

12419 MCCORD RD

01122105

8/20/08

marliwr

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

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

June 22, 2007

Randall Hickman
16136 Grafham Circle
Huntersville, NC 28078

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 12419 McCord Road
Health Department file number: **19119**

Dear Property Owner or Owner's Agent:

On May 29, 2007 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated May 10, 2007, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Tammy Mullis, R.S.

Environmental Specialist

Encl: (1) Application

2279

FEE: 100.00 VRM
DATE: 5-10-07
CRT ( )

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 19119

TYPE APPLCATION:

☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Randall Hickman
ADDRESS: 16136 Grafham Circle
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-655-9390
ALTERNATE PHONE: 704-807-4304

PROPERTY OWNER:

NAME: Family christian Center
ADDRESS: 12419 McCord Rd
CITY: Huntersville,
STATE: NC ZIP: 28078
PHONE: 704-655-9390
ALTERNATE PHONE: 704-807-4304

JOB LOCATION INFORMATION

TAX/PARCEL #: 01122105
STREET ADDRESS: 12419 McCord Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: N/A

TOWNSHIP:

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

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS: CHURCH
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☒ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☒ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☒ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Randall Hickman 5/5/07
Owner's/Agent's Signature Date

*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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

UXS Denied. No set of Plans. Existing system is Covered with 3-4 feet of fill.

EHS Signature Date

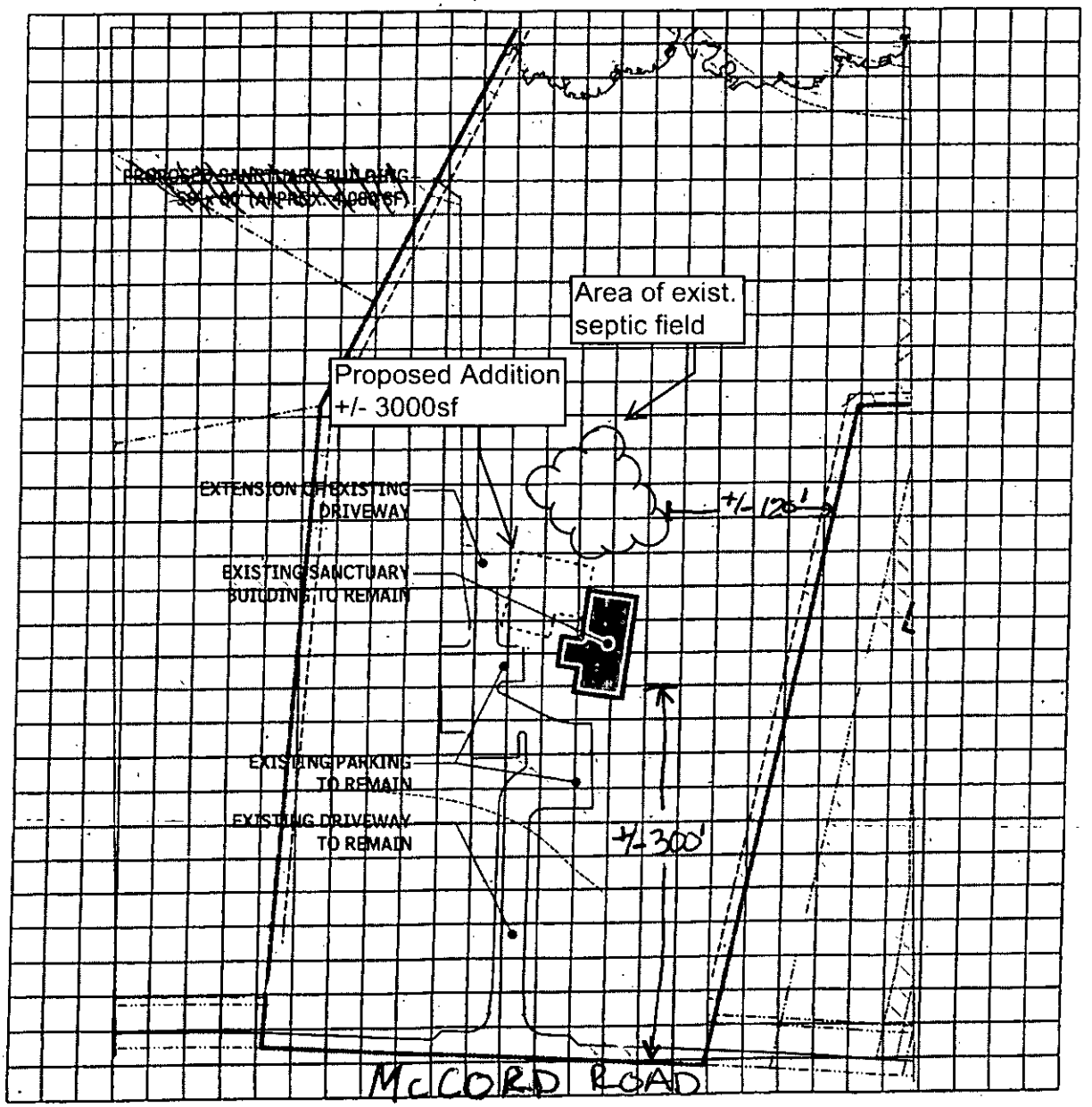
Tracy Mabe, RS

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date

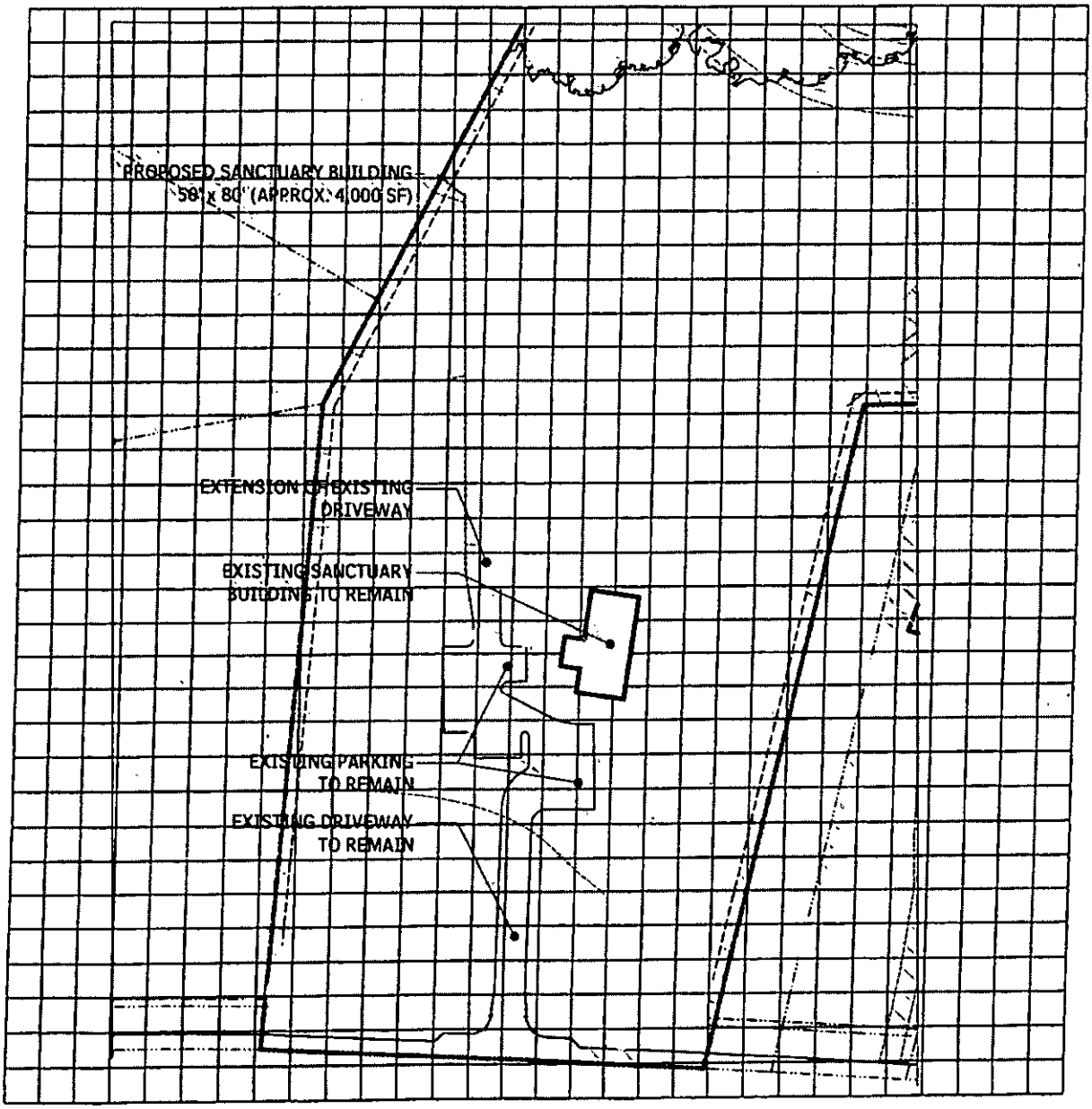
LBC 12/15/04

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/10/07	**Amount:**	100.00
Receipt #:	50615	**Tendered:**	100.00
Check / Auth #:	CHECK 3345	**Returned:**	100.00
Received By:	MULLIVR		

Account Information

Account #: 200000
Contractor: FAMILY CHRISTIAN CENTER
Attn:
Address: 12419 MCCORD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod PN#01122105		1	100.00	100.00

3345

FAMILY CHRISTIAN CENTER
12419 MCCORD ROAD
HUNTERSVILLE, NC 28078
(704) 875-8993

66-112/531

DATE 5-10-07

PAY TO THE ORDER OF Mecklenburg County $ 100.—

one hundred dollars DOLLARS

BB&T
Branch Banking and Trust Company

FOR

Randy A Hartman

⑈003345⑈ ⑆053101121⑆0005114861741⑈

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
120.00	30.00				

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

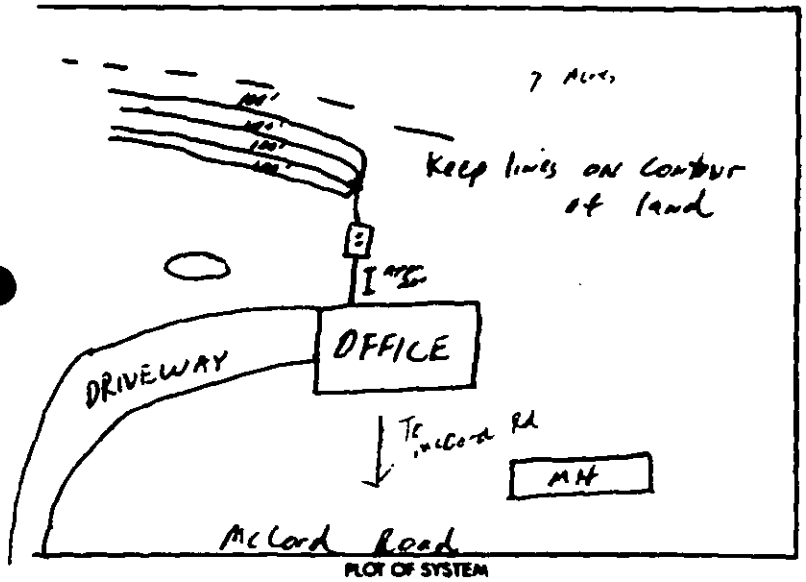
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~19~~ 19119 DATE: 11/20/91

TC: 011-021-24 ☐ L

SERIAL Nº 13746

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 10/14/91. All work shall be completed on or before 12/20/91, 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: 4

Depth of Stone: 12 inches

Distance from House: 5 feet

Distance from Property Line: 10 feet

Distance from Well: > 50 feet

NAME OF OWNER: James N. Gailey

LOCATION OF PROPERTY: 12419 McCord Rd

Comments: 4 lines x 100' long x 12" stone x 3' wd

Keep lines on contour of land

_____ Division or Section Head

Philo A. Walker R.S. 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19119 DATE: 11/25/91

TC: 011 021 24 ☐ L ☐ CRT

SERIAL Nº 15436

Name of Owner James N. Gailey Juris.:

Address of Property 12419 McCord Rd

Inspection Date:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8

Water Supply Source well

Distance to Water Source > 50

Excavation Inspected 11/25/91

Tank(s) Inspected 11/25/91

Wash Line Inspected NA

High Water Alarm Inspected NA

system designed in accord with approved installation permit.

PLOT

Design: 1991, 1500 ST, CON, 1200 SET, 12" stone excl CTRs April Schooley D-Lee Inc

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: System designed for office building 400' LF

Phillip S. Walker R.S.
Environmentalist

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

Business

APPLICATION FOR AN IMPROVEMENT PERMIT

P D
10/10/91
#4852
$200.00
EJ ☐ CK ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(staff use only)
FILE: 19119
TC: 011-021-24
SERIAL: № 0019949

JOB LOCATION

① ADDRESS: 12419 (STREET NO) McCoRD (STREET) Rd., Huntersville, NC ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 011-021-24
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JAMES (FIRST) NORMAN (MIDDLE) GARLEY (LAST)
⑨ MAILING ADDRESS: 12419 McCORD RD.
⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 875-2734 ⑭ (HOME) 875-2734

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve: SEPARATE BUILDING

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms? Ø
㉓ Type? OFFICE
㉔ Maximum occupancy? 1
㉕ Maximum number of employees? 1
㉖ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? 1

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: James N. Garley
Date: 10/4/91

IMPROVEMENT PERMIT

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 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

C of A (s) No. 19119

Date Issued Aug 29th 1984 Serial 6868 T. C. No. 011-021-24 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner GAILEY, JAMES
LAST FIRST MIDDLE

Location of Property 12419 McCORD RD.

Application Number 19119 Permit Number 19119

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair.

Total Length of Drain Tile 150 Lin FT Number of Lines Two

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source 200 FT.

Excavation Inspected 8-29-84 Tank Inspected —
DATE DATE

Nitrification Field Inspected —
DATE

Washing Machine Line Inspected, If Applicable 8-29-84
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 and 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: _____

Ralph Mills
Environmentalist

BHD-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-23-82 ICAR(S) Application No. 19119

This application is for a fifth bed for a doctor's office building machine dishwasher Please Call T. C. No. 011-021-24

Map Data

MECKLENBURG COUNTY For APPOINTMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH before coming on site.

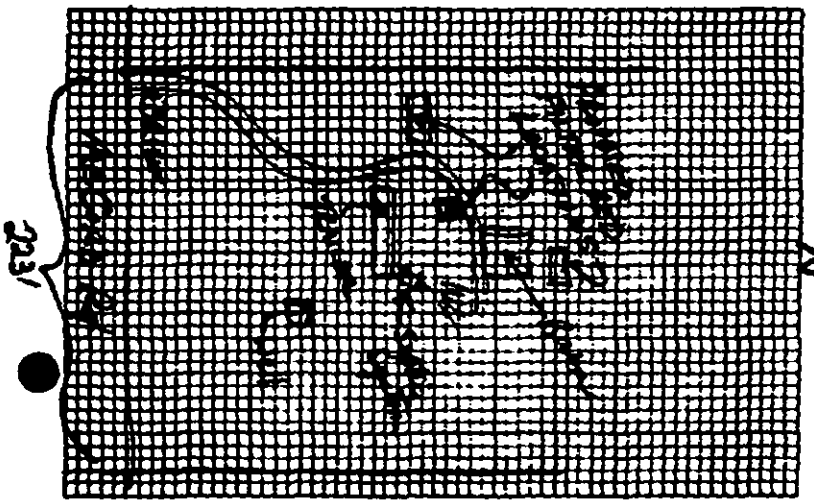
NOV 23

Application for an Installation, Construction, Alteration, and/or Repair Permit (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

ENVIRONMENTAL

The owner of the property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ___ Install or Construct 2) ✓ . Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 4

5) Business Use — Max. No Employees N/A

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System N/A
C) Community System:
1. Well source N/A
2. Governmental source N/A

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. N/A

12) VA Case No. N/A

13) NAME OF OWNER Gailey (LAST) James (FIRST) Norman (MIDDLE)

14) ADDRESS OF OWNER Rt. 2 Box 258 Huntersville, N.C. 28078 (McCord Rd.)

15) PHONE NO. Home 875-2734 Office 376-2471 *

16) LOCATION OF SYSTEM 12419 McCord Rd. (STREET OR COUNTY ROAD) (1/2 mile east of Highway 115 on McCord Rd.)

17) SUBDIVISION N/A Lot No. 19 Block No. 21

Map Book No. 11 Page No.

18) DEED REFERENCE — DEED BOOK 4223 AT PAGE 0987

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN

Run by person owner Joseph M. Hooper

20) PTR NUMBER (See Instructions) ___ UNKNOWN

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

November 20, 1982
DATE OF APPLICATION

James N. Gailey
OWNER

* Secretary will give contact number when it can be reached.

BHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 5/17/85

RECEIVED

(CAR(S) Application No. 19119

T. C. No. 011-021-24

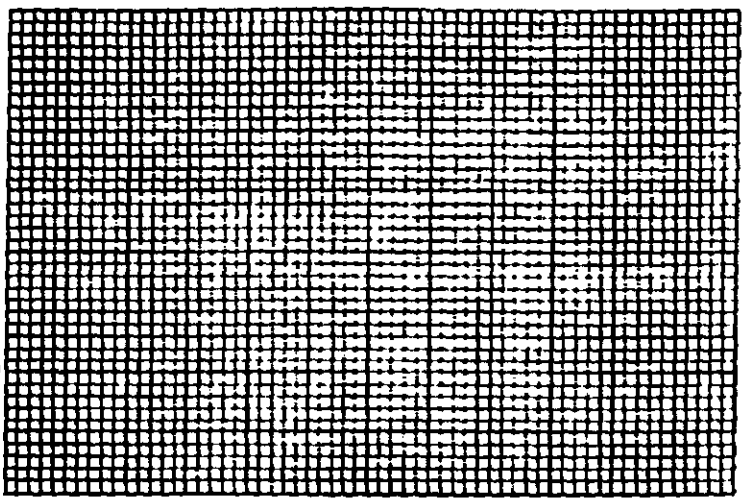
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: new septic system

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 3

5) Business Use — Max No Employees N/A

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ___ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2 Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Gailey (LAST) James (FIRST) P.O. (MIDDLE)

14) ADDRESS OF OWNER 12419 McCoRd-Rd. (Box 258) 28078

15) PHONE NO. Home 875-2734 Office 376-2471 (ext 292)

16) LOCATION OF SYSTEM Same As Above (STREET OR COUNTY ROAD)

17) SUBDIVISION — Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5/17/85
DATE OF APPLICATION

James M. Gailey
OWNER

8-10-5-78

Environmental Health Department's Copy

Date Issued 7-6-84

Serial No. 07395

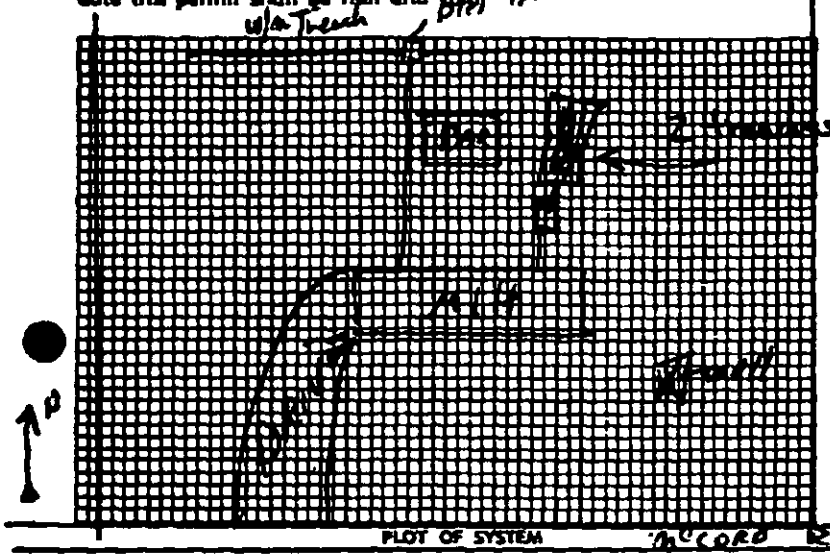
ICAR (S) Permit No. 19119

T. C. No. 011-021-24

Map Date L

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, X 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 application 19119 dated 11-20-82 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 Aug 30th 1984, after which date this permit shall be null and void.



Permeability Rate PS IR4

Liquid Capacity of Tank ___

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 150 Lin FT

Number of Lines Two - w/a

Distance from House 150 FT

Distance from Property Line 100 FT

Distance from Well 200 FT

NAME OF OWNER GAILEY, JAMES

LOCATION OF PROPERTY 12419 McCORD RD

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

Comments: Two Trenches To be 75 FT x 3FT x 12inches stone - hay on stone Cover - Grade Bdy - Dist Box for w/a Trench

B. Hudson Jr.
Division or Section Head

Ralph Nilles
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 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.

BHD-5-75

Environmental Health Department's Copy