

13903 APPLING LN

21703130

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

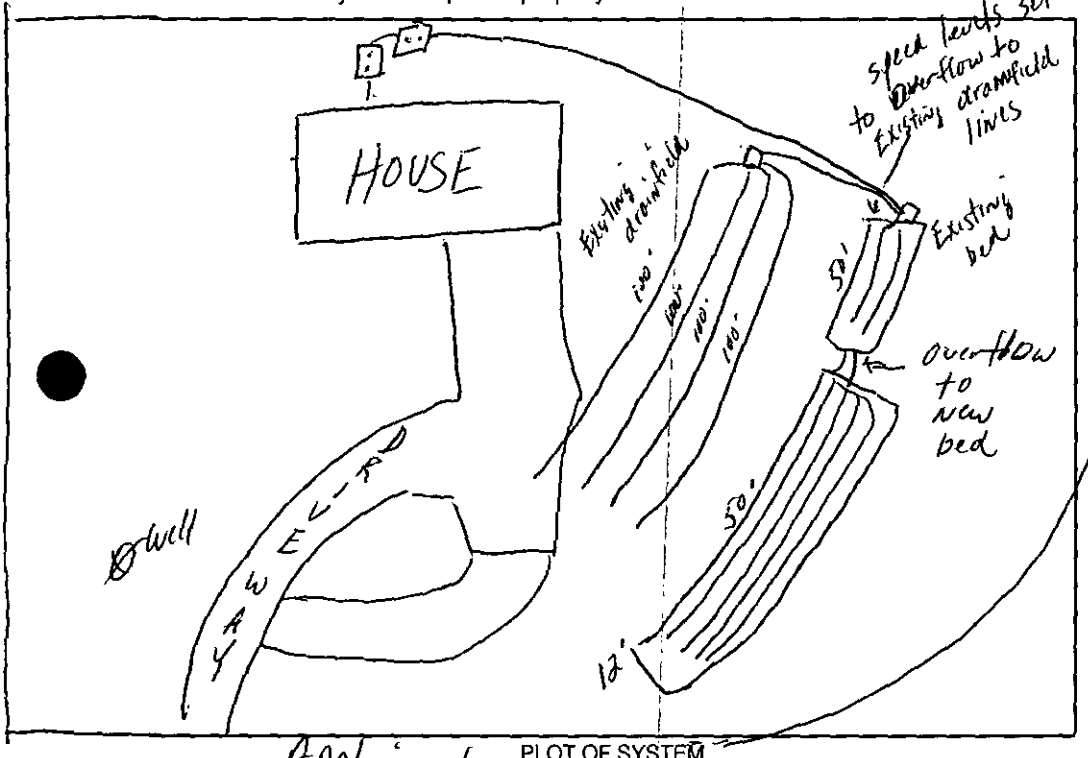
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1583A DATE: 11/17/98

TC: 217 031 30 ☒ L

SERIAL Nº 17993

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 11/17/98. All work shall be completed on or before 12/17/98, 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 Existing gallons

Liquid Capacity of Dosing Tank Existing gallons

Tank Construction —

Trench Depth 36" - 48"

Absorption and/or Nitrification Lines:
Bed
Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 200' feet

Number of Lines 4 (50')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Jerrold & Heidi Pettus

LOCATION OF PROPERTY 13903 Appling Ln

Comments: Bed system repair 12'wd x 50'lng x 24" stone Overflow from existing 6'x50' bed to new bed system. Set D-Box to feed as overflow to the existing drainfield lines. Bed may be installed deep because of existing bed overflow and landscape position.

Phillip S. Walker

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: 1583A DATE: 12/15/98

TC: 217 031 30 ☒ L ☐ CRT

SERIAL Nº 17919

Name of Owner Jerrold & Heidi Pettus Juris.:

Address of Property 13903 Appling Ln

Inspection Data:

Tank Material Existing

Total Length of Drainfield 200'

Number of Lines 4 Bed @ 50'

Cover Depth 36"+

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1998, Repair, CON, 600SFB, 24" stone CTR# #5 Steve 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: Repair to the Existing system

Type IIIB

OD 1989

Philo S. Walker RS

Environmental Health Specialist

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

(10)

Please fax to Attn. Philo Walker 336-8894

FEE: _____
DATE: _____

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

REPAIR

1 1 CRT

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

Thomas Rd

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

FILE #: 1583A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217 031 30.

STREET ADDRESS: 13903 Appling 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:

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 3

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		

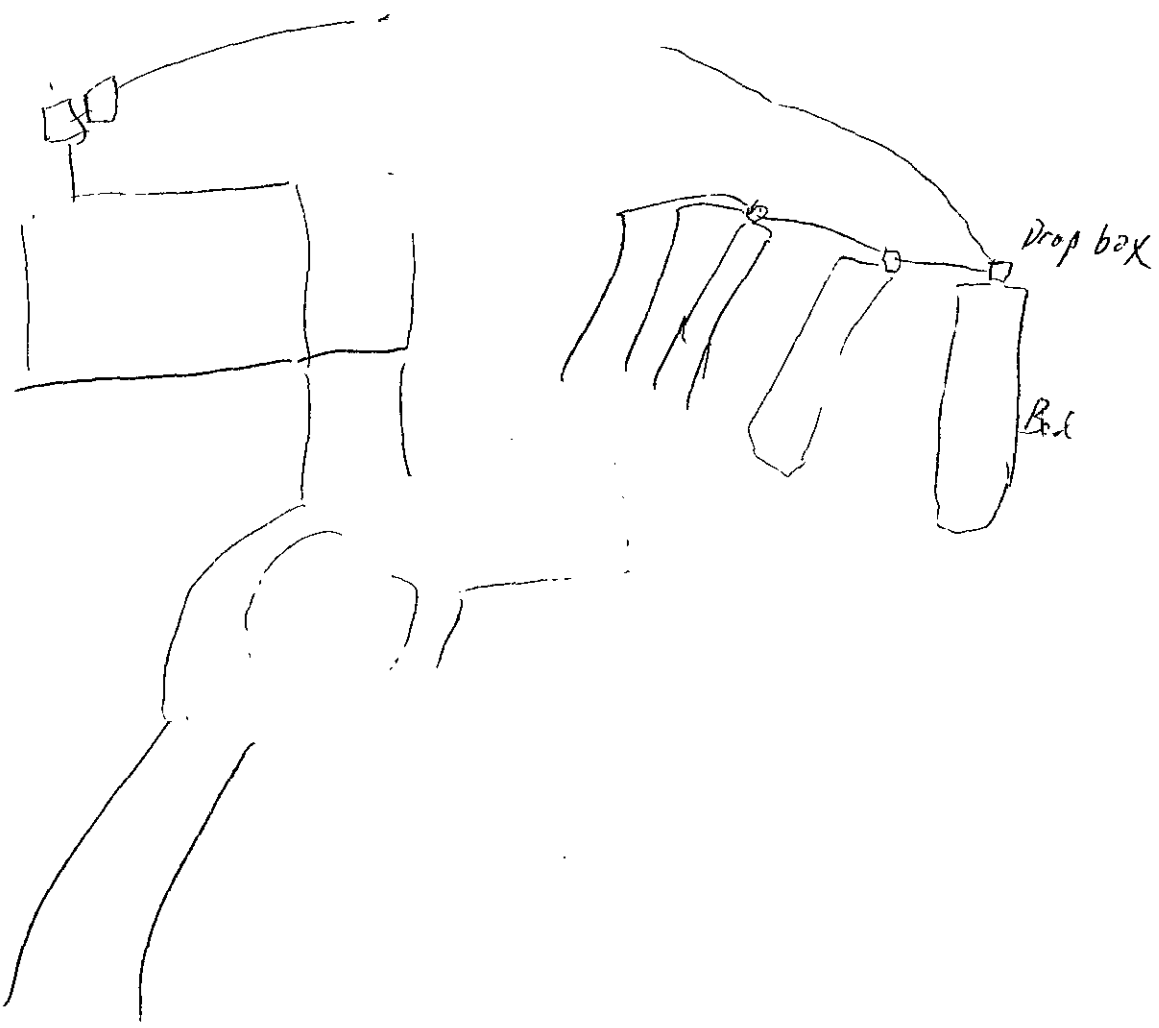
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Pettus (FIRST) Jerrold (MI) H	NAME: (LAST) (FIRST) (MI)
ADDRESS: 13903 Appling Ln.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28278	
DAYTIME PHONE: (704 548 - 7300	

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: Heidi Pettus DATE: 11/17/98

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


Drop box
Box
Well

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1583A DATE: 7/25/91

TO: 217.03130 ☑ L ☐ CRT

SERIAL Nº 13836

Name of Owner Clemmer Nancy Juris.:

Address of Property 13703 Appling LN

Inspection Data:

Tank Material

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 24-30"

Water Supply Source well

Distance to Water Source >50'

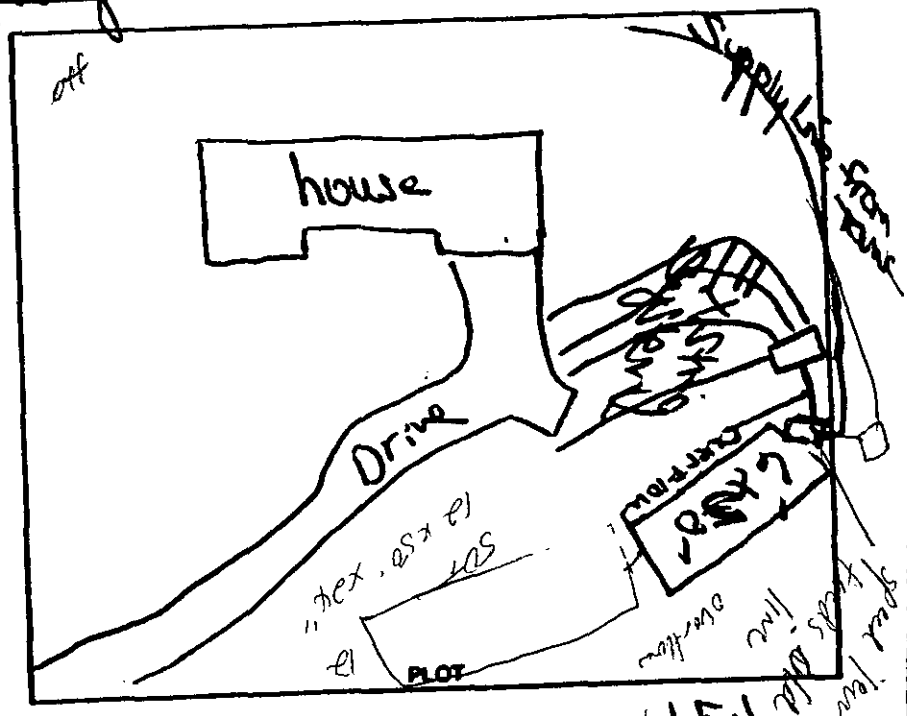
Excavation Inspected 7/25/91

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

Design: 1996 Repair



CTR# 154

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: Repair installed to replace portion of Line Cut during Construction of driveway. Supply Line replaced to upper D-Box with overflow back to original box

Judy J. Kiser, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

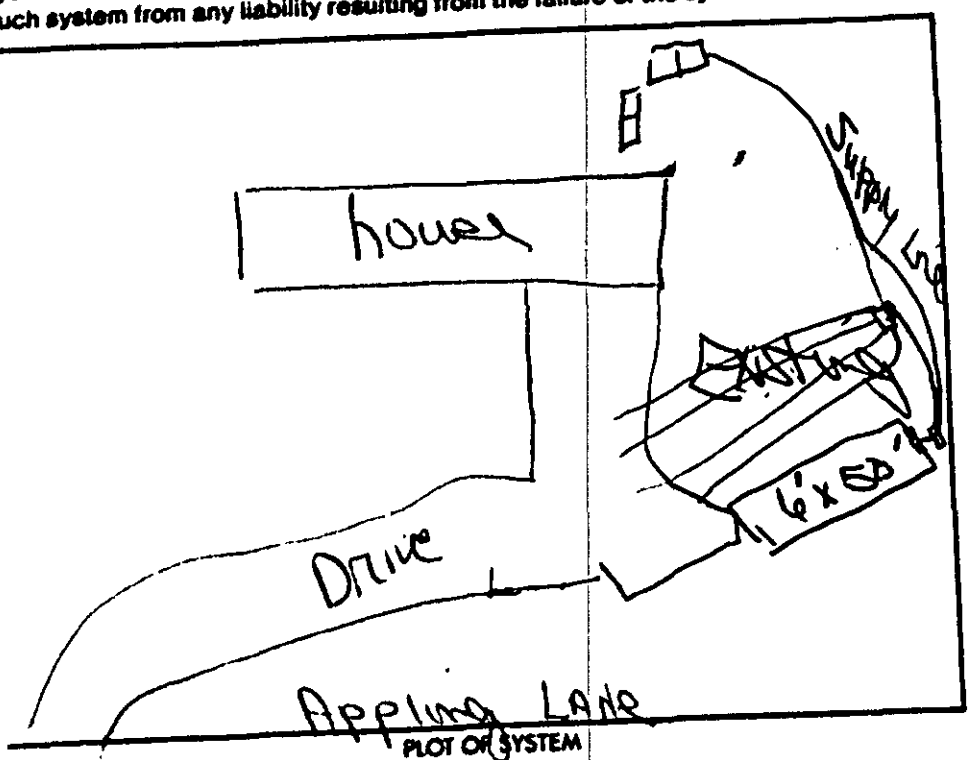
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1583A DATE: 6/25/91

TC: 217-031-30 ☐ L

SERIAL № 15088

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 6-17-91. All work shall be completed on or before 12-17-91, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6'x50' feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well ≥50' feet

NAME OF OWNER Clemmons Nancy

LOCATION OF PROPERTY 15703 Appling Lane

Comments: Install a 2nd 6'x50' 17" Stone, Install 2 New D-Boxes.

Division or Section Head

Environmentalist Judy J. Kiser, R.S.

• 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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 1983 A Action: I.E.

SITE EVALUATION REPORT

SERIAL NUMBER 10577 Parcel: 217-031-04 PO

Location: Appling Lane

Subdivision: Appling Ridge

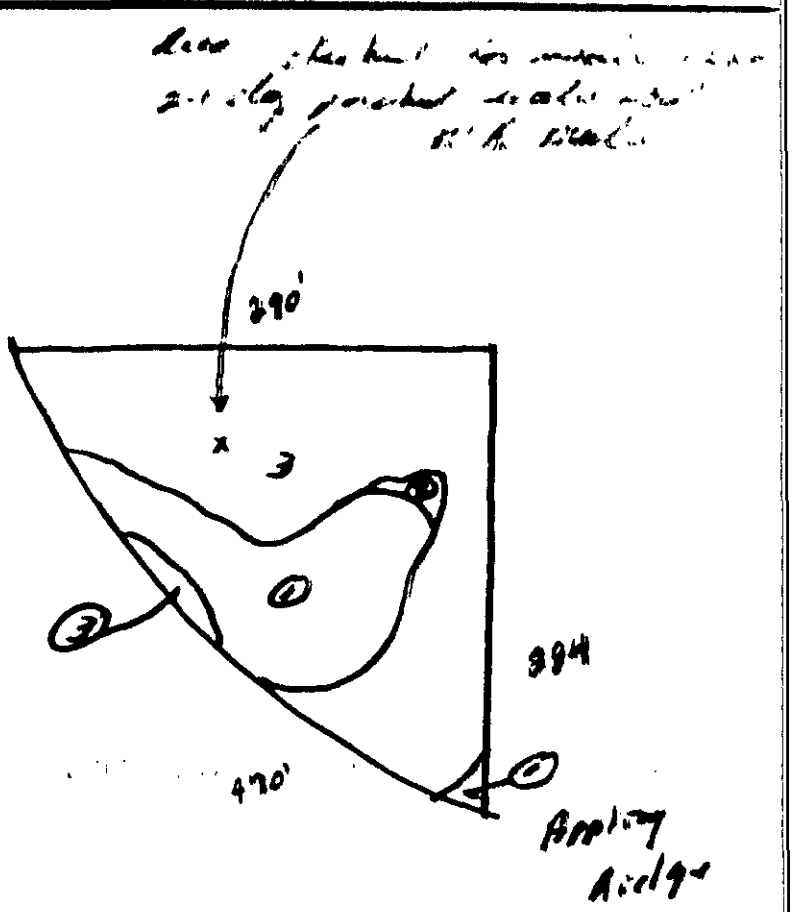
Lot: 19 Block: Acres: Approx. .95

Owner: Realty Consultants, Inc.
Address: 1208 South Blvd.
Charlotte, N. C. 28203

Comments: Very limited area, system very near property

Described by: William A. Mackie

Date: 3-11-86



*** EVALUATION KEY ***

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	(S) PS U 8-15%	S PS (U) Complex Slopes	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U Some Gravel	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 20-36"	S PS (U) very severe wetness	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited Area	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Appling-Lloyd	IVA Appling-Helena	—			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

I had a copy of the soil report which was reviewed with Mr. Cramer on the site. The system appeared to be in suitable soil area. A response to the question regarding depths of gravel trench centers and location by system as nearly as practicable as per plot plan - As far as location in repair area - This was accepted area and is not pump was utilized either original or repair area. We adjust (I didn't really understand the point of the question as the area is defined during request for permit - Also in referring back to plot plan it appeared the driveway had been placed in the wrong place. Mr Cramer replied that the drawing was indicating the same. (I did not see the driveway as having placed where the drawing indicated. She stated that visit the area of the driveway. The Contractor and Mr Cramer got argumentive at that point about (1) the system not working before she moved into the house. (She told me then about them coming back to level the D.Box as well as the pump (2) the grading/landscaping (3) the driveway (4) the gravel (5) drainage around the house. (6) the crushed line (This was open and swollen) We left the lot that day with the understanding Mr Cramer would be back to repair but would call to let me know for sure if he would be there for me to witness.

The next contact was with Mr Cramer by phone I met the ~~x~~ her inside on the lot. He reiterated all that she had said about the system. He stated they had worked with pump floats. The D box and motor was working

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1583A DATE: 9/1/88
TC: 217-031-01 ☐ L ☑ CRT
SERIAL № 11390

Name of Owner Nancy Clemmer Juris.:
Address of Property 13903 Appling Ln

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18"
Water Supply Source Well
Distance to Water Source 100'
Excavation Inspected 9/1/88
Tank(s) Inspected 9/1/88
Wash Line Inspected —
High Water Alarm Inspected 9/1/88

PLOT

Design: 1986, 1500ST, 1000DT, PI, 1200SFT, 126, Appling CTR# 02

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:

Dana W. Johnson, RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

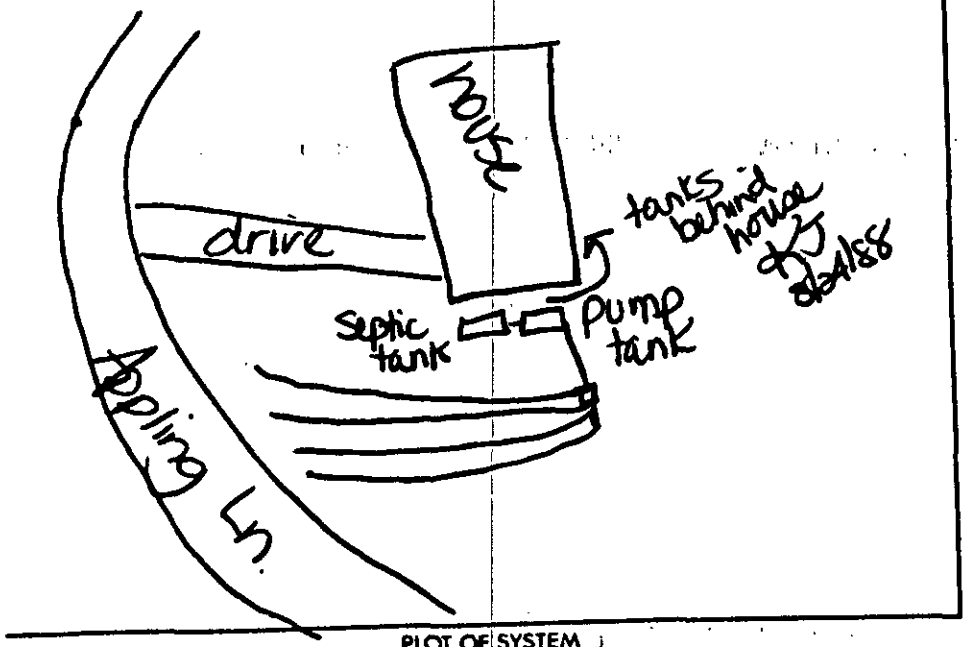
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1583 A DATE: 8/24/88

TC: 217-031-04 PO ☐ L

SERIAL № 12138

Permission is hereby given to V 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 5/17/88. All work shall be completed on or before 9/24/88, 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 Department of Environmental Health 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 1000 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 Nancy Clemmer

LOCATION OF PROPERTY 13903 Appling Ln

Comments: 4 trenches 3' x100' x12" Stone, straw cover

Division or Section Head

Environmentalist Karla W. Johnson, R.S.

*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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Mrs Clemmer originally contacted Hyde - Stated septic line was leaking - She stated she would required amount of cover over distribution lines - said she could see gravel - thought perhaps some of soil may have been removed by landscaping.

Original visit to lot revealed what appeared to be a leak from a distribution line - There was dry but showed evidence of a green mold - There appeared to be surface drainage from above lines - Call Mrs Clemmer and advise she cut a trench at levels a from above distribution line to divert surface water - Advised her also the gravel did not appear to be the top of the line but perhaps left over gravel when lines were originally installed She asked about the cover and required amount again and if it was cut down what to do. I advised her she could bring in previously suitable soil. (Spot spade of top soil and could cover but also do something to previously shown to divert surface water - (It was visit - very brief with TC Perry the system Mrs Clemmer contacted office again - requested a visit with the and Perry Haney Septic Contractor on her lot. The meeting was held and at the last ... reviewed the system, the installation, final and if the system was properly installed! She indicated she felt system was improperly installed in the wrong area, She indicated install area actually repair area, She felt sanitarian who viewed system allowed system to be cover with improper amounts of ground in trench Cem in trenches not maintained and finally driving over top of in under driveway.

Mecklenburg County
Health Department

August 17, 1990

2 3rd
2nd
Update

Ms. Nancy Clemmer
13903 Appling Lane
Charlotte, NC 28214

Dear Ms. Clemmer:

This letter is to confirm my recent visit to your property at [redacted] Lane, Charlotte, NC to determine the operation of the septic system since the speed levelers were installed in the distribution box. Although the speed levelers appear to distribute the effluent to the nitrification lines it should be understood that the remaining drainfield is undersized for a three bedroom residence. Since you disrupted your system when constructing the driveway, an additional one hundred (100') feet of nitrification line must be added to bring the system into compliance with the current sewage rules.

For you convenience an application to repair/alter is enclosed. Please complete and return the form to this office by August 24, 1990. Make arrangements for your contractor to immediately contact this department to secure the necessary permits for installation of the additional drainlines by the compliance deadline of September 24, 1990.

If you have any questions you may reach me at 376-4603 between 4:00 - 5:00 pm Monday through Friday.

Sincerely,

Judy J. Kiser, R.S.

Total fee $100.00 5/17/88 Paid $100.00 check 1153 rec'd.

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 1583 A
TC: 217-031-04 P.O.
SERIAL: Nº 13172 ☐ L ☑ CRT

① ADDRESS: 13808 (STREET NO.) Appling Lane (STREET) ② FILE: 1583 A
③ JURISDICTION: Mecklenburg Co. ④ TAX PARCEL NO.: 217-031-04
⑤ SUBDIVISION: Appling Ridge ⑥ LOT: 19 ⑦ BLOCK:

⑧ NAME: John (FIRST) E. (MIDDLE) Jones Jr. (LAST)
⑨ MAILING ADDRESS: 13610 Pine Harbor Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28217
⑬ PHONE: (WORK) 588-3817 ⑭ (HOME) 588-3403

This request is for a(n):

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

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type?
㉔ Maximum occupancy? 6
㉕ Maximum number of employees?
㉖ Basement? ☑ yes ☐ no
㉗ Maximum number of seats?

㉘ Water supply from (present or proposed):

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

) The undersigned, owner of the property described above as the OB LOCATION" has read the foregoing application, acknowledges at the contents of same are true, and authorizes agents of the ECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH nter onto the property for the purpose of processing this request.

gned. [signature]
ate: 5/17/88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 36 months from the date of issuance.

Septic pump required for system

Environmentalist Randall Johnson, RS 6/6/88 Date

Director or Authorized Section Head [signature] RS 6-14-88 Date

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