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SEE INSTRUCTIONS ON

Date Received 12-8-70

ICAR(S) Application No. M"11

T C. No. 201-22-03

Map Date 9-1-70

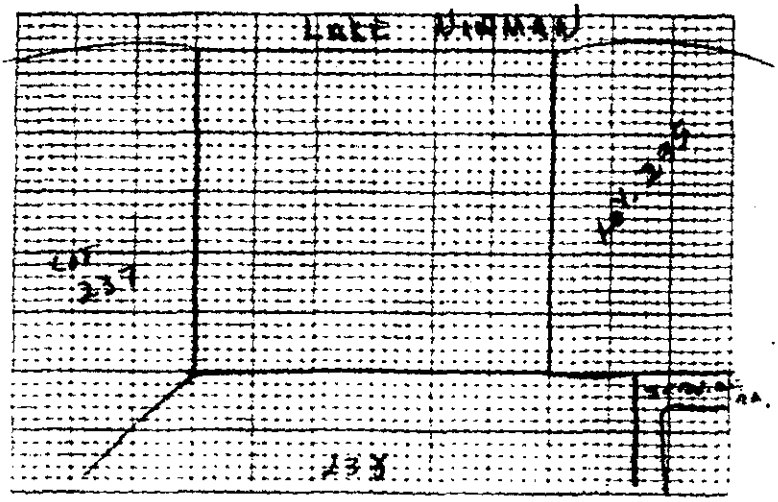
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



4) No. of Bedrooms 4

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
FmHA Case No ___
VA Case No ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

12) NAME OF OWNER NOLAN (LAST) William (FIRST) M (MIDDLE)

14) ADDRESS OF OWNER 3753 GARY AVE

15) PHONE NO Home DORTON. Chic 2726 Office ___

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

17) SUBDIVISION Sec 6 Lot No 236 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.

12-8-70
DATE OF APPLICATION

William M Nolan
OWNER

FORM NO E-4-?-1-70

HEALTH DEPARTMENT'S COPY