

5516 SUSAN DR

10731305

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marliwr

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

400 D cr# 009285

$90.00 — 11/09/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

19086

X CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 11/1/93

PERSON FILING APPLICATION:

NAME: WEST (last) HOWARD (first) E. (mi)

ADDRESS: P.O. 98 PHONE: (704) 289-2571

CITY: MONROE STATE: NC ZIPCODE: 28110

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 107-313-05

STREET ADDRESS: 5516 SUSAN Dr. 312-03

ZONING: 82-CD

PROPERTY OWNER:

NAME: BARON PRESS (last) (first) (mi)

ADDRESS: 5516 SUSAN Dr PHONE: (__) 537-4323

CITY: CHAR. STATE: ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
X 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
X COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
X ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Warehouses
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WHSE/MFG # Employees 30± Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
X Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: H E West Date: 11/1

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

... See FAX from C. Carr, CMUD 12-1-94 (memo dated July 19, 1994) concerning bldg connection to CMUD sewer line. No longer connected to septic tank system. Advised property owner to properly abandon site. SBatchman 12-1-94

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 000-990627 **SUBMITTED DATE:** 11/01/93
PROJECT NAME: BAUCOM PRESS ADDITON **PHS:** **SEC:** **TIME:** 09:01 AM

CONTACT NAME: [redacted] Howard. **PHONE #:** (704) 372-9200
TITLE: CONT **TYPE OF PERMIT:** ADDITION

COMMENTS: 5516 SUSAN DR / CHR / ADDTION / NEW WAREHOUSE

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	CITY-FIRE	MIKE BURKHARD	336-3836	
CITY ENGINEERING	CITY ENGINEERING	PAULINE HARPER	336-4257	
	URBAN FORESTRY	PAULINE HARPER	336-4257	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

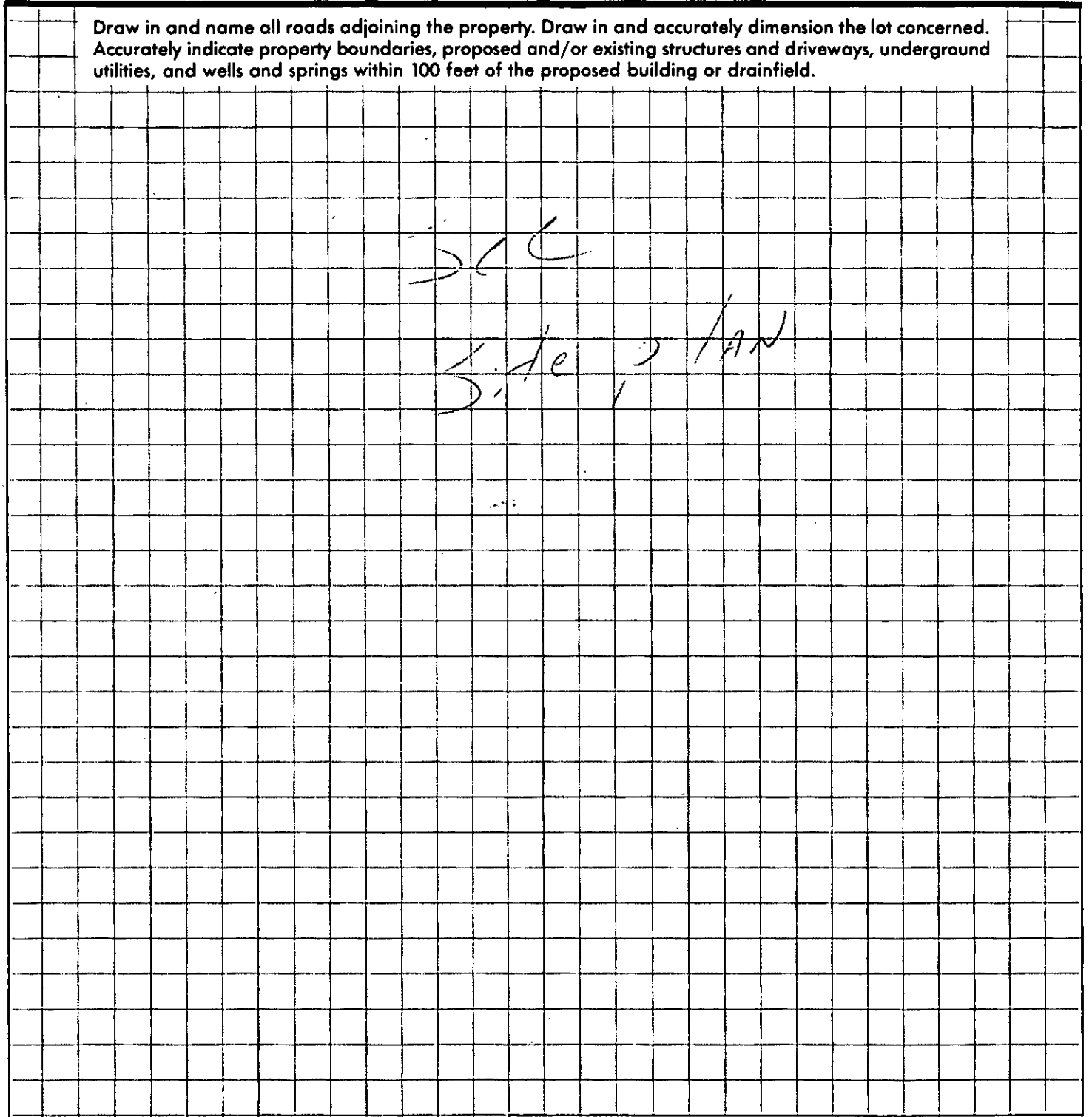
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19086

TC: 107-313-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

CITY OF CHARLOTTE

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: July 19, 1994

TO: Mr. Luis Concha
Wastewater Collection Superintendent

FROM: Cynthia E. Carr
Donated Projects Manager

SUBJECT: Sewer - Final Acceptance (Complete)
Job Name: Susan Drive - Baucom Press
Job Number: 100-93-773
Topo Number: 115
Accounting Code: S-95-007

The Subdivision Inspection Section has confirmed that the following sanitary sewer mains, installed for Baucom Press, Inc., were constructed in accordance with Charlotte-Mecklenburg Utility Department standards, and are now owned, operated and maintained by the Charlotte-Mecklenburg Utility Department:

8-inch in 15-ft R/W, northwest from existing 8-inch sanitary sewer, crossing northern section of project, to Susan Drive . . . . . 360 LF

2 - 4-ft diameter manholes
1 - 4-in lateral

cc: F. R. Robertson/Records Manager
J. K. Mills/New Services Section
C. A. Wyatt
Alan Giles/Env. Protection
Baucom Press, Inc.
Files

FINALS1.SWR/CEC/jhb

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

☑ **Large-format Drawings**

Original File Number: 9086/5516 Susan Dr.

Box Number: 16

Number of pages associated with file: 1

General Comments: _____

_____

_____

_____

Imaging Solutions and Services, Inc.

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 14, 1994

Ms. Chris DeRoller
North Carolina Division of Environmental Health
and Natural Resources
P. O. 950
Mooresville, North Carolina 28115

Re: Baucom Press, 5516 Susan Drive
File: 19086
Tax Parcel: 107-313-05

Dear Ms. DeRoller:

A copy of a letter addressed to Baucom Press, 5516 Susan Drive, dated December 22, 1993 was sent to you. Both Baucom Press and the Charlotte Mecklenburg Utility Department (CMUD) responded to this same letter. Baucom Press contacted us by phone and a copy of a letter from CMUD is enclosed for your information. Baucom Press indicated that they had the septic tank contents analyzed sometime in the past and that the septic tank has since been pumped. I requested they send a copy of the analysis to our Department. They stated they would send the copy as requested "if they can locate it."

If they do not supply a report or if they send a report with insufficient data, we believe the appropriate course of action for this situation is to collect soil samples from the septic tank system area for analysis. Unless we hear from you by January 25, 1994, it is our intention to proceed with soil sampling activities.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Individual Water and Wastewater Systems Department

SB:lw

cc: Ms. Sylvia Daniel, Program Chief
Ms. Brenda Smith, DEM
Mr. Baucom, Baucom Press

CHARLOTTE

January 5, 1994

Ms. Susan M. Bateman
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, NC 28202-2236

Subject: 5516 Susan Drive.
CMUD Job # 100-93-773
Permit # WQ0008802

Dear Ms. Bateman:

Regarding your letter to Mr. Baucom on 12-22-93, CMUD has not requested any tests for industrial discharge from Baucom Press. CMUD was informed at the time the permit was applied for that discharge from the site into CMUD's system would only be domestic waste and no formal changes to that information have been made. CMUD requested Baucom Press to fill out a "Wastewater Survey for Non-Residential Establishments" on which they indicated only domestic waste discharge.

This project was permitted by the State on 12-21-93 and since that time construction of this sewer line and the tie into the CMUD's system has been completed, however the lateral has not been in use as of this date. No further action is being taken by CMUD.

If you have any questions, please contact me at 391-5117.

Sincerely,

Kirk A. Miller

Kirk A. Miller, P.E.
Project Manager Subdivisions

KAM\kam

cc: Jay Bost
Cindy Carr
Ms. Chris DeRoller, DEM
Mr. Baucom

CHARLOTTE

January 5, 1994

Ms. Susan M. Bateman
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, NC 28202-2236

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Sincerely,

Kirk A. Miller

Kirk A. Miller, P.E.
Project Manager Subdivisions

KAM\kam

cc: Jay Bost
Cindy Carr
Ms. Chris DeRoller, DEM
Mr. Baucom

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

December 22, 1993

Mr. Baucom
Baucom Press
5516 Susan Drive
Charlotte, NC 28215

Re: 5516 Susan Drive
File: 19086
Tax Parcel: 107-313-05

Dear Mr. Baucom:

According to the Charlotte-Mecklenburg Utility Dept. (CMUD), Baucom Press is in the process of connecting to the CMUD sewer line. In a letter to you dated December 14, 1993 we recommended that when the connection to CMUD was completed and approved that the septic tank system be properly abandoned. At that time, it was my understanding that this facility was only discharging domestic wastewater into the septic tank system.

Mr. Jay Bost, CMUD, indicated to me that CMUD was requiring tests be done for industrial wastewater discharge from Baucom Press. He informed me that you preferred the testing not be done from the septic tank because in the past industrial wastewater was discharged into the septic tank system. In light of this new information, it is the recommendation of this Department that you have the sludge in the septic tank analyzed for hazardous materials prior to connection to the CMUD sewer line.

We feel certain that you are interested in protecting the groundwater resources and wells in our community. A private laboratory can conduct these tests, we would appreciate a copy of these laboratory results to appropriately close out your file once you have connected to CMUD.

We appreciate your concern and prompt cooperation in this matter.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

cc: Mr. Jay Bost, CMUD
Ms. Cindy Carr, CMUD
Ms. Chris DeRoller, DEM

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

December 14, 1993

Mr. Baucom
Baucom Press
5516 Susan Drive
Charlotte, NC 28215

Re: 5516 Susan Drive
Fine: 19086
Tax Parcel: 107-313-05

Dear Mr. Baucom:

The application you submitted for a building addition for Baucom Press located at 5516 Susan Drive has been received. A review of the proposed building plans and the existing septic tank system has been made. The proposed building addition appears to be over a portion of the septic tank system.

Laws and rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1950 (a) states that "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: (10) Any building foundation...5 feet."

Disturbing or compacting the septic tank system may cause a failure of the system. During the site visit, I noticed that fill material and a gravel parking area has been placed over the septic tank system area. Please be aware that this may cause a premature failure to the system due to compaction of the soil and system. Most septic tanks are not designed to withstand the weight of a vehicle. Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1950 (c) states that "nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic."

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

For the above reasons, this plan cannot be approved as submitted. It is my understanding that Baucom Press is in the process of connecting to the Charlotte-Mecklenburg Utility Department (CMUD) sewer line. Once this connection is made it is recommended that you properly abandon the septic tank by pumping it out and filling it with packed soil, sand or rock. After the entire facility is properly connected to the C.M.U.D. sewer line there will be no need to continue contact with this department unless desired for other purposes.

If you uave any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

cc: Mr. Howard West

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16/40

cc: Mr. Howard West (P.O. 98, Monroe NC 28110)

OK as amended

Mr. Baucom
Baucom Press
5516 Susan Drive
Charlotte, NC 28215

Re: 5516 Susan Drive
File: 19086
Tax Parcel: 107-313-05

Dear Mr. Baucom:

~~Your~~ The application you submitted for ~~an~~ ~~ad~~ a building addition for Baucom Press located at 5516 Susan Drive has been received. ~~After~~ ~~A~~ ~~review~~ review of the proposed building plans and the existing septic tank system ~~it~~ has been ~~determined~~ made. The proposed building addition appears to be over a portion of the septic tank system. ~~Since this septic tank system is still in use, it would most likely~~ cannot ~~be~~ disturbed

Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1950 (a) states that "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: (10) Any building foundation ... 5 feet."

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# of employees has doubled since 1982

pmt $0/50 for Extension CK#009285

$50.00 11/09/93

19086

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 COPY

Date: 11/1/93

PERSON FILING APPLICATION:

NAME: WEST HOWARD Ec
(last) (first) (mi)

ADDRESS: P.O. 98 PHONE: (704) 289-2571

CITY: MONROE STATE: NC ZIPCODE: 28110

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 107-313-05

STREET ADDRESS: 5516 SUSAN Dr. 312-03

ZONING: B2-CD

PROPERTY OWNER:

NAME: BAUCOM PRESS 372-9200
(last) (first) (mi)

ADDRESS: 5516 SUSAN Dr PHONE: (__) 537-4323

CITY: CHAR. STATE: ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

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LOT NUMBER: LOT SIZE (in acres):

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[] REPAIR TO SYSTEM (R)

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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

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...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

spoke w/ Andy Carr - She said they would be looking into whether or not this business is industrial wastewater or not. She said she would contact me (this dept.) if they were found to have anything beside domestic wastewater.

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19086

TC: 107-313-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SCC

Site plan

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

11/07/95
11/04/93

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 190'86

TC: 107-3/3-05

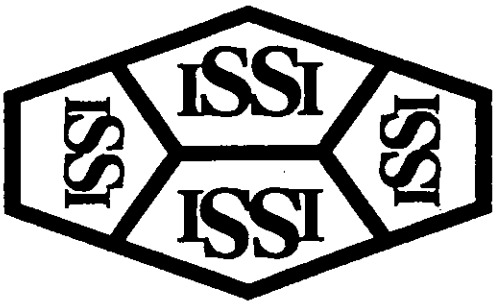
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SCC

Site plan

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



Imaging Solutions and Services, Inc.

The following is a

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The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.). Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

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SEE INSTRUCTIONS ON BACK

Date Received 11-4-92

ICAR(S) Application No. 19086

T. C. No. 107-313-

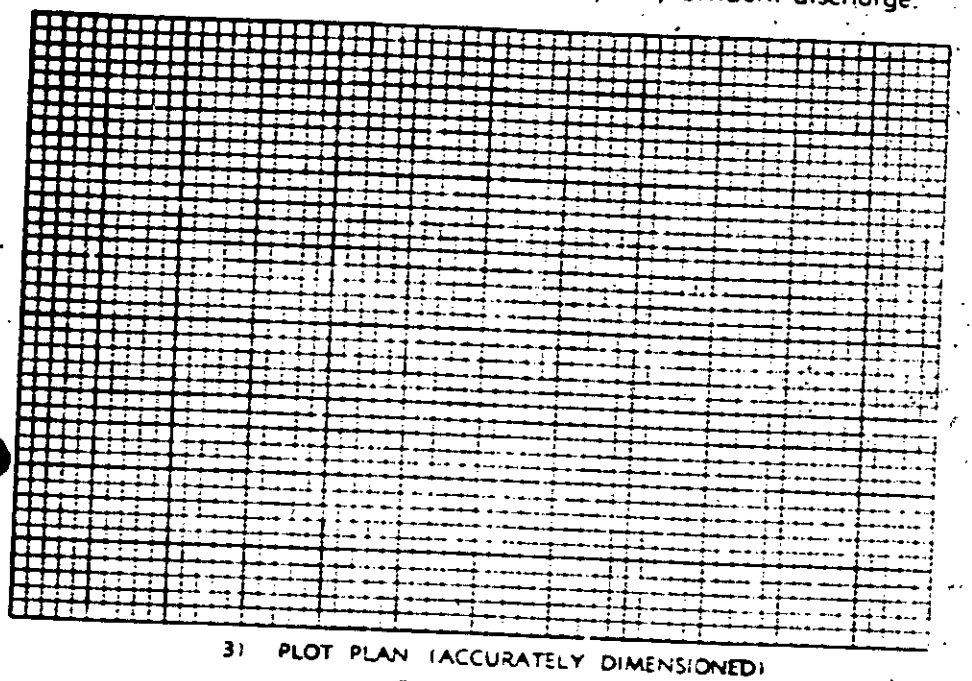
Map Date _____

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:

1) _____ Install or Construct 2) Y 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 ___
5) Business Use — Max No Employees 14
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 Dillon Free Jr.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home _____ Office [illegible]

16) LOCATION OF SYSTEM [illegible]
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.

11-4-92
DATE OF APPLICATION

EHD [illegible]/6

Date Issued 11-24-82 Serial 5481 C of A (s) No 19086

T C No 107-313-05

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 BANCOM PRESS (LAST / FIRST / MIDDLE)

Location of Property 5516 SUSAN DRIVE

Application Number 19086

Permit Number 19086

Inspection Data:

Liquid Capacity of Tank —

Tank Material —

Total Length of Drain Tile 200 LIN FT

Number of Lines two

Depth of Filter Material 17 inches

Cover Depth 3 FT

Water Supply Source City water main

Distance from Water Source 75 FT

Excavation Inspected 11-24-82 (DATE)

Tank Inspected — (DATE)

Nitrification Field Inspected 11-24-82 (DATE)

Washing Machine Line Inspected, If Applicable — (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

EHD-5-76

Environmentalist Ralph Miller

ENVIRONMENTAL HEALTH

Date Issued 11-4-82. Serial No. 5855

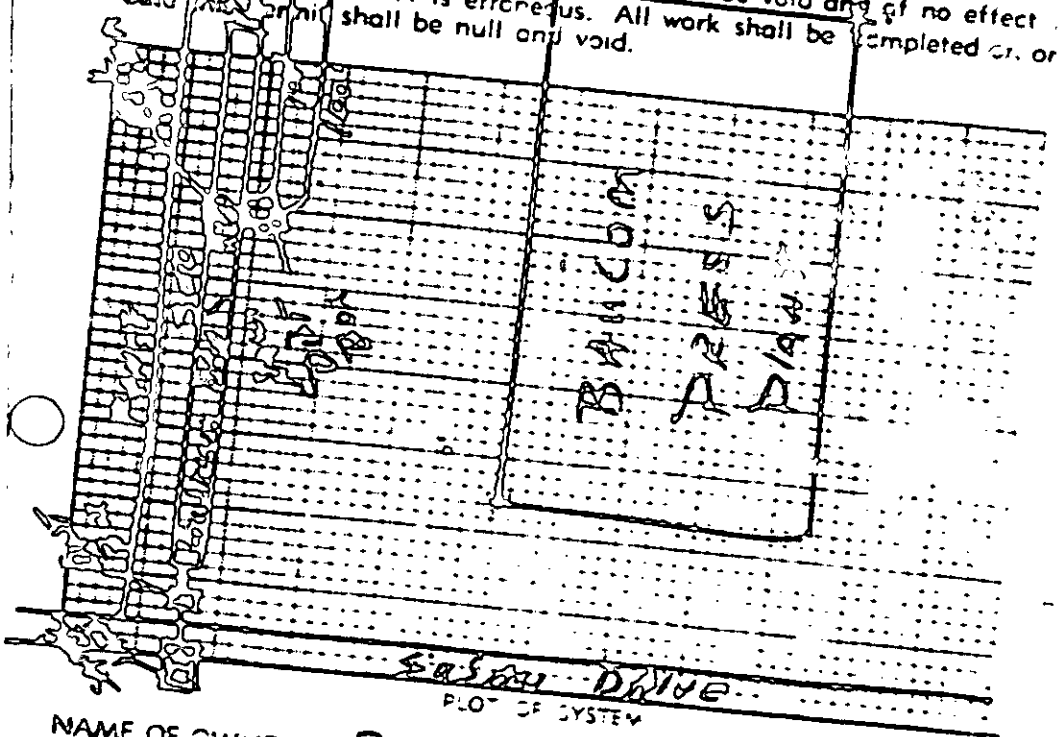
ICARIS Permit No. 19086

T C No 107-313-0

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, X 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 19086 dated 11-4-82 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 11-18-82 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate — P.S

Soil Cover over Tank —

Type C —

Two

Bldg 25 FT

10 FT

75 FT

NAME OF OWNER BAUCOM PRESS, INC

LOCATION OF PROPERTY 5516 SUSAN DRIVE

The system shall meet all of the construction requirements as set forth in the Mecklenburg County Health Commission which are in effect at the date of the granting of approval must be issued by the Environmental Health Director before rendered unrepairable or can be used. The system installed pursuant to this permit system anticipated to be constructed will operate properly and free of trolling or using such system from any liability resulting from the failure of

Remove 75 FT of 100 FT x 3 FT x 2 FT deep 17 Bed System

Bay or Storm

Comments

Division or Section Head

Ralph Mills

* If this permit is for the installation or repair of a septic tank system, a sketch showing the location of the system with respect to road and property lines must be submitted to the Department of Environmental Health before a permit is issued.

Examined