K

SEE INSTRUCTIONS ON BACK

Date Received 2/1/74

ICAIS Application No. 7472

T C No. 033132.01

M. . . 9/70

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 ... hereby applies to the Mecklenburg ... Health Department for a permit t...

... ✓ After ... Repair on ... for ... with ... soil absorption effluent discharge

3 PLOT PLAN: ACCURATELY DIMENSIONED

Yes No

13) NAME OF OWNER NORMAN Dir ... ARNIE R
LAST FIRST MIDDLE

14) ADDRESS OF OWNER RT 9 Box 402 H

15) PHONE NO Home 3943004 ... Office

16) LOCATION OF SYSTEM PRIMA RD
STREET OR CO. RTY ROAD

17) SUBDIVISION MOBILE Home Court Lot No 15 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 ... hereby agrees that he has read the ... application and that the ... statements are true ... understood that any permit applied for here... be ... and ... the effect if any of the above facts are not true

1/27/74
DATE OF APPLICATION

... [signature]
OWNER

... E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No

ICAR/S Permit No 7872

T C No 035-132-01

Date 9-1-76

MECKLENBURG COUNTY HEALTH DEPARTMENT

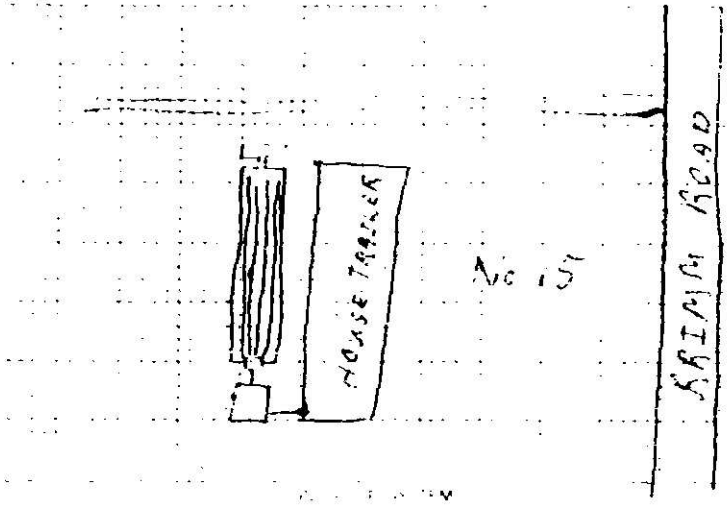
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

7472

2-11-74



1000 gal

PC

300'

4(10x35x36")

10'

15'

Community

NAME OF OWNER ACAMANDIN DANIEL A.

LOCATION OF PROPERTY KAIMM ROAD

This permit is issued in conformity with the provisions of the Rules and Regulations governing sewage disposal of the Mecklenburg County Board of Health. This permit is valid for one year from the date of the issuance unless sooner revoked by the Health Director. A certificate of approval will be issued before any system can be used. Failure to obtain this certificate or otherwise rendered void. (Permit can be used)

Comments AERATION PLT SEE DIAGRAM ACAMANDIN

Signature of Applicant

For Commission

This permit is valid for the installation of the system as described above. Any changes must be approved by the division or a modification permit obtained. Health Department personnel must be notified when the system is ready for inspection and must approve the system before backfilling. The signature of the Environmental Health Specialist below indicates approval of the installation. Any work done on an existing system which is to be altered or repaired must be approved by the Health Department.

E-5-9-1-72

Serial 4481

C of A (s) No 7472

Date Issued 5 March 74

T C No 03-132-01

Map Date 7-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner NORMANDIN (LAST) ANNIE (FIRST) K. H. (MIDDLE)

Location of Property PRIMM ROAD Lot 12

Application Number 7472 Permit Number 7472

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10' x 35' x 36")

Depth of Filter Material 36" + Cover Depth 15"

Water Supply Source Community Distance from Water Source Community

Excavation Inspected 5 March 74 (DATE) Tank Inspected 5 March 74 (DATE)

Nitrification Field Inspected 5 March 74 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: Aeration Pit 36" stone NORMANDIN

Environmentalist

FORM NO E-C-4-1-71

HEALTH DEPARTMENT'S COPY