Date Received 3-4-74

ICAR'S Application No 7569

T C No 027-013-19

Map Date 5/1/73

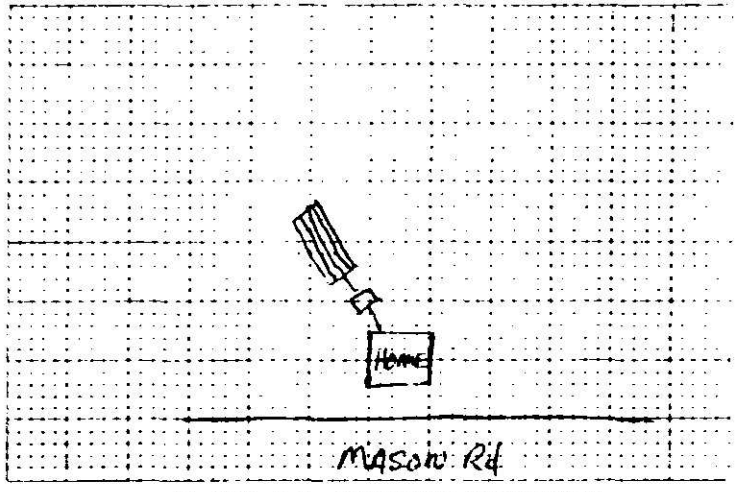
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Briggs (LAST) James (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER 3508 MASON Rd CHARLOTTE, N.C.

15) PHONE NO Home 596-6218 Office

16) LOCATION OF SYSTEM 3508 MASON Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ 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 hereunder is issued and of no effect if any of the above facts are not true

3-4-74
DATE OF APPLICATION

Mrs. James D. Briggs
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6 Mar 74 Serial No. 4882 ICAR/S Permit No 7569

T C No 027-013-19

Map Date 5 Sept 73

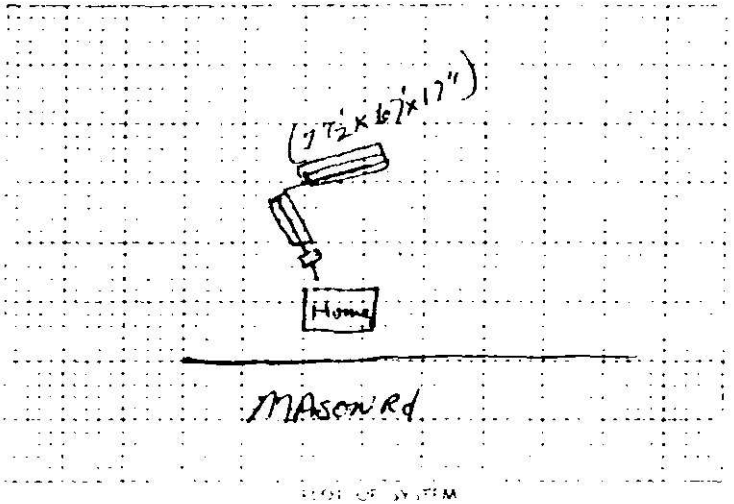
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, 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 ___ dual septic tank wastewater treatment system with subsurface soil absorption effluent discharge as described herein at the described location. This permit is granted based upon the information supplied in application 7569 dated 3-4-74 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before ___ after which date this permit shall be null and void.



LOCATION OF SYSTEM

Property Line

Legal Description of Property

Type of Water Supply

Approved Absorption Lines

Total Trench Length 200'

Approved Lines 3(7½'x67'x17"Eq)

Distance from House 10'

Distance from Property Lines 10'

Distance from Well 85'4

NAME OF OWNER Griggs, James O.

LOCATION OF PROPERTY 3508 Mason Rd

This permit is granted subject to the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health and 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

Richard Eastman

Date of Inspection Made Environmentalist

It is the responsibility of the installation or construction of this new system to be signed by the division or a representative 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 E-5-9-1-72

Yellow Applicant's Copy

Date Issued 8 Mar 74 **Serial 4534**

C of A (s) No. 7569

T C No 027-03-19

Map Date 5 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Griggs, James D. (LAST, FIRST, MIDDLE)

Location of Property 3508 Moore Rd

Application Number 7569 Permit Number 7569

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 200' Number of Lines 3(7½'x6'x17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 95'+

Excavation Inspected 8 Mar 74 (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 8 Mar 74 (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

Richard Gastman

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8 Mar 74 **Serial 4534**

C of A Ist No 7569

T C No 027-03-19

Map Date 5 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Griggs, James D. (LAST, FIRST, MIDDLE)

Location of Property 3505 Moss Rd

Application Number 7569 Permit Number 3548

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 200' Number of Lines 3(7½'x6')x17"

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 85'+

Excavation Inspected 8 Mar 74 (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 8 Mar 74 (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~~ 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

Richard Gastmon
Environmentalist

FORM NO. E-64-1-71

HEALTH DEPARTMENT'S COPY