SEE INSTRUCTIONS ON BACK

Date Received 12/1/75

ICAR(S) Application No. 10255

T C No. DDI-25-045

Map Date

1500.
450

1000 gal septic tank
300' of subsurface
no well within 100'

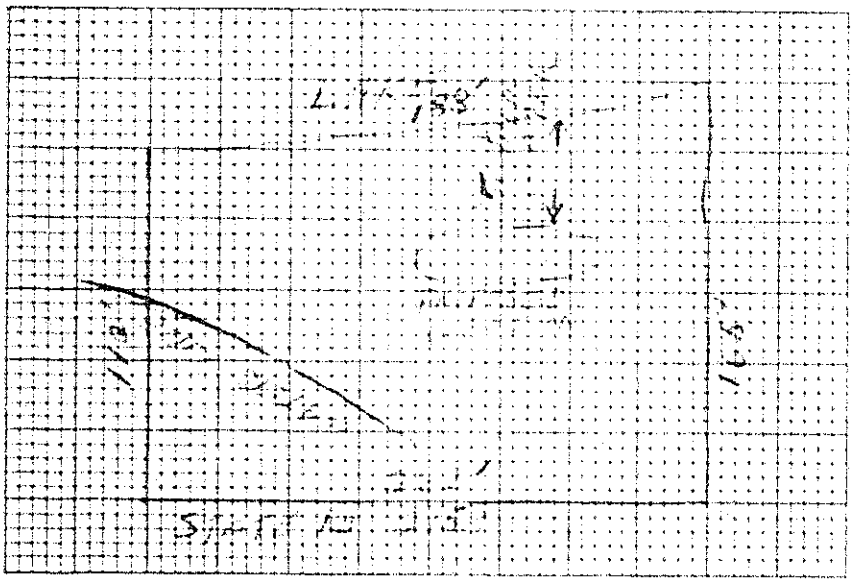
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

3) No. of Bedrooms 3

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 [illegible] DAVIS [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office ___

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. 263 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 11/24/75 >60

20) PTR NUMBER (See Instructions) 10255

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.

12/1/75
DATE OF APPLICATION

Harold M. Davis
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY