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Date Received 6/22

ICAR(S) Application No. 1098

T. C. No. 201-281-64-5

Map Date 3 24 72

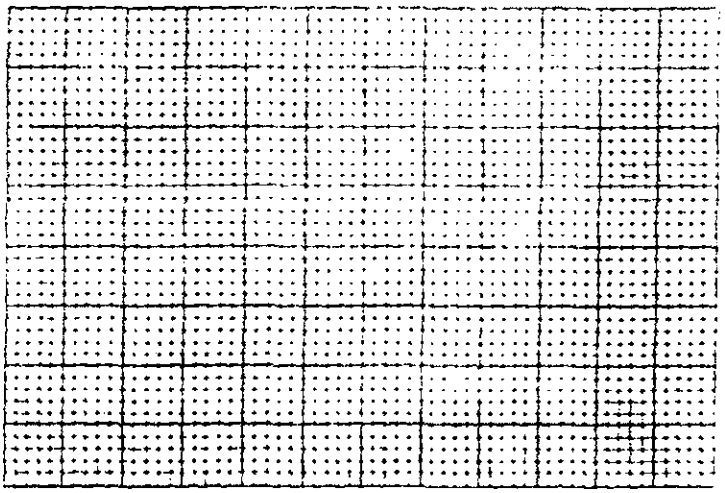
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 1 Bedroom
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 Leach (LAST) Hall (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER #2 Box 133A Rockwell N.C. 28138

15) PHONE NO Home 857-2672 Office ___

16) LOCATION OF SYSTEM ___ Tuskeegee Trail (STREET OR COUNTY ROAD)

17) SUBDIVISION Lake Norman Lot No 277 Block No. Sect. 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.

DATE OF APPLICATION

Hall Leach
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY