

6901 RIDGE LANE RD

04706311

5/21/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3638 DATE: 11/22/94

TC: 047 063 11 ☐ L ☐ CRT

SERIAL Nº 14361

Name of Owner Thomas Ray Juris.:

Address of Property 6901 Ridge Ln Rd

Inspection Data:

Tank Material —

Total Length of ~~Drainfield~~ Bed 100'

Number of Lines 3 @ (33')

Cover Depth 40"

Water Supply Source well

Distance to Water Source 100+

Excavation Inspected 11/22/94

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Do you Know of. Of Any Septic system and indicate on Paper work. Thanks JW

Design: 1994 Repair C. Morrison CTR#

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: Repair ≥20 yrs

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

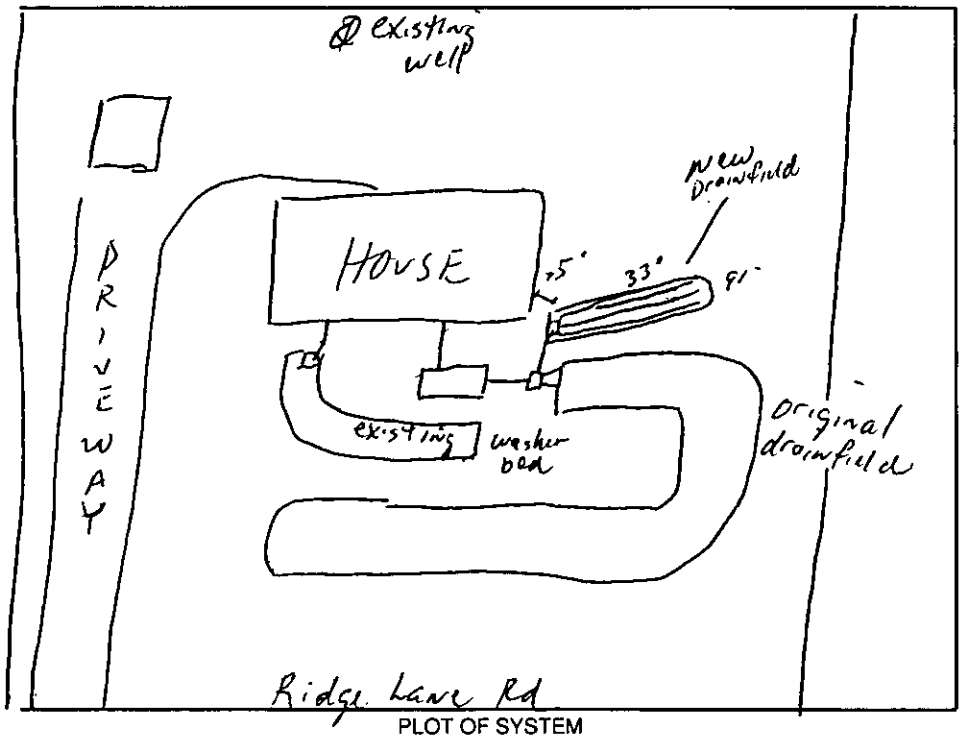
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3638 DATE: 11/21/94

TC: 047-06371 ☐ L

SERIAL Nº 16029

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 11/18/94. All work shall be completed on or before 12/21/94, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 4.5

Absorption and/or Nitrification Lines:

Bed
~~Trench~~ Width 9' feet

Trench Walls Scored and Porous ✓

Total Line Length ~~700~~ 99' feet

Number of Lines 3 (33')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 100' feet

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

NAME OF OWNER Thomas Ray (Darrell Thomas, Rep)

LOCATION OF PROPERTY 6901 Ridge Lane Rd

Comments: Repair Bed system 9'wd x 33'long x 18" Stone Existing Septic system appr 4' in ground. Feed new bed system from existing D-Box

D Newell for S Daniel

Phillip S. Walker R.S.
Environmental Health Specialist

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