

11210 TEMA CR

02312410

12/31/2007

duponbj

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

2415B

FEE: _____
DATE: _____

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

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023124 10

STREET ADDRESS: 11210 Tema Circle

SUBDIVISION OR MOBILE HOME PARK NAME: none

LOT NUMBER: none

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: 1544

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

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:

NAME: Percey (LAST) Karen (FIRST) (MI)

ADDRESS: 11210 Tema Circle

CITY: Char STATE: nc ZIP: 282[illegible]

DAYTIME PHONE: (704) 393-0283

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/23/97

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: Kenneth Murphy (Real Estate Agent) DATE: 2/2/98

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

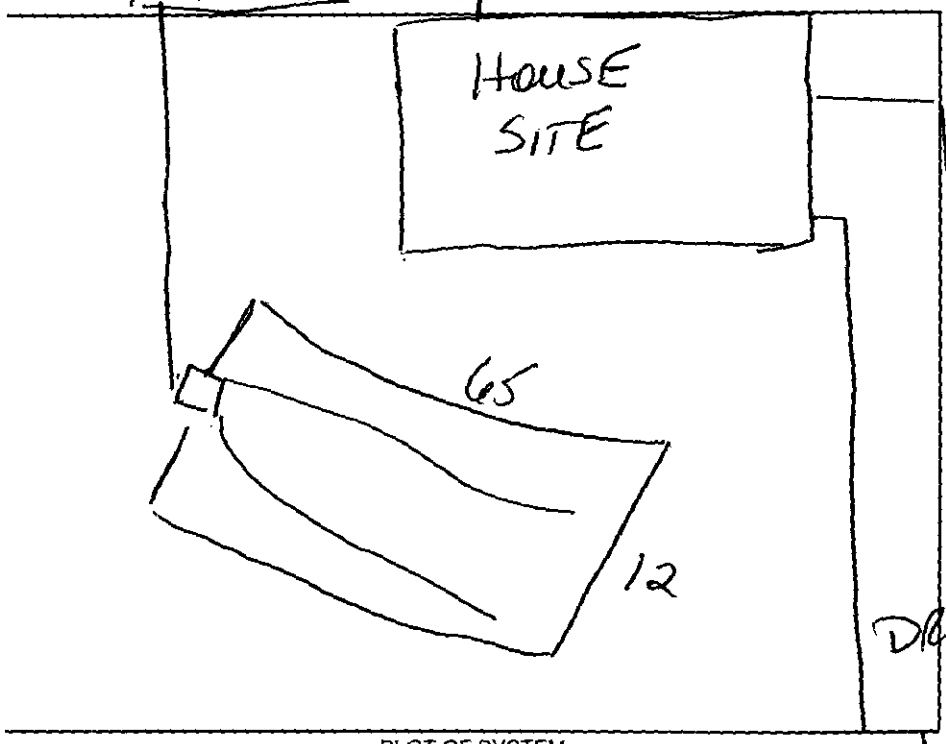
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 2/19/98

TC: 023-124-10 ☐ L

SERIAL Nº 17595

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 2/19/98. All work shall be completed on or before 3/19/98, 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 _____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Trench Walls Scored and Porous yes

Total Line Length 65 feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well ≥100' feet

500 TERA CIRCLE

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

NAME OF OWNER Karen Percy

LOCATION OF PROPERTY 11210 Tera Circle

Comments: Soils unsuitable per Bill Martin REFER TO PRE-EXISTING PERMITS ISSUED IN 1982 for same soil types. INSTALL 12" X 65" X 18 with 6" sand underneath. Eliminate all excess water (surface) and leaders from going into sewage disposal Dri E Reggino, R.S. System.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: _____ DATE: 2/19/98

TC: 023-124-10 ☐ L ☐ CRT

SERIAL Nº 17481

Name of Owner Laura Percy Juris.: _____

Address of Property 11210 Iona Circle

Inspection Data:

Tank Material _____

Total Length of Drainfield 280'

Number of Lines 4 @ 65'

Cover Depth 30"

Water Supply Source Well

Distance to Water Source ≥100'

Excavation Inspected 2/26/98

Tank(s) Inspected EXISTING

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 12' X 65 X 18' WITH 6" ~~STO~~ SAND CTR# GARY Bradley

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: Effluent was discharging at a rapid rate into new bed. Mr. Bradley informed Percy's of water leaks and had already disconnected one commode. Mr. Bradley stated Mr. Percy will replace both commodes this weekend.

Joni E. Heyes R. S.
Environmental Health Specialist

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

January 25, 1998

Ms. Karen Piercy
11210 Tema Circle
Charlotte, NC 28216

Dear Ms. Piercy:

I have corresponded with you and your realtor on several occasions concerning the sewage violation at 11210 Tema Circle, tax parcel #023-124-10. This situation has existed for some time and must be resolved. The preliminary field work has been completed to determine that a repair can be installed for the existing septic system. Please have a registered septic tank contractor contact me immediately to schedule a meeting at the site to discuss the repair and obtain the repair permit.

Your prompt response to correct this violation is appreciated. The repair must b
be completed by February 14, 1998. This is the final correspondence you will receive from this office. Subsequently, the necessary legal documents will be processed to initiate court action.

I can be reached at (704)336-5572.

Sincerely,

Toni E. Higgins, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems Program

cc: Sylvia D. Daniel, Program Chief
Sara Pressly, County Attorney

(THIS NOTICE MAY BE USED PRIOR TO THE REQUEST FOR LEGAL ACTION . THIS NOTICE WOULD ACCOMPANY THE 2ND VIOLATION NOTICE ONLY IF AN

BOISE BOND

LOCATION Tema Circle OWNER Ronald Chapman WHITE _____ COLORED _____

ADDRESS _____ OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source Well

If well, type

_____ (Bored)

X (Drilled)

_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:

Material Precast Concrete

Dimensions 1000 gal

Volume 1000 gal

Type secondary treatment 400' nitrification line 10'x100' filter trench

No. of bedrooms 3

Permit Number 7487 Date 5/1/70

Approved yes Date 5/4/70

Approved by M. R. Groves

Contractor or Plumber H & S Grading

Address Charlotte, NC

Remarks PR # 60

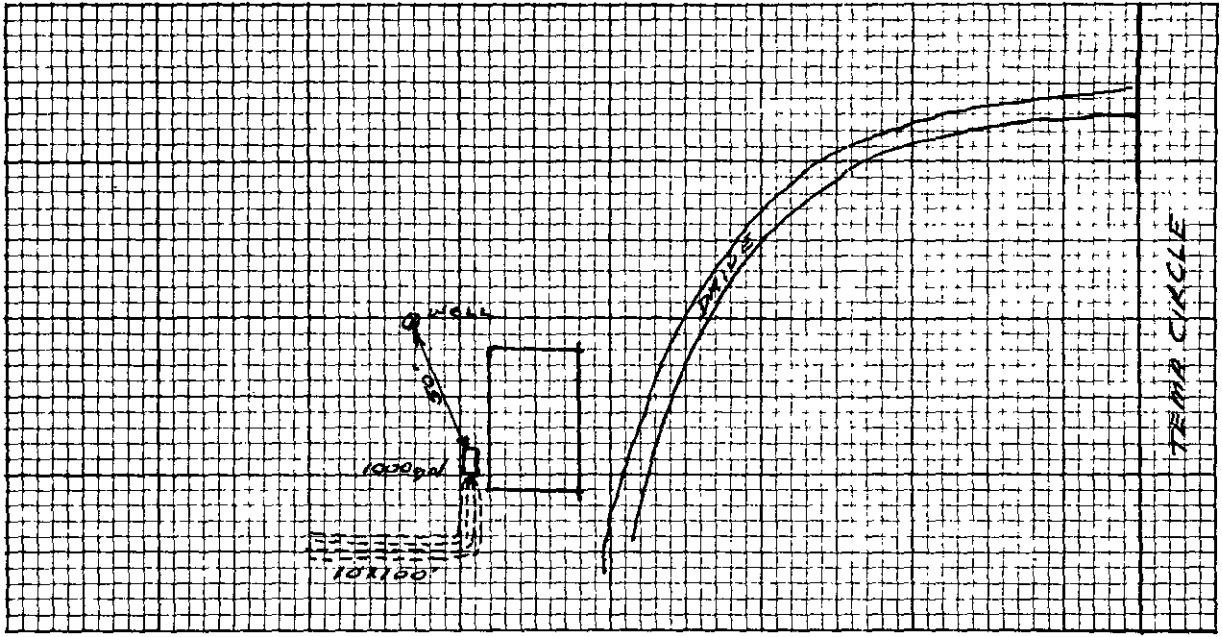
FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



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Toni E. Higgins, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems Program

cc: Sylvia D. Daniel, Program Chief
Sara Pressly, County Attorney

(THIS NOTICE MAY BE USED PRIOR TO THE REQUEST FOR LEGAL ACTION . THIS NOTICE WOULD ACCOMPANY THE 2ND VIOLATION NOTICE ONLY IF AN APPLICATION TO REPAIR HAS BEEN RECEIVED BUT THE PROPERTY OWNER HAS NOT HAD A SEPTIC CONTRACTOR CALL YOU FOR THE PERMIT).

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Karen Piercy

Mailing Address 11210 Tema Circle Charlotte 28216

Occupant Same

Location Same

☒ Residence ☐ Business ☐ Other tax parcel: 023-124-10

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 336-5572 Toni Higgins-Bunney, R.S.

☒ 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.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by June 9, 1997, appropriate legal action will be taken.

Notice Issued May 8, 1997 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96) cc: Toni Higgins-Bunney, R.S.
On-Site Wastewater Section (Review 10/98)

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

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Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96) cc: Toni Higgins-Bunney, R.S.
On-Site Wastewater Section (Review 10/98)

Date Issued 4/1/82

Serial No. 5244

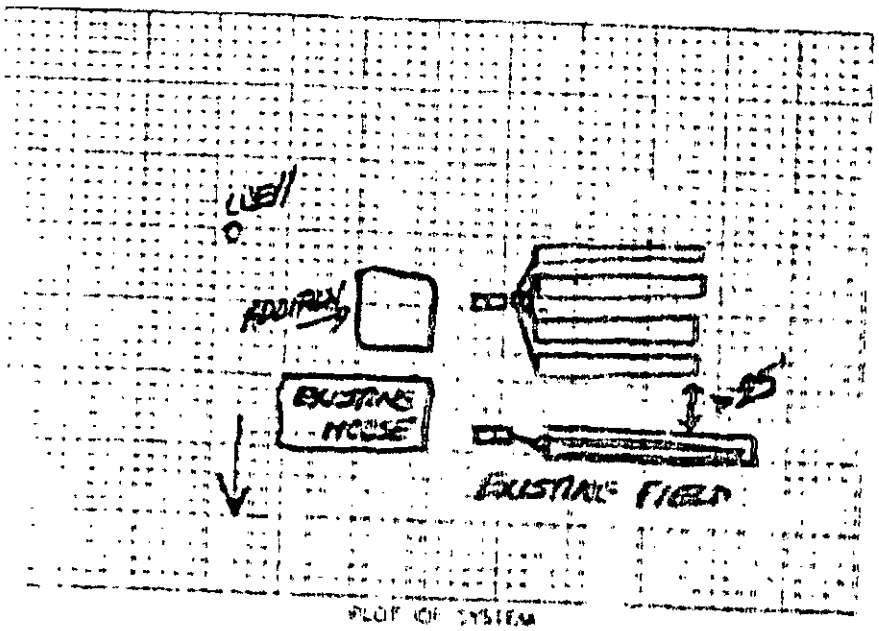
ICAR(S) Permit No. 14183

T. C. 08 015-16/-21

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 14183 dated 3/23/82 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 4/30/82 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate	UNSUITABLE SEE FILE
Septic Tank Capacity	1000 gal
Tank Construction	precast
Absorption Area Installation	
Trench Length	220'
Number of Lines	4
Trench Width	24"
Trench Depth	24"
Distance to Water Supply	>50'

NAME OF OWNER LARIS McDANIEL

LOCATION OF PROPERTY 11414 BEATTIES FORD Road

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 Division before any system can be covered up or otherwise considered 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, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Extend 3'X55'X12" of STONE W/6" sand on 8" centers

Comments.

Adam Wofford
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 a 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.

D-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-124-10

Permit Number _____

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: ① DIVERT ALL SURFACE WATERS AWAY FROM SYSTEM. ② STOP & ELIMINATE ALL INSIDE LEAKS & REPAIRS TO PLUMBING.				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional BED ___ 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	
390 Absorption Area (Sq ft) 280 Total Trench Length (Ft)	18" Depth of Stone Trench 6" SAND	N/A Trench spacing (min. on centers)	___ Maximum Trench Depth AS NECESSARY	
For existing system, enter the year originally installed: 1970				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for I 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 effe 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 Departme
- This Improvement permit is transferable.

Joni E. Higgins RS. 2/26/98

DEHNR Authorized Agent Date

_____ 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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number _____

Tax Number: 023-124-10

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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: (1) DIVERT ALL SURFACE WATERS AWAY FROM SYSTEM. (2) STOP & ELIMINATE ALL INSIDE LEAKS & REPAIRS TO PLUMBING.

Repair Area System Type Type (circle one): I II III IV V VI	✓ Conventional BED ___ 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
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John E. Lizzio RS 2/26/98

MCHHK Authorized Agent. Date

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

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

DATE: _____ PERMIT NO: 023-124-10

PARCEL NO: _____

JOB LOCATION ADDRESS: 11210 Tena Circle

PROPERTY OWNER: Karen Percy

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Joni E. Higgins, R.S. DATE: 2/26/98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: Installation Approval Required.

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

DATE: _____ PERMIT NO: 023-124-10

PARCEL NO: _____

JOB LOCATION ADDRESS: 11210 Tena Circle

PROPERTY OWNER: KAREN Piercy

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Joe E. Higgins R.S. DATE: 2/26/98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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.

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SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE