

4416 GIBBON RD

04305232

1/9/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5808B DATE: 1-3-05

TC: 043-052-32 ☐ L ☐ CRT

SERIAL 19604

Name of Owner ED BRUMIT Juris.: _____

Address of Property 4416 GIBBON RD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 210'

Number of Lines 3 @ 70'

Cover Depth 12"

Water Supply Source PRIVATE WELL

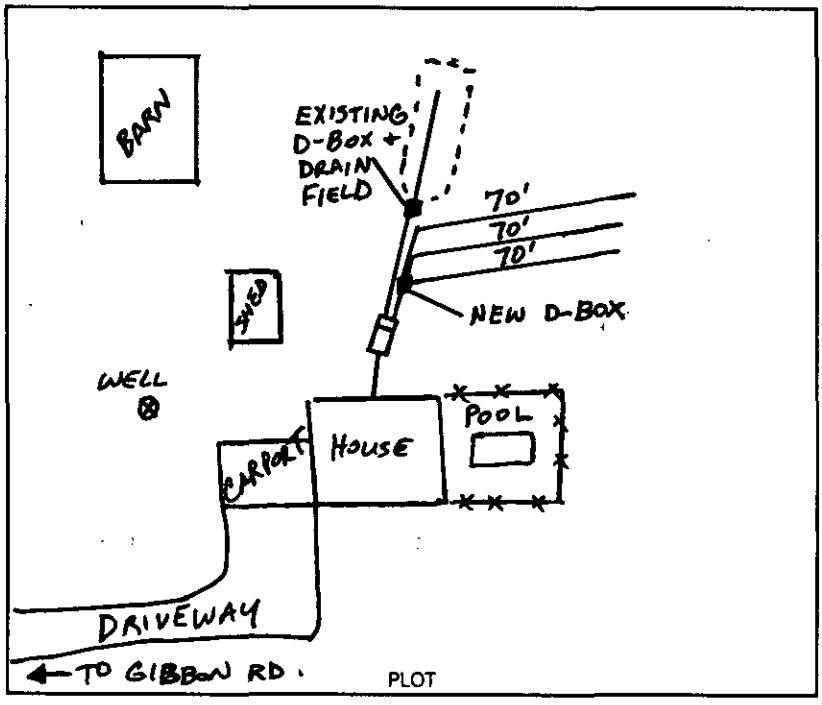
Distance to Water Source >50'

Excavation Inspected 1-3-05

Tank(s) Inspected 1-3-05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005/REPAIR/630 S.F.T/INOV (EZ-FLOW) CTR# STANLEY SEPTIC

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: REPAIR INSTALLED FOR 2-BEDROOM HOUSE. INSTALLED 3 LINES AT 3' x 70' EZ-FLOW. INSTALLED NEW D-BOX AND SANITARY TEES IN SEPTIC TANK.

TYPE IIIg REPAIR SYSTEM.

_____, RSI 1-3-05
Environmental Health Specialist

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

1-3-04 12 PM

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

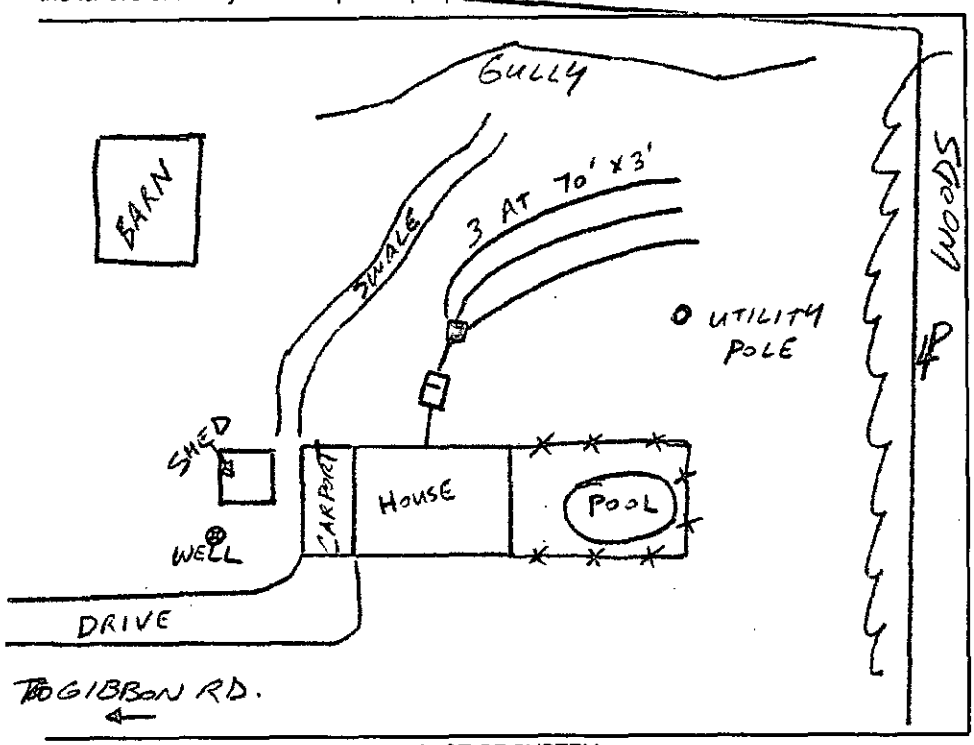
FILE: 58088 DATE: 11-29-04

TC: 043-052-32 ☒ L

SERIAL 19824

STANLEY SEPTIC
704-860-5534

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 11-29-04. All work shall be completed on or before 12-29-04, 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 EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction BLOCK / CONC.

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 210 feet

Number of Lines 3 AT 70'

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet minimum

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

Mail Address PO Box 26123 28221

NAME OF OWNER ED BRUMIT

LOCATION OF PROPERTY 4416 GIBBON RD.

Comments: REPAIR TO EXISTING SYSTEM. PUMP SEPTIC TANK, INSTALL TEE IN TANK, SET NEW D-BOX, AND INSTALL 3 LINES AT 70' x 3' (EZ-FLOW) INNOVATIVE FOR DRAINFIELD.

TYPE IIIg REPAIR SYSTEM

Tom Thom RSE
Environmental Health Specialist

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