Date Received 8-3-82

SIR No. 18910

T. C. No. P0223-131-29

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Osborne (LAST) Michael (FIRST) D. (MIDDLE)

2) ADDRESS OF OWNER P. O. Box 374 Pineville ZIP 28134

3) PHONE NO. Home 542-8293 Office 379-4610 (beeper #)

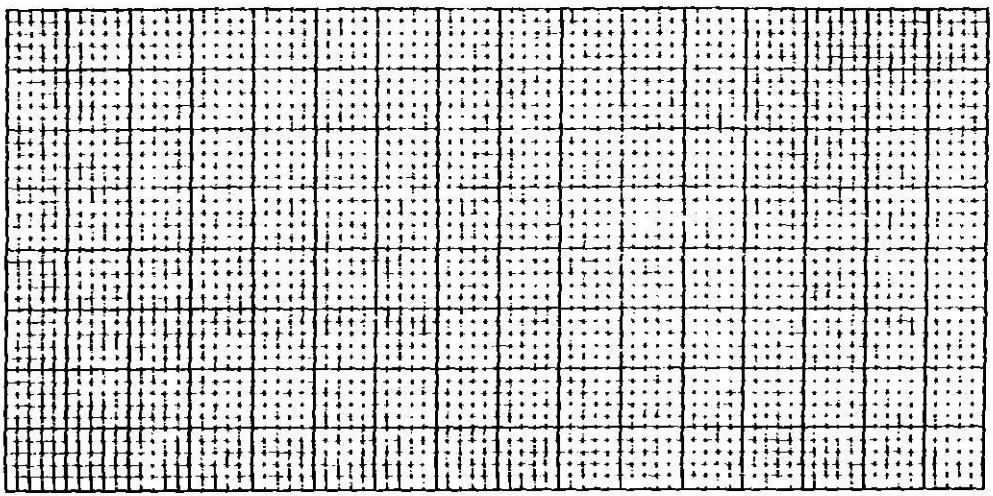
4) LOCATION OF PROPERTY 16017 MARVIN RD. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 4418 PAGE NO. 884

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Michael D. Osborne
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4645

PTR No. 18910

Date Issued August 6, 1982

T. C. No. PO 223131-29

Map Date

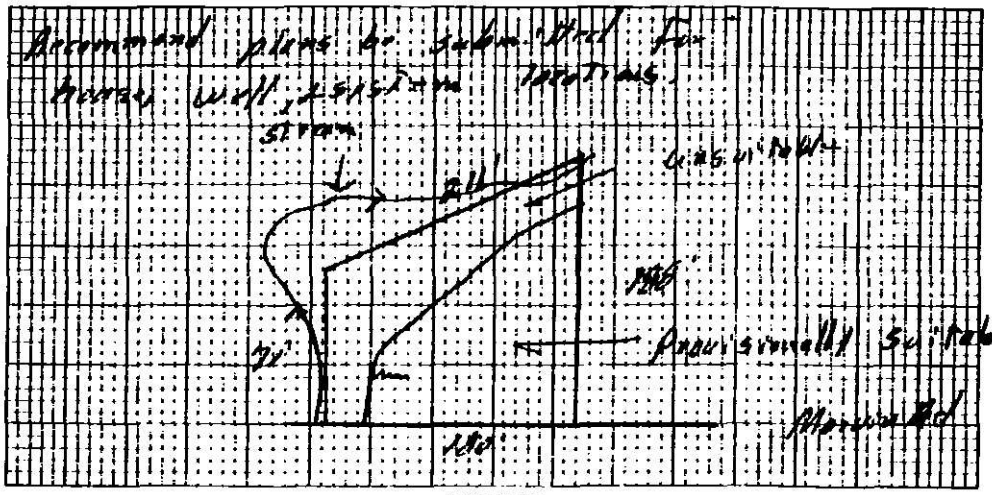
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Osborne, Michael D.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 374, Pineville, N. C. ZIP 28134

LOCATION OF PROPERTY 16017 Harvin Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plat **Provisionally Suitable**
The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter, or repair the septic system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only for the system installed in the immediate area indicated as acceptable for system installation on the above plat.
4. This approval is void if any grading, filling, or construction including the drilling of a well is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation. Construction, alteration, or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Masler
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 10910

T.C. NO. PO 223-131-29

(Ground Absorption Sewage Disposal)

OWNER: Michael D. Osborne
ADDRESS: PO Box 374 Pineville, NC 28134
PLAT NO:
LOT SIZE: 23,000
LOCATION OF SITE: 16017 Marvin Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S (PS) U Eroded complex slopes	(S) PS U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S (PS) U Clay	S PS (U) 2-1 clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U weak Blocky	S PS U
4. SOIL DEPTH (inches)	(S) PS U 48"	S PS (U) Depth Variable	(S) PS U 36"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	(S) PS U None	(S) PS U None	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U 76" To ground water	S PS (U) Eroded Areas channel water	S PS (U) Drainage way	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVA	IVB	
9. SITE CLASSIFICATION	✓ Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil	Eroded	Drainageway	

S - Suitable PS - Provisionally Suitable U - Unsuitable

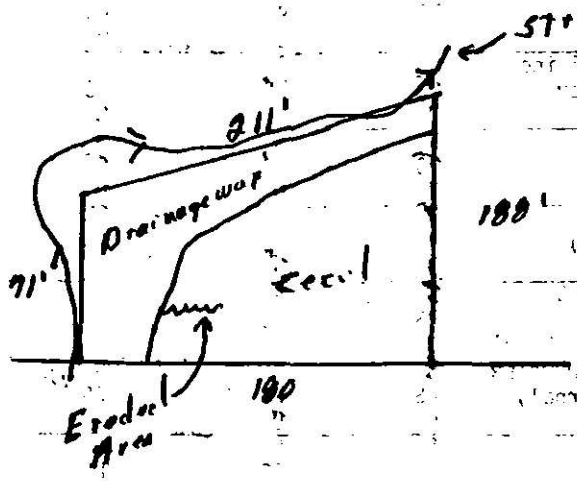
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Request plans for house system, well locations & Field check

Described by: William A. Marlin
Title: Soil Scientist
Date: 6-5-02

EHD 539 (Revised: 6/82)

✓


Stream
211'
Drainageway
180'
71'
Road
Mowan Rd
180'
Eroded Area

SEE INSTRUCTIONS ON BACK

Date Received 9-20-84

ICAR(S) Application No. 18910

T. C. No. R0223-131-29

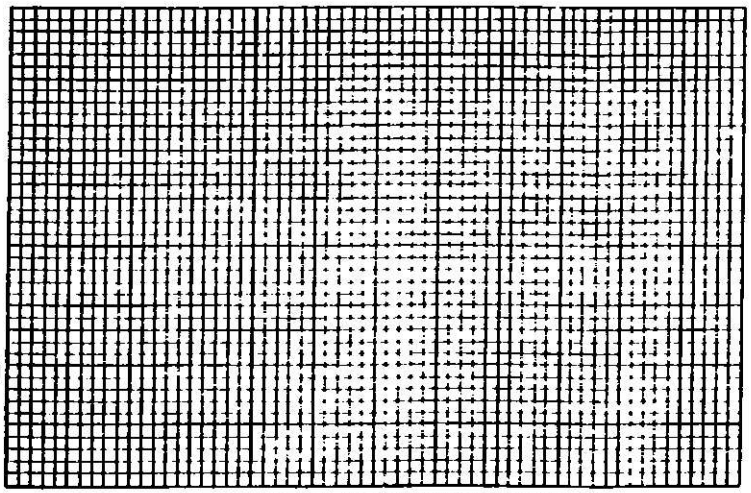
Map Date /

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) XXX 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 THREE (3)
5) Business Use — Max No Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher X Yes ____ No
9) Water Supply
A) Individual Well YES
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 Finch (LAST) Terry (FIRST) Wayne (MIDDLE)

14) ADDRESS OF OWNER 16017 Marvin Rd. Pineville N.C. 28134

15) PHONE NO. Home 542-5558 Office 5230772

16) LOCATION OF SYSTEM 16017 Marvin Rd. Front Yard (STREET OR COUNTY ROAD)

17) SUBDIVISION NA Lot No. NA Block No. NA

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK [redacted](5471) AT PAGE 226

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.

9-16-84
DATE OF APPLICATION

Terry W. Finch
OWNER

EHD-S-76

Environmental Health Department's Copy

RS. 9-13-82

Serial No. 5904

LA No. 18910

Date Issued 9-13-82

T. C. No. PO 223-131-29

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Osborne, (LAST) James (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER 216 McDonald Ave., Charlotte, NC ZIP 28203

LOCATION OF LOT 16017 Marvin Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 18910. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Ron Phelps
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 18910

Date Issued 10-28-82 Serial 5448 T/C. No. 223-13I-29

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Osborne (LAST) James (FIRST) Lewis (MIDDLE)

Location of Property 16017 Marvin Road

Application Number 18910 Permit Number 18910

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material P/C concrete

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well (750') Distance from Water Source NOT in yard (75')

Excavation Inspected — (DATE) Tank Inspected 10-28-82 (DATE)

Nitrification Field Inspected 10-28-82 (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 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 _____

R P Hodges
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

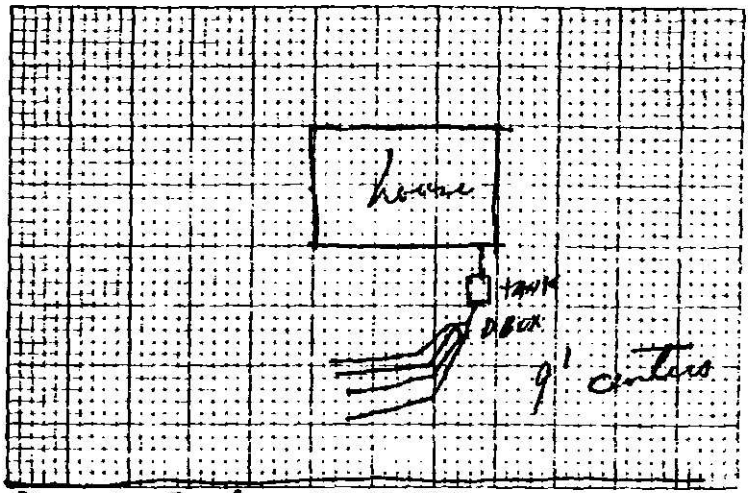
Date Issued 9-10-82 Serial No. 5731 ICAR(S) Permit No. 18910

T. C. No. 223/31-29

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 18910, dated 9-8-82 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 Nov 10, 1982 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P. S

Liquid Capacity of Tank 1500 gal

Tank Construction P/C Concrete

Absorption and/or Nitrification Line:

Total Line Length 200'

Number of Lines 4

Distance from House 710'

Distance from Property Line 710'

Distance from Well 750' not in yet

Marvin Road

NAME OF OWNER James Lewis Osborne

LOCATION OF PROPERTY 16017 Marvin Road

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.

4 – 50' X 3' wide X 12" stone

Comments:

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.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-8-82

ICAR (S) Application No. 18910

T. C. No. P0 22313-29

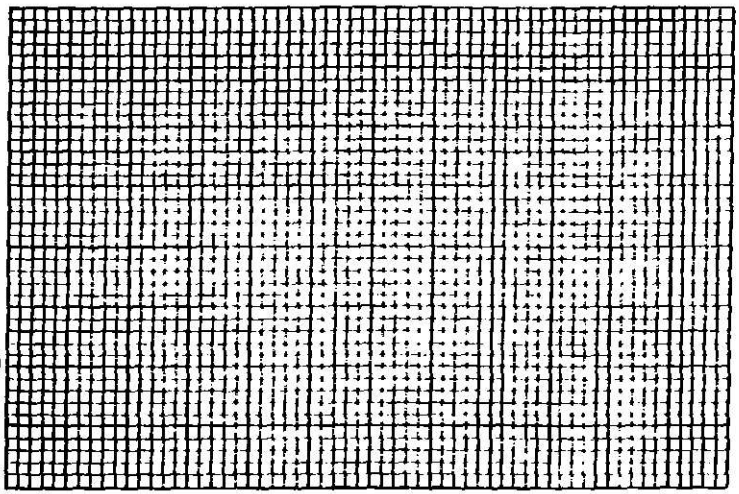
Map Date _____

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) X 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)

Mobile Home ____Yes ____No
Residence X Yes ____No

4) No. of Bedrooms 2
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 ____No
House located within 200 feet of community sewer ____Yes ____No
11) FHA Case No. _____
12) VA Case No _____

13) NAME OF OWNER James (LAST) Lewis (FIRST) Osborne (MIDDLE)

14) ADDRESS OF OWNER 216 McDonald Ave Charlotte, N.C. 28203

15) PHONE NO. Home 332-6338 Office 374-2261 Ext 58

16) LOCATION OF SYSTEM 16017 Marvin Road (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 4571 AT PAGE 226

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES _____ NO DATE RUN 8-6-82

20) PTR NUMBER (See Instructions) 18910

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.

9-8-82
DATE OF APPLICATION

James Lewis Osborne
OWNER

EHD-S-76

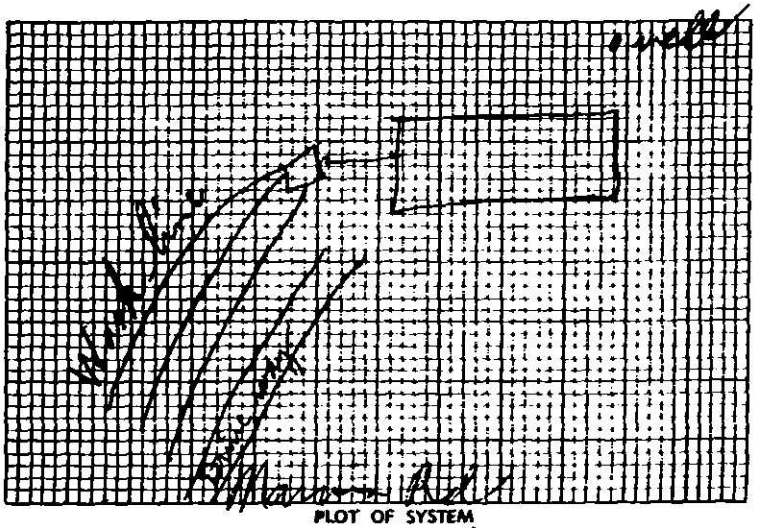
Date Issued 10-26-84

Serial No. 07694

ICAR(S) Permit No. 18910
P.C. No. 223-131-29
Map Date L

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~~ Wash 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 ___, dated 9-16-84 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 11-26-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate repair

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines:

Total Line Length 126'

Number of Lines 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Jerry Finch

LOCATION OF PROPERTY 1617 Marvin Rd.

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.

3 lines 3'x42'x12" stone

Comments: ___

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 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. 18910

Date Issued 10-30-84 **Serial** 7057 P.O. T. C. No. 223-131-29 L

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 Finch (LAST) Jerry (FIRST) (MIDDLE)

Location of Property 16017 Marvin Rd

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank repair-Wash Tank Material _____

Total Length of Drain Tile 126' Number of Lines 3

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 10-30-84 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 10-30-84 (DATE)

Washing Machine Line Inspected, If Applicable 10-30-84 (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 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: _____

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 18910
TC: _____
SERIAL: № 16982

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 16017 (STREET NO.) Marvin Rd. (STREET) ② FILE: _____
③ JURISDICTION: Marsh. ④ TAX PARCEL NO.: 223-131-35
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Terry (FIRST) Wayne (MIDDLE) Finch (LAST)
⑨ MAILING ADDRESS: 16017 Marvin Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28226
⑬ PHONE: (WORK) 333-6661 ⑭ (HOME) 542-5558

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Bed Room addition

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 on the property for the purpose of processing this request.

Signed: _____
Date: 9-26-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Mary Lee Shirley

Sanitarian _____ Date 9/30/88

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date 9/30/88

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

.CHARGE SLIP

Date 9/26/88

Name/Company Very Rich

Sanitation _____
Vector Control _____
O.P.W.D. ✓

Service: Inspection
Swimming
H 1890

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 26 1988

Ck # 3242
11/15

Fee: $ 25 —

Completed by

Collected by

PROPOSED PLOT PLAN

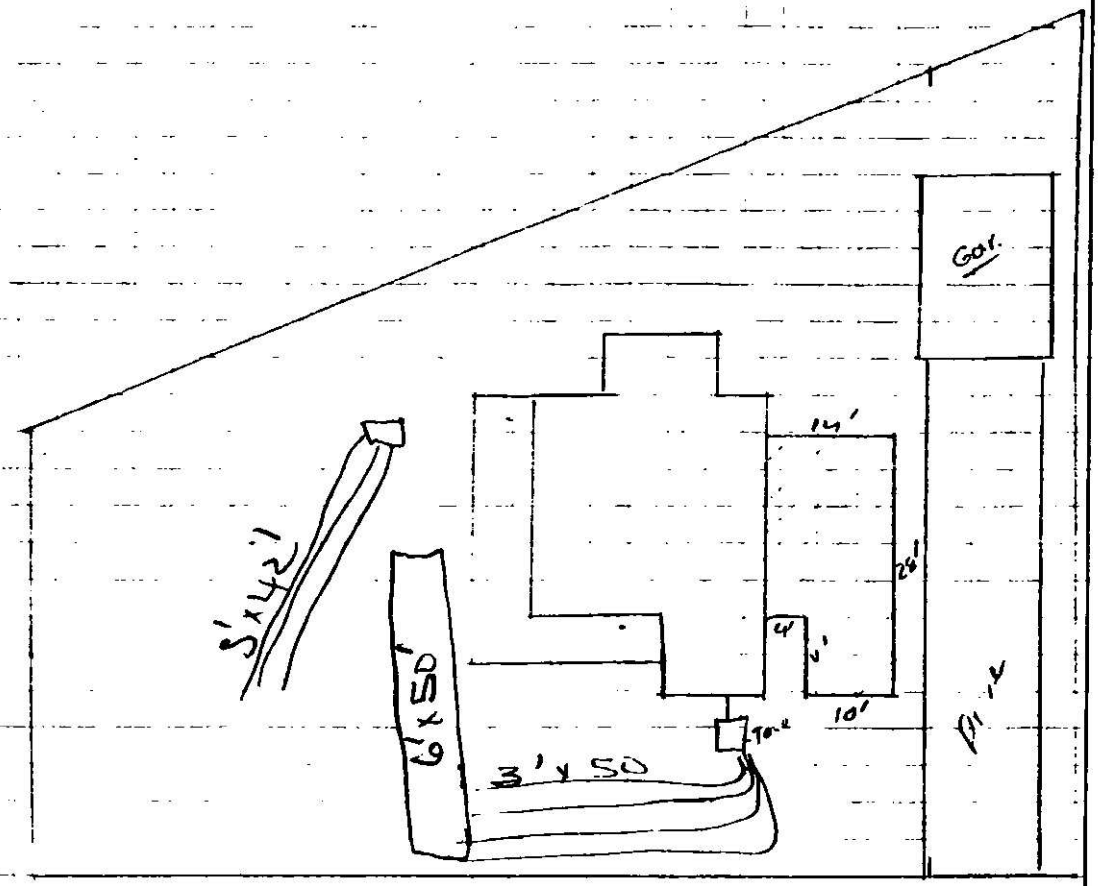
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18910

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: 9-26-88

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

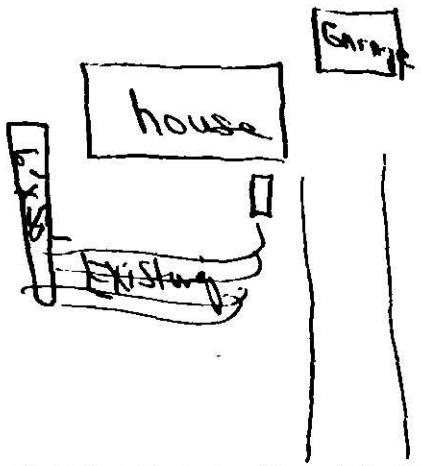
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18710 DATE: 9/29/88

TC: 223-131.35 ☐ L

SERIAL № 12194

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 9/26/88. All work shall be completed on or before 10/29/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 _____ gallons

Liquid Capacity of Desing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines: Repair

Trench Width 1) 6 x 50' Bed feet

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 7 50 feet

NAME OF OWNER Finch, Terry W.

LOCATION OF PROPERTY 16017 Marvin Rd

Comments: INSTALL One (1) 6'x 50' Bed 12" Stone, Straw Cover. Tie in at existing Line

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18910 DATE: 9/29/88

TO: 223-131-13 ☒ L ☐ CRT

SERIAL № 11438

Name of Owner Finch, Terry W. Juris.:

Address of Property 16017 Marvin Rd

Inspection Data: Repair

Tank Material

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected 9/29/88

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 Repair to Septic CTR# 16

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Upgrade to allow for bedroom addition

Judy J. Kuzia R.S.
Environmentalist

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