Date Received 2-5-76

ICAR(S) Application No. 10440

T. C No 001-241-03K

Map Date 2-21-77

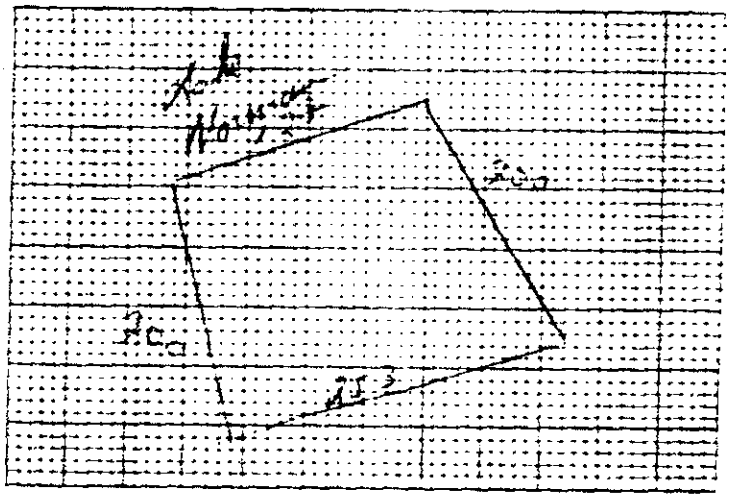
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

MOBILE HOME

4) No of Bedrooms 3

5) Business Use - Max No Employees ___

6) Washing Machine ___Yes ✓No

7) Garbage Disposa ___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 SPRINKLE (LAST) LARRY (FIRST) JAMES (MIDDLE)

14) ADDRESS OF OWNER 4614 SUSSEX AVE

15) PHONE NO. Home 365-6693 Office 373-4696

16) LOCATION OF SYSTEM OFF IROQUOIS TRAIL (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ 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.

1-6-76
DATE OF APPLICATION

OWNER

FORM NO E-4-4-1-**

HEALTH DEPARTMENT'S COPY