

9428 SNOW RIDGE LN

14111225

5/2/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2938A DATE: 10/5/93

TC: 41-113-31 ☒ L ☐ ORT

SERIAL № 13958 2400

Name of Owner Ewol P. Cohen Juris.:

Address of Property 9428 Snow Ridge LA.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 24"

Water Supply Source well

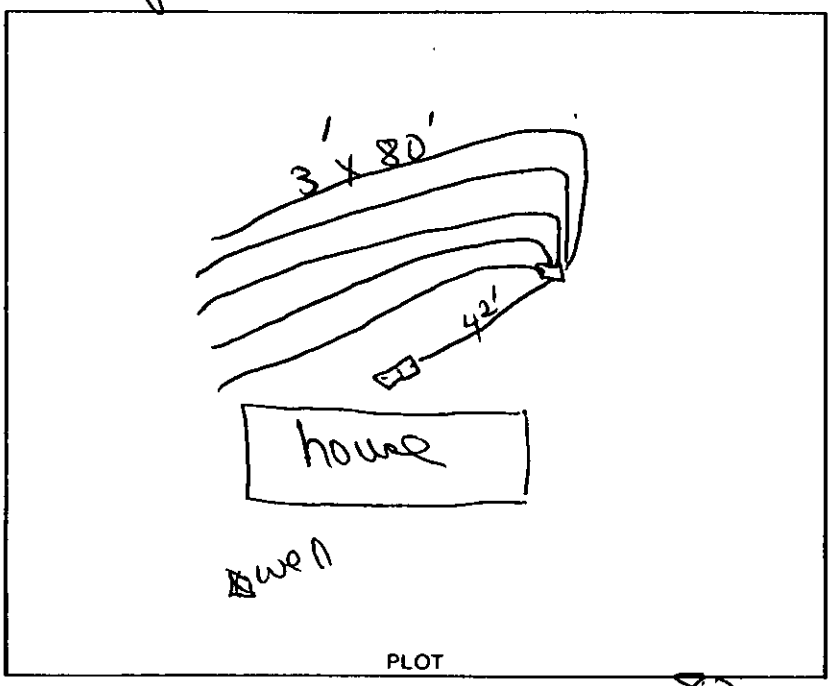
Distance to Water Source > 50'

Excavation Inspected 10/15/93

Tank(s) Inspected 10/15/93

Wash Line Inspected

High Water Alarm Inspected



PLOT

Design: 1000 1993 1500 ST, CM 1200SFT, 12" G Cecil CTR# LARRY 83 Norwood

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: System designed for 3 bedroom home

Note: There were A Lot of big rocks ON this Lot in the area of the System that were removed.

Type II

Judy J. Kuss R.S.
Environmentalist

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

400 D

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

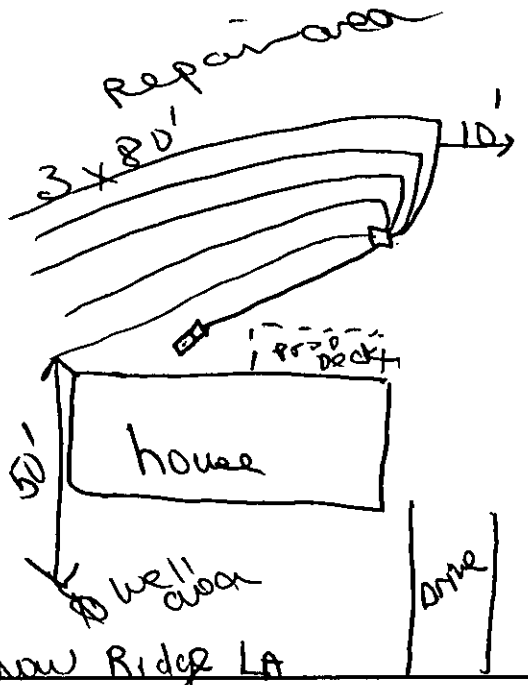
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2938 A DATE: 10/14/93

TC: 141-113.31 7

SERIAL Nº 15611

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 10/13/93. All work shall be completed on or before 11/14/93, 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥ 50' feet

NAME OF OWNER Errol P. Coker

LOCATION OF PROPERTY 9428 Snow Ridge La

Comments: Install 5 Trenches 3' x 80' x 12" Stone. Keep 50' from well, 10' from property lines

Division or Section Head

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 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