Date Received 6 23 72

ICAR (S) Application No. 4261

T C. No. 001-28-03 R

Map Date 3 24 72

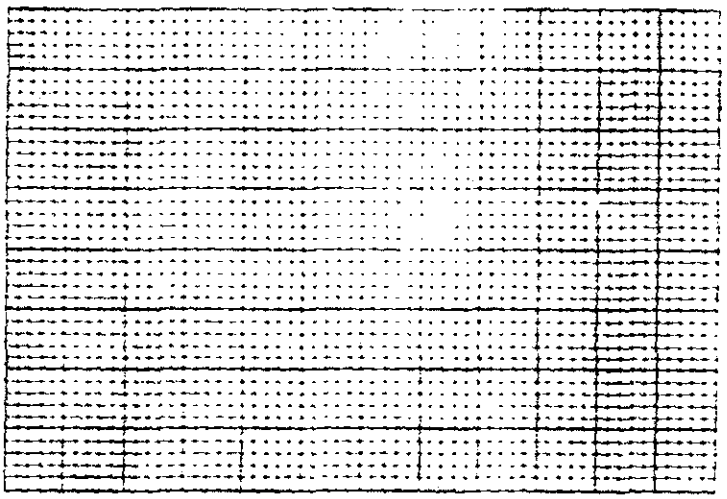
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 X
B. Governmental System ___
C. Community System
1. Well source ___
2. Governmental ___

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 STOWE (LAST) GERALD (FIRST) FRANK (MIDDLE)

14) ADDRESS OF OWNER 317 DOGWOOD LANE

15) PHONE NO Home 825 2450 Office 333 0131

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

17) SUBDIVISION LAKE NORMAN Lot No. 251-A 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.

JUNE 23-1972
DATE OF APPLICATION

Gerald F. Stowe
OWNER

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

HEALTH DEPARTMENT'S COPY