MECK COUNTY HEALTH RECEIVED 6-25-73 JUN 2 - 1973

SEE INSTRUCTIONS ON BACK

Date Received

ICAR (S) Application No. 6545

T. C. No.

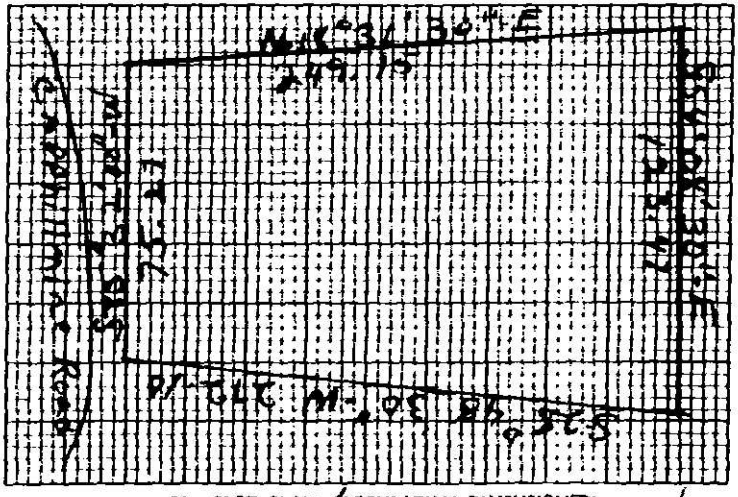
Map Date

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 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 Grissom (LAST) Henry (FIRST) Ciscero (MIDDLE)

14) ADDRESS OF OWNER 1501 Capp's Hill Mine Rd.

15) PHONE NO. Home 399-3745 Office

16) LOCATION OF SYSTEM 1501 Capp's Hill Mine Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE 49

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.

DATE OF APPLICATION

Henry C. Grissom Jr.
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 18 July 73

Serial No. 4017

ICAR(S) Permit No. 6545

T. C. No. 039-232-16

Map Date 5 Aug 72

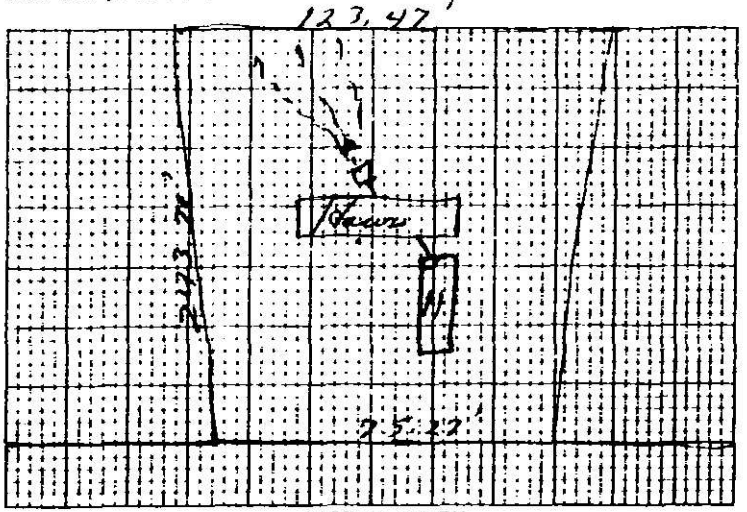
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6545, dated 28 Jun 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 18 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 Lenght 100'

Number of Lines 2(5'x16'x48")

Distance from House 20'

Distance from Property Line 100'

Distance from Well 100'+

NAME OF OWNER Grissom, Henry Cleora

LOCATION OF PROPERTY 1501 Copper Hill Mine Road

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: J. Starnes (Contr.)

Note: This alteration is to vent the washing machine from the septic system

_____ M. L. Crisp

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 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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 19 July 73 **Serial No.** 3607 C of A (s) No. 6545

T. C. No. 039-232-16

Map Date 5 Sept 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Grissom (LAST) , Henry (FIRST) Ciscera (MIDDLE)

Location of Property 1501 Coppa Hill Mint Rd.

Application Number 6545 Permit Number 6545

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' Number of Lines 2 (5'x16'x48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 19 July 73 (DATE) Tank Inspected ← (DATE)

Nitrification Field Inspected 19 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 19 July 73 (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: 1 Storm (Cont.)

M. D. Leary
Environmentalist

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

HEALTH DEPARTMENT'S COPY