SEE INSTRUCTIONS ON BACK

Date Received 9-20-73

ICAR (S) Application No 7019

T C No

Map Date

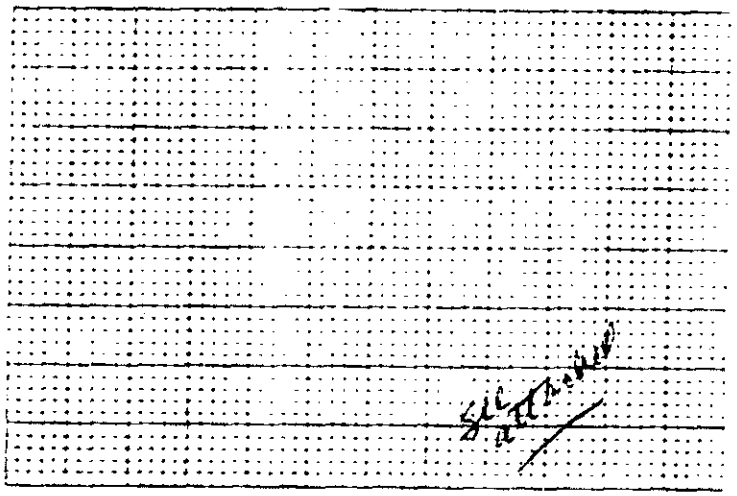
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parts 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



4 No of Bedrooms 2

5 Business (Gen Mdse) Max No Employees

6 Washing Machine ... No

7 Garbage Disposal ... No

8 Dishwasher ... No

9 Water Supply
A ... ✓
B Government ...
C Community ...
1 Well ...
2 Government ...

Sewage System
... Yes ... No

11 FHA Case No

12 VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Richardson Allen James
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 7731 Daytona Bch. Fla. 32016

15) PHONE NO Home 904-761-1984 Office

16) LOCATION OF SYSTEM TUSCARORA TRAIL
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ 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 ____

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 William James Richardson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY