


16400 BLACKBERRY HILLS DR

13917324

12/17/07

duponbj

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: 2426/8134 A DATE: 10-1-93

TC: 139-173-24 ☐ L ☒ CRT

SERIAL № 15707

Name of Owner Donald Morenus Juris.:

Address of Property 16400 Blackberry Hills

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67'

Cover Depth 12"-16"

Water Supply Source well

Distance to Water Source not installed yet

Excavation Inspected 10-1-93

Tank(s) Inspected 10-1-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, conv, 1500 gal, 1200 sq ft drainfield at 6 lines at 3' x 67' x 12" stone each, cecil-like CTR# Norwood Const,

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: 3 bedroom - keep any additional bldg foundation (from possible steps) min. 5' from septic tank system TYPE II

Susan Zahlman
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

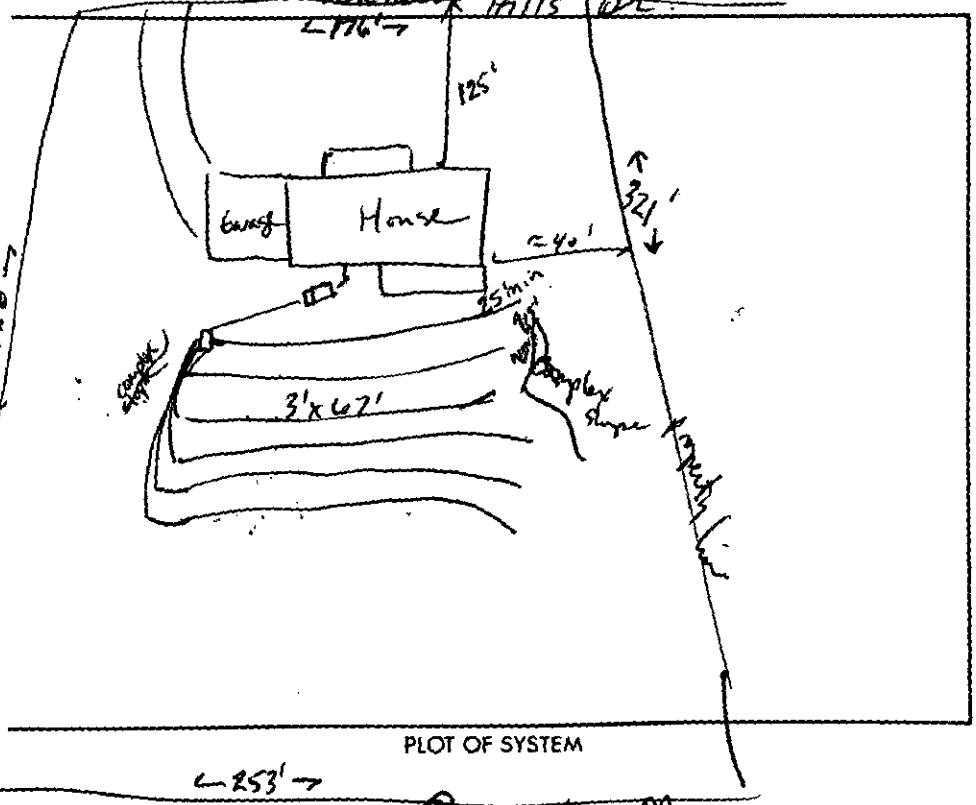
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 242 B/8134A DATE: 9-30-93

TC: 139-173-24

SERIAL Nº 15593

Permission is hereby given to X 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 9-30-93. All work shall be completed on or before 10-30-93, 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 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 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 6 at 67' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet (preferably 100' min well not installed yet)

6"-16" Soil cover

NAME OF OWNER Ronald Morenus

LOCATION OF PROPERTY 16400 Blackberry Hills

Comments: Keep off of complex slopes as shown
Smooth over area to aid in surface water runoff.
Keep lines on contour.

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

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

567-991963
16400 BLACKBERRY HIL

06/23/93
12:44 PM

DOUG KONETCHY

843-4970

FULL
SF CRAWL

SF CRAWL /SEALED LIMITED

BUILDING STANDARDS SINGLE FAMILY 'LIMITED' MICHAEL BURKHARD 336-3836

HD Septic tank

8134A

400 ☑ 06/08/93

$200.00

8134A / 242B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES #28571 ☑ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 6-8-93

PERSON FILING APPLICATION:
NAME: KONETCHY / DOUG (last) (first) (mi)
ADDRESS: P.O. Box 368 PHONE: (704) 843-4970
CITY: WAXHAW STATE: NC ZIPCODE: 28173

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-173-24
STREET ADDRESS: 16400 Blackberry Hills
ZONING: Charlotte

PROPERTY OWNER:
NAME: MORENUS / RONALD (last) (first) (mi)
ADDRESS: 6800 Orchard Ridge PHONE: (704)
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 25 LOT SIZE (in acres): 1.6

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[☑] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [☑] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[☑] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [☑] Deck/Patio [] Bedrooms [] Other

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: Doug Konetchy Date: 6-8-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Solomon 6-15-93
Environmentalist Date

[illegible] 6/21/93
Director or Authorized Section Head Date

WATER : 122791

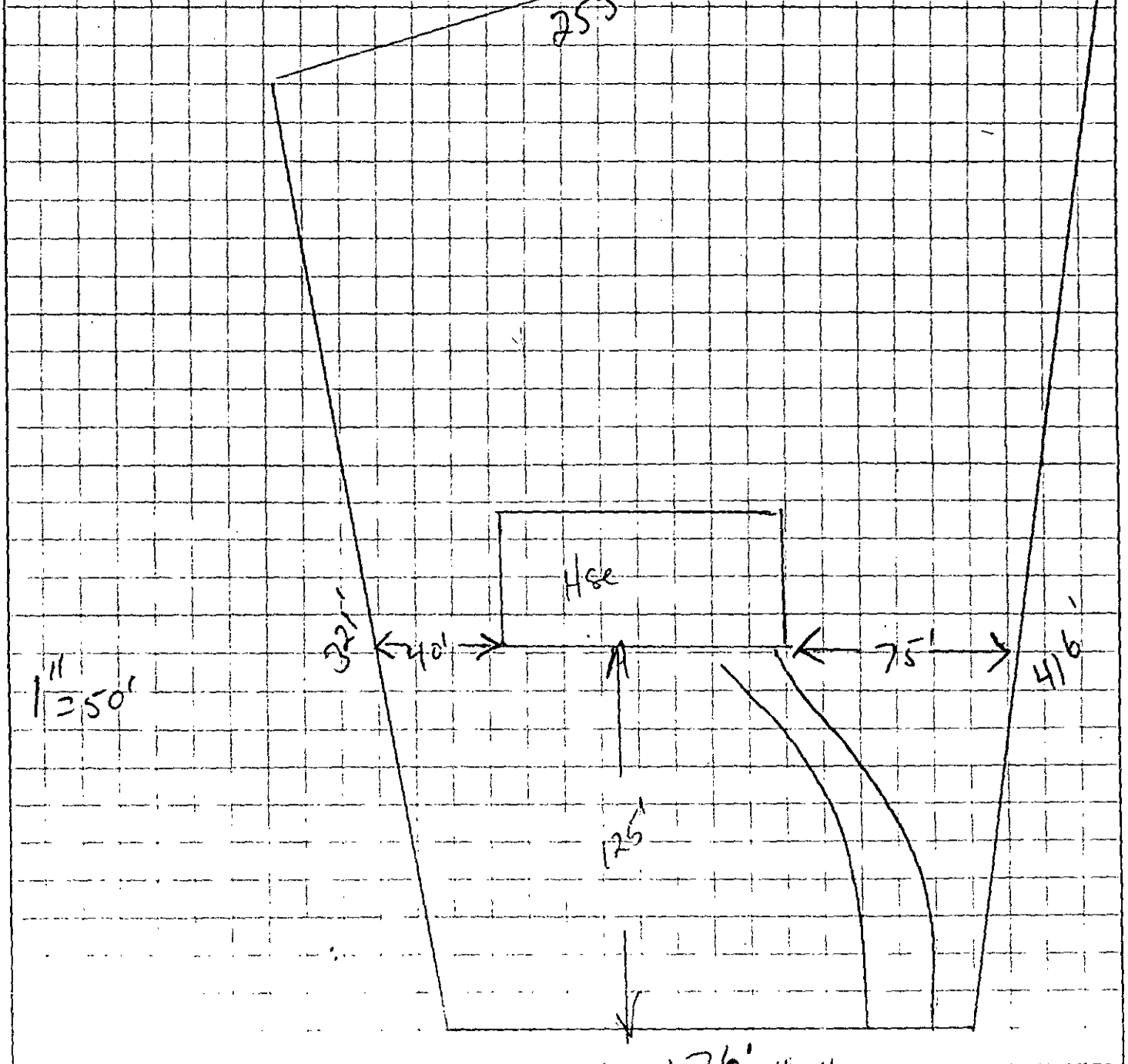
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 242B/&134A

TC: 139-123-24

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.




APPROVAL DATE _____

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6-8-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 139-173-24

ASSIGNED ADDRESS 16400 Blackberry Hills Dr

EXISTING ADDRESS _____

PROJECT NAME Blackberry Hills

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | APPROVED | DISAPPROVED |
|---|---|---|---|
| 1. | SUBDIVISION REGULATIONS | | * |
| 2. | FLOODWAY REGULATIONS | | * |
| 3. | EROSION CONTROL REGULATIONS | | * |
| 4. | PUBLIC UTILITY EASEMENT | | * |

| | | PRESENT | NOT PRESENT |
|---|---|---|---|
| 5. | PUBLIC UTILITY EASEMENT | * | |
| 6. | PROPERTY FRONTS ON THOROUGHFARE | * | |
| 7. | DRIVEWAY PERMIT REQUIRED | * | |

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

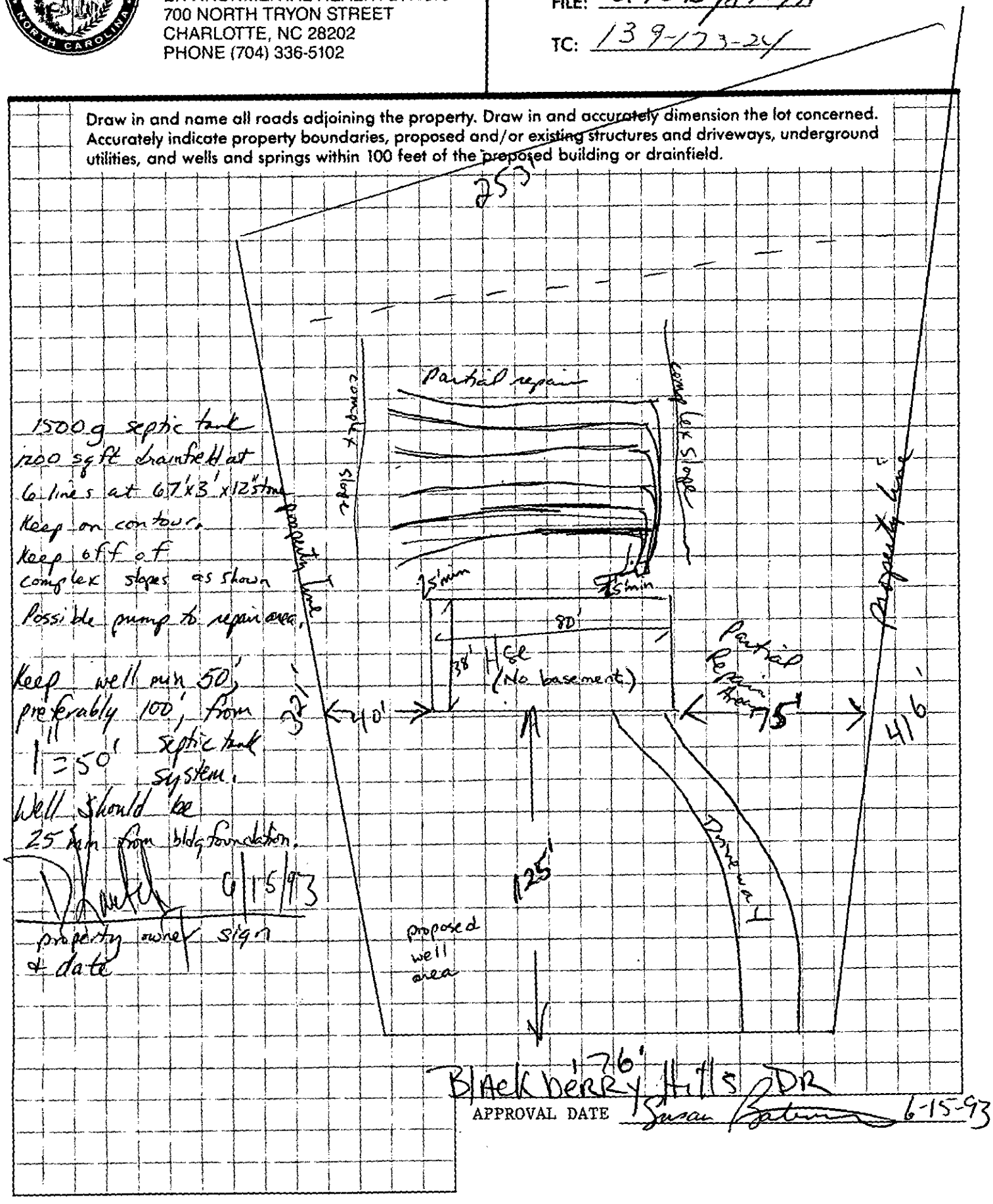
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 242B/8134A

TC: 139-173-24

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.




1500 g septic tank
1200 sq ft drainfield at
6 lines at 67'x3'x12"stone
keep on contour.
keep off of
complex slopes as shown
Possible pump to repair area.

keep well min 50',
preferably 100', from
septic tank
system.
Well should be
25' min from bldg foundation.

6/15/93
property owner sign
& date

APPROVAL DATE Susan Patterson 6-15-93

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# Mecklenburg County

## Health Department

April 9, 1992

**Betty S. Snow, R.N., M.A.**
Health Director

Ronald L. Morenus
6800 Orchard Ridge
Charlotte, NC 28227

RE: Property located on Blackberry Hill Drive
FILE: B134A (242B)
PARCEL: 139-173-24

Dear Mr. Morenus:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12612) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems
GW/wpg

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12612

File: 81348/242B Action 1

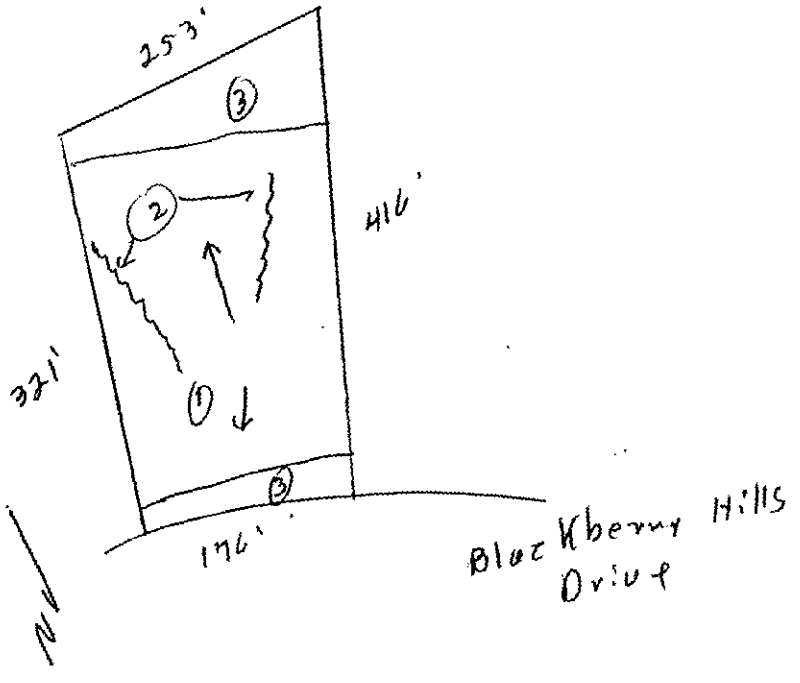
Parcel: 139-173-24 ☐ PC

Location: Blackberry Hills Dr.
Subdivision: Blackberry Hills
Lot: 24 Block: Acres: 1.6

Owner: Ronald J. Morenus
Address: 6800 Orchard Ridge
Charlotte, N.C. 28227

Comments: Septic Repair

Described by: William R. Marlin
Date: 4-7-92




***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | S PS (U) Complex slopes | S PS (U) Depression | S PS U | S PS U | S PS U |
| Texture | S (PS) U slightly Expansive Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U sub Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 70 740" water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 740" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 740" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | III Cecil-Lilla | Complex slopes | Depression | | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

1

172,197, 215

137-173-24 rd. 75° 163794

WPG 3-23-92

8134A/242B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Morenus (last) Ronald (first) J. (mi)
ADDRESS: 6800 Orchard Ridge PHONE: (704) 565-7746
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3-23-92

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 022-312-29
STREET ADDRESS: ~~6800 Orchard Ridge~~
ZONING: ~~109-411-03~~

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills 16400

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 25 LOT SIZE (in acres): 1.64

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: Septic

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Ronald J Morenus Date: 3/23/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

195, 197, 215 139-173-24 Pd. 75.00 CK 3794 WRS 3-23-97

8134A/2428 400

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Morenus (last) Ronald (first) J. (mi)
ADDRESS: 6800 Orchard Ridge PHONE: (704) 563-7746
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3-23-92

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: ~~000-611-25~~
STREET ADDRESS: ~~6800 Orchard Ridge~~
139-173-24
ZONING: ~~109-411-03~~

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills 16400

LOT NUMBER: 25 LOT SIZE (in acres): 1.64

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: Septic

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Ronald J Morenus Date: 3/23/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

# PROPOSED PLOT PLAN

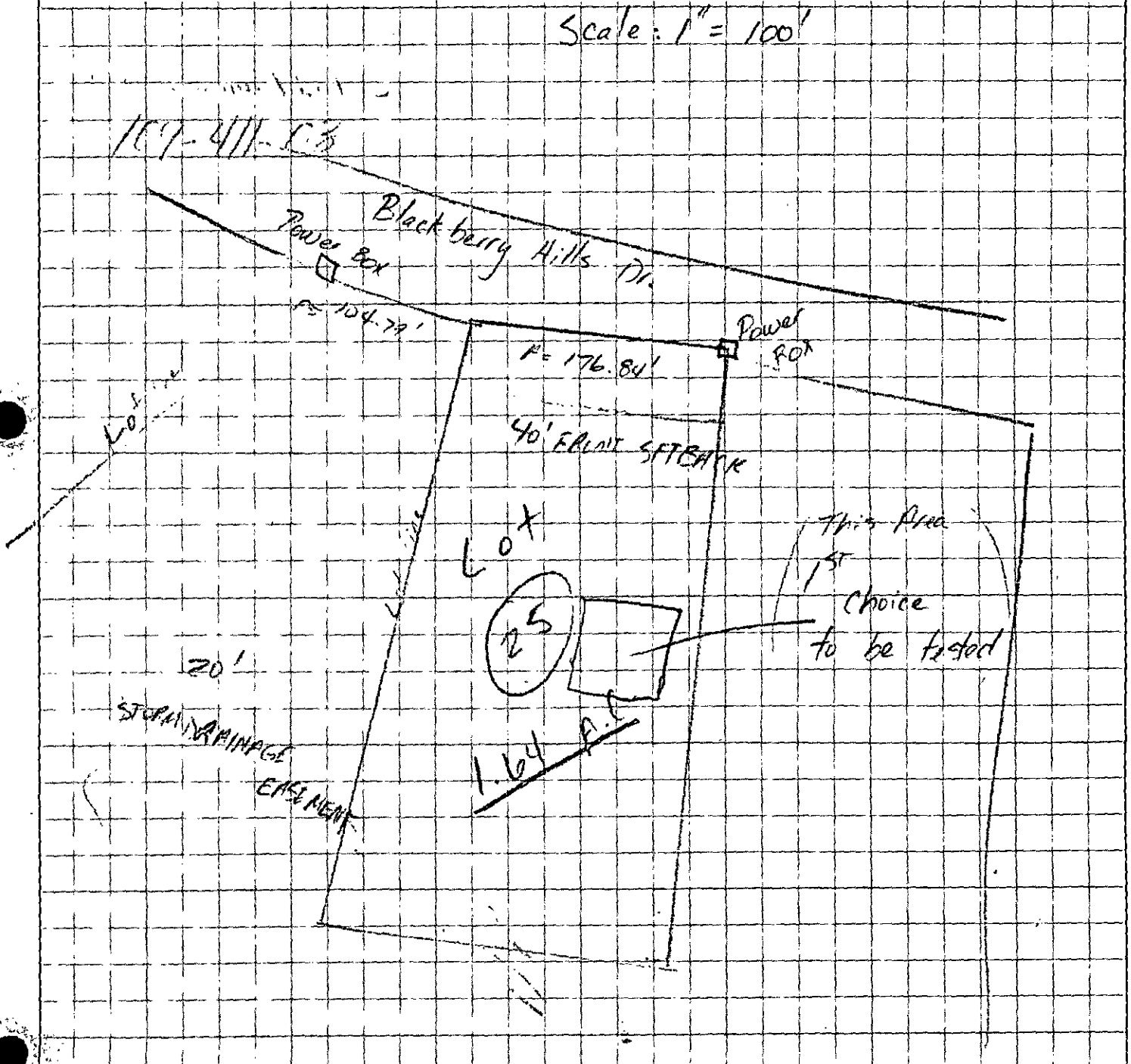
12213

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

TC: 107-411-03, 107-411-25, 139-173-24

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.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# PROPOSED PLOT PLAN

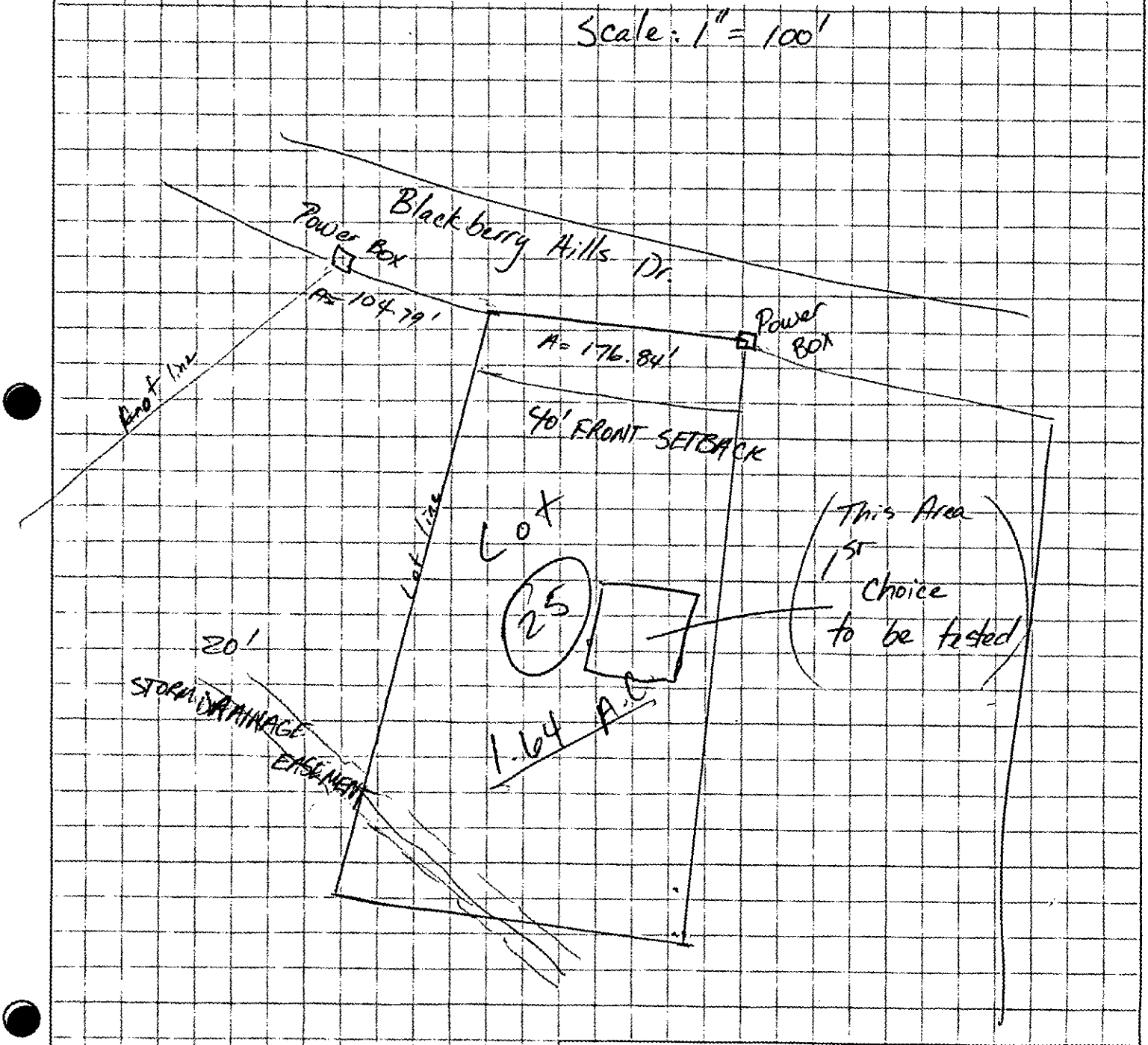
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ 242B

TC: ~~002 234 6625~~

~~109-11-03~~ 139-173-24

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.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy