SEE INSTRUCTIONS ON BACK

Date Received 9-5-73

(CARIS) Application No 6949

T C No 001-291-07 N

Map Date 24 Mar 72

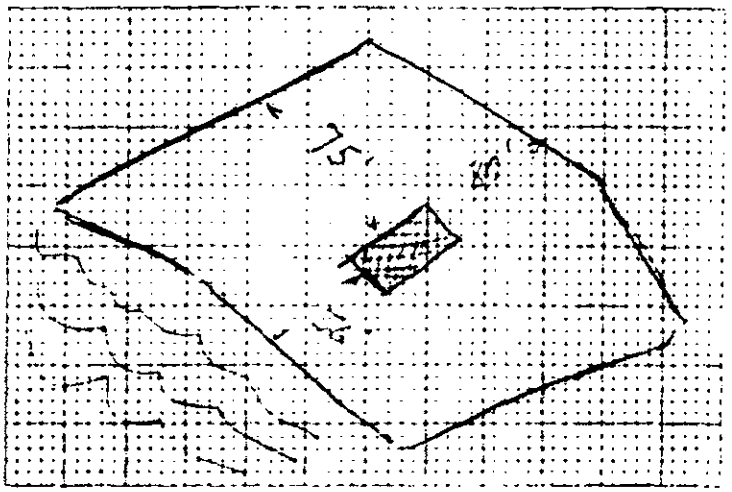
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 2

5) Income Use Multi-Family
Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Metropolitan Water X
B) Governmental System
C) Community System
1) Well
2) Governmental

Sewerage System
Have you applied for connection to public sewer Yes X No
Have you installed a septic tank
Is community sewer available Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

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

17) SUBDIVISION _____ Lot No 353 Block No _____

Map Book No _____ Page No _____

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES X NO DATE RUN

20) PTR NUMBER (See Instructions) 2111

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 _____

REVISED 6-4-8-1-72

HEALTH DEPARTMENT'S COPY