Date Received 2-20-73

ICAR(S) Application No 5604

T C No 001-281-05-4

Map Date 3-24-72

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

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

ADDING 2 BEDROOMS

2

Yes No

Yes No

Yes No

Yes No

Yes No

3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER MARSHALL (LAST) FRANCELLA (FIRST) TURNER (MIDDLE)

14) ADDRESS OF OWNER 3500 SEDGEWOOD CIRCLE CHARLOTTE NC 28211

15) PHONE NO Home 364-5655 Office 333-8695 C.R. MARSHALL INC-CAMDEN

16) LOCATION OF SYSTEM TUCKAHOE RD (TRAIL) AT CIRCLE END OF RD (STREET OR COUNTY ROAD) 1ST HOUSE ON RT SIDE OF RD.

17) SUBDIVISION LAKE NORMAN Lot No 308 Block No. SECTION 6

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) 5604

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.

2-26-73
DATE OF APPLICATION

Francella T. Marshall
OWNER

FORM NO E-4-4

HEALTH DEPARTMENT'S COPY