Date Received 3-15-71 ICAR(S) Application No. 1350

T. C. No.

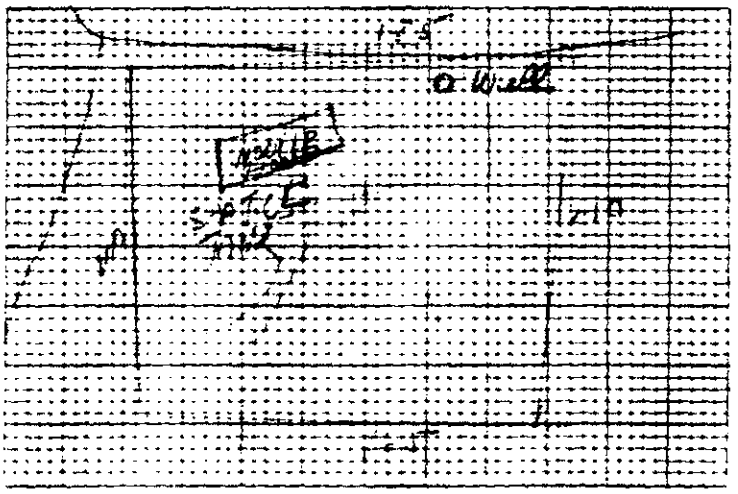
Map Date

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 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 2
5) Business Use — Max No Employees ___
6) Washing Machine ___Yes ✓No
7) Garbage Disposal ___Yes ✓No
8) Dishwasher ___Yes ✓No
9) Water Supply
A) Individual Well ✓
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 WOLFE (LAST) THOMAS (FIRST) RICHARD (MIDDLE)

14) ADDRESS OF OWNER 1626 Briarcliff Lane, Charlotte, NC

15) PHONE NO. Home 545-5264 Office 334-5314

16) LOCATION OF SYSTEM Briarcliff Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Sec C Lot No. 265 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.

3-12-71
DATE OF APPLICATION

Thomas R Wolfe
OWNER

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

HEALTH DEPARTMENT'S COPY