

8521 WILLHILL RD

13707405

6/17/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 10937 DATE: 3/4/98

TC: 137 074 05 ☐ L ☐ CRT

SERIAL Nº 17387

Name of Owner Nancy Lopez Juris.: _____

Address of Property 8521 Will Hill Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed 100'

Number of Lines Bed 4 @ 25'

Cover Depth 12'

Water Supply Source Com well

Distance to Water Source >100'

Excavation Inspected 2/26/98

Tank(s) Inspected Existing

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design 1998, Repair, CON, 300SFB, 18"stone, Diversion Valve CTR# Reed Eudy

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 I5A 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 I5A 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 existing system, Pump float not adjusted because of possiable damage to pump wires

OD <1985

Philo S. Walker 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

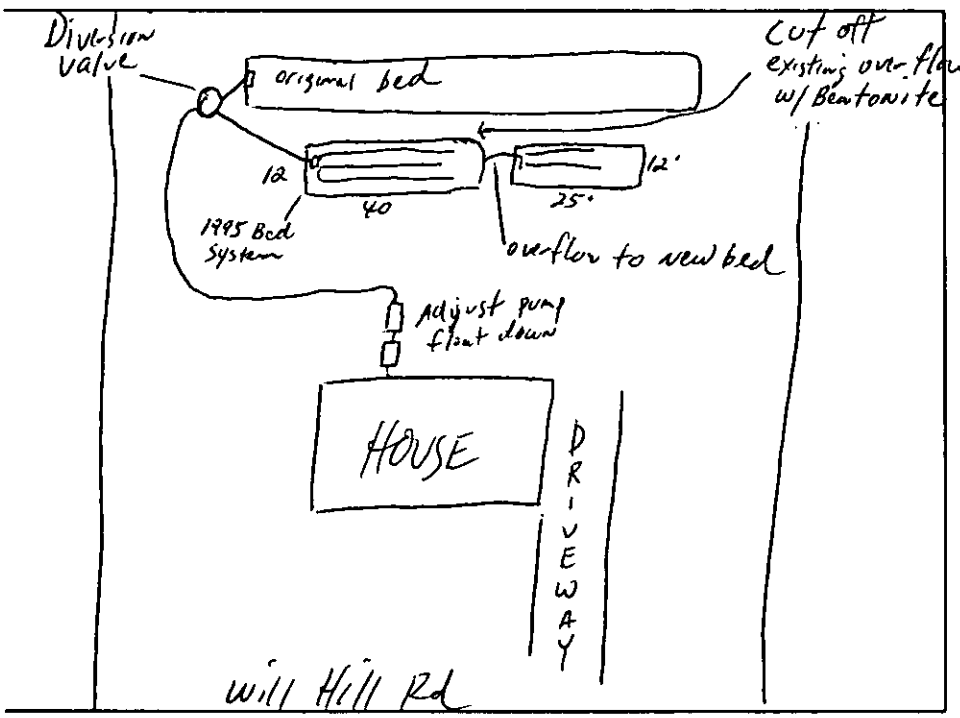
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10937 DATE: 2/23/98

TC: 132 074 05 [illegible]

SERIAL Nº 17162

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 2/23/98. All work shall be completed on or before 3/23/98, 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: Existing _____ gallons

Liquid Capacity of Dosing Tank: Adjust floats _____ gallons

Tank Construction: Existing

Trench Depth: 36"

Absorption and/or Nitrification Lines:

Bed Trench Width: 12 feet

Trench Walls Scored and Porous: Yes

Total Line Length: 100' feet

Bed Number of Lines: 4 (25')

Depth of Stone: 18" inches

Distance from House: 5' feet

Distance from Property Line: 10' feet

Distance from Well: ~100' feet

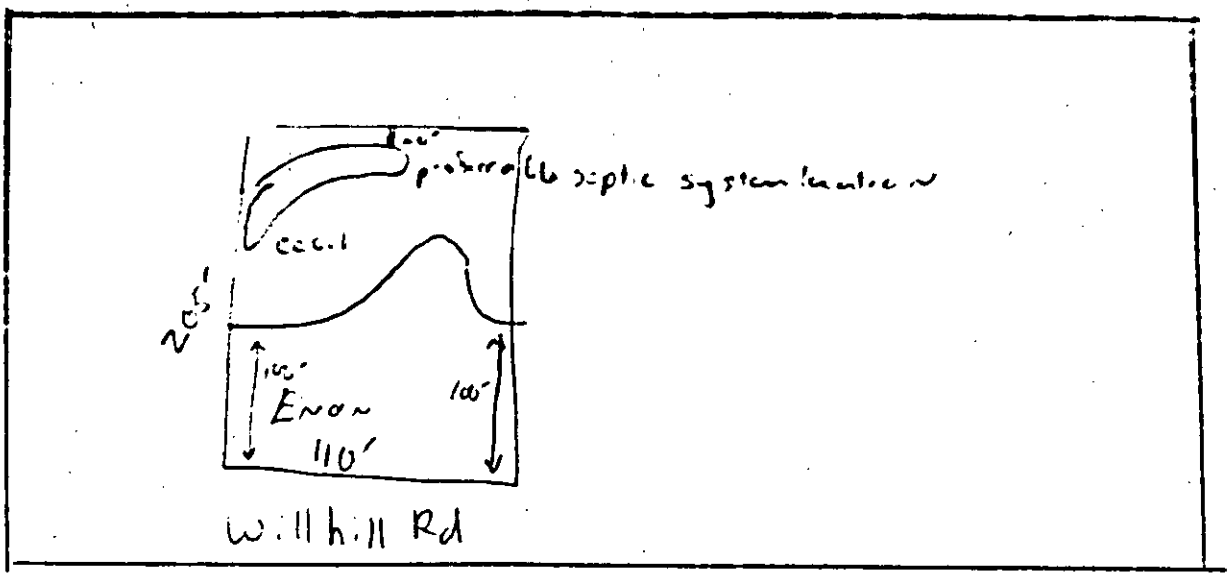
NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER: Nancy Lopez

LOCATION OF PROPERTY: 8521 Will Hill Rd

Comments: Bed System Repair 12'wd x 25'lng x 18"Stone | Adjust pump floats to App 100GPC, Install diversion valve | Cut of overflow pipe and fill void area w/ Bentonite plugging agent material | Overflow to new bed system

Philo S. Walker
Environmental Health Specialist



3/18/75

EHD 539

Repair ✗ 10937

10937

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

PERSON FILING APPLICATION:

NAME: same as above
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137 074 05

STREET ADDRESS: 8521 Will Hill Rd

ZONING: _____

✗ PROPERTY OWNER:

NAME: Frank LOPEZ
(last) (first) (mi)

ADDRESS: 8521 Will Hill Rd PHONE: 704, 545-6005

CITY: Mint Hill STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 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)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: ✗ 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[✗] Community (C) [] Shared Well (S)
[] 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: ✗ Frank Lopez Date: 6-8-95

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.

...

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

Philo S. Walker 6/8/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

545-6025

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

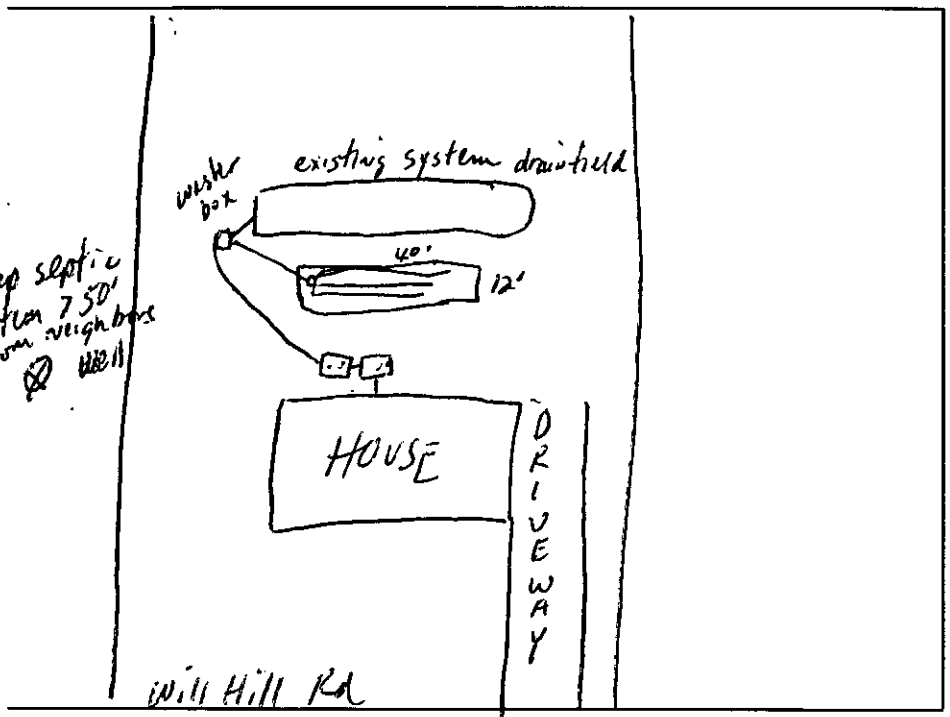
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10937 DATE: 5/17/95

TC: 137 074 05 ☐ L

SERIAL Nº 16425

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 5/17/95. All work shall be completed on or before 6/17/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width Bed 12 feet

Trench Walls Scored and Porous ✓

Total Line Length 160' feet

Number of Lines 4 (40')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well > 50' feet
Neighbors well

CMUD water

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

NAME OF OWNER Frank Lopez

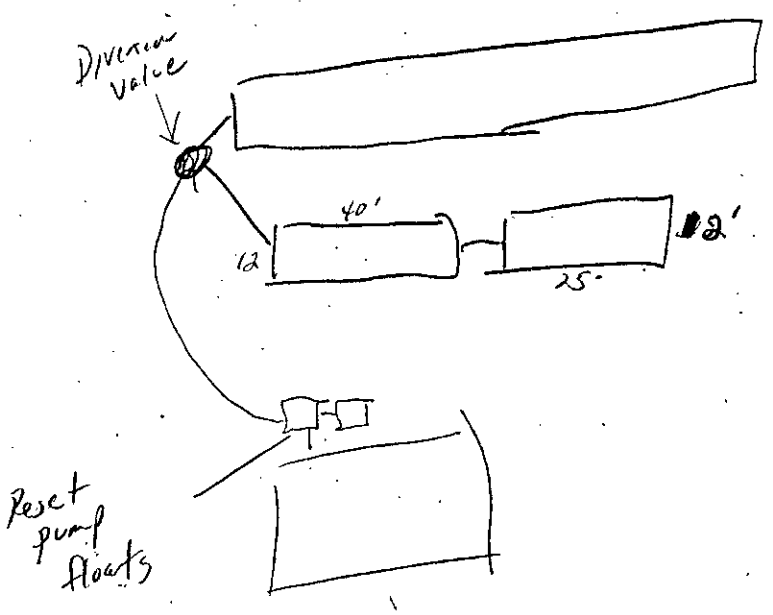
LOCATION OF PROPERTY 8521 Will Hill Rd

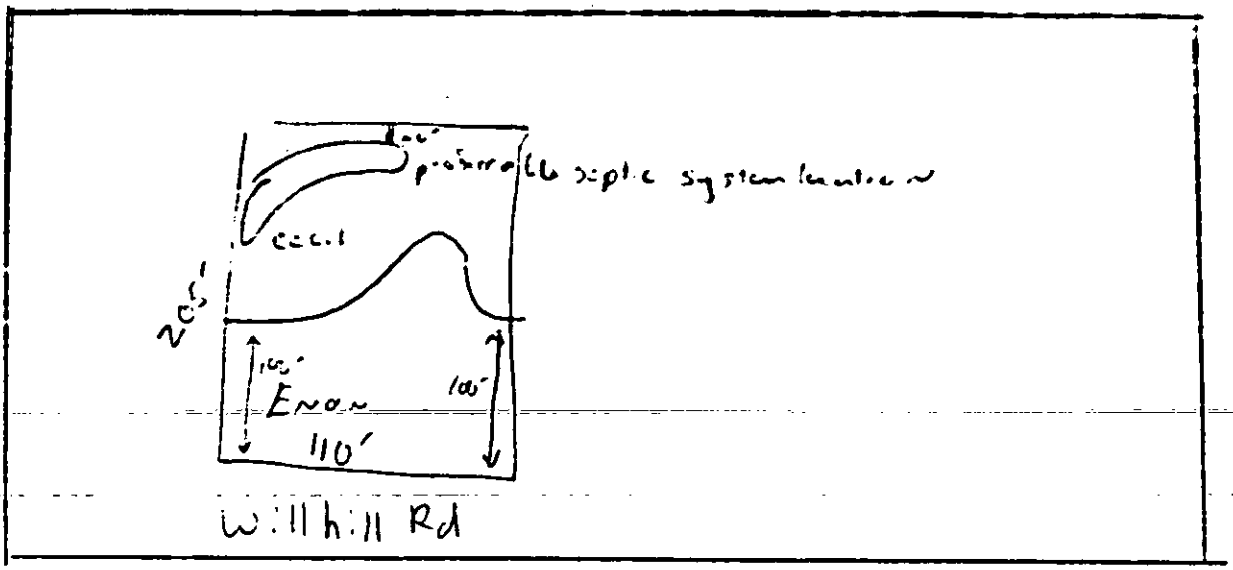
Comments: Washer box, Bed system 12'wd x 40'long x 18"stone
Keep bed on contour of land and shallow as possible. Set
Washer box to feed new bed a little more

Philo S. Walker
Environmental Health Specialist

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

1/98





3/18/75

EHD 539

CERTIFICATE OF COMPLETION/OPERATION PERMIT Repair

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

FILE: 10937 DATE: 6/8/95

TC: 137 074 05 ☐ L ☐ CRT

SERIAL № 16165

Name of Owner Frank Lopez Juris.: _____

Address of Property 8521 Will Hill Rd

Inspection Data:

Tank Material –

Total Length of Bed Drainfield 160'

Number of Lines 4 @ 40'

Cover Depth 12"

Water Supply Source com well

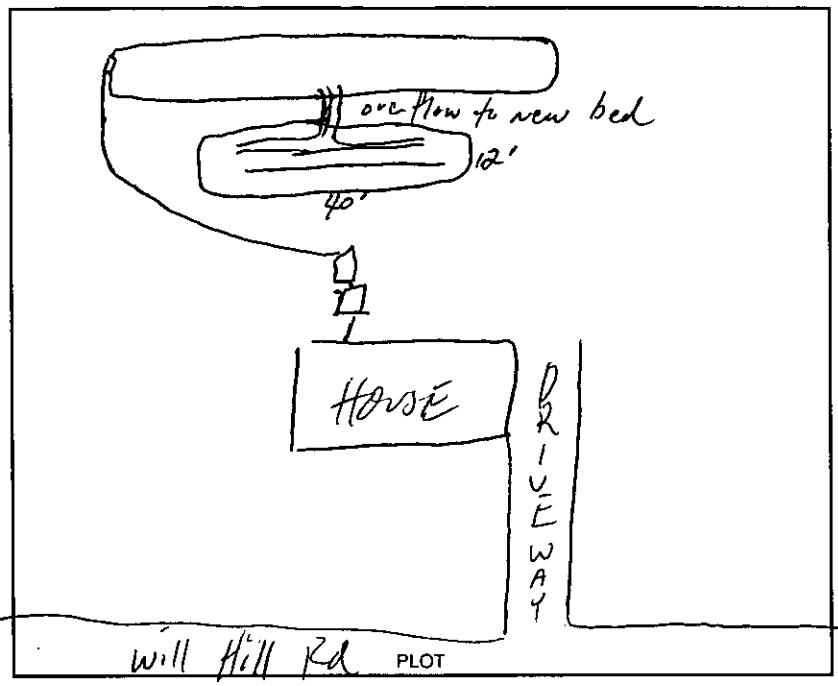
Distance to Water Source >100'

Excavation Inspected 6/8/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



Design 1995, Repair, 480 SFB, 18" stone CTR# 5

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 I5A 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 I5A 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, overflow to new bed system

Philo S. Walker R.S.
Environmental Health Specialist

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Frank Lopez

Mailing Address 8521 Will Hill Road Charlotte, NC 28227

Occupant Same as above

Location Same as above

☒ Residence ☐ Business ☐ Other tax parcel # 137-074-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☒ Other Repairs (*specify*) Check for plumbing leaks

☒ Perform Maintenance (*specify*) Pump tank as necessary to eliminate effluent on ground surface until septic system is repaired.

If the wastewater violation is not brought into compliance by January 5, 1998, appropriate legal action will be taken.

Notice Issued December 2, 1997 (Date) Signed Philo S. Walker, R.S. Philo S. Walker (Division of Environmental Health) Agent

Compliance 3/4/98 (Date) Signed Philo S. Walker (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

10937

137 074 05

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Frank Lopez

MAILING ADDRESS 8521 Will Hill Rd Charlotte NC 28227

OCCUPANT same as above

LOCATION same as above

☐ RESIDENCE ☐ BUSINESS ☐ OTHER _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570 / 336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system. eliminate effluent on ground surface until septic system is repaired.

☐ Pit Privy must be repaired/constructed.

☒ Other Repairs (specify) 1) check for plumbing leaks

☒ Perform Maintenance (specify) Pump tank as necessary to

If the wastewater violation is not brought into compliance by month 1/5/98, appropriate legal action will be taken.

Notice Issued Today 12/2/97 Date Signed Phila A Walker RS Division of Environmental Health Agent

Compliance _____ Date Signed _____ Division of Environmental Health Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

SERVICE REQUEST/WORK ORDER

#10937

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 11/14/97 Parcel: 137 074 05 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Angela Watts Phone 545-2600

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Frank Lopez

Address 8521 Will Hill Rd City _____ Zip _____

SERVICE REQUESTED: SEPTIC Failure

ASSIGNED TO: PW TAKEN BY: PW

11/17 check for leaks

DATE	ACTIVITY REPORT
11/17/97	DSV conducted on property w/ son present. Effluent was leaking to the ground surface
1/8/98	called NA left message
1/23/98	Spoke w Mrs Lopez regarding municipal sewer. CMUD did not commit to a date for possible connection. A new subdivision being built appr 2,100' away will determine when sewer becomes available.
1/30/98	

W62A

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Phebe S. Walker PS 3/4/98

REVIEWED BY: _____

CERTIFICATE OF COMPLETION/OPERATION PERMIT Repair

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

FILE: 10937 DATE: 6/8/95

TC: 137 074 05 ☐ L ☐ CRT

SERIAL № 16165

Name of Owner Frank Lopez Juris.: _____

Address of Property 8521 Will Hill Rd

Inspection Data:

Tank Material –

Total Length of Bed Drainfield 160'

Number of Lines 4 @ 40'

Cover Depth 12"

Water Supply Source com well

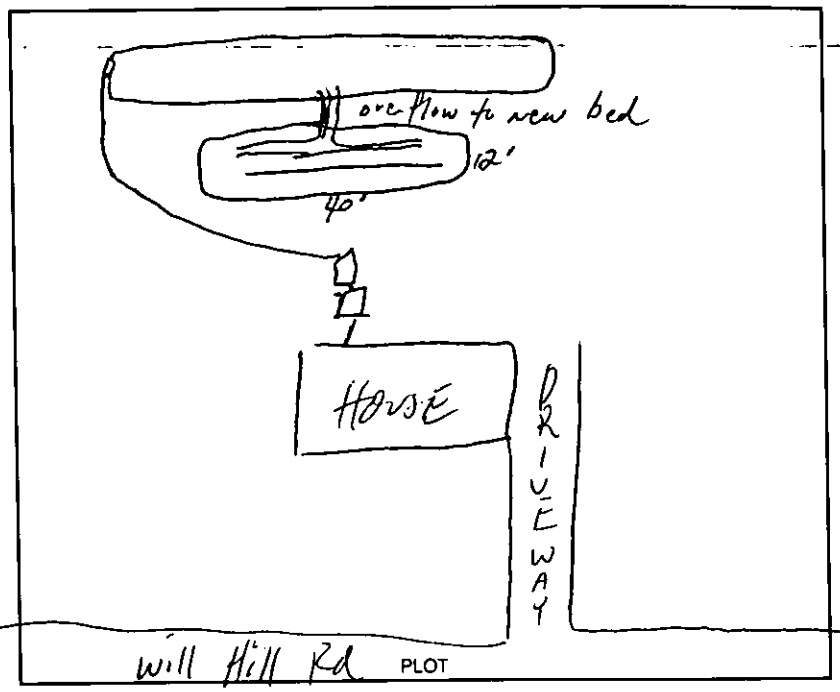
Distance to Water Source >100'

Excavation Inspected 6/8/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



Design 1995, Repair, 480 SFB, 18" stone CTR# 5

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 I5A 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

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair, overflow to new bed system

Thilo S. Walker R.S.
Environmental Health Specialist

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

Repair

10937

10-9-37

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

PERSON FILING APPLICATION:

NAME: same as above
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137 074 05

STREET ADDRESS: 8521 Willhill Rd.

ZONING: _____

PROPERTY OWNER:

NAME: Frank LOPEZ
(last) (first) (mi)

ADDRESS: 8521 Willhill Rd PHONE: 704, 545-6005

CITY: Mint Hill STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [X] 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)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] 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: X Frank Date: 6-8-95

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.

...

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

Philo S. Walker 6/8/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

345-60

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

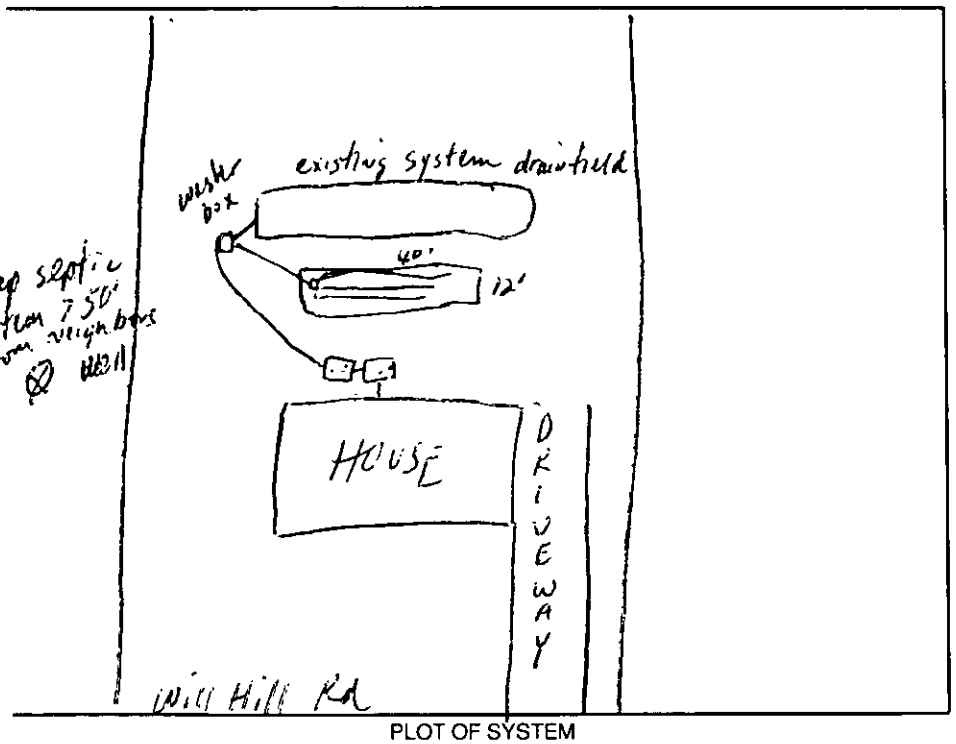
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10937 DATE: 5/17/95

TC: 137 074 05 ☐ L

SERIAL Nº 16425

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 5/17/95. All work shall be completed on or before 6/17/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 1 bed 12 feet

Trench Walls Scored and Porous ✓

Total Line Length 160' feet

Number of Lines 4 (40')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well > 50' feet
Neighbors well

CMUD water

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

NAME OF OWNER Frank Lopez

LOCATION OF PROPERTY 8521 Will Hill Rd

Comments: Washer box, Bed system 12'wd x 40'long x 18" stone
Keep bed on contour of land and shallow as possible. Set
Washer box to feed new bed a little more

Sheila S. Walker
Environmental Health Specialist

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

Serial No. 745

ICAR-SI Permit No. 12937

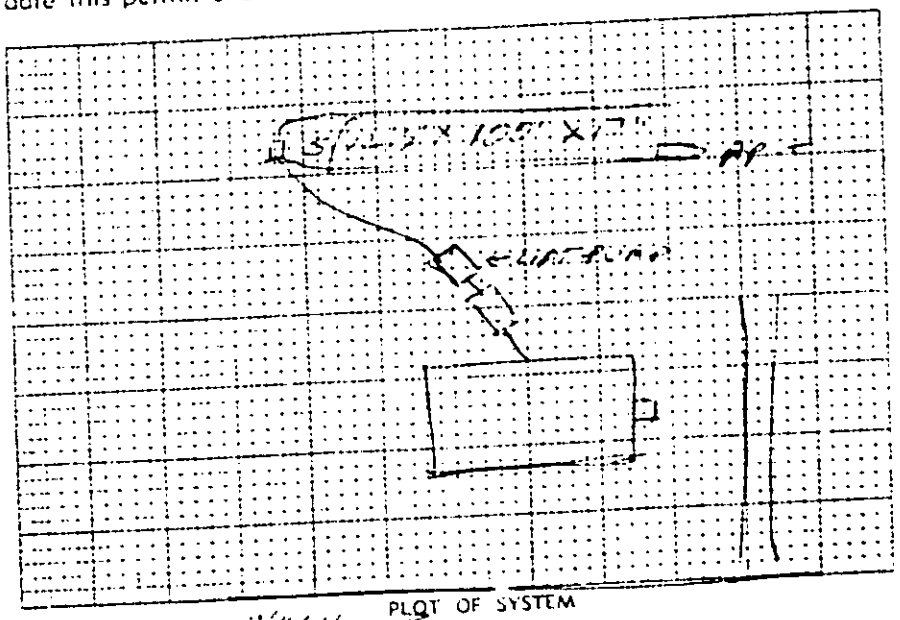
T. C No. 137024-55

Date Issued 6/24/77

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, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 12937 dated 5-23-76 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 6/10/77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction RC

Absorption and/or Nitrification Line

Total Line Length 550

Number of Lines * 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well COMM
IND WELL ADJ PROP - 55'

WILL HILL RD

NAME OF OWNER Rob't M. FREELAND

LOCATION OF PROPERTY Lot 130 WILL HILL RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments: CONT'D. LOCUST CONST.
* LAST 10'-34" ROCK - PUMP BY BUILDER
PUMP TO CYCLE AT APPX. 1500 gal

Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

Environmental Health Department's Copy

EHS-5-76