

13409 GRAYMIST DR

11123320

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

4-30-04

MAILED COPY

I ALSO CALLED MR. P.

@ 523-3459. LM

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

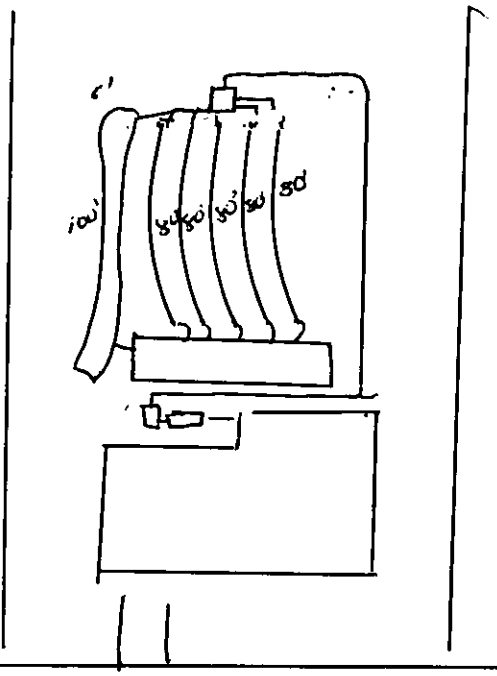
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870A DATE: 4-2-04

TC: 111-233-20 ☐ L

SERIAL 19643

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 the application dated 3-29-04. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank NA gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9' x 60' feet

Trench Walls Scored and Porous YES

Total Line Length 180' feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER YEVGENIY PASCHNICHENKO

LOCATION OF PROPERTY 13409 GRAYMIST DRIVE

Comments: ① INSTALL A 9'x 60' BED W/ 18" OF AGGREGATE AND 18" OF GROUND COVER, INSTALLED SO THAT SURFACE WATER WILL BE DIVERTED AWAY ② TIE ALL EXISTING LINES INTO REPAIR W/ STEP DOWNS. ③ CHECK D-BOX FOR EQUAL DISTRIBUTION. ④ CHECK WATER CLOSETS FOR LEAKS.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

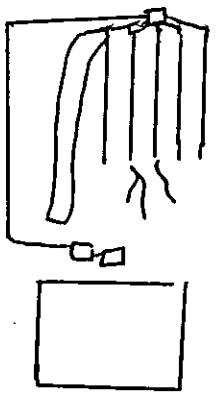
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870A DATE: 11-6-03

TC: 111-233-20 ☐ L

SERIAL 19548

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 the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



DIRECTIONS
① UNCOVER DISTRIBUTION BOX TO ADJUST FLOW TO ALL LINES. TWO LINES APPEAR TO BE RECEIVING TOO MUCH EFFLUENT.
② RE-CHECK ALL PLUMBING INSIDE TO DETERMINE IF THERE ARE ANY LEAKS.

13409 GRAYMIST DRIVE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXIST gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER YEVGENIY, OLGA, YURITY PASICHNICHENKO

LOCATION OF PROPERTY 13409 GREY MIST DRIVE

Comments: ① INSPECTION ON 11/6/03 - WATER FLOWING INTO PUMP TANK; OWNER ADVISED NO WATER BEING USED. INSPECTION REVEALED WATER CLOSETS SEEM OK, BUT A PLUMBER SHOULD INSPECT TO INSURE NO LEAKS ARE PRESENT.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

111
23 15

FEE: DATE:

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

PAT:

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION
Drew
file # 1870A

FILE # 20030632 10

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-233-20

STREET ADDRESS: 13409 GRAYMIST DR.

SUBDIVISION OR MOBILE HOME PARK NAME: GREYSTONE

LOT NUMBER: 33

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE: 1749

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB ___ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

CLOSING DATE: July 1, 2003

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES — ✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS — ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS — ___ YES ___ NO
WELL, SPRINGS OR WATERLINES — ✓ YES ___ NO
DESIGNATED WETLANDS — ___ YES ✓ NO

PROPERTY OWNER:

NAME: Pasichnichenko Y.
(LAST) (FIRST) (MI)

ADDRESS: 13409 Graymist Dr.

CITY: Charlotte STATE: NC ZIP: 28215

DAYTIME PHONE: (704) 573-3459

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

DATE: 03 2204

SIGNED: Yevgeniy Pasichnichenko

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1870A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111 233 20

STREET ADDRESS: 13409 GRAYMIST DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1990

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: PATTERSON CHARLES P
(LAST) (FIRST) (MI)

ADDRESS: 13409 GRAYMIST DRIVE

CITY: CHARLOTTE STATE: ZIP: 28215

DAYTIME PHONE: ( ) 545 - 8183

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 6-25-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Chambers Emma
C532 Silver Fox Rd
CL 28270
704- 849- 2235

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

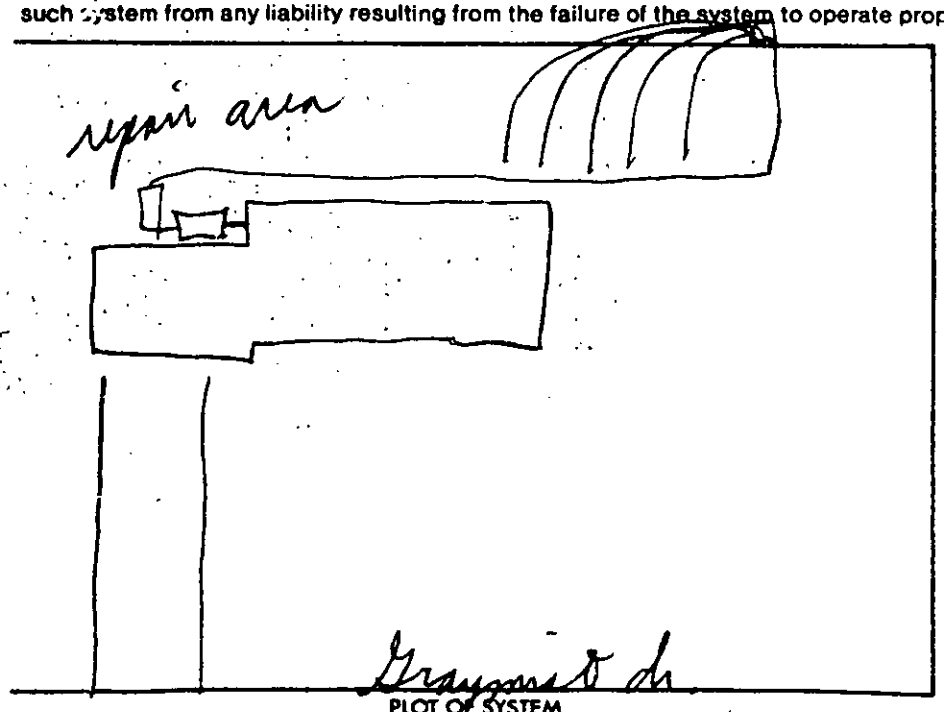
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1870-A DATE: 1-17-

TC: 111-731-405 ☐ L

SERIAL Nº 14562

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank was treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This p granted based upon the information supplied in the application dated 1-20-89. All work completed on or before 2-17-90, after which date this permit shall be null and void. The shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the grantin permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Dep before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500

Liquid Capacity of Dosing Tank 1000

Tank Construction Pcc

Absorption and/or Nitrification Li

Trench Width 3

Total Line Length 400

Number of Lines 5

Depth of Stone 12

Distance from House 5

Distance from Property Line 10

Distance from Well [redacted] not

NAME OF OWNER Harold Dorr

LOCATION OF PROPERTY 13409 Graymist Dr.

Comments: 5 lines 3'X80'X12" stone

Division or Section Head

B.R. Ferguson
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an e system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

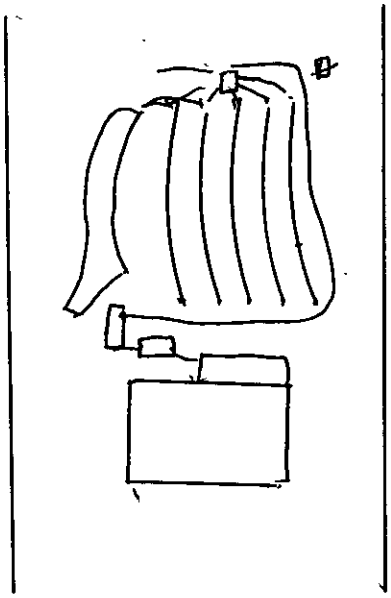
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870-A DATE: 6-24-03

TC: 111-23-28 X L

SERIAL 19419

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 the application dated 6-24-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



13409 GRAY MIST DRIVE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' X100' feet

Trench Walls Scored and Porous _____

Total Line Length 200' feet

Number of Lines 2

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CHARLES P. PATTERSON

LOCATION OF PROPERTY 13409 GRAY MIST DRIVE

Comments: (1) INSTALL TYPE III-G LINE 6' X100'.

(2) INSTALL A 8" NEW RISER OVER TANK AND SEAL TO PREVENT SURFACE WATER ENTRY.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1820-A DATE: 6-25-03

TC: 111-233-20 ☒ L ☐ CRT

SERIAL 19282

Name of Owner CHARLES PATTERSON Juris.: _____

Address of Property 13409 GRAY MIST DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 6' X 100'

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source WELL

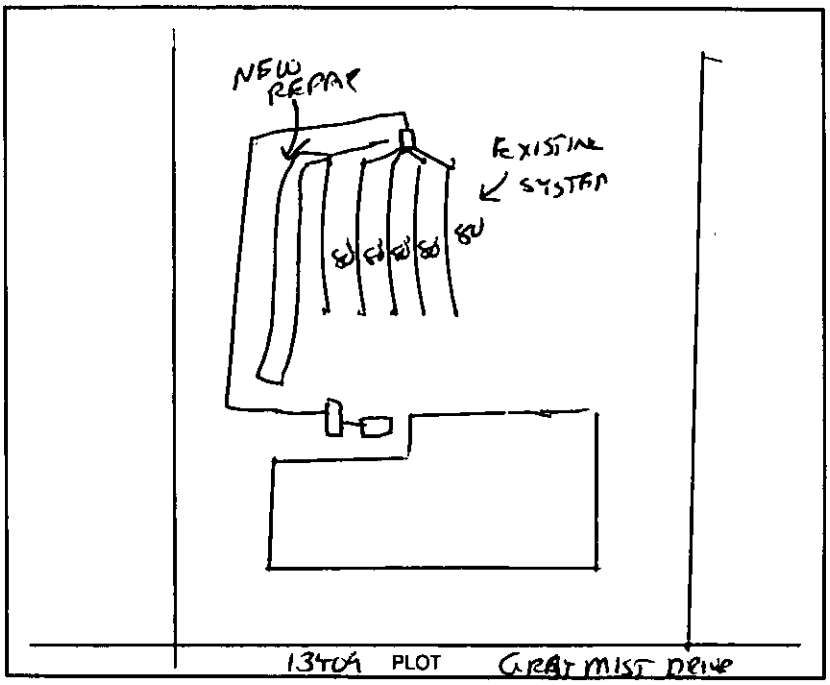
Distance to Water Source >50

Excavation Inspected 6-25-03

Tank(s) Inspected 6-25-03

Wash Line Inspected _____

High Water Alarm Inspected _____



Design REPAIR 6' X 100', RESET NEW RISER ON TANK CTR# 511

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III - B, C

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

TATIANA
258-
8228
FAX
364-4296

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

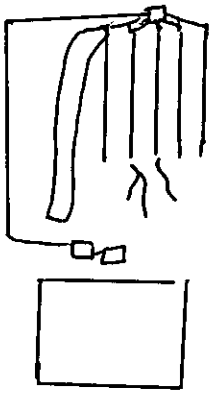
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870A DATE: 11-6-03

TC: 111-233-20 ☐ L

SERIAL 19548

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 the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



DIRECTIONS
① UNCOVER DISTRIBUTION BOX TO ADJUST FLOW TO ALL LINES. TWO LINES APPEAR TO BE RECEIVING TOO MUCH EFFLUENT.
② RE-CHECK ALL PLUMBING INSIDE TO DETERMINE IF THERE ARE ANY LEAKS.

13409 GRAYMIST DRIVE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXIST gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER YEVGENIY, OLGA, YURITY PASICHNICHENKO

LOCATION OF PROPERTY 13409 GRAY MIST DRIVE

Comments: ① INSPECTION ON 11/6/03 - WATER FLOWING INTO PUMP TANK; OWNER ADVISED NO WATER BEING USED. INSPECTION REVEALED WATER CLOSETS SEEM OK, BUT, A PLUMBER SHOULD INSPECT TO ENSURE NO LEAKS ARE PRESENT.

② 11-7-03 I WAS ADVISED 8 PEOPLE RESIDE IN HOUSE.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

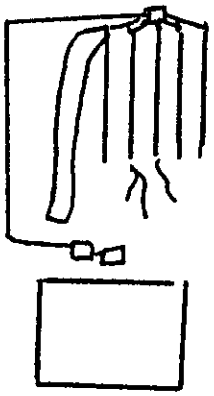
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870A DATE: 11-6-03

TC: 111-233-20 ☐ L

SERIAL 19548

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 the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



DIRECTIONS

(1) UNCOVER DISTRIBUTION BOX TO ADJUST FLOW TO ALL LINES. TWO LINES APPEAR TO BE RECEIVING TOO MUCH EFFLUENT.

(2) RE-CHECK ALL PLUMBING INSIDE TO DETERMINE IF TRAPS ARE ANY LEAKS.

13409 GRAYMIST DRIVE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXIST gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER YEVGENIY, OLGA, YURITY PASICHNICHENKO

LOCATION OF PROPERTY 13409 GRAY MIST DRIVE

Comments: (1) INSPECTION ON 11/6/03 - WATER FLOWING INTO PUMP TANK; OWNER ADVISED NO WATER BEING USED. INSPECTION REVEALED WATER CLOSETS SEEM OK, BUT, A PLUMBER SHOULD INSPECT TO INSURE NO LEAKS ARE PRESENT.

(2) 11-7-03 I WAS ADVISED TO REVISE PLUMBING IN HOUSE.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

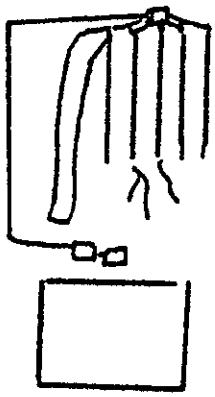
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1870A DATE: 11-6-03

TC: 111-233-20 ☐ L

SERIAL 19548

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 the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



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② RE-CHECK ALL PLUMBING INSIDE TO DETERMINE IF TOILETS ARE ANY LEAKS.

13409 GRAYMIST DRIVE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank FIRST gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER YEVGENIY, OLGA, YURITY PASICHNICHENKO

LOCATION OF PROPERTY 13409 GRAY MIST DRIVE

Comments: ① INSPECTION ON 11/6/03 - WATER FLOWING INTO PUMP TANK; OWNER ADVISED NO WATER BEING USED. INSPECTION REVEALED WATER CLOSETS SEEM OK, BUT, A PLUMBER SHOULD INSPECT TO INSURE NO LEAKS ARE PRESENT.

Environmental Health Specialist

② 11-7-03 I WAS ADVISED BY PHONE INSIDE IN HOUSE.

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

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COMMENTS:

(1) COMPLETE APPLICATION.
(2) THIS IS A REPAIR PERMIT

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