SEE INSTRUCTIONS ON BACK

Date Received 8-30-82

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 30 1982
ENVIRONMENTAL HEALTH

ICAR(S) Application No. [redacted] 1896

T. C. No 039-193-22

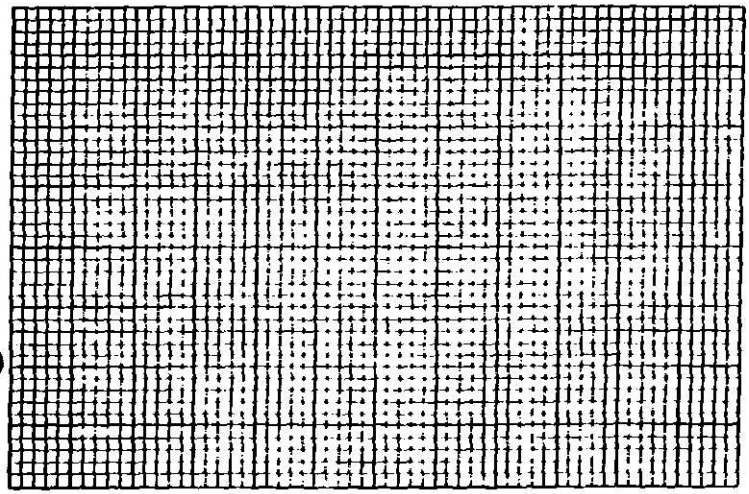
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___Yes ___No
Residence ✓Yes ___No

4) No. of Bedrooms 3
5) Business Use — Max No Employees 2nd
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 GRASS (LAST) MAMie (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER 6626 Craig ST - Charlotte

15) PHONE NO. Home 392-2661 Office ___

16) LOCATION OF SYSTEM 1222 Clifton 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 SOIL INVESTIGATION 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.

8/26/82
DATE OF APPLICATION

Mamie B. Grass
OWNER

EHD-S-76

Date Issued 1 Sep 82

Serial No. 5721

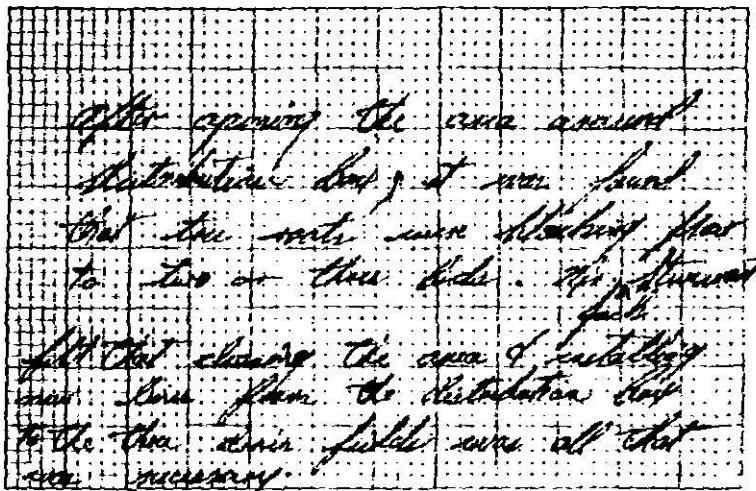
ICAR(S) Permit No. 18961

T. C. No. 039-19327

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, x 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 18961, dated 30 Aug 82 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 3 (24" x 80' x 34")

Distance from House >10'

Distance from Property Line >10'

Distance from Well _____

NAME OF OWNER Grass, Vernie B.

LOCATION OF PROPERTY 1222 Cutler Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Jack Stewart (Contr.)

Comments: No approval was issued.

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY