SEE INSTRUCTIONS ON BACK

Date Received 6-1-77

ICAR(S) Application No. 1852

T C No 01-281-32M

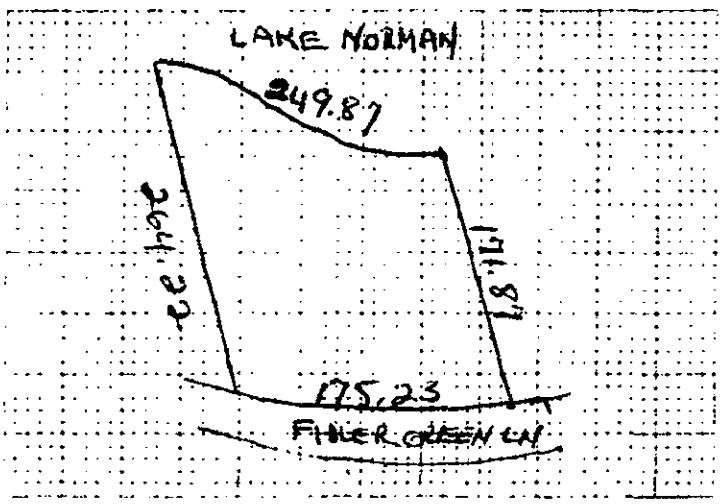
Map Date 6-4-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The [illegible] hereinafter hereto, applies to the Mecklenburg County Department of Environmental Health for a permit to

1 ✓ [illegible] Alter or Repair an individual septic tank wastewater treatment system with [illegible] soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes ✓ No
Residence Yes No
4 Number of Bedrooms 2
5 Water Supply Main No
Engineered [illegible]
6 Washing Machine Yes ✓ No
7 Garbage Disposal Yes ✓ No
8 Dishwasher Yes ✓ No
9 Water Softener [illegible] ✓
Automatic Flush [illegible]
10 Is permanent water supply [illegible]
Average Daily Flow [illegible]
Water Meter [illegible]
Is permanent supply [illegible]
Sewage System
Is the nearest [illegible] feet
Is public sewer Yes ✓ No
Is any building within 200 feet of [illegible]
any public sewer Yes ✓ No
11 FHA Case No. [illegible]
12 VA Case No. [illegible]

13) NAME OF OWNER WHITEHURST (LAST) JAMES (FIRST) RENARD (MIDDLE)

14) ADDRESS OF OWNER 3025 AIRLIE ST. CHARLOTTE, NC 28205

15) PHONE NO Home 536-7689 Office 568-4251 EXT 390

16) LOCATION OF SYSTEM FIDLER GREEN LANE (STREET OR COUNTY ROAD)

17 SUBDIVISION LAKE NORMAN Lot No 220 Block No. 6

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19 HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN 2/3/77 → 6/6

20) PTR NUMBER (See Instructions) 1852

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.

5-31-77
DATE OF APPLICATION

James R. Whitehurst
OWNER

1 EHS 5 76

Environmental Health Department's Copy