SEE INSTRUCTIONS ON BACK

Date Received 5/3/73

ICAR(S) Application No 6416

T. C No

Map Date

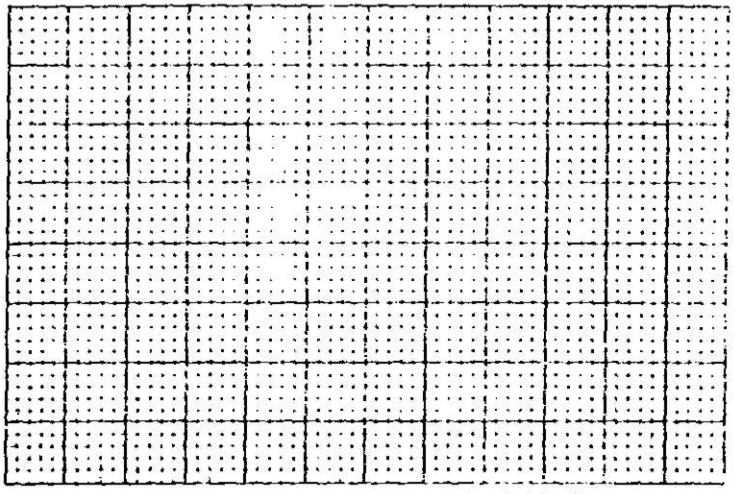
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms ___

5) Business Use Max. No. Employees ___

6) Washing Machine ___ Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher ___ Yes ___ No

9) Water Supply
- A) Individual Well ___
- B) Governmental System ___
- C) Community System
  - 1 Well Source ___
  - 2 Governmental Source ___

10) Sewage System
- House located within 200 feet of public sewer ___ Yes ___ No
- House located more than 200 feet from community sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Norman's (LAST) Mobile Home Court (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 406B Charlotte N.C.

15) PHONE NO Home 393-7026 Office ___

16) LOCATION OF SYSTEM Rt 9-Box 406B. (STREET OR COUNTY ROAD) Prim Rd.

17) SUBDIVISION ___ Lot No. 6 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.

5/3/73
DATE OF APPLICATION

Frank Normandin
OWNER

FORM NO E-4-B-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 1 June 73

Serial No. 3774

ICAR(S) Permit No. 6416

T. C. No 033-132-01

Map Date 1 July 20

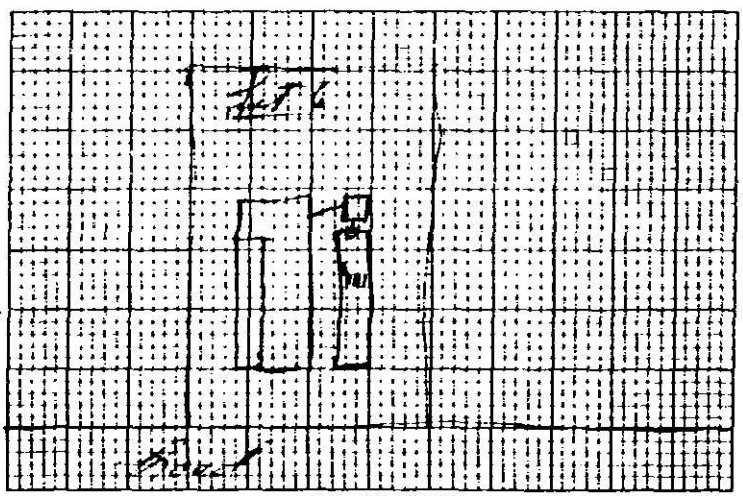
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ( ) Install or Construct, (✓) Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6416, dated 31 May 73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1 July 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000 G

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 6 (15 X 25 X 34")

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Annie Faith Thomasville

LOCATION OF PROPERTY (Thomasville Wabb Acres Park)

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: Mr. Thomasville will perform this work

_____ Division or Section Head

M. L. Pitts 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

Date Issued 23 July 1973 Serial No. 3499

C of A (s) No. 6416

P. T. C. No. 033-132-01

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 Norman's Mobile Home Court (LAST) (FIRST) Lot # 6 (MIDDLE)

Location of Property Primm Rd.

Application Number 6416 Permit Number 6416

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material pre cast material

Total Length of Drain Tile 300 e/ft Number of Lines 6 (15x25)

Depth of Filter Material 34" Cover Depth 30" +

Water Supply Source comm well Distance from Water Source 100 e/ft

Excavation Inspected 7-18-73 (DATE) Tank Inspected 7-18-73 (DATE)

Nitrification Field Inspected 23 July 1973 (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: install proper water tight plumbing connections

John R Atkisson

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2-11-74

ICAR(S) Application No 6416

T C No 833-132-01

Map Date 9-170

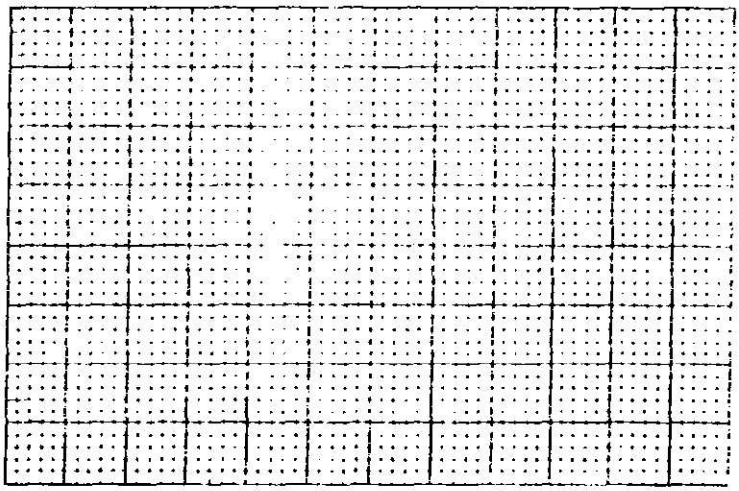
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
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A) Individual Well ___
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1 Well Source ___
2 Governmental Source ___

10) Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER NORMANDIN (LAST) ANNIE (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 402 H

15) PHONE NO Home 3943004 Office ___

16) LOCATION OF SYSTEM PRIM M RD (STREET OR COUNTY ROAD)

17) SUBDIVISION MOBILE Home Court Lot No. 6 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.

DATE OF APPLICATION 1/27/74

OWNER Annie R. Normandin

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY