Date Received 10/26/83

MECK... DEPARTMENT OF
RE...
OCT 2... 83
ENVIRONMENTAL HEALTH

SIR No. 20224

T. C. No. 101-041-07

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Thompson, (LAST) Queen (FIRST) Elizabeth (MIDDLE)

2) ADDRESS OF OWNER 4933 Lawrence Orr Rd. Charlotte ZIP 28212

3) PHONE NO. Home 563-7360 Office _____

4) LOCATION OF PROPERTY Corner Shamrock Drive and N. Sharon Am. (STREET OR COUNTY ROAD)

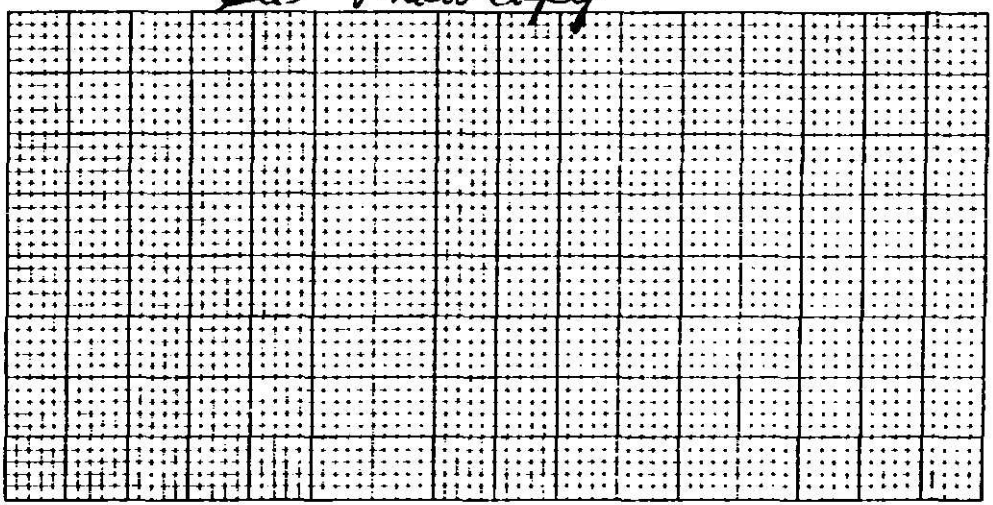
5) SUBDIVISION _____ LOT NO. 7 BLOCK NO. _____

MAP BOOK NO ~~3328~~ 101 PAGE NO. ~~569~~ 4

6) DEED REFERENCE DEED BOOK 3328 PAGE NO. 569

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

See Photo copy



7) ACCURATELY DIAGRAM & DIMENSION LOT

Queen E. Thompson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 10/26/83

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 20224

T. C. No. 101-041-17

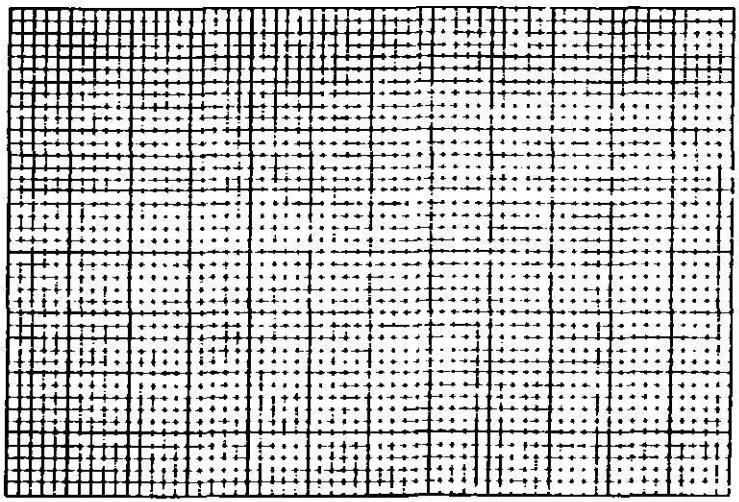
Map Date _____

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) X 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)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

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 ___
B) Governmental System X
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 Thompson (LAST), Queen + Melvin R. (FIRST MIDDLE)

14) ADDRESS OF OWNER 4933 Lawrence Orr Rd. Charlotte, N.C.

15) PHONE NO. Home 563-7360 Office ___

16) LOCATION OF SYSTEM Corner Shamrock Dr. & N. Sharon Amity Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 7 Block No. ___

Map Book No. 101 Page No. 4

18) DEED REFERENCE — DEED BOOK 3328 AT PAGE 569

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

10-26-83
DATE OF APPLICATION

Queen E. Thompson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY