

4340 REA RD

21124105

5/15/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4005-A DATE: 2-24-88

TC: 211-241-05 ☐ L ☐ CRT

SERIAL № 10898

Name of Owner Thomas Rea Juris.:

Address of Property 4336 Rea Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 480

Number of Lines 8 @ 60'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 2-24-88

Tank(s) Inspected 2-24-88

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1988, 1500ST, OV, MOD, 1440SFB, 12.6, 65 CTR#

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:

Jim Ervin
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: 4005-A DATE: 11-23-87

TC: 211-241-65 ☐ L

SERIAL № 11486

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 10-14-87. All work shall be completed on or before 12-23-87, 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.

Alt System
plan on File

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Total Line Length 480 feet

Number of Lines 8

Depth of Stone 12" Stone 6" Sand inches

Distance from House 10 5' feet

Distance from Property Line 10' feet

Distance from Well 250' feet

PLOT OF SYSTEM

NAME OF OWNER Thomas Rea

LOCATION OF PROPERTY 4336 Rea

Comments: Two Beds 12' x 60' x 12" Stone 6" Sand

J. D. Davis
Division or Section Head

Jim Evans
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.

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

PRESENTED FOR REGISTRATION
Nov 3 3 35 PM '87
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

REAL ESTATE
BOOK PAGE
5834 0070

312

FILE NO. 4005A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

Drawn by:

The undersigned, T. Leon Rea + Catharine C. Rea

owner of property located at 4330 Rea Rd. Matthews, N.C. 28105

("the site") and described in an instrument recorded in Book 5627 at Page 117, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 3rd day of November, 1987.

11/03/87 21:04 #2364 000
FEE 6.00
CHSH 6.00
<> 6.00

T Leon Rea (SEAL)

Catherine C. Rea (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Weis, a Notary Public for said County and State, do hereby certify that T. Leon Rea + Catharine C. Rea personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3rd day of November, 1987.

Marlene Weis
Notary Public

My Commission Expires: 3-15-88

REAL ESTATE
BOOK PAGE

5634 0071

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Marlene Wise

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 3rd day of November 19 87.

Charles E. Crowder, Register of Deeds

By: Mary A. Posey Deputy

12/22 601

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV 16 1987
ENVIRONMENTAL HEALTH
DIVISION

DATE: 11-3-87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 211-241-05 pa

ASSIGNED ADDRESS 4330 Rea Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☑ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rwf

OPWEAR 02/86

704 336-3846 ENGINEERING 87 11/03 16:33 001

MECKLENBURG COUNTY

Department of Environmental Health

November 2, 1987

Thomas L. Rea
4334 Rea Road
Matthews, NC 28105

Dear Mr. Rea:

RE: Property located at 4334 Rea Road
FILE: 4005A
PARCEL: 211-241-05 PO

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Sylvia D Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

SDD/ir

Enclosures - 3 Septic Tank Agreement Forms
Copy of Plans

R. C. S., Inc.

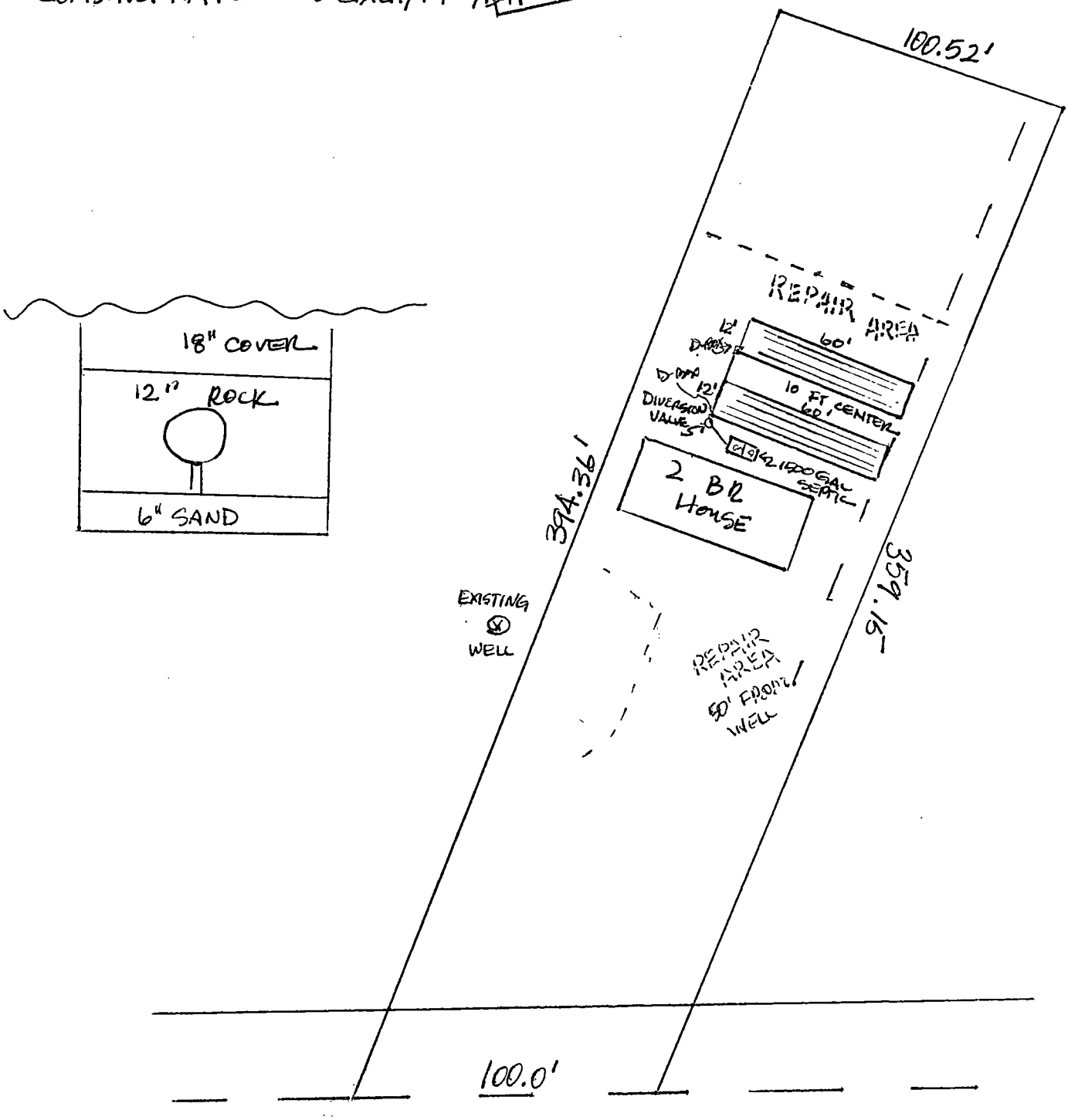
Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

THOMAS L. REA
4334 REA ROAD
MATTHEWS, NC 28105
FILE: 4005A

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 23 1987
ENVIRONMENTAL PROTECTION

LOADING RATE .25 GAL./FT²/DAY



R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

OCT 15 1987

ENVIRONMENTAL HEALTH
DIVISION

OCT. 14, 1987

JIM:

I SPOKE TO SYLVIA ABOUT THIS. IT'S AN ELDERLY COUPLE WHO ARE PLANNING ON PUTTING A MODULAR UNIT IN FRONT OF THEIR EXISTING HOME BECAUSE SHE HAS ARTHRITIS REAL BAD. THEY AREN'T HAVING PROBLEMS WITH THE EXISTING SYSTEM AND A SEPTIC & PUMP TANK COULD BE USED TO TIE INTO THEIR EXISTING SYSTEM. SYLVIA HAD NO PROBLEM WITH THIS AS LONG AS THERE IS AREA TO REPAIR & 50 FT FROM WELL.

I'D LIKE TO MEET YOU OUT THERE. GIVE ME A CALL. THE SOONER THE BETTER.

CATHY HUDSON

P.S. I HEARD THEY'VE INVENTED A NEW HAIR GROWTH FORMULA

Need zoning letter
Need check $50.00
Need plat plan -

MECKLENBURG COUNTY

Department of Environmental Health

October 7th, 1987

Thomas L. Rea
4334 Rea Road
Matthews, NC 28105

RE: Property located at Rea Road
FILE: 4005A
PARCEL: 21124105 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 11690) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11690

File: 4005-A Action 2

Parcel: PO 21-241-05 ☐ PC

Location: Rea Road

Subdivision:

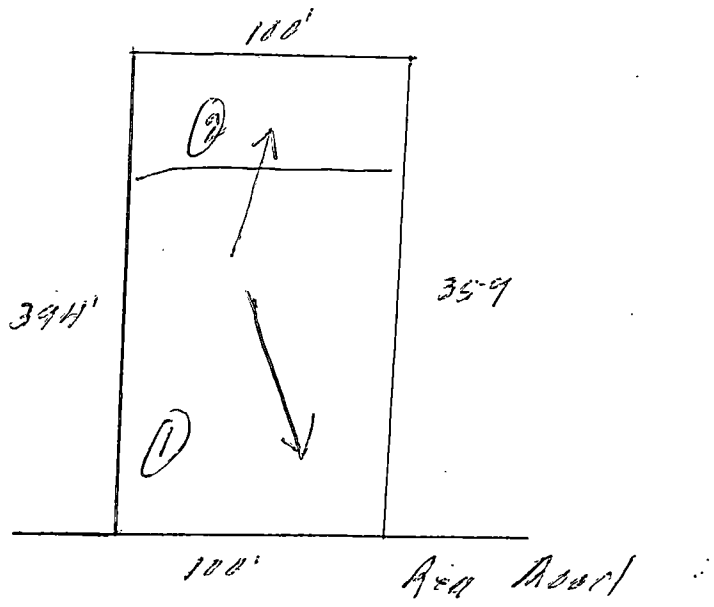
Lot: Block: Acres: .86

Owner: Thomas L. Rea
Address: 4334 Rea Road
Matthews, N. C. 28105

Comments: _____

Described by: William R. Medlin

Date: 10-7-87



***** 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 2-10%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-clay	S PS (U) 2-clay	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" Soluble	S PS (U) Perched water 24-36"	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 15-24"	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	S (PS) U limited	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	1wB Wickham/Wesmill	1wB Iredell-like				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT
ENVIRONMENTAL HEALTH
DIVISION

Pd 10-5-87
20633 30.00 CK# 3402

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

(OFFICE USE ONLY)

FILE: 4005A

TC: 211-241-0510

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4334 Rea Rd, Matthews, NC 28105

② SUBDIVISION: Farm Homeplace ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

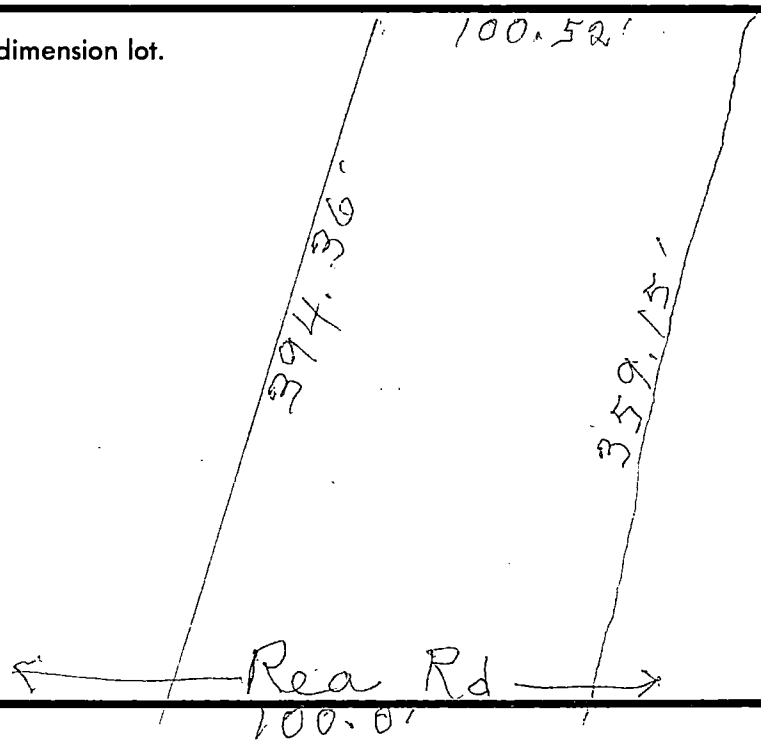
⑦ NAME: Thomas (FIRST) L. (MIDDLE) REA (LAST)

⑧ MAILING ADDRESS: 4334 Rea Rd. Matthews, NC 28105

⑨ CITY: Matthews ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) (704) 542-9822 (HOME) same

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Thomas L Rea

Date: 10-3-87

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

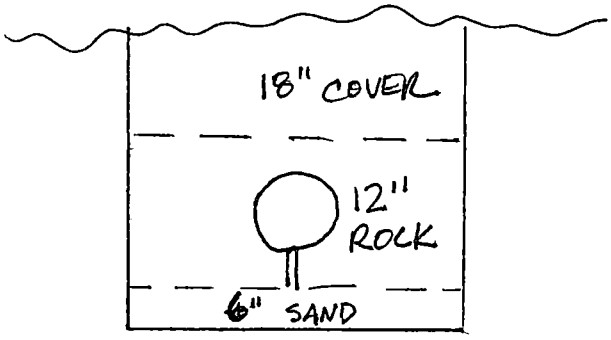
WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

THOMAS L. REA
4334 REA ROAD
MATTHEWS, NC 28105
FILE: 4005A



APPLICATION FOR AN IMPROVEMENT PERMIT

10/20/87 PD $100.00
CK# 12447 DR

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: _____

TC: _____

SERIAL: Nº 13817 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4334 (STREET NO.) REA RD. (STREET) ② FILE: 4005A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 21124105 PO

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: THOMAS (FIRST) L. (MIDDLE) REA (LAST)

⑨ MAILING ADDRESS: 4334 REA ROAD

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) _____ ⑭ (HOME) 542-9822

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Thomas L. Rea (CH)

Date: October 20, 1987

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.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

DATE: 10-20-87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 211-241-05 00

ASSIGNED ADDRESS 4336 Bea Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 02/86

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 15 1987
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

pd 100.00

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: 4005A
TC: _____
SERIAL: № 14722

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~4334~~ 4330 REA ROAD (STREET NO. / STREET) ② FILE: 4005A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 21124105 PO

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: THOMAS (FIRST) L. (MIDDLE) REA (LAST)

⑨ MAILING ADDRESS: 4334 REA ROAD

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) _____ ⑭ (HOME) 542-9822

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) ~~WANT TO HOOK UP TO EXISTING SYSTEM~~ Lot 25

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home MODULAR HOME

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2

㉕ Type? _____

㉓ Maximum occupancy? 2

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Thomas L. Rea (CH)

Date: OCT. 14, 1987

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.

Environmentalist _____ Date _____

Director or Authorized Section Head Jim Ericson Date 11-3-87

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

House is to be placed 150' from back property line

