Date Received ~~1-12-75~~ 5-19-76 RM

ICAR(S) Application No. 5548

T. C. No. 55-751-12

Map Date 29 Jan 26

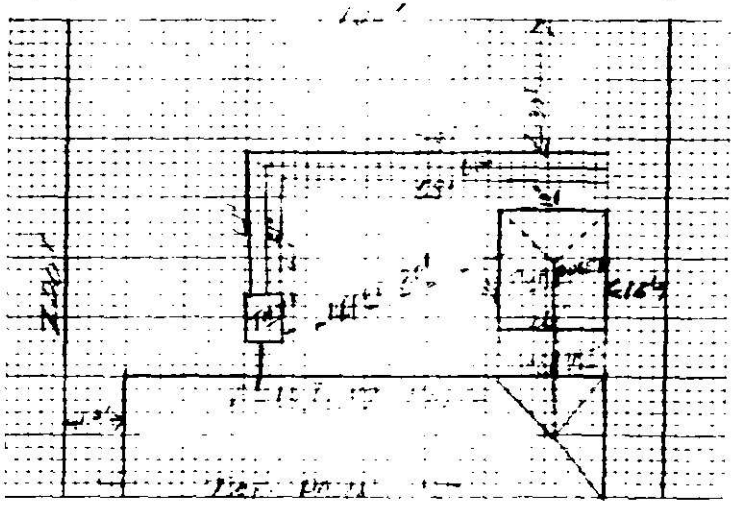
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 subsurface soil absorption, effluent discharge



3) PLOT PLAN (ALSO ATTACH DIMENSIONED)

4) [illegible]
5) [illegible]
6) Kitchen Sink ____
7) Automatic Washer Yes ___ No
8) Garbage Disposal Yes ___ No
9) Dishwasher Yes ___ No
10) Water Supply
A Individual Well ___
B Governmental System ___
C Community System
Name ___
Governmental ___
11) Sewage System
Public Sewer Yes ___ No
Private Sewer Yes ___ No
House located within 200 feet of ___
Community Pump Yes ___ No
FHA Case No. ___
VA Case No. ___
(13) Adding Bath

13) NAME OF OWNER [illegible] LAST Thomas FIRST Lamar MIDDLE

14) ADDRESS OF OWNER [illegible] Manitoba Drive

15) PHONE NO Home [illegible] Office 372-1326 Chas

16) LOCATION OF SYSTEM [illegible] Manitoba Drive
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. ___ 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.

5/18/76
DATE OF APPLICATION

Thomas Lamar Thomas
OWNER

FORM NO. E [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 5/24/76

Serial No. 5943

LA No. 5548

T. C. No. 055-351-12

Map Date 1-29-76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Miller (LAST) Thomas (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER 2915 Kanimbla Drive ZIP

LOCATION OF LOT 2915 Kanimbla Drive, Charlotte, N. C. (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of _____, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5548. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY