Date Received 1-4-74

MECK COUNTY HEALTH DEPT.
RECEIVED
JAN 4 1974
ENVIRONMENTAL HEALTH DIVISION

Application No. 7395

T. C. No. _____

Map Date _____

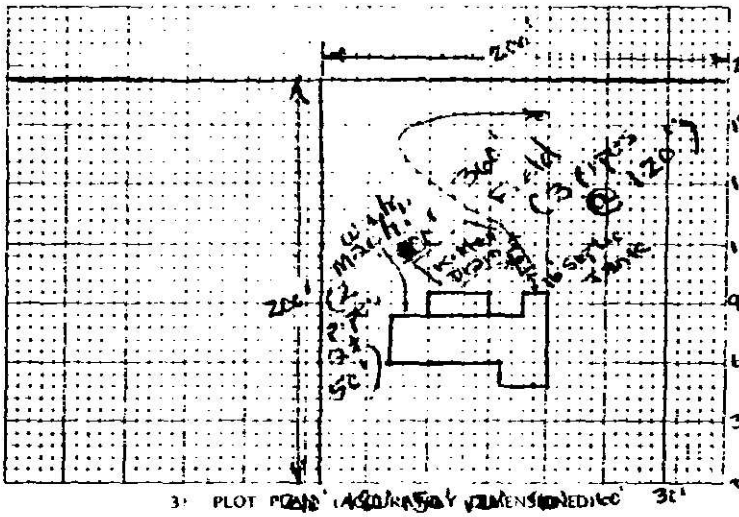
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for 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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) No. of Bedrooms 3

5) Business Use ____ Max. No Employees N/A

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply
- A) Individual Well X
- B) Governmental System ____
- C) Community System
  - 1 Well source ____
  - 2 Governmental 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 [illegible] II JAMES THOMAS
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] CHARLOTTE (MECKLENBURG), N.C.

15) PHONE NO. Home 366-[illegible] Office 535-3256

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. 32 & 33 Block No. ____

Map Book No. 7 Page No. 773

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 6/4/68

20) PTR NUMBER (See Instructions) Prel. Certificate of Approval of Installation of original disposal sys 11939

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.

1/3/74
DATE OF APPLICATION

OWNER [signature]

FORM NO. EH-4[illegible]

HEALTH DEPARTMENT'S COPY