SEE INSTRUCTIONS ON BACK

Date Received 6-11-73

ICAR(S) Application No 6466

T C No 035-142-08

Map Date 3-11-73

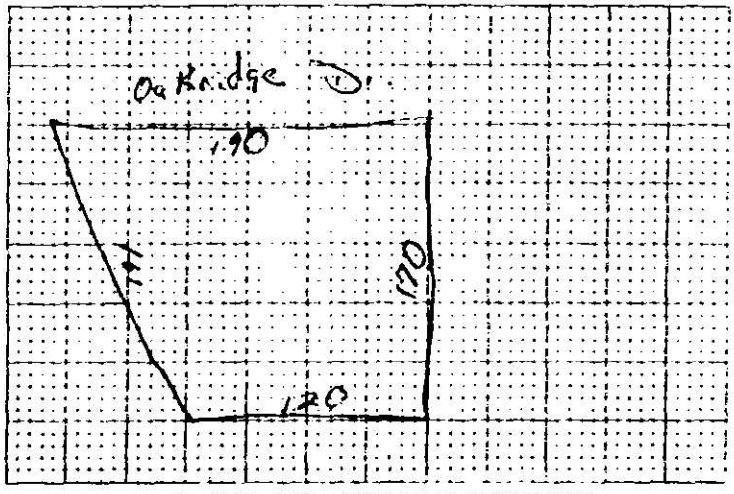
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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's use
2 Governmental

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 Bridges (LAST) Arthur (FIRST) Osborn (MIDDLE)

14) ADDRESS OF OWNER 137 Oakridge Dr. Charlotte, N.C.

15) PHONE NO Home 394-2666 Office 377-7411 Ext 404

16) LOCATION OF SYSTEM 137 Oakridge Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood 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

6-11-73
DATE OF APPLICATION

Arthur O. Bridges
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY