Date Received 5/7/76

ICAR(S) Application No. 10939

T. C. No. 001-281-49

Map Date 2.21.75

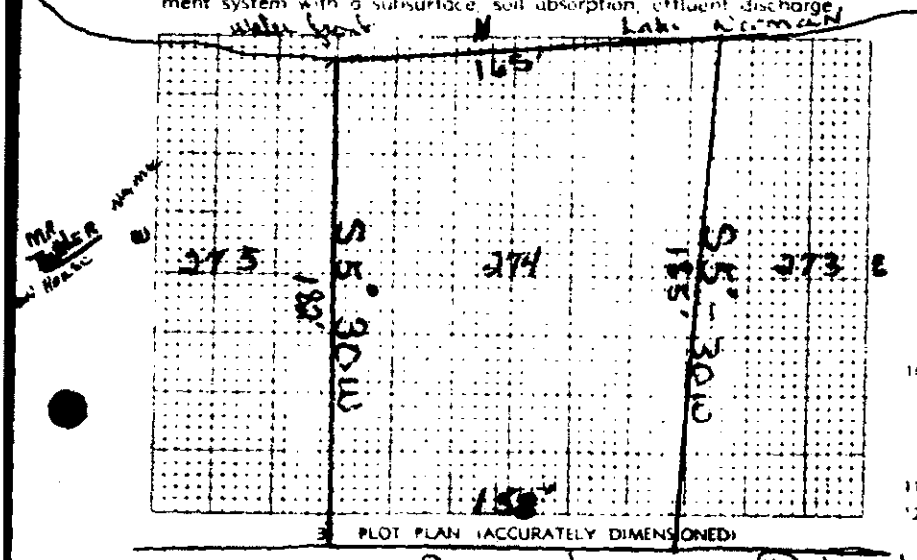
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 inscribed hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



4) No. of Bedrooms 3

5) Business Use Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Sinyard (LAST) Robert (FIRST) Radford (MIDDLE)

14) ADDRESS OF OWNER 1714 Aster Lane Gastonia 28052

15) PHONE NO. Home 868-6172 Office 394-3176

16) LOCATION OF PROPERTY Mecklenburg Hwy #100 Brawley School Rd to Carter Pavementeands - 3rd Street Approx. 3mi Right Tuskarora Trail - to the right
(STREET OR COUNTY ROAD)

17) SUBDIVISION Section 6 Lot No 274 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 5/6/76

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.

4-26-76
DATE OF APPLICATION

Eleanor J. Sinyard
OWNER
Robert R. Sinyard

FORM NO E-4-4-2M-6-75

HEALTH DEPARTMENT'S COPY