Date Received

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SEP 6 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20411

T. C. No. 023 124 03

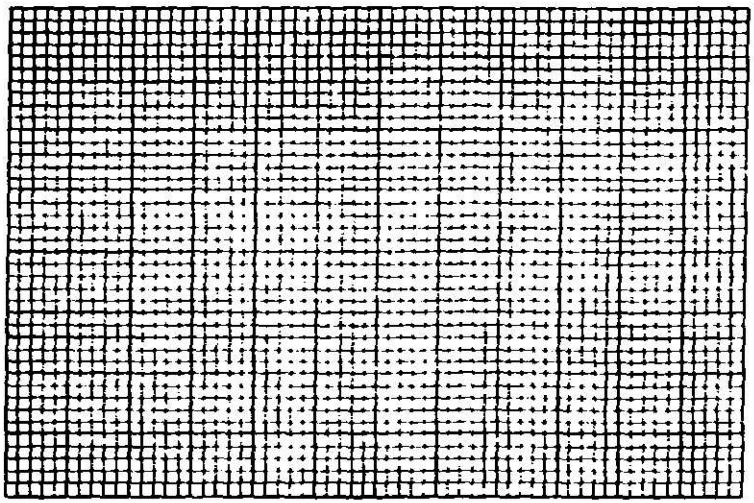
Map Date

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 an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence X Yes ____No

4) No of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____Yes X No
8) Dishwasher ____Yes X No
9) Water Supply:
A) Individual Well X
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____Yes X No
House located within 200 feet of community sewer ____Yes X No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER GRICE (LAST) MARIE (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER KT 14 BOX 503 28208

15) PHONE NO. Home 392-7[illegible] Office _____

16) LOCATION OF SYSTEM TARA CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. [illegible] Page No. 114 C 3

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.

Sept 2 1983
DATE OF APPLICATION

Marie E. Grice
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

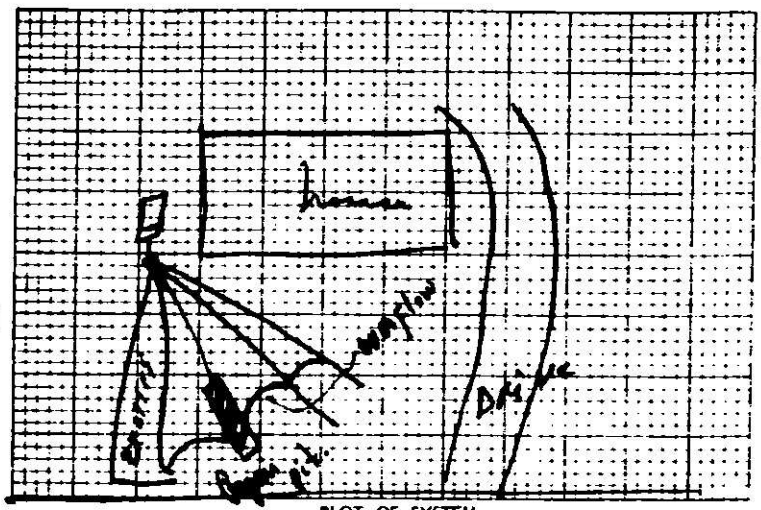
Date Issued 9-9-83 Serial No. 6609 ICAR(S) Permit No. 20011

T. C. No. 023-129-03

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, ✓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 20011, dated 9-2-83 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 10-9-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate

Liquid Capacity of Tank Repair

Tank Construction

Absorption and/or Nitrification Line:

Total Line Length 100'

Number of Lines 1

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

Tema C.
NAME OF OWNER Marie E. Grice

LOCATION OF PROPERTY Tema Circle

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.

from D-box to repair 3' x 15' x 10' deep of stone

Comments: call for partial before stone is added. also

overflow from existing fields

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.

BHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 20011

Date Issued SEPT 19TH 1983 Serial 6158

T. C. No 023-124-03

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 GRICE (LAST) MARIE (FIRST) F (MIDDLE)

Location of Property 11114 TEAGUE CIRCLE

Application Number 20011 Permit Number 20011

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 15 FT Number of Lines ONE

Depth of Filter Material 12 FT. Cover Depth 1½ FT.

Water Supply Source well Distance from Water Source 55 FT.

Excavation Inspected 9-19-83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9-19-83 (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, 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 _____

Ralph Mills
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY