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SEE INSTRUCTIONS ON BACK

Date Received 5-16-73

ICAR (S) Application No 6310

T C No 001-028-4-C

Map Date

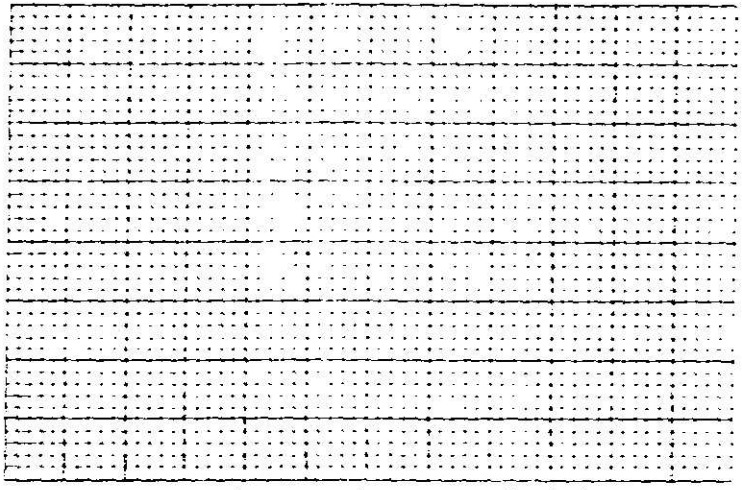
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 X Yes ___ No

9) Water Supply
A) Individual Well X
B) Government System ___
C) Community System
1) Well Owned by ___
2) Government System ___

10) Sewage System
Private Septic Tank ___ Feet
Or Public Sewer ___ Yes ___ No
Private Septic Tank ___ Feet
Community Sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER CLAUDE (LAST) ? (FIRST) SEAWRIGHT (MIDDLE)

14) ADDRESS OF OWNER 6649 Bunker Hill Circle, Charlotte

15) PHONE NO. Home 366-4033 Office ___

16) LOCATION OF SYSTEM Rte # 1100 - County Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 180 Block No. Section 6

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.

5-16-73
DATE OF APPLICATION

Mrs. C. A. Seawright
Owner
Ouida Haynes

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY