

374 COURTNEY LN

22703325

12/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1432 B DATE: 03-12-99

TC: 227-033-25 ☒ L ☐ CRT

SERIAL № 17993 CR,

Name of Owner Don P. Rabb. Juris.:

Address of Property 374 Courtney Lane

Inspection Data:

Tank Material N/A

Total Length of Drainfield N/A.

Number of Lines 2 @ 85'

Cover Depth 12"

Water Supply Source P. well

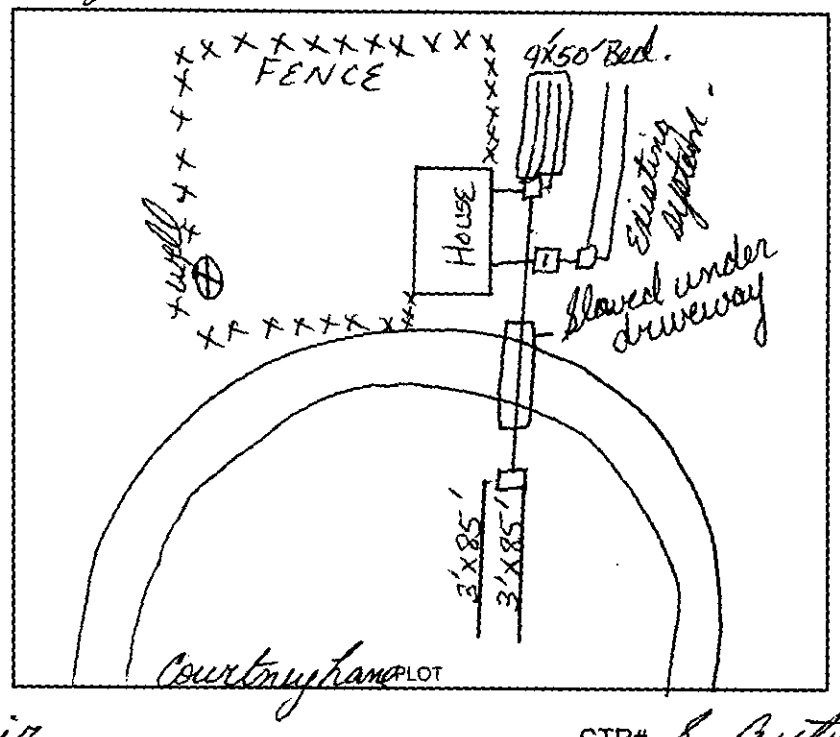
Distance to Water Source >100'

Excavation Inspected 03-12-99

Tank(s) Inspected N/A.

Wash Line Inspected 03-12-99

High Water Alarm Inspected N/A.



Design 1999 washer Repair CTR# S. Autry.

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: 1999 washer repair only No New construction

Built 1948

Joshua R. Sellers R.S.
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

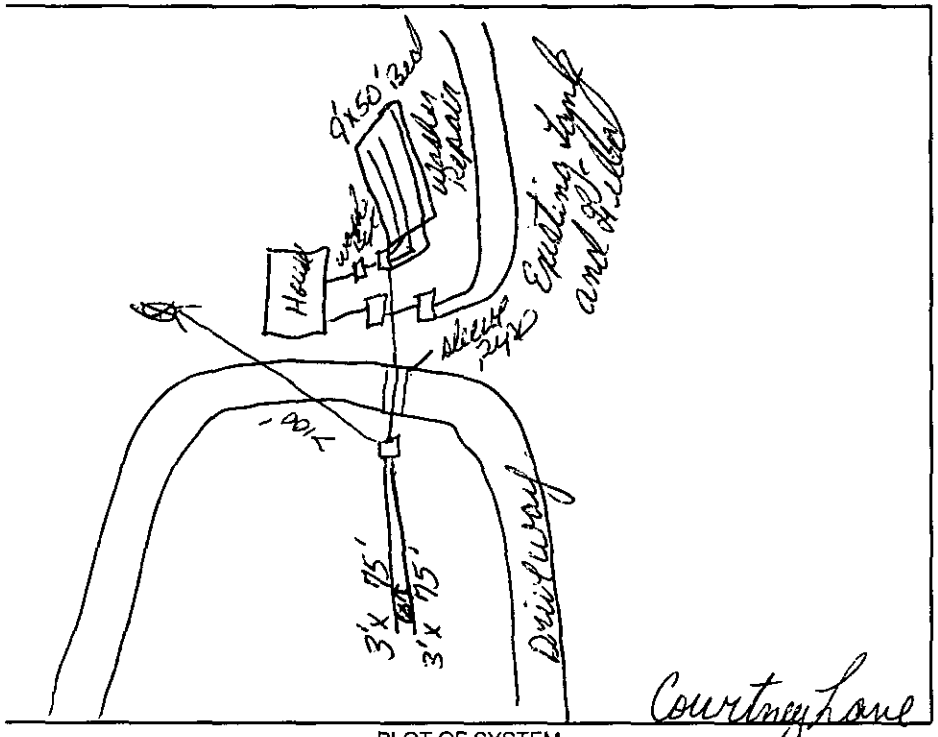
FILE: 14328 DATE: 03-10-99

TC: 227-033-25 PL

SERIAL Nº 18057

(2)

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 03-10-99. All work shall be completed on or before 04-10-99, 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 N/A gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction N/A

Trench Depth as shallow as possible <3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 2@ 75'

Depth of Stone 12" inches

Distance from House >15' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Don P. Rabb

LOCATION OF PROPERTY 374 Courtney Lane

Comments: Type IIA washer repair 2 lines@75' Install as shallow as possible stay >10' off all property lines & 15' off house. Leave pipe under driveway

Joshua R. Sellers R.S.
Environmental Health Specialist

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

FEE: N/A
DATE: 3/10/99

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 #: 1432B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 22703325

STREET ADDRESS: 374 COURTNEY LN.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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: RABB CATHERINE/DON (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 374 COURTNEY LN.	DAYTIME PHONE: ( ) —
CITY: MATTHEWS STATE: NC ZIP: 28105	
DAYTIME PHONE: (704) 333 — 2750 / 847-1659	

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: [signature] DATE: 3/10/99

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

DEHO

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

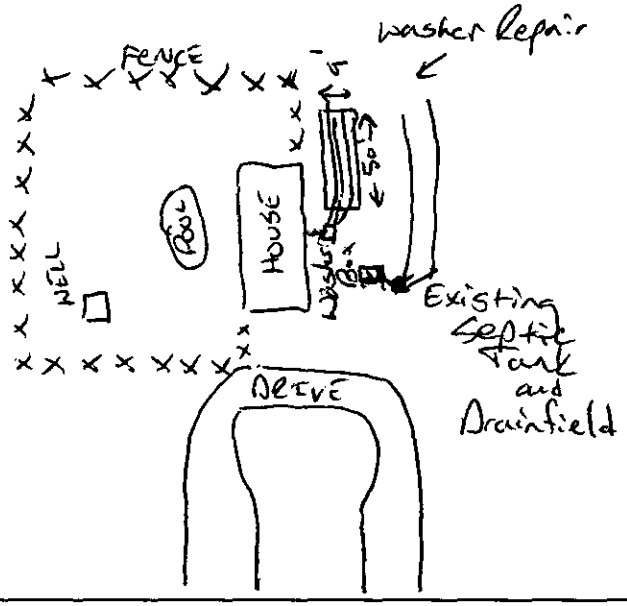
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1432B DATE: 5-22-96

TC: 227-033-25□ L

SERIAL Nº 16752

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 5-22-96. All work shall be completed on or before 6-22-96, 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 COURTNEY LANE

Liquid Capacity of Septic Tank N/A gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction N/A

Trench Depth as shallow as possible < 3'

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous Yes

Total Line Length 150 feet

Number of Lines 3 in 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet
100' desired

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

NAME OF OWNER Don P. Rabb

LOCATION OF PROPERTY 374 Courtney Lane

Comments: Type IIa repair - washing machine (1) 9'W x 50'L x 12" stone (add washer box) washing machine is currently straight piped to the ground's surface.

Larry B. Thompson, J.E.S.
Environmental Health Specialist

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

TEL: Apr 29 '96 6:25 No.002 P.02

FEE: N/A

DATE:

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

TYPE APPLICATION: NEW ☒ REPAIR ☐

called 4-29-96 NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION
will contact a septic contractor.

TYPE OF EXISTING SYSTEM: 1432 B

INFORMATION FROM PLUMBING PERMIT:

TAX/PARCEL NUMBER: 027033.25

STREET ADDRESS: 374 Courtney Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

- ___ SINGLE RESIDENCE HOME(S)
- ___ DOUBLE WIDE (D)
- 1 HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

TOWNSHIP:

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

ESTIMATED WATER USAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

PROPOSED WATER SOURCE:

- ___ WELL
- ___ SPRING
- ___ SURFACE

- ___ WITH BASEMENT
- ___ PLUMBING
- ___ WATER CONDITIONING UNIT
- ___ OTHER

IF REPAIR OR ALTERATION OF EXISTING SYSTEM, DESCRIBE YOUR PROPOSED BUILDING ADDITION:

WILL ANY NON-RESIDENCE BUSINESS OR FOOD SERVICE BE ON THIS PROPERTY? ___ YES ___ NO TYPE:

WATER SUPPLY (IF KNOWN):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- ___ PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER (O)

EXISTING WATER SUPPLY:

- ___ WELL
- ___ SPRING
- ___ SURFACE

- ___ YES ___ NO
- ___ YES ___ NO
- ___ YES ___ NO

- ___ WELL, SPRING OR SURFACE
- ___ CONDEMNED WITHDRAWS

PROPERTY OWNER:

ADDRESS: (MAIL) (CITY) (STATE) ZIP

PHONE: (DAY) (EVE)

AUTHORIZED AGENT:

ADDRESS: (MAIL) (CITY) (STATE) ZIP

PHONE: (DAY) (EVE)

CONTACT PERSON:

ADDRESS: (MAIL) (CITY) (STATE) ZIP

PHONE: (DAY) (EVE)

I HEREBY GIVE CONSENT TO COUNTY OR STATE PERSONNEL TO MAKE NECESSARY SITE EVALUATIONS AND INSPECTIONS.

SIGNATURE: 5/22/96

TO: ENVIRONMENTAL HEALTH SECTION
ON-SITE WASTEWATER SECTION
FROM: MECKLENBURG COUNTY ENVIRONMENTAL MANAGEMENT
DIVISION
700 N. TRYON ST., CHARLOTTE, N.C. 28202

Mecklenburg County Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
227-033-25

2) Provide the name of the original property owner.
Frank Sprouse

3) Do you have visible sewage on the surface of the ground?

4) Is septic water backing up into the house - gurgling pipes and/or slow draining toilets, etc?

5) Is there a separate wastewater line from your washing machine? Dishwasher?

6) Has your septic tank ever been pumped out? If so, approximately when?

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?

8) Approximately what year was your septic system installed?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2211

Don and Catherine Rabb
374 Courtney Lane
Matthews NC 28105
PH 847 1659

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Center
Suite 211
700 N Tryon St.
Charlotte NC 28202
704 336-5102
FX - 336-6894

Dear Sir/Madam:
We received you letter yesterday in regards to repair of our septic system. About three weeks ago, our neighbor, and former owner of the property mentioned that when the laundry drain lines were originally installed in the house that they were set up to drain into the next field (originally part of the original acreage with our house.) The neighbor, who still owns this lot, has been trying to sell it through a local building company. The builder noticed that our drainage line from the washing machine was draining into the adjoining field - the field is completely overgrown with tangles and weeds, and we never realized that there was a problem. We have had several plumbers look at the problem and have scheduled repair of the drainage for this week. They intend to create a new drain system for the washing machine line on our acreage.

We are not aware of any problem with our septic system. When we bought the house four years ago it was inspected before the purchase and we haven't noticed any problems with drainage etc...
May we go ahead with the scheduled repair, or do we need to discuss this with you first?
Please feel free to call us at the following numbers.
Catherine Rabb DAY: 364 1719
Don Rabb DAY: 333-2750 364-1719
HOME EVES: 847-1659
Thanks in advance for your help!

Sincerely,

Catherine Rabb

Don Rabb
Catherine Rabb

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1432-B DATE: 5-30-96

TC: 227-033-25 ☐ L ☐ CRT

SERIAL Nº 16455

Name of Owner Don P. Rabb Juris.:

Address of Property 374 Courtney Lane

Inspection Data:

Tank Material N/A

Total Length of Drainfield 150'

Number of Lines 3 in 1 @ 50'

Cover Depth 12"

Water Supply Source priv. well

Distance to Water Source 90'

Excavation Inspected 5-30

Tank(s) Inspected N/A

Wash Line Inspected 5-30

High Water Alarm Inspected N/A

PLOT

Design 1996 CON, 450SFNL, B, 18G, Cecil-like CTR# 05

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: Type II a waterline repair - 9'W x 50'L x 18" stone installed as permitted other than variance in stone depth. LT

Larry B. Thompson, J. R.S.
Environmental Health Specialist

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

D460

FEE: N/A **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5-22-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-22-96 **PERMIT NO:** 1432 B
PARCEL NO: 227-033-06

JOB LOCATION ADDRESS: 374 Courtney Lane
PROPERTY OWNER: Don P. Rabb
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Larry B. Thompson, L.E.S. **DATE:** 5-22-96
DEHNR/AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1432 B, 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: _____

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 5/22/96

Permit Number: 1432B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 227-033-25

- 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	360 Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
Yes 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)	
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	Repair to existing system - washer bed only. Washer line originally had no field.			
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	
450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	12" Depth of Stone Trench	N/A Trench spacing (min. on centers)	≤3' Maximum Trench Depth as shallow as possible	
For existing system, enter the year originally installed: 1940's				

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

Larry B. Thompson Jr. R.S. 5-22-96
DEHNR Authorized Agent — Date

Owner/Agent Signature — Date 5/22/96

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