SEE INSTRUCTIONS ON

Date Received 2-11-71

ICAR(S) Application No. 984

T.C No. 601-081-04

Map Date

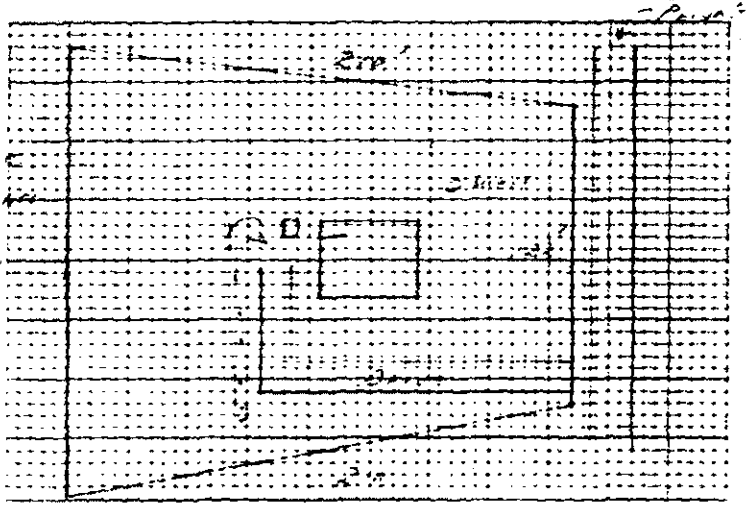
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. 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)

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 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 Mann, (LAST) Edmund (FIRST) Spencer, Jr. (MIDDLE)
14. ADDRESS OF OWNER 1501 Shannonhouse Dr.; Charlotte, N. C.
15. PHONE NO. Home 537 7663 Office 333 3147
16. LOCATION OF SYSTEM Tuscarora Trail (STREET OR COUNTY ROAD) State Road 2153
17. SUBDIVISION ___ Lot No 310 Block No 6
    Map Book No. ___ Page No. ___
18. DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19. HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 2/11/71
20. PTR NUMBER (See Instructions) 957

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 2/11/71

OWNER - Lessee

FORM NO. E-4-7. 70

HEALTH DEPARTMENT'S COPY Crescent Land & Timber Corp. Lessee