K

SEE INSTRUCTIONS ON BACK

Date Received 2-11-74

ICAMS Application No. 7468

T C No. 033-132-01 PO

Map No. 9170

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 to the Mecklenburg County Health Department for a permit to:

Install a New System ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge

3. PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER JOE MADDIX ANNIE R

14) ADDRESS OF OWNER RT 9 Box 402 LANE H STREET CHARLOTTE NC

15) PHONE NO. Home 3943004 Office

16) LOCATION OF SYSTEM RT 9 Box 406 PRIMM RD.
STREET OR COUNTY ROAD

17) SUBDIVISION MOBILE Home Court Lot No 3 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) PER NUMBER (See Instructions)

The undersigned owner hereby agrees that he has read the foregoing application and that the statements herein 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.

1/27/74
DATE OF APPLICATION

OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY