Date Received 8-20-73

AUG 1 1973

ICAM(S) Application No. 6862

T C No.

Map Date

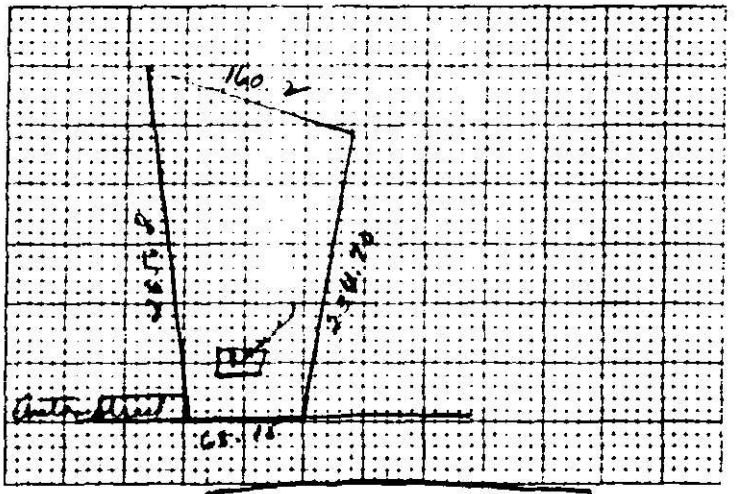
MECK COUNTY HEALTH DEPT. RECEIVED AUG 20 1973 ENVIRONMENTAL HEALTH DIVISION

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 2
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 Griffin, Ronnie & Larry A. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 627, Charlotte, N.C.

15) PHONE NO Home 392-2657 Office 532-7194

16) LOCATION OF SYSTEM 119 Auten Street (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 5 Block No ___

Map Book No 884 Page No. 549

18) DEED REFERENCE — DEED BOOK 1617 AT PAGE 510

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.

7-31-73
DATE OF APPLICATION

Ronnie B. Griffin
OWNER

FORM NO. E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 22 Aug 73

Serial No. 4210

ICAR (S) Permit No. 6862

T. C. No. 041-041-18

Map Date 28 Apr 71

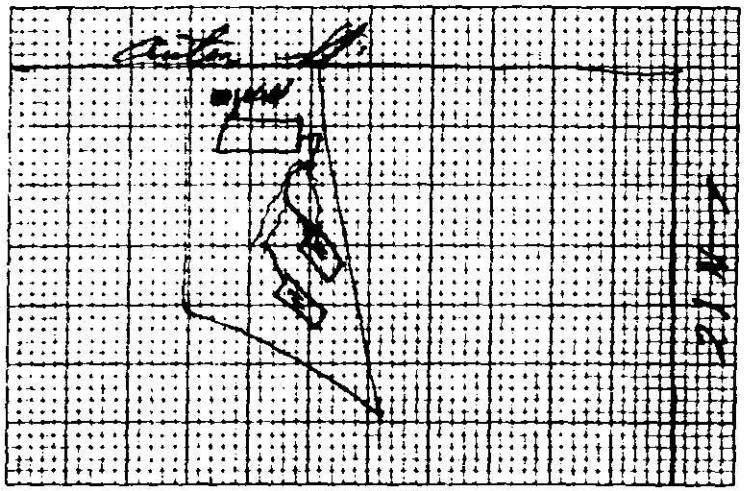
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6862, dated 20 Aug 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 22 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 2+2 (5'x16'48")

Distance from House 25'

Distance from Property Line 25'

Distance from Well 75'

NAME OF OWNER Griffin, Ronny & Tony A.

LOCATION OF PROPERTY 119 Austin St.

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: 1 Trench (Cont.)

_____

_____

_____ Division or Section Head

M. L. Beaty 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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3883

C of A (s) No. GPCS

Date Issued 12 Sept 73

T. C. No. 041-041-18

Map Date 28 Sept 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Griffin, Danny & Sandy A.
(LAST, FIRST, MIDDLE)

Location of Property 119 Gates St.

Application Number 6862 Permit Number 6862

Inspection Date: Repair

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 200' Number of Lines 2+2 (5'x16'x48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Pub. Wtr. Distance from Water Source 75'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: 2 Septic (Gates)

W. C. Hurley
Environmentalist

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

HEALTH DEPARTMENT'S COPY