Date Received 8-16-23

ICAR(S) Application No 6847

T. C No. 201-171-20

Map Date 12-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

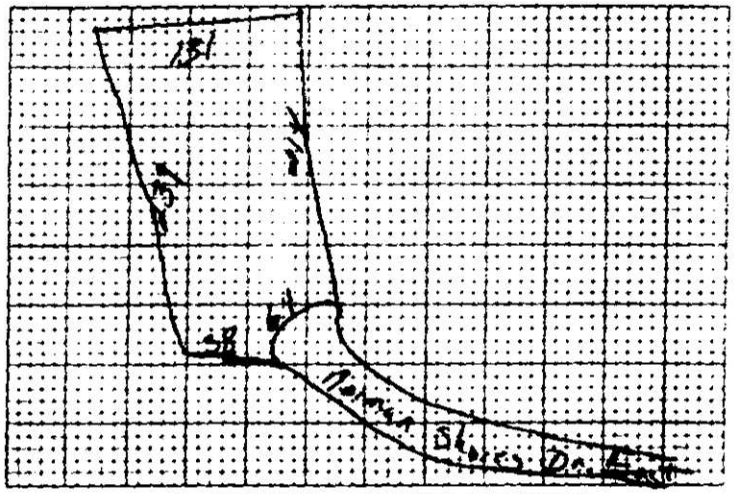
ENVIRONMENTAL HEALTH DIVISION

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge

ADDING 1 DOWNSTAIRS BEDROOM



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

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 within 200 feet of community sewer Yes (No)

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER MITCHELL (LAST) GEORGE (FIRST) LINWOOD, JR. (MIDDLE)

14) ADDRESS OF OWNER Rt. 1 Box 130 DAVIDSON, N.C NORMAN SHORES DR., EAST

15) PHONE NO Home 892-4187 Office 334-0817

16) LOCATION OF SYSTEM NORMAN SHORES DR, EAST (AT DEAD END) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 1 Block No ___

Map Book No 13 Page No. 271

18) DEED REFERENCE — DEED BOOK 2790 AT PAGE 001

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) 6847

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.

8/16/73
DATE OF APPLICATION

George L. Mitchell, Jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3313

LA No. 6847

Date Issued August 20, 1973

T. C. No. 001-171-20

Map Date 12-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Mitchell (LAST) George (FIRST) Linwood, Jr. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 130, Davidson, N.C. ZIP _____

LOCATION OF LOT Norman Shores Drive East (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 1 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6847. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* May use existing system.

M. L. Kelly
Environmentalist

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY