SEE INSTRUCTIONS ON BACK

Date Received 7-29-71

ICAR(S) Application No. 2155

T. C. No.

Map Date

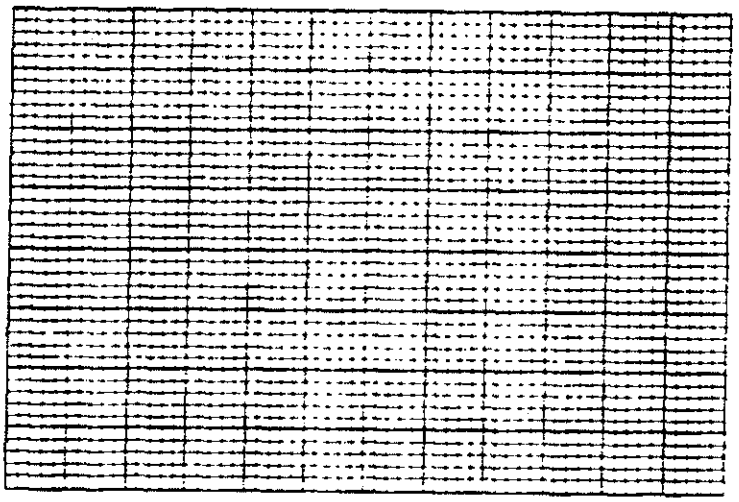
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Austin (LAST) Edwin (FIRST) Earl (MIDDLE)

14) ADDRESS OF OWNER 6417 Monroe Rd Apt 1

15) PHONE NO Home 537-1922 Office Same

16) LOCATION OF SYSTEM Powell Pl. (STREET OR COUNTY ROAD)

17) SUBDIVISION Sec. 6 Lot No 369 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.

DATE OF APPLICATION

Edwin E. Austin
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY