SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 13511

T C No. 001-383-14

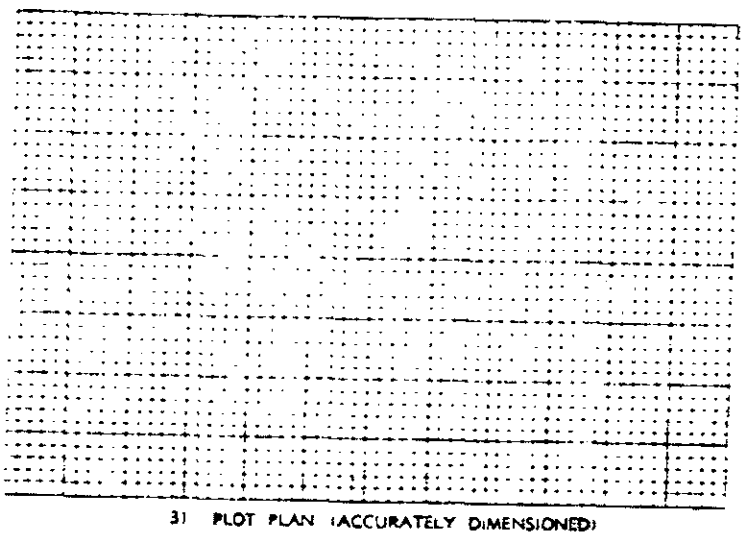
Map Date 1-5-78

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 owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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 ___Yes___No
Residence ✓ Yes ___ No
4. No. of Bedrooms ✓
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 Tara (LAST) Shacks (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER 1131 Huntingdon Rd

15) PHONE NO Home 919-568-3284 Office 919-568-4140

16) LOCATION OF SYSTEM Misty Lovin LN. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 92 Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A SOIL INVESTIGATION 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 ___

OWNER Tara S. Shacks

EHD-5-76

Environmental Health Department's Copy