Date Received 1-27-75

MECKLENBURG COUNTY HEALTH DEPARTMENT
RECEIVED
JAN 2 1975
Application No 9847
T C No
Map Date

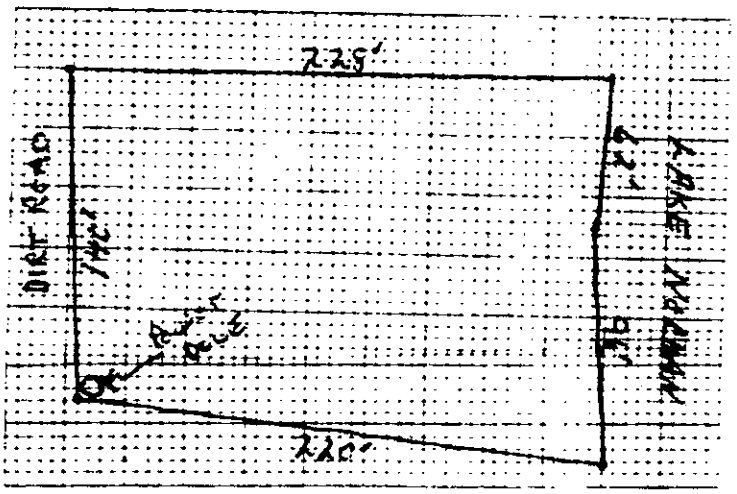
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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
10 Sewerage System
Is property located within 200 feet of public sewer? ___ Yes ✓ No
Is house located within 200 feet of community sewer ___ Yes ✓ No
11 FHA Case No
12 VA Case No

13) NAME OF OWNER Wise (LAST) Norman (FIRST) K (MIDDLE)
14) ADDRESS OF OWNER 5230 Kilgore Dr.
15) PHONE NO Home 537-1665 Office 334-5422
16) LOCATION OF SYSTEM N. Wilkinson Blvd 5 Mi. From Pasta Trucking Co (STREET OR COUNTY ROAD)
17 SUBDIVISION Duke Power Sec 6 Lot No 419 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.

DATE OF APPLICATION

OWNER K R Wise

FORM NO [illegible]

HEALTH DEPARTMENT'S COPY