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SEE INSTRUCTIONS ON BACK

Date Received 4 10 73

ICAR(S) Application No 5996

P. & C. No. 001-281-01

Map Date 21 Mar 72

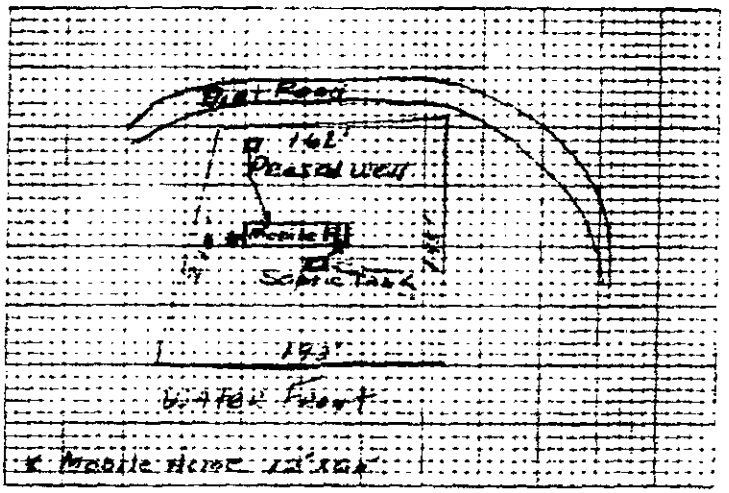
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 None
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
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 None

12) VA Case No None

13) NAME OF OWNER Rushing (LAST) William (FIRST) Marion (MIDDLE)

14) ADDRESS OF OWNER 3531 Havencrest Drive

15) PHONE NO Home 536-6344 Office 536 1234 Bill Rock Rentals

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

17) SUBDIVISION Section 6 Lot No. 240 Block No. ___

Map Book No. 39 Page No. 38

18) DEED REFERENCE — DEED BOOK 601 AT PAGE 281

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✓ NO DATE RUN ___

20) PTR NUMBER (See Instructions) None

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.

4-9-73
DATE OF APPLICATION

William Marion Rushing
OWNER

FORM NO E-4-4(1-71)

HEALTH DEPARTMENT'S COPY