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SEE INSTRUCTIONS ON BACK

Date Received 2-11 74

ICAR S Application No. 7470

T C P No. 033-132-01

Map Book 91-70

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 undersigned hereby applies for the Mecklenburg County Health Department permit for a permit to

✓ Install a Complete 2 Alter or Repair an existing individual septic tank system with subsurface soil absorption, effluent discharge

3) PLOT PLAN - ACCURATELY DIMENSIONED

13) NAME OF OWNER NORMAND IN (LAST) ARNIE (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 432 H

15) PHONE NO Home 394 3004 Office

16) LOCATION OF SYSTEM PRIMM RD (STREET OR COUNTY ROAD)

17) SUBDIVISION MOBILE Home Court Lot No 13 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 statements above are true to the best of his knowledge and that any permit applied for hereunder shall be void and of no effect if any of the above statements are not true

1/27/74
DATE OF APPLICATION

OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4802

Date Issued 2-11-74

ICAR(S) Permit No. 7470

T C No. 033-132-01

Map Date 9-1-70

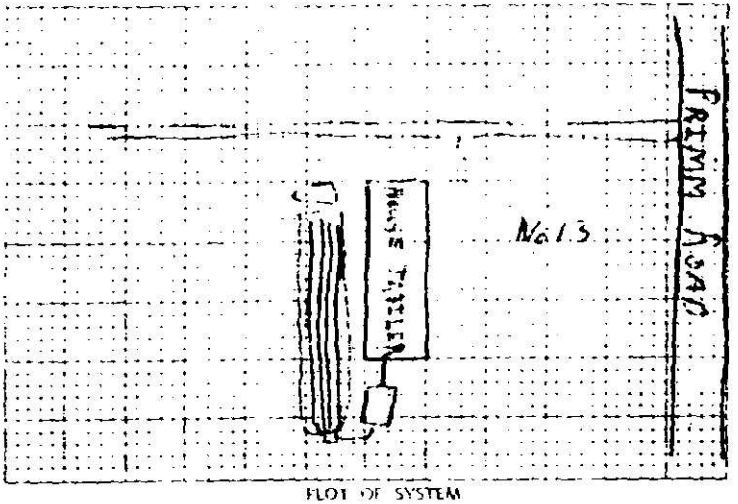
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permit is hereby granted to Construct ✓ Alter or Repair the only dual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied in application No. 7470 dated 2-11-74 and this permit shall be void and of no effect if the installation proposed in the application is not completed as approved. All work shall be completed on or before 3-11-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 4 (10 x 33 x 36)

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community well

NAME OF OWNER NORMANDIN ANNIE R

LOCATION OF PROPERTY PRIMM ROAD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments: 36" pipe

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-4 1 71

HEALTH DEPARTMENT'S COPY

Serial 4415

C of A (s) No. 7470

Date Issued 8-21-74

T C No. 053-132 01

Map Date 9-1-70

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) R (MIDDLE)

Location of Property FREEMAN ROAD

Application Number 7470 Permit Number 74 . 0

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PVC

Total Length of Drain Tile 250' Number of Lines 5 (12½ x 25 x 36")

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source Community Well Distance from Water Source

Excavation Inspected 21 Aug 74 (DATE) Tank Inspected 21 Aug 74 (DATE)

Nitrification Field Inspected 21 Aug 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 ADDITION TO NORMANDIN

Jerry Buchanan
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY