Date Received 3-2-71

ICAR (S) Application No. 1051

T. C. No. 001-281-03-A

Map Date

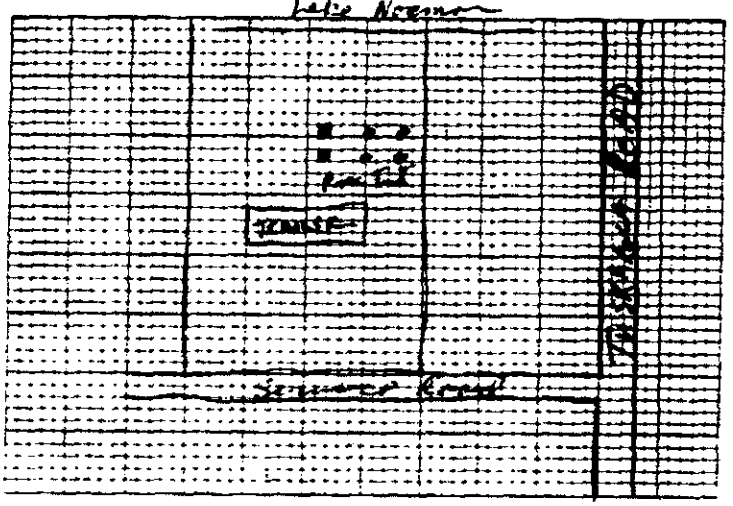
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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

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 @ same Company
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 LEATTS (LAST) MITCHELL (FIRST) WAYNE- (MIDDLE)

14) ADDRESS OF OWNER 164 Rutledge Cir, Concord, NC 28025

15) PHONE NO Home 782-4561 Office 782-2194

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

17) SUBDIVISION _____ Lot No. 248 Block No. 6

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2/25/71

20) PTR NUMBER See Instructions) 1051

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 3/4/71

OWNER Wayne Leatts

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY