SEE INSTRUCTIONS ON BACK

Date Received Aug 8, 1978

ICAR(S) Application No 14399

T. C. No. CH1-156-04,5

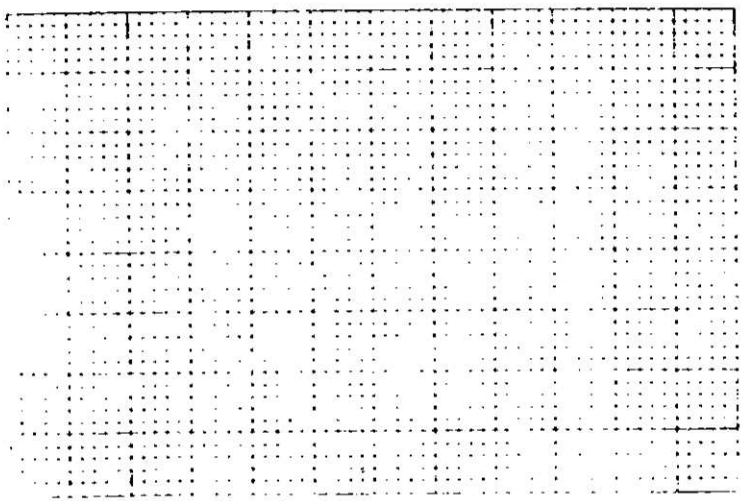
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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)

Mobile Home ___ Yes X No
Residence ↓ Yes ___ No
4 No. of Bedrooms ___ 3
5 Estimated Use Max No. ___
Employees ___
6 Water, Municipal ↓ Yes ___ No
Well or Cistern ___ Yes X No
7 Swimming Pool ↓ Yes ___ No
8 Water Supply
A Municipal Well ↓
B Community System ___
C Name of System ___
Well Source ___
D Governmental Source ___
Sewage System
A Public Sewer within 200 feet ___ Yes ↓ No
B Public Sewer between 200 feet of ___ Yes ↓ No
C Community System ___ Yes ↓ No
D On-Site System ___
E Other ___

13. NAME OF OWNER Cochrane Willis Eugene
(LAST FIRST MIDDLE)

14. ADDRESS OF OWNER 3100 Cochrane Dr. Charlotte, 28213

15. PHONE NO Home 596-2156 Office _____

16. LOCATION OF SYSTEM 3100 Cochrane Dr.
(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 SOIL INVESTIGATION BEEN MADE YES NO DATE RUN

20. PTR NO MBER (See Instruction Item)

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof 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.

W. E. Cochrane
OWNER

DATE OF APPLICATION _____

EH 76

Environmental Health Department's Copy