07/19/2021

MECKLENBURG COUNTY
HEALTH DEPARTMENT

5125A
#12349

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ◉ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 00912207PO
STREET ADDRESS: 16224 Greenfarm Rd.
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME: Greenfarm Phase II
LOT #: 11 **LOT SIZE (acres):** .68
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 2,885
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/1/07 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:

NAME: John Cecere
ADDRESS: 16224 Greenfarm RD
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (704) 746-6523
FAX: _____
E-MAIL: cecerejj@hotmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 7/19/21

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

File #: _____

PROPOSED PLOT PLAN

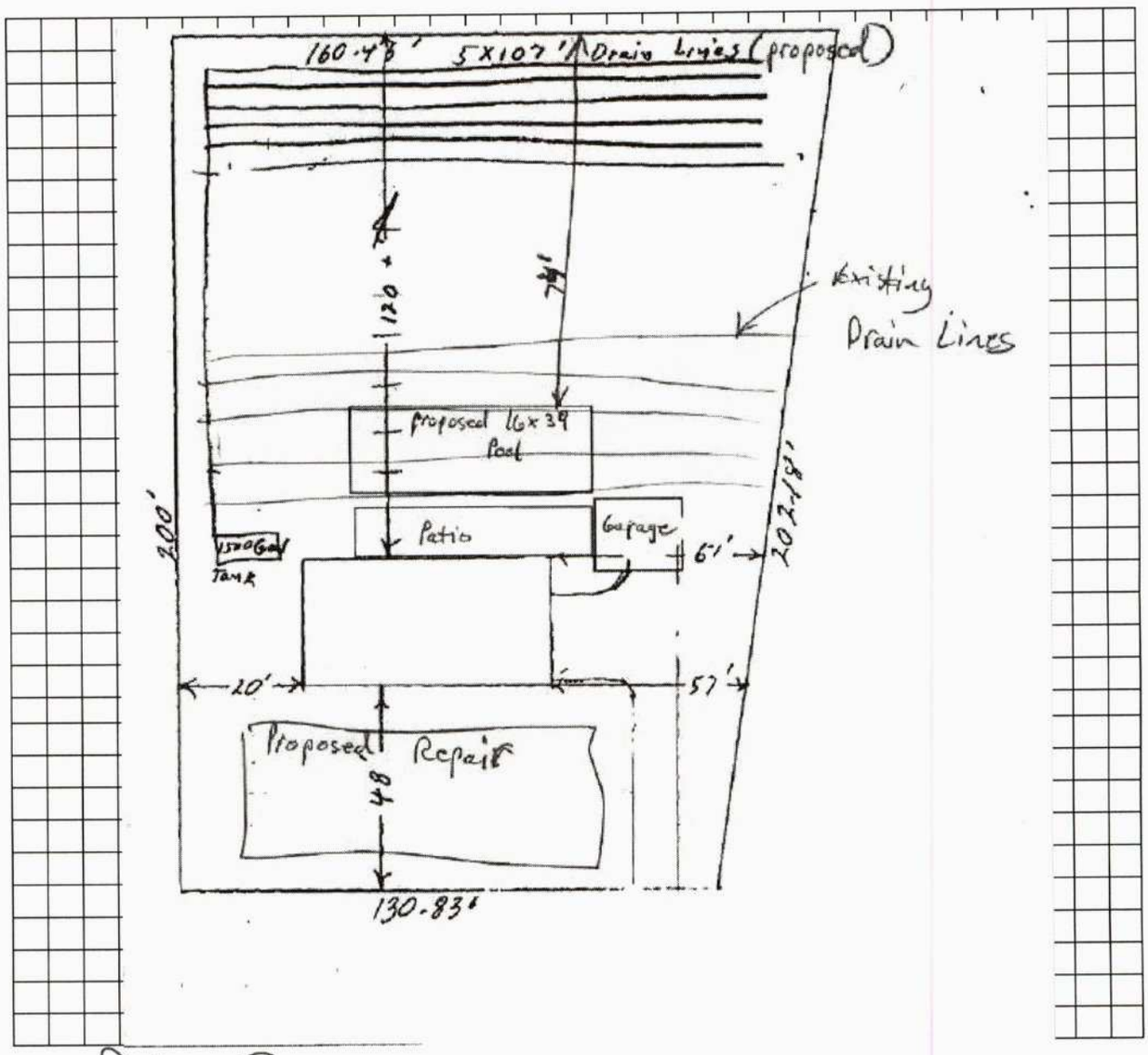
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 16224 Greenfarm Rd.

Tax Parcel #: 00912207PO

Subdivision Name: Greenfarm Phase II

Lot #: 11



Property Owner's or Owner's Legal Representative Signature

7/19/21
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 3
Property ID: 00912207
Lot #:
File #: 5125a
AppID: 12349

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: John Cecere
Address: 16224 Greenfarm Rd
Proposed Facility: 4 Bedroom House
Location of Site: 16224 Greenfarm Rd
Water Supply: [ ] Public [] Individual [] Well
Evaluation Method: [x] Auger Boring [] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Design Flow (.1949): 360GPD

Applicant: owner
Date Evaluated: 7/22/21
Property Size: .69
Property Recorded:
[ ] Spring [x] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR
#1	LS 6%	0-48	CL, wsbk	FR/SEXP/SS/SP	>48	48	NA	NA	Small quarts pieces present through out boring	.3
#2	LS 7%	0-4	SCL, GR	FR/SEXP/SS/SP	>	48	NA	NA	Small quarts pieces present through out boring	.3
		4-48	CL, wsbk	FR/SEXP/SS/SP						
3	0%	0-2	SCL, GR	FR/SEXP/SS/SP	>48	48	NA			.3
		2-48	CL,GR	FR/SEXP/SS/SP						
Pit #5										
Pit										

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIe	IIIe
Site LTAR (gpd/sq ft)	.3	.3

Other Factors (.1946):
Soil Evaluation By: Heather Ray
Others Present:
Site Classification (.1948):
Site Evaluation By:Heather Ray
Others Present:

COMMENTS: 100% repair not required.

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
I		
	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
II		
	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
III	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
IV	C-Clay	

Structure
sg-Single Grai
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangul
abk-Angular B
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Pre
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

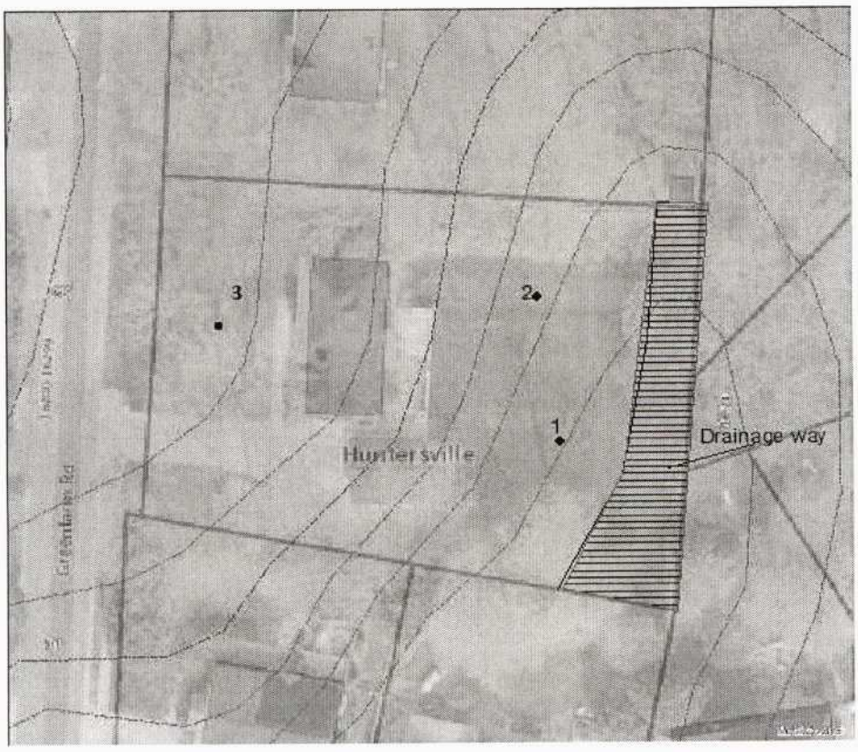
Mineralogy
SEXP-Slightly
EXP-Expansiv

Classificatior
US-Unsuitable
PS-Provisiona
S-Suitable
NA-Not Applic

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30012349** GWS File #: **5125A** Tax Parcel #: **009-125-11**

- This 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. 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/11/2026

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2885 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (gravity) Horizontal **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	534	Total Trench Length (ft):	267
Maximum Trench Depth (in):	32	Depth of Media (in):	14	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) Horizontal **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	800	Total Trench Length (ft):	400
Maximum Trench Depth (in):	32	Depth of Media (in):	14	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: Heather Ray Signature: _____

Date Issued: 8/11/2021

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On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30012349** GWS File #: **5125A**

IV. Permit Conditions/Comments:

- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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Signature: Heather Ray

Date Issued: 8/11/2021

Owner/Legal Agent: _____
Print Name

Signature: _____

Page 2 of 2

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Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: Heather Ray Signature: _____

Date Issued: 8/11/2021

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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30012349** GWS File #: **5125A**

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

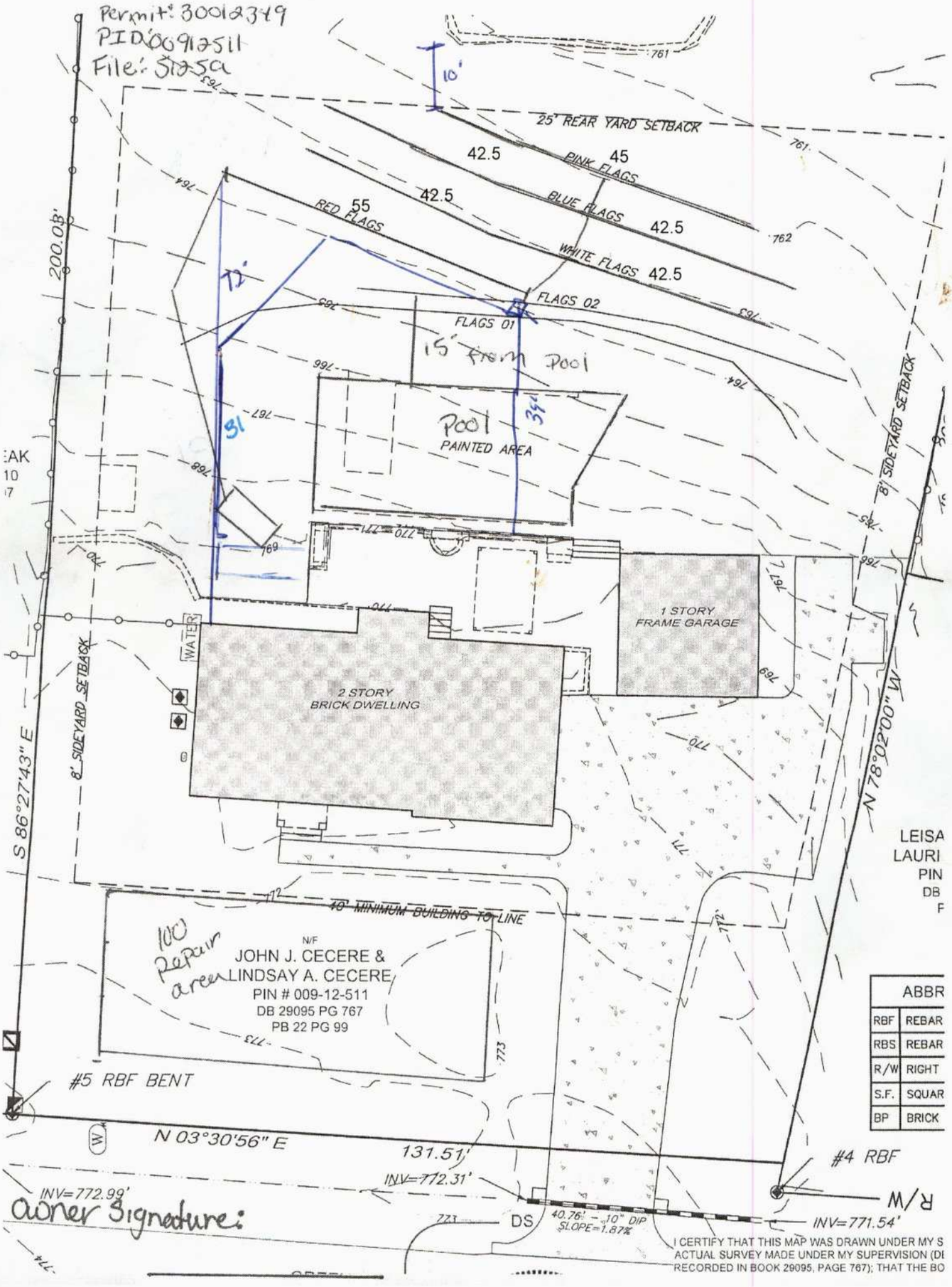
Authorized Agent: Heather Ray

Signature: Heather Ray

Date Issued: 8/11/2021

Owner/Legal Agent: _____
Print Name

Signature: _____


Permit: 30012349
PID 009-12-511
File: 5125a
10'
25' REAR YARD SETBACK
42.5
45
PINK FLAGS
42.5
55
RED FLAGS
BLUE FLAGS
42.5
WHITE FLAGS
42.5
FLAGS 02
FLAGS 01
72'
15' from Pool
Pool
PAINTED AREA
31'
34'
200.08'
8' SIDEYARD SETBACK
WATER
2 STORY
BRICK DWELLING
1 STORY
FRAME GARAGE
S 86°27'43" E
N 78°02'00" W
40' MINIMUM BUILDING TO LINE
100
Repair
area
N/F
JOHN J. CECERE &
LINDSAY A. CECERE
PIN # 009-12-511
DB 29095 PG 767
PB 22 PG 99
#5 RBF BENT
#4 RBF
N 03°30'56" E
131.51'
INV=772.99'
INV=772.31'
INV=771.54'
DS
40.76' - 10" DIP
SLOPE=1.87%
Owner Signature:
LEISA
LAURI
PIN
DB
F
ABBR
RBF REBAR
RBS REBAR
R/W RIGHT
S.F. SQUAR
BP BRICK
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY S
ACTUAL SURVEY MADE UNDER MY SUPERVISION (DI
RECORDED IN BOOK 29095, PAGE 767); THAT THE BO

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 5125a App# 12349 Tax Parcel# 00912511

Property Owner: John Cecere

Job Location Address: 16224 Greenfarm Rd

City: Huntersville State: NC Zip Code: 28078

1. **Does System design match facility, flow & wastewater characteristics?**

   ☐ YES ☐ NO

   Comments: NO Idea did not do walk thru

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments: Yes other wise there wouldn't be an OP

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Authorized Agent

9-23-21
Date

Others Present

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5125a Permit #: 12349 Tax Parcel #: 00912511

Property Owner: John Cecere

Job Location Address: 16224 Greenfarm Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9-29-21 Contractor Name: Lake Norman Sewer & Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture Existing Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.)

Total line length: 280 feet

# of Lines: 6 @ Vary feet 55;42.5x4;45

Depth of Media: 14 inches (Type) PPBRS

Depth of Cover: 6+ inches

Distribution Device: Dbox

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 10+ feet

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 9-29-21

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See attached Site plan

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III e1 PPBPS | G | Na | Na

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5125a Permit #: 12349 Tax Parcel #: 03912511

Property Owner: John Cercere

Job Location Address: 16224 Greenfarm Rd

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III e

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ - No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

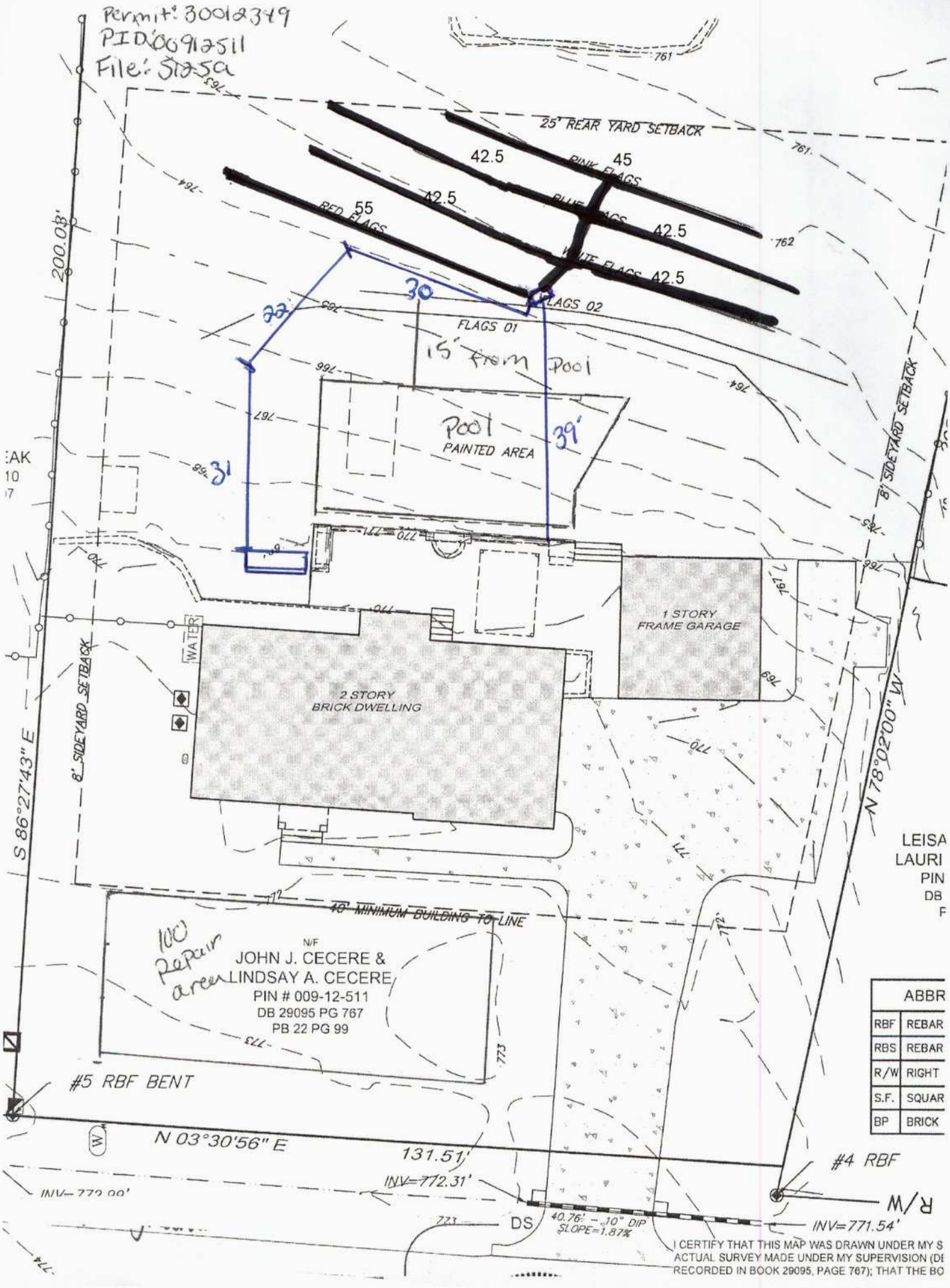
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Heather Ray Date: 9-30-21

Signature: Heather Ray


Permit: 30012349
PID 009 12 511
File: 5125a
25' REAR YARD SETBACK
42.5
45
42.5
55
42.5
42.5
RED FLAGS
PINK FLAGS
BLUE FLAGS
WHITE FLAGS
FLAGS 01
FLAGS 02
30
22'
31
15' from Pool
Pool
PAINTED AREA
39'
200.08'
8' SIDEYARD SETBACK
1 STORY
FRAME GARAGE
2 STORY
BRICK DWELLING
WATER
S 86°27'43" E
N 78°02'00" W
40' MINIMUM BUILDING TO LINE
100
Repair
area
N/F
JOHN J. CECERE &
LINDSAY A. CECERE
PIN # 009-12-511
DB 29095 PG 767
PB 22 PG 99
#5 RBF BENT
N 03°30'56" E
131.51'
INV=772.31'
INV=771.54'
#4 RBF
DS
40.76' - 10" DIP
SLOPE=1.87%
LEISA
LAURI
PIN
DB
F
ABBR
RBF REBAR
RBS REBAR
R/W RIGHT
S.F. SQUAR
BP BRICK
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY S
ACTUAL SURVEY MADE UNDER MY SUPERVISION (DE
RECORDED IN BOOK 29095, PAGE 767); THAT THE BO