Date Received 9/30/76

ICAR(S) Application No. [illegible]

T C. No. 001 28462

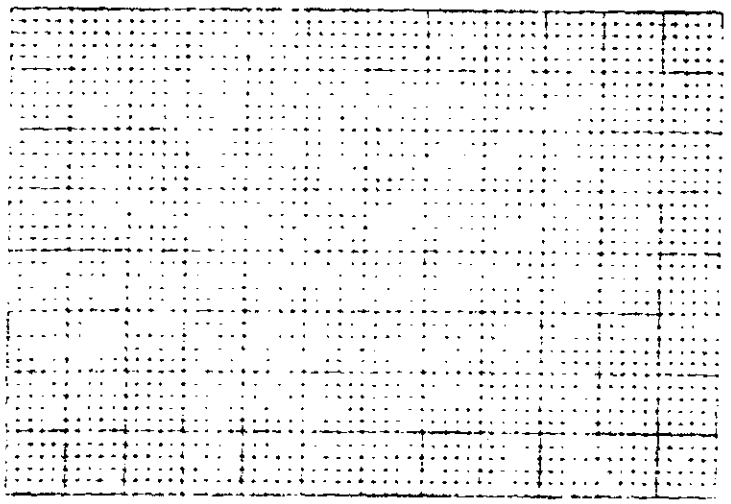
Map Date 2.2.75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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



Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No
4) No. of Bedrooms 3
5) Basement Use — Main No
Bedrooms ____
Washing Machine ____ Yes ✓ No
Garbage Disposal ✓ Yes ____ No
Dishwasher ✓ Yes ____ No
Water Supply
Individual Well ✓
Governmental System ____
Community System:
Well source ____
Governmental source ____
Sewage System
Property located within 200 feet
of sanitary sewer ____ Yes ____ No
Property located within 200 feet of
community sewer ____ Yes ____ No
11) FHA Case No. ____
12) VA Case No. ____

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER SCOFIELD (LAST) MICHAEL (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER 4900 HADRIAN WAY

15) PHONE NO Home 364-7388 Office 374-3201

16) LOCATION OF SYSTEM BALLYCASTLE ROAD (OFF TUSKAROORA TRAIL) (STREET OR COUNTY ROAD)

17) SUBDIVISION LAKE NORMAN Lot No. 345 Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN 2/12 [illegible]

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.

9-30-76
DATE OF APPLICATION

Michael S. Scofield
OWNER

EHD-5-76

Environmental Health Department's Copy