employees 6 Full time 7 Part Time

6) Washing Machine ____ Yes X No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply
A) Individual Supply X
B) Government Supply ____
C) Community System ____
1) Well source ____
2) Government source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes 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 X ROBERT H. ACKER
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 5900 N. Tryon 28213 North 29 Lanes

15) PHONE NO. Home ____ Office 596-4736

16) LOCATION OF SYSTEM 5900 N. Tryon 28213
(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.

10-27-73
DATE OF APPLICATION

Robert H. Acker
OWNER

FORM NO. E-4-8-1-72

HEALTH DEPARTMENT'S COPY