SEE INSTRUCTIONS ON BACK

CW

Date Received 6-24-71

ICAR(S) Application No. 2061

T. C. No.

Map Date

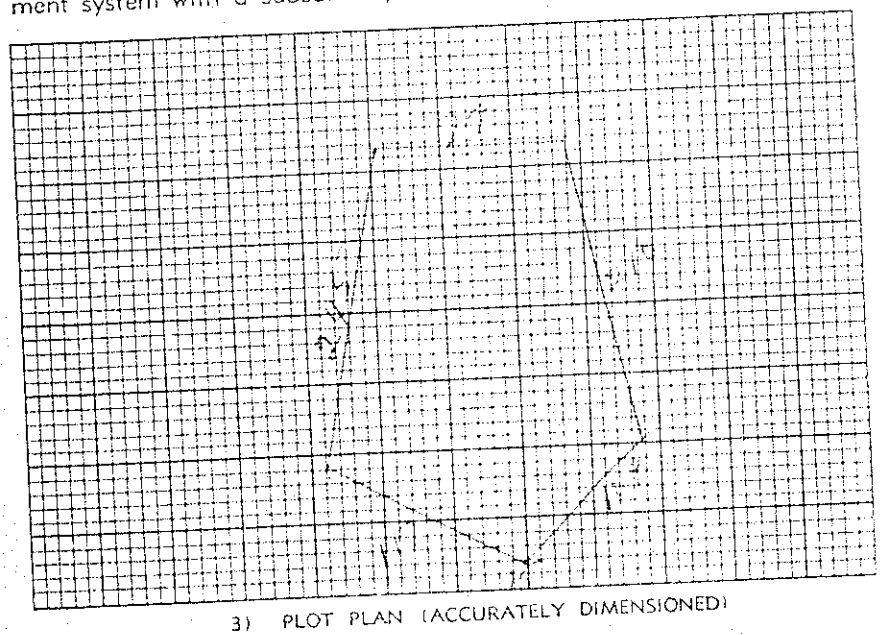
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 SINGLE HOME

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 [illegible] (LAST) WILLIAM (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION LAKE NORMAN Lot No. 232 Block No. SECTION 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.

6-24-71
DATE OF APPLICATION

William H Darnell
OWNER

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

HEALTH DEPARTMENT'S COPY