SEE INSTRUCTIONS ON | SIDE

Date Received 4-21-71

ICAR(S) Application No. 1610

T. C. No. 001-281-04 N

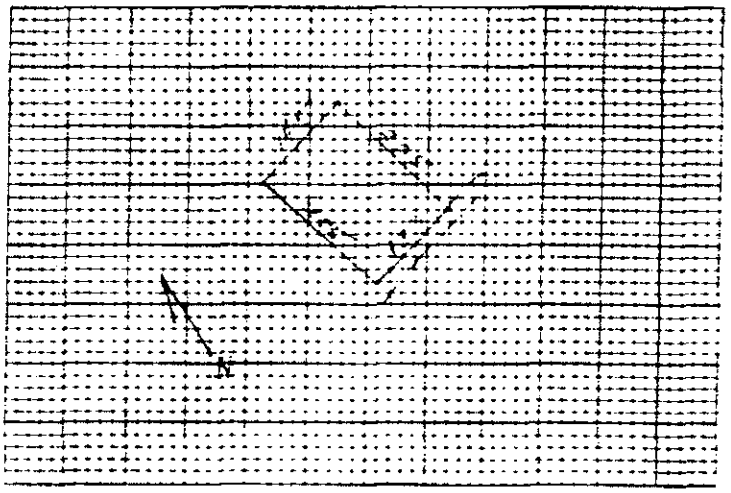
Map Date

# 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

5) Business Use — Max No Employees No

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
- A) Individual Well Yes
- B) Governmental System No
- C) Community System
  - 1 Well source No
  - 2 Governmental source No

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 No

12) VA Case No No

13) NAME OF OWNER Carrell (LAST) Ralph (FIRST) William (MIDDLE)

14) ADDRESS OF OWNER 303 Christenbury Rd - Charlotte, NC 28213

15) PHONE NO Home 525-6123 Office 372-2211 - Ext. 458

16) LOCATION OF SYSTEM Off Tuscarora Trail (STREET OR COUNTY ROAD)

17) SUBDIVISION Lake Norman Lot No 266 Block No 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 ___

OWNER Crescent Land & Timber Corp. by Robert W. Carrell Agent

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY