

2412 SUNSET RD

03738114

8/25/08

marliwr

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

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 3-29-99 Parcel: 037.055-10

REQUESTING PERSON: FRANK SWEATMAN Phone 399-4870

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name STEVE CHEEK

Address 2412 SUNSET ROAD City_____ Zip_____

SERVICE REQUESTED: SEPTIC TANK MALFUNCTIONING

ASSIGNED TO: JEFF KNIGHT TAKEN BY:_____

DATE	ACTIVITY REPORT
4/6/99	On site visit with L. Thompson. No one present. Left door hanger with note asking homeowner to call me regarding complaint.
	V.M. message from Glenda Cheeks homeowner. She states that they have been having a problem and that Kelly Randall has worked with them on this in the past. She requested that I confer with Kelly on this situation.
	Consultation with Kelly Randall. He states that Mr. Claudius Morrison did complete a repair at this residence. He states that he also recommended that they add some soil cover to existing drainfield and that they may need to check D-Box.
5/7/99	On site visit. Soil cover has been brought in and landscaping done. No effluent surfacing at the time of visit.
	On site visit to Mr. Frank Sweatman's residence. He states that he has not noticed problems since soil cover has been added. Advised to call me if problem occurred. He acknowledged.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Jeff Knight 5/7/99 WRITTEN___ VERBAL___

Environmentalist's Signature Date

REVIEWED BY:_____ / _____ **RECALL DATE:**_____

Section Head's Signature Date

Serial No. 6735

ICAR(S) Permit No. 1997

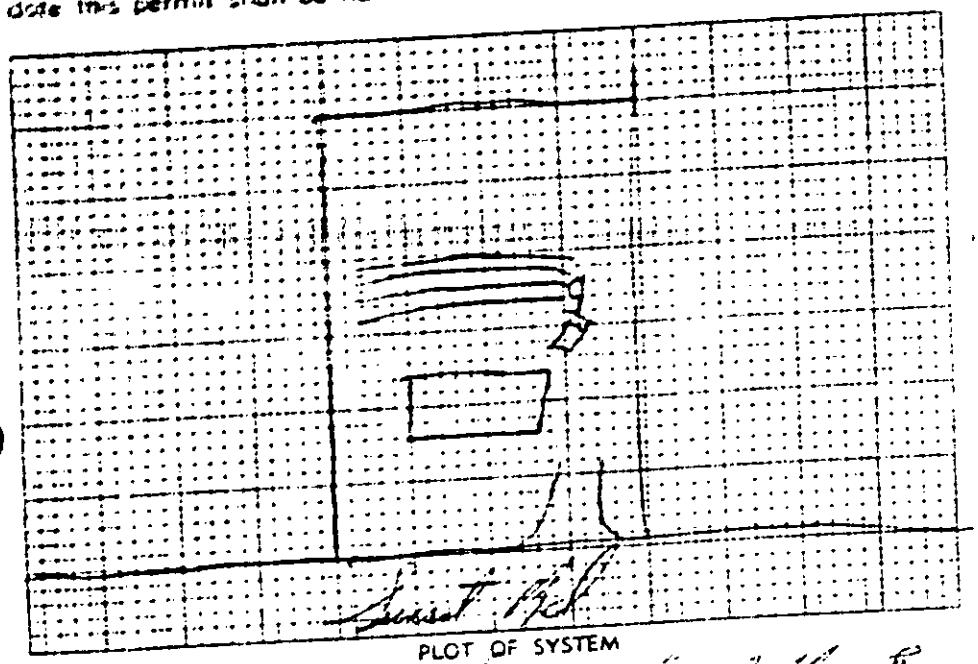
T. C. No. C32C-55-C

Date Issued 7 Aug 83

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 waste-water 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 1997, dated 2 July 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 3 Dec 83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 45

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4

Distance from House >5'

Distance from Property Line >10'

Distance from Well >75'

NAME OF OWNER Louis Speckhill & (STIC)

LOCATION OF PROPERTY [illegible]

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 or controlling or using such system from any liability resulting from the failure of the system to operate properly.

4 Trench [illegible]

Comments: _____

Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the Division or 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

C of A (s) No 1995-1

T C No C37-[illegible]

Date Issued 11-9-83

Serial 6276

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Lanier (LAST) Randall (FIRST) E (MIDDLE)

Location of Property 2412 Sunset Rd

Application Number 6735

Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 200

Depth of Filter Material 12"

Water Supply Source _____

Excavation Inspected _____ (DATE)

Nitrification Field Inspected 11-9-83 (DATE)

Washing Machine Line Inspected, If Applicable N.A. (DATE)

Tank Material Pre-Cast Concrete

Number of Lines 4

Cover Depth 30"

Distance from Water Source 50'

Tank Inspected 11-9-83 (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 under the 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 _____

_____

_____

_____

_____

_____ Sanitarian

(Environmentalist)

EHD-5-76

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19957 DATE: 9-21-98

TC: 037-055-10 ☑ L ☐ CRT

SERIAL Nº 17754

Name of Owner Glenda Cheek Juris.: _____

Address of Property 2412 Sunset Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100

Number of Lines 2 @ 50

Cover Depth 6+12"

Water Supply Source cve 4

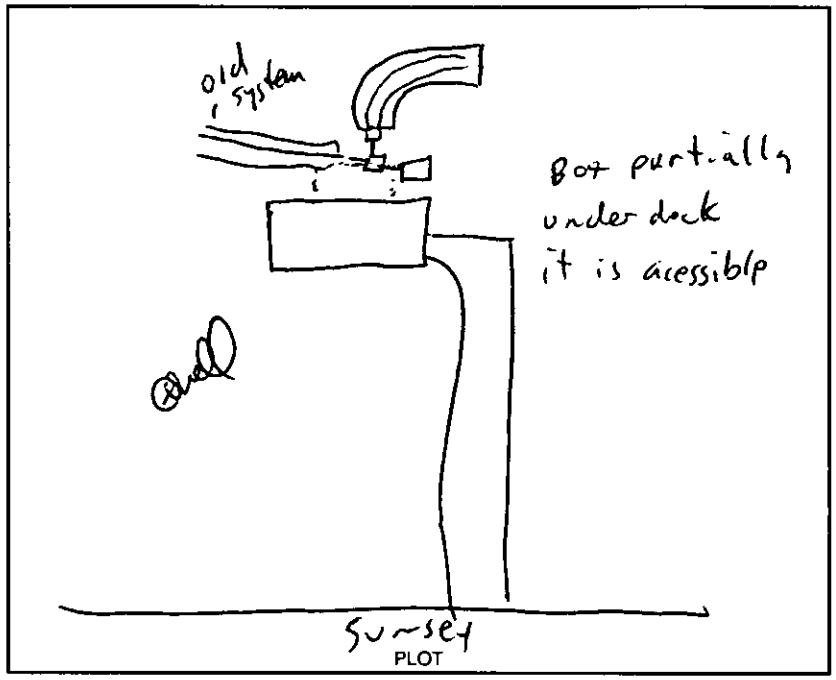
Distance to Water Source 50'+

Excavation Inspected 4-21-98

Tank(s) Inspected ✓

Wash Line Inspected ✓

High Water Alarm Inspected ✓



Design 1998 Repair 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 I5A 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 I5A 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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

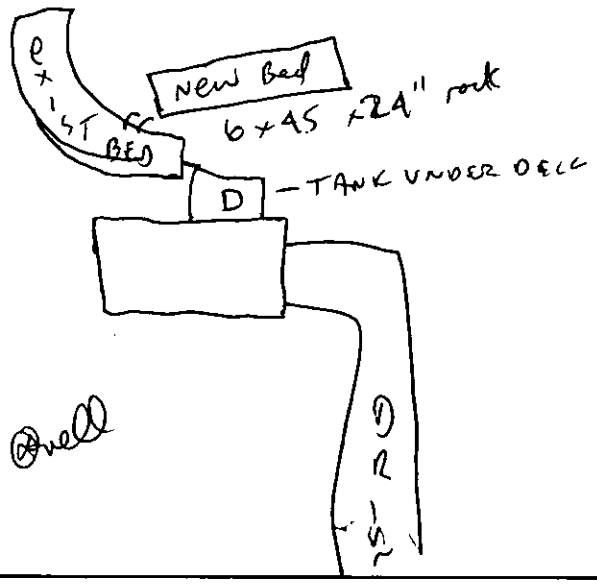
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19957 DATE: 9-16-98

TC: 037-055-10 ☐ L

SERIAL Nº 17867

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1,440 repair gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PLC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 90 feet

Number of Lines Bed 6×45×24" rock

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER Glenda Cheek

LOCATION OF PROPERTY 2412 Sunset Rd

Comments: _____

Environmental Health Specialist

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 19957

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-055-10

STREET ADDRESS: 2412 Sunset Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Cheek (LAST) Glenda (FIRST) (MI)	NAME: Claudius Morrison (LAST) (FIRST) (MI)
ADDRESS: 2412 Sunset Rd	DAYTIME PHONE: ( ) —
CITY: Chw STATE: NC ZIP: 28216	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: + Claudius Morrison DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-17-98 PERMIT NO: 19957
PARCEL NO: 037-055-10

JOB LOCATION ADDRESS: 2412 Sunset Rd
PROPERTY OWNER: Glenda Cheek
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: 9-17-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19957, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: 1998 Repair

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Claudius Murrain 9-16 98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 19957 CONSIDERATION OF IMPROVEMENT PERMIT Tax Number: 037-055-10

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
300 Bed Absorption Area (Sq ft) 100 Total Trench Length (Ft)	24" Depth of Stone Trench	Bed 6x50-x24" Trench spacing (min. on centers)	30" Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

[signature] 5-12-98
DEHNR Authorized Agent Date

+ C Claudius Mercer 9-16-98
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

SERVICE REQUEST/WORK ORDER

File 19957

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 3/29/96 Parcel: 037-055-10 for <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Frank Sweatman Phone 399-4870

Address 2422 Sunset Rd City _____ Zip 28216

PROPERTY CONCERNED: Facility Name Strike Check 391-2687

Address for 2412 Sunset Rd City _____ Zip 28216

SERVICE REQUESTED: Drainage on ground surface flowing on to property of neighbor, smells awful

ASSIGNED TO: LM TAKEN BY: JC

DATE	ACTIVITY REPORT
4/3/96	OSV @ 2422. Consulted w/Mr Sweatman. Observed malfunction @ 2412 draining towards Mr Sweatmans property.
	OSV @ 2412. No answer @ door/No one @ home. Left note to contact me + that repair permit required. Left bus. card.
4/3/96	PC from Glenda Check (391-2686) Advised to have S.T. contractor contact me for repair approval
4/8/96	Tax records indicate. Owner: Ray Steven Check + Glenda C. Honeycutt
	037-055-10 2412 Sunset Rd
	Prop Loc. 2412 Sunset Rd Char, NC 28216
4/8/96	NOV, Due 5/8/96 for ~~5/7/96~~
5/10/96	2nd NOV, Due ~~5/10/96~~ for
5/13/96	Message Neal L. Whittaker from Glenda Check. PC w/Glenda Check - stated Ronnie Oaks pumped S.T. + yard dry now, believes problem solved. Scheduled OSV for 5/15 @ 10:30 am.
5/15/96	OSV. Strike Check present 3rd line Supersaturated. 1/2 S.T. + D-Box under deck. Mr Check to uncover D-Box + notify me. System on verge of failure to have D-Box accommodated w/speed levelers. Recommended the

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Mialik, RS 8/12/96

REVIEWED BY: S Bateman for S Daniel, Program Chief 8-14-96

File 19957

SERVICE REQUEST/WORK ORDER

Date: 3/29/96 Log NO: 1

037-055-10

DATE	ACTIVITY REPORT
	installation of at least 100' more drainline or separate washer cct w/2@70'(±); advised repair permit required.
6/14/96	PC w/ Glenda Cheek. Advised that D-Box needs to be uncovered within next week - otherwise contact S.T. contractor. Per Mrs. Cheek, will let her husband know about phone conversation.
6/20/96	VM mess. from Steve Cheek - D-Box uncovered.
6/20/96	OSV w/ S. Bateman. Mrs. Cheek present. Observed uncovered D-Box - unequal distribution of lines - Requested that Mrs. Cheek have her husband contact me. JR
7/26/96	PC w/ Mrs Cheek
11/26/96	OSV. Steve Cheek present: had accommodated D-Box w/ speed leveler. Box covered. 1st line getting effluent noise, and OK., 3rd - 4th too saturated - Per Mr. Cheek will uncover D-Box & contact me for 8/1 or 8/2 OSV.
11/27/96	PC from Glenda Cheek - Stated her husband could not meet today & not until 5:00pm 8/2. Advised to have him contact me to re-schedule 8/6, 8/7, 8/8 or 8/9. (his days off from work)
8/7/96	VM from Glenda Cheek - D-Box uncovered - Mr. Cheek unable to meet w/ me this week
8/8/96	OSV. Glenda Cheek present. D-Box feeding 1st to 2nd lines first - 2nd & 3rd line appears to be fed w/ washer use. Per Mrs. Cheek - did 9 loads of laundry yesterday. Re-iterated water conservation methods, spacing out laundry loads - no more than 2 loads a day, etc. 2nd & 3rd lines saturated, but no effluent seepage on ground surface. Advised Mrs. Cheek to budget for future repair & notify me if/when problem re-occur
8/12/96	PC w/ Mr. Swaatman. Advised of status. Requested that he contact me if/when problem re-occurs.

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

File 19957

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Ray S. Cheek & Glenda C. Honeycutt MAILING ADDRESS 2412 Sunset Road, Charlotte, NC 28216

OCCUPANT same LOCATION same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 037-055-10

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5573.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[X] Perform Maintenance *(specify)* Pump septic tank as needed to keep sewage effluent off ~~surface of ground in interim.~~

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 8, 1996, appropriate legal action will be taken.

Notice Issued April 8, 1996 Date Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS Agent Division of Environmental Health

Compliance _____ Date Signed _____ Agent Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)