K

SEE INSTRUCTIONS ON BACK

Date Received 2-11-74

ICAR S Application No 7469

T C N 033-132-01

Map D 9-1-70

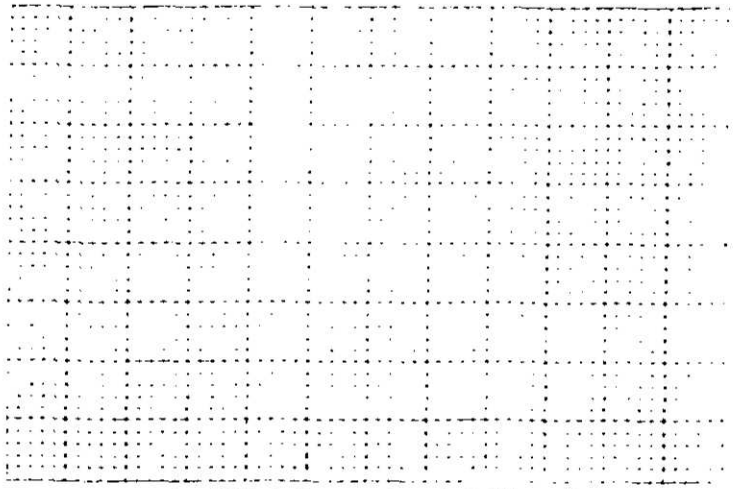
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 makes application to the Mecklenburg County Health Department for a permit to

New Construction ✓ Alteration Repair on individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER NORWOOD Annie P.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER RT 9 Box 402 H

15) PHONE NO Home 3943004 Office

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

17) SUBDIVISION MOBILE Home Court Lot No 11 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 herein are true. It is understood that any permit applied for hereunder shall be void and of no effect if any of the above facts are not true

2/27/74
DATE OF APPLICATION

OWNER

E-4-9-1-72

EACH DEPARTMENT'S COPY

Serial No

Date Issued 5 March 74

ICAR(S) Permit No 7469

T C No C33-132-01

Map Date 9-1-10

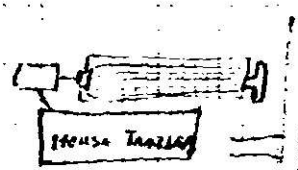
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

... 5 March 74 ... 5 April 74 ...



Lot No. 12

Repair of Lot 11

PRIMM ROAD

— 1000 gal PC 300' 5(12½ x 30 x 36") 10' 10' Community

NAME OF OWNER NORMAINDIN ANNIE Ruth

ADDRESS OF OWNER PRIMM ROAD

... the requirements set forth in the ... the Mecklenburg ... the date of the granting ... A certificate of ... be issued by the Health Director before any system can be covered up or otherwise rendered ... inspected.

Comments: NORMAINDIN AERATION PLT 36" STONE

Jerry Buchanan
Environmentalist

... installation or ... Environmental Health ... signature of the Environmentalist ... existing system is being altered or repaired.

E-5-9-1-72

Date Issued 8 March 74 Serial 4482

C of A (s) No 7469

T C No 053-132-01

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Repair

CERTIFICATE OF APPROVAL

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

Name of Owner NORMANDIN (LAST) ANNIE (FIRST) RUTH (MIDDLE)

Location of Property PRIMM Road Lot No. 12 (REPAIR OF Lot No 11)

Application Number 7469 Permit Number 7469

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material P.C.

Total Length of Drain Tile 300' Number of Lines 5 (2½ x 30' x 36")

Depth of Filter Material 36" + Cover Depth 15"

Water Supply Source Community Distance from Water Source 100' +

Excavation Inspected 8 March 74 (DATE) Tank Inspected 8 March 74 (DATE)

Nitrification Field Inspected 8 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 / 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 NORMANDIN AERATION PIT 36" STONE

Jerry Burleson
Environmentalist

FORM NO E-C-4-1-71

HEALTH DEPARTMENT'S COPY