SEE INSTRUCTIONS ON BACK

Date Received 12/23/70 ICAR(S) Application No. 1189

T. C. No. 001-231-02 Lot 7a

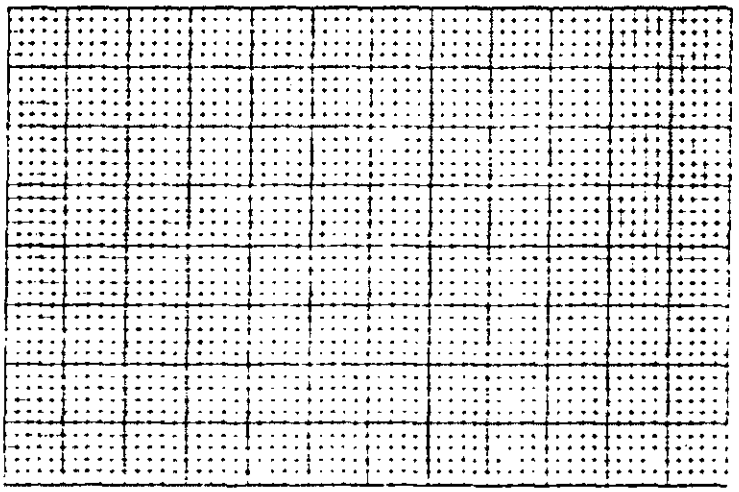
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Business Use - Max No Employees ___ NO
6) Washing Machine ___ Yes X No
7) Garbage Disposal Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System.
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER HILL (LAST) GROVER (FIRST) CLEVELAND (MIDDLE)

14) ADDRESS OF OWNER 2235 HASSELL PL. - Charlotte N.C.

15) PHONE NO Home 376-4220 Office 372-0364

16) LOCATION OF SYSTEM Lake Norman - Mecklenburg Neck (STREET OR COUNTY ROAD)

17) SUBDIVISION Section 6 Lot No 364 Block No ___

Tax Map Book No 001 Page No. 28 Block No. 281

18) DEED REFERENCE - - DEED BOOK ___ ~~MESSAGE~~ Lot # 07-4

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN Sept 13, '70

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

~~Lessee~~ ___

DATE OF APPLICATION ___

OWNER Reuben H. Tomberlin for Crescent Land & Timber Corp.

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

HEALTH DEPARTMENT'S COPY