SEE INSTRUCTIONS ON BACK

Date Received 6-19-73

ICAR(S) Application No. 6502

T. C. No. _____

Map Date _____

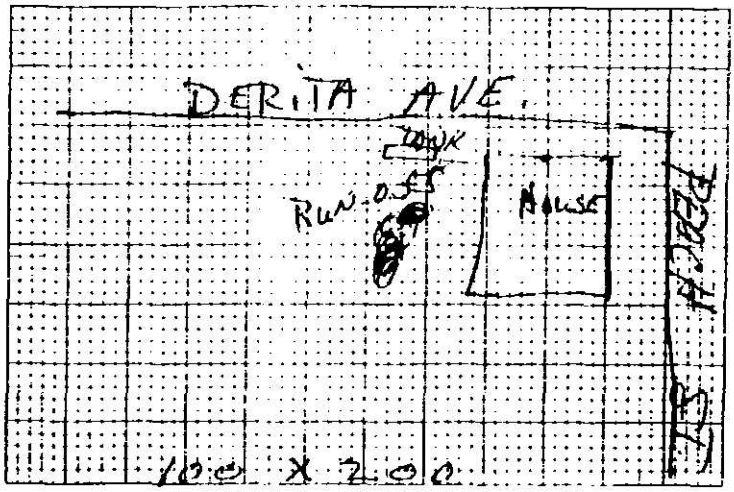
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use - Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply
- A) Individual Well YES
- 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 ASHLEY (LAST) ROBERT (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 2601 DERITA AVE.

15) PHONE NO. Home 596-0310 Office _____

16) LOCATION OF SYSTEM 2601 DERITA AVE. (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 6/18/73

OWNER R E Ashley

FORM NO. E 4-4-1-71

HEALTH DEPARTMENT'S COPY