4624351225 105 Washam Road

LH86

Date Received 8-24-83

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 24 1983
ENVIRONMENTAL HEALTH

APT No. 1989.5

T. C. No. 001-361-62

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Copenhaver (LAST) William (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER c/o Wellworth Rlty.Co.,Rt.1,Box 390,Davidson,N.C. ZIP 28036

3) PHONE NO. Home _____ Office 892-6606

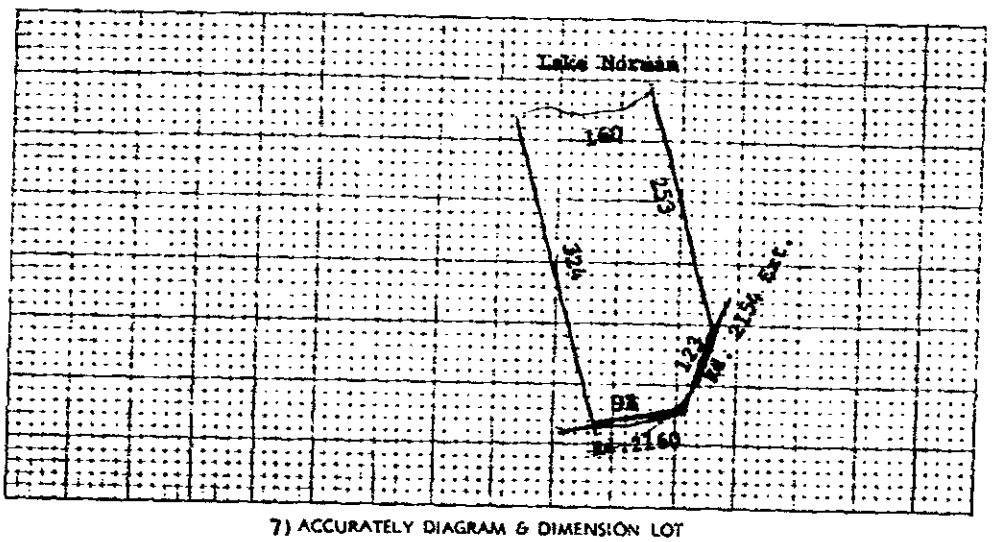
4) LOCATION OF PROPERTY Corner Rd. #2160 and Rd. #2154 Ext. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 486 BLOCK NO. Sec. 6

MAP BOOK NO 17 PAGE NO. 611

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

W S Copenhaver
OWNER

EHD-5-74

Environmental Health Department's Copy

Date Received 9-30-83

CAR(S) Application No. 19895

T. C. No. 001-361-62

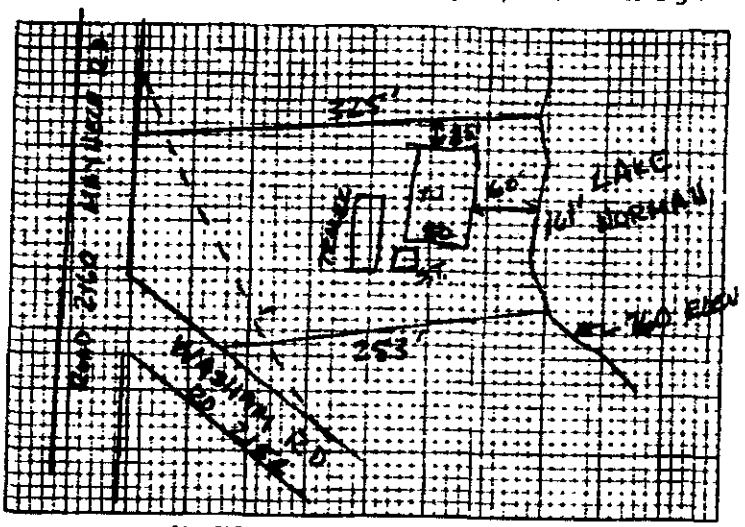
Map Date

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) ✓ 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 3

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 BEAM (LAST) DAVID (FIRST) CONRAD (MIDDLE)

14) ADDRESS OF OWNER 3811 ASHTON DRIVE CHARLOTTE NC 28210

15) PHONE NO. Home 554-6567 Office 554-3583

16) LOCATION OF SYSTEM CORNER MAYHEW & WASHAM ROADS (2160 & 2154 EST)
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 SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 9-8-83

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.

9/30/83
DATE OF APPLICATION

David Conrad Beam
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY