SEE INSTRUCTIONS ON BACK

Date Received 6/1 [illegible]

ICAR (S) Application No. 9982

T C No. 001-281-0619

Map Date 2-21-75

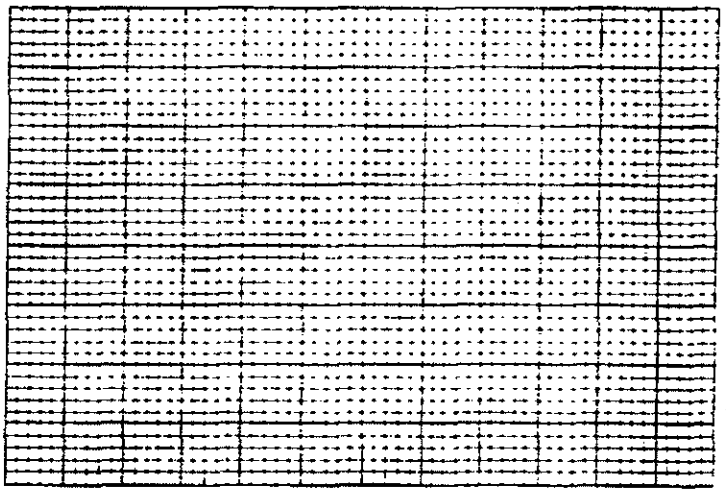
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 N/A single family

6) Washing Machine ____ Yes ____ No

7) Garbage Disposal ✓ Yes ✓ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply:
- A) Individual Well YES
- 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 Castanas (LAST) George (FIRST) James (MIDDLE)

14) ADDRESS OF OWNER 5413 Colchester Pl.

15) PHONE NO. Home 364-1548 Office 377-4529

16) LOCATION OF SYSTEM off Powell Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Meek Meek-Lake Park Lot No. 344 Section 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 9/03/75 → 60

20) PTR NUMBER (See Instructions) 9982

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 ____

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY