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SEE INSTRUCTIONS ON BACK

Date Received 2-11-74

ICARUS Application No. 7471

T C No. 03313-01

Map Date 9-1-70

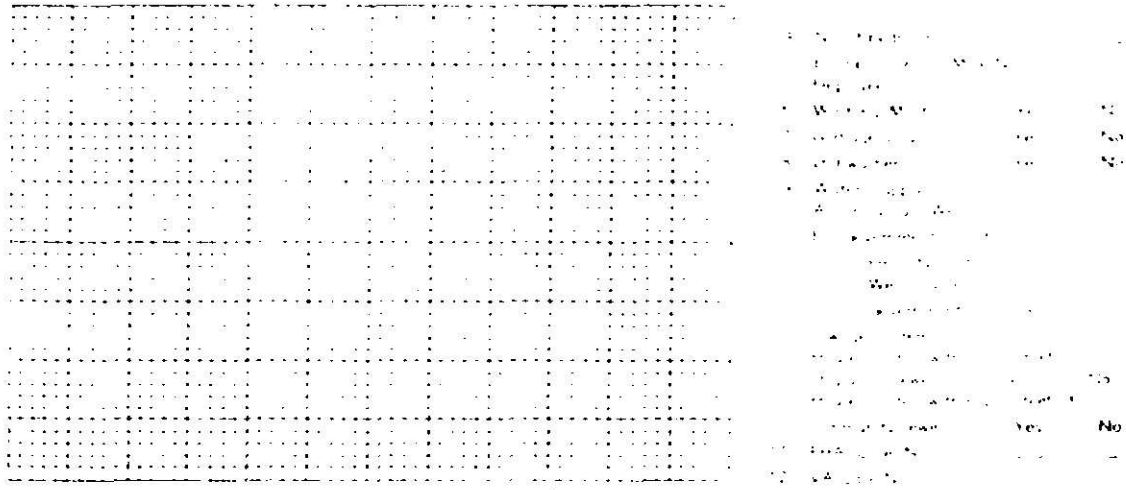
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner hereby applies for permit as indicated hereto, applies to the Mecklenburg County Health Department for a permit to

1 ___ a New, or Contract 2 ✓ Alter or Repair an individual septic tank wastewater treatment system with a sub-surface soil absorption, effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER NOR MANDIN (LAST) ANNIE (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER RT 9 Box 402 H

15) PHONE NO Home 3943064 Office

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

17) SUBDIVISION N. Belle Home Court Lot No 14 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 hereto 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

Connie A. Mandin
OWNER

Form E-4-9-1-72

HEALTH DEPARTMENT'S COPY