Date Received 3-7-93

ICAR(S) Application No 5713

T C No 037-063-08

Map Date 3 31 92

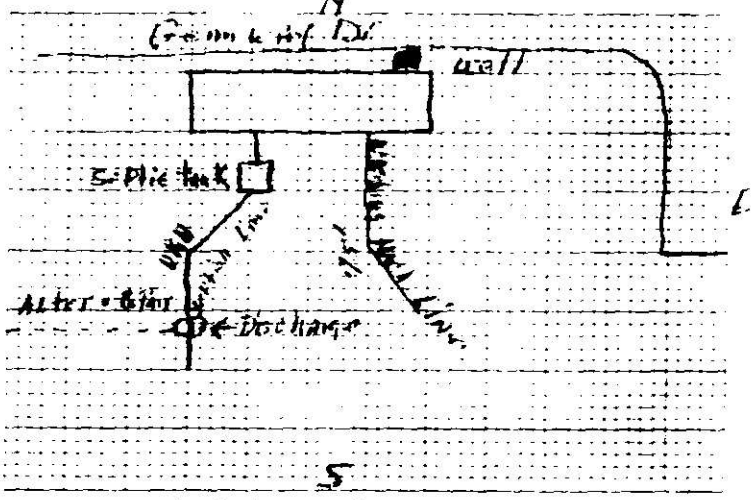
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ( ) A new or Repair an individual septic tank wastewater treatment system for a dwelling with subsurface soil absorption effluent discharge (X)



3) PLOT PLAN ACCURATELY DIMENSIONED

Yes	No
Yes	No
Yes	No
	Yes	No
	Yes	No

13) NAME OF OWNER [illegible] Clifford John Hancock
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] 302-11

15) PHONE NO Home 392-5493 Office 220-2167

16) LOCATION OF SYSTEM Graham Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION Grace Estates Lot No. 819 Block No. A

Map Book No 2514 Page No. 23

18) DEED REFERENCE — DEED BOOK 3516 AT PAGE 23

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X NO DATE RUN ____

20) PTR NUMBER (See instructions) 5713

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.

3/6/93
DATE OF APPLICATION

Clifford John Hancock
OWNER

FORM NO. E [illegible]

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

Date Issued 14 March 74

ICARIS Permit No 5713

T C No 031-063-08

Map Date 3-31-72

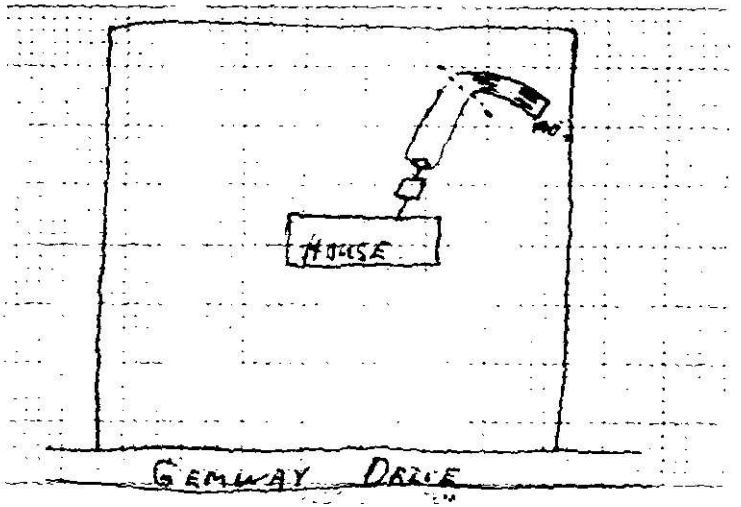
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to [illegible] Construct ✓ Alter or Repair the individual septic tank wastewater treatment [illegible] for the disposal of sanitary sewage by subsurface soil absorption of septic tank effluent discharge as specified herein of the described [illegible] upon the statements in support of application No 5713 dated 3-6-73 and the plans and specifications submitted and approved in connection therewith. A copy of which shall be retained on file by the Health Department. This permit is granted subject to the conditions specified herein and any other conditions subsequently imposed in writing by the Health Department. Failure to abide by these conditions will result in revocation of this permit. This permit must be displayed on the premises during the construction authorized by this permit. A new permit must be secured before construction can be resumed should this permit become void for any reason. Any modification of these plans and specifications must be approved in writing. This permit shall expire if the authorized construction is not commenced within 60 days or is discontinued for a period of 60 days after 14 April 74 unless otherwise specified. The Health Department reserves the right to revoke this permit for failure to comply with any of the conditions listed herein. A fee of $ [illegible] was paid for this permit. Failure to pay this fee will render this permit null and void.



Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption Area [illegible]

Total Length 100'

Number of Lines 3 (7½' x 33' x 17")

Distance Between Lines 40'

Distance from Property Lines 10'

Distance from Wells 100'

NAME OF OWNER WARNSTAFF, CLIFFORD JOHN

LOCATION OF PROPERTY GEMWAY DRIVE Lot 509

This permit is issued subject to the following requirements as set forth in the Regulations of the Mecklenburg County Board of Health and is effective on the date of the granting of this permit. A certificate of approval must be obtained from the Director before any system can be covered up or otherwise rendered inaccessible for use.

Comments: BRIGMAN

Division or Section Head

Environmentalist Jerry Burleson

If this permit is for the installation or construction of a new system it must be signed by the division or 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 E-5-B-1-72

[illegible] DEPARTMENT'S COPY

Date Issued 2 May 74

Serial 4542

C of A (s) No. 5713

T C No 032-063-08

Map Date 3-31-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wornatoff, Clyde J.
LAST FIRST MIDDLE

Location of Property Glenbay Dr

Application Number 5713 Permit Number 5713

Inspection Data:

Liquid Capacity of Tank Repair Tank Material —

Total Length of Drain Tile 100' Number of Lines 3(71/2x33'x11")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 2 May 74 Tank Inspected —
DATE DATE

Nitrification Field Inspected 2 May 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: Bruynoa

Richard Goodman
Environmentalist

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

HEALTH DEPARTMENT'S COPY