4624252122 142 Yellow Jacket Cr.

L 409

SEE INSTRUCTIONS ON BACK

Date Received 3/22/79

ICAR (S) Application No 15142

T. C. No. 001-372-29

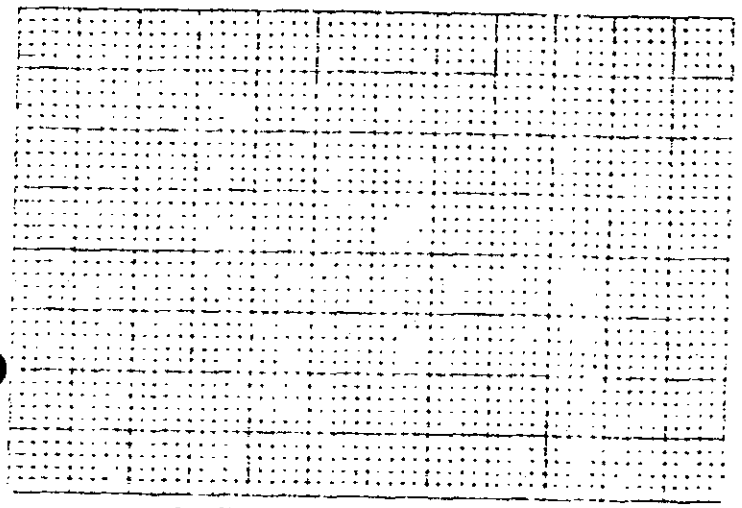
Map Date _____

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) X 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) Mobile Home X Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher ___ Yes ___ No

9) Water Supply
a) Individual Well X
b) Governmental System ___
c) Community System
1 Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Sweitzer (LAST) Donald (FIRST) F (MIDDLE)

14) ADDRESS OF OWNER 3402 Liberty Rd. Stanley N.C. 28164

15) PHONE NO. Home ___ Office 394-8621

16) LOCATION OF SYSTEM Yellow Jacket Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 409 Block No. Sect 6

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 2/2/79 P.S.

20) PTR NUMBER (See Instructions) 15142

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.

3/22/79
DATE OF APPLICATION

Donald F. Sweitzer
OWNER

ProBeam

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY