SEE INSTRUCTIONS ON BACK

Date Received 7-6-83

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUL 6 1983

CAN(S) Application No. 19843

T. C. No. 215-04

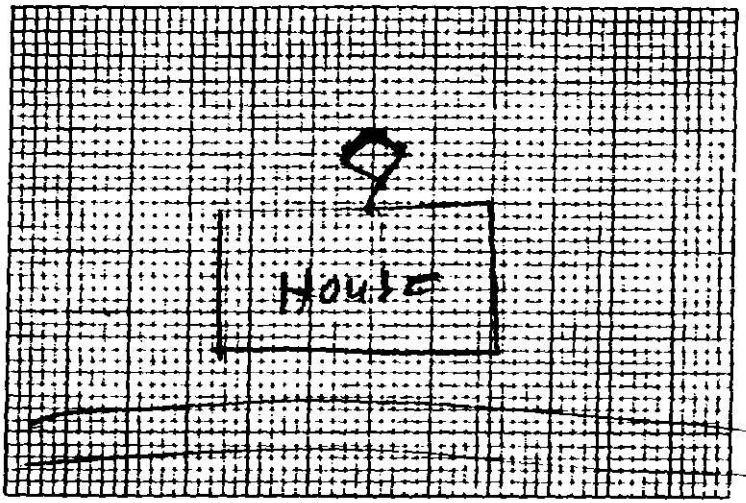
Map Date

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) X Alter or Repair on 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 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 Clyburn (LAST) Catherine (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER 4600 Cinderall Rd 28213

15) PHONE NO. Home 598-8052 Office 847-7104

16) LOCATION OF SYSTEM 2 CHARLES ST. (1ST HOUSE ON LEFT)
~~CHARLES~~ ~~ST~~
~~CHARLES~~ 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.

6/29/83
DATE OF APPLICATION

Catherine C Clyburn
OWNER
B- Kleen Cleaners

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6368

ICAR(S) Permit No. 19843

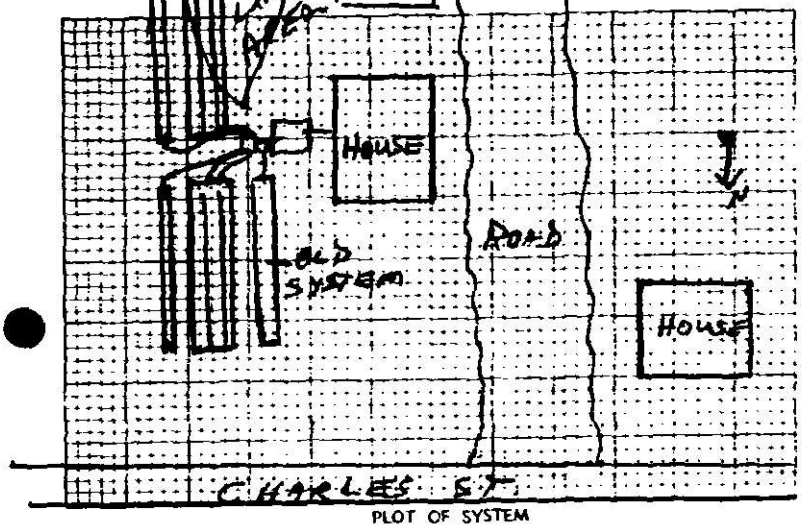
Date Issued 7-7-1983

T. C. No. 215-041-08

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 19843, dated 6-25-83 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 JULY, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 4 IVB

Liquid Capacity of Tank Repair.

Tank Construction Repair

Absorption and/or Nitrification Lines

Total Line Length 200 lin FT.

Number of Lines SIX

Distance from House 10 FT.

Distance from Property Line 10 FT

Distance from Well 100 FT.

NAME OF OWNER CLYBURN, GARY

LOCATION OF PROPERTY 820 CHARLES ST.

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.

Comments: Two Trenches AND TWO beds - ~~Two~~ Beds to be 50FT X 6FT X 12 inches ST. ~~Two~~ Trenches to be 50 FT X 3FT X 12 inches stone - NEW DIST BOX - hay straw cover - plumb with line into DIST BOX - DISCONNECT OLD SYSTEM Pump Tank or field if needed

Division or Section Head

Environmentalist Ralph Miller

* 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 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

C of A (s) No. 19843

Date Issued Aug 31 ET 1983 Serial 6104

T. C. No. 215-041-08

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner CLYBURN, GARY
LAST FIRST MIDDLE

Location of Property 820 CHARLES ST

Application Number 19843 Permit Number 19843

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 210 lin FT Number of Lines three

Depth of Filter Material 12 inches Cover Depth 1 to 2 FT

Water Supply Source well Distance from Water Source 160 FT

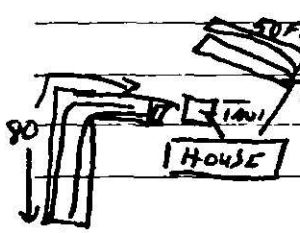
Excavation Inspected 8-31-83 DATE Tank Inspected 8-31-83 DATE

Nitrification Field Inspected 8-31-83 DATE

Washing Machine Line Inspected, If Applicable 8-31-83 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, ____X____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 changed due to SEPARATE BEDS FOUND - S.T. & W/M - BOTH leaking so the repairs were installed
160 lin FT on S.T. and BACK 50 FT ON W/M Bed



Environmentalist Ralph Mullis

EHO-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY