C of A (s) No. 17962

Date Issued 11-8-95 **Serial** 8028 T. C. No. 001-131-09

L CRT

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 ANDERSON (LAST) JOHN (FIRST) ____ (MIDDLE)

Location of Property 20507 DEEP COVE CT

Application Number 17962 Permit Number 17962

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 6

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 11-9-95 (DATE) Tank Inspected 11-9-95 (DATE)

Nitrification Field Inspected 11-9-95 (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 1500 ST, CON, 12 OSET, 12 G, CECIC

Kelly Rudd
Environmentalist

EHD-5-76

Environmental Health Department's Copy

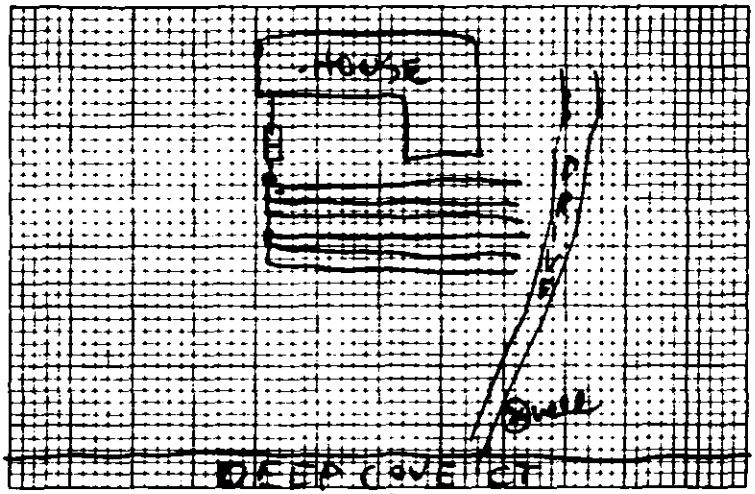
Date Issued 10-25-85 Serial No. 08642 ICAR (S) Permit No. 17962

T. C. No. 001-131-09

Map Date L

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 17962, dated 9-19-85 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 11-25-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 6x67'

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER ANDERSON, JOHN

LOCATION OF PROPERTY 20507 DEEP COVE CT

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.

6x67' lines x 3 wide x 12' stone

Comments:

B. Hendricks
Division or Section Head

Kelly Randall
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.

EHD-5-76

Environmental Health Department's Copy

Date Issued 4-22-85

Serial No. 8440

SIR No. 17962

T. C. No. 49 001-131-[illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Anderson, (LAST) John (FIRST) A. (MIDDLE)

ADDRESS OF OWNER 10619 Copperfield Dr., Pineville, NC ZIP 28134

LOCATION OF LOT 20507 Deep Cove Court (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 17962. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Sanitarian

Environmental Health Director, or Authorized Section Head

HRB-5-76

Environmental Health Department's Copy

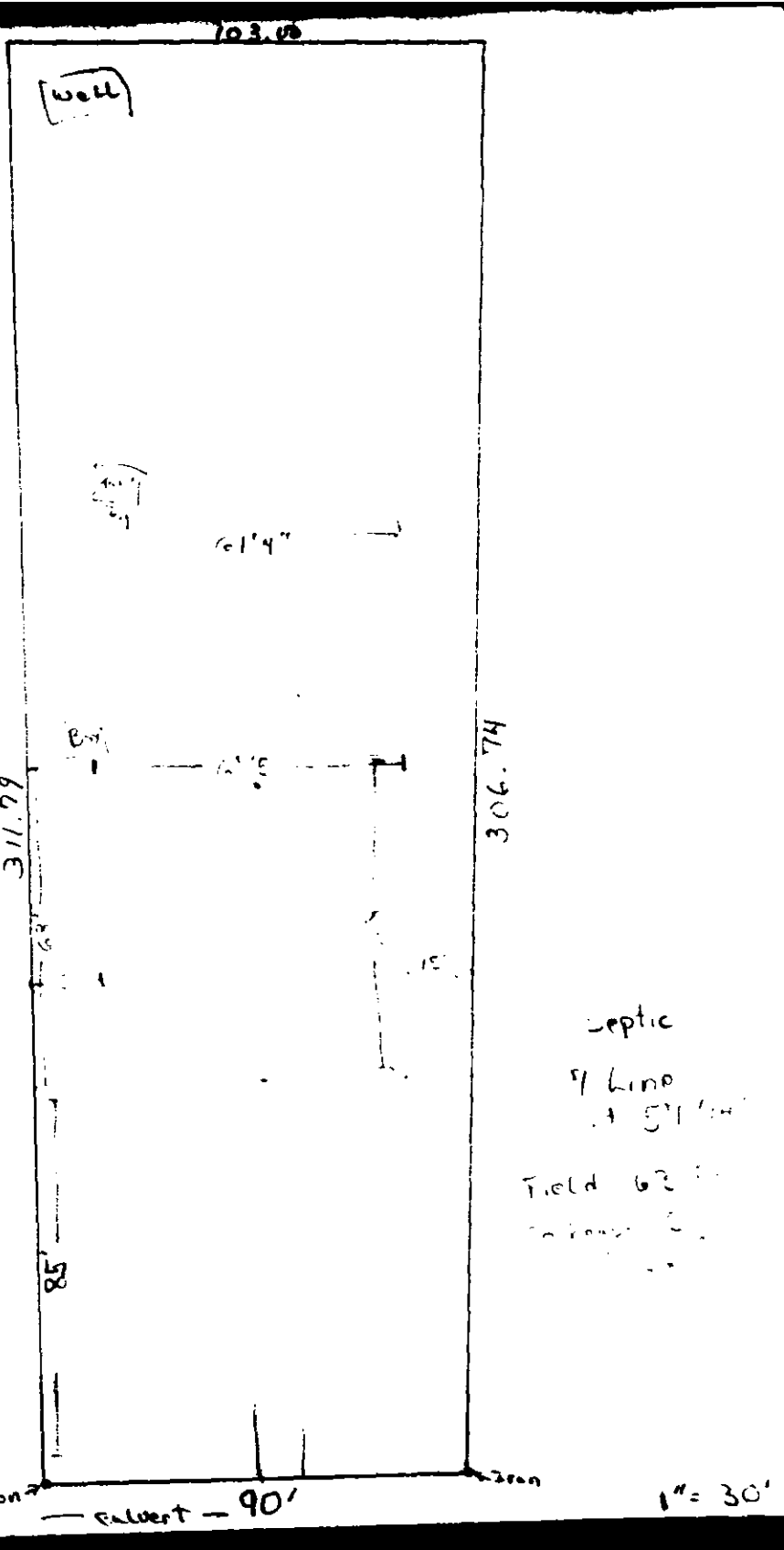
File # 17962

20507 Deep Cove Ct.

Davidson NC

John Anderson

4/26/85



APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED 1985

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

(OFFICE USE ONLY)

FILE: 17962

TAX 001-131-09 L

JOB LOCATION

① ADDRESS: 20507 Deep Cove Court (STREET NO / STREET) ② FILE: 17962

③ CITY: Davidson ④ TAX PARCEL NO.: P. O. 001-131-09

⑤ SUBDIVISION: Deep Cove ⑥ LOT: 15 ⑦ BLOCK:

OWNER

⑧ NAME: John (FIRST) Alfred (MIDDLE) Anderson (LAST)

⑨ MAILING ADDRESS: 10619 Copperfield Dr.

⑩ CITY: Pineville ⑪ STATE: NC ⑫ ZIP: 28134

⑬ PHONE: (WORK) 892-6658 ⑭ (HOME) 542-7098

REQUEST

This request is for a(n):

⑮ ■ New installation permit ⑰ ☐ Authorization for mobile home exchange

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

DESIGN CRITERIA

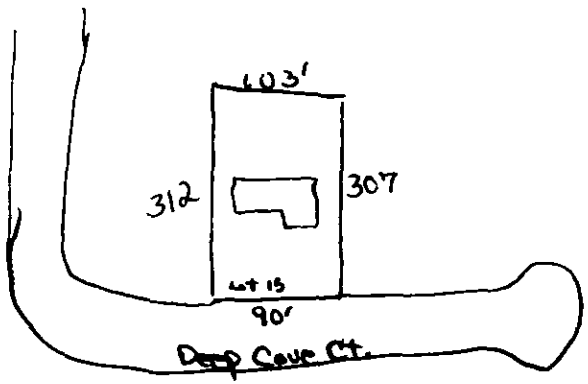
System will serve:

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

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ■ no ㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ■ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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: John Alfred Anderson III

Date: 4/19/85

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

Serial No. 4228

PTR No 17962

Date Issued 7-21-81

T C No P.O. 001-131-0

Map Date

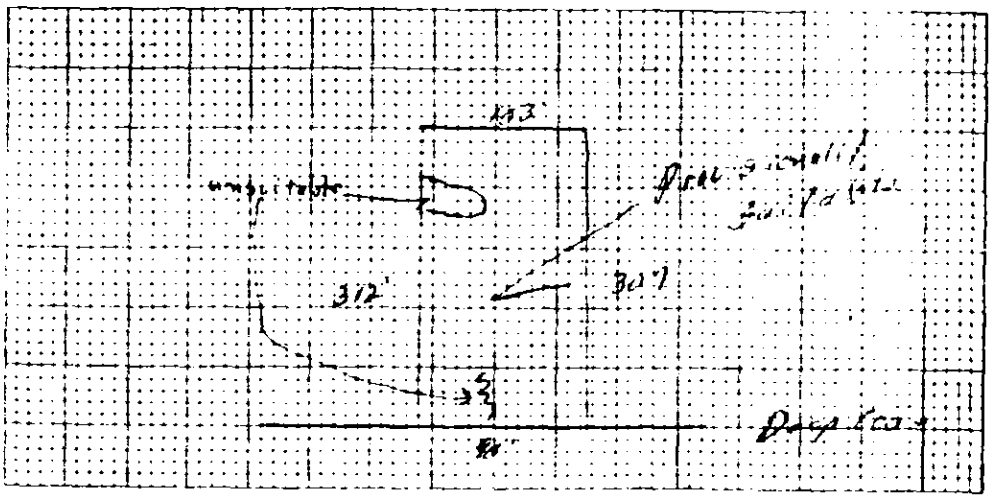
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Knox, (LAST) Russell (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Box 4, Davidson, NC ZIP 28036

LOCATION OF PROPERTY Off SR # 2059 - on Deep Cove Court (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 15 BLOCK NO



PLOT PLAN

This is to certify that soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted in that portion of the lot as indicated on the above plot **Provisionally Suitable**

The permeability rate determined by the investigation was . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. [illegible] the Mecklenburg County Depart[illegible] treatment sy[illegible] the said lot.
2. [illegible] with the applicable laws and regulations of the Mecklenburg [illegible] and [illegible] the [illegible]
3. [illegible] system installation [illegible] the above plot.
4. [illegible] that in the event which [illegible] acceptable [illegible]

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date.

William B. Marsh
Soil Scientist

John R. Adkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 17962
T.C. No. PO 001-131-09

(Ground Absorption Sewage Disposal)

OWNER: Russell B. Knox
ADDRESS: Box 4
COUNTY: Davidson 27036
LOCATION OF SITE: Dimp Tree Ct.

DATE REQUESTED:
PLAT NO: Lot 15
LOT SIZE: 30,500

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2.0%	S (PS) Eroded complex slopes U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) clay U	S (PS) clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS 48" U	S PS Depth Variable (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS None U	(S) PS None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS >6' To ground water U	(S) PS >6' To ground water U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Moderate U	S (PS) Moderate U	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Eroded complex slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

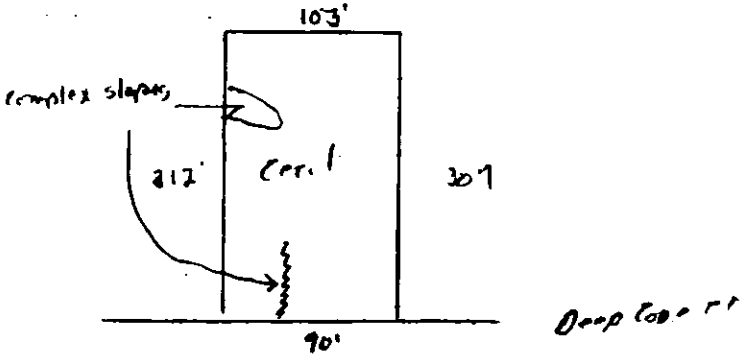
** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments:

Described By: William A. Mullis
Title: Soil Scientist
Date: 7/21/81

DHS Form 2601
Sanitation
EHD 539 (2/80)

✓


103'
complex slopes
212'
Corr. 1
307
90'
Deep Cove Rd

Date Received 5/8/81

APT No. 17962

T C. No. 001-131-09

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Knox (LAST) Russell (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER Box K DAV ZIP 28036

3) PHONE NO Home 892-8148 Office 392-1961

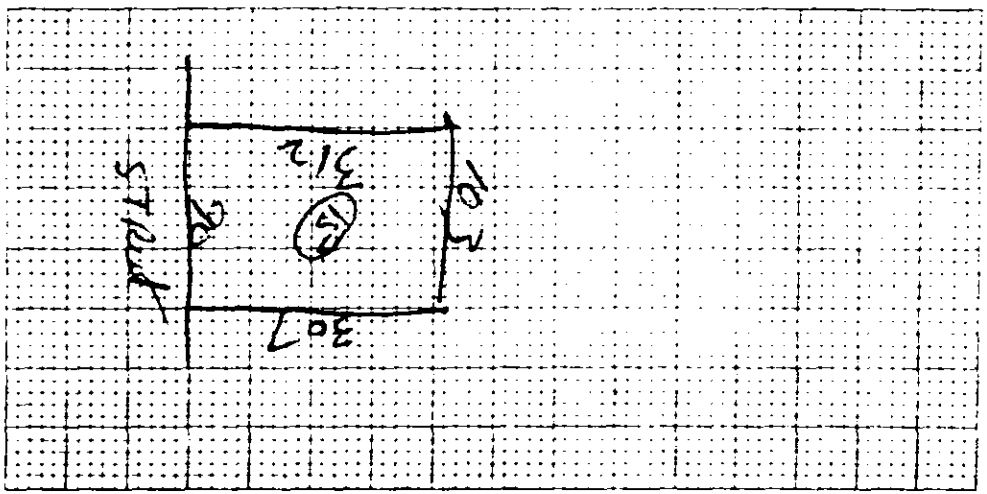
4) LOCATION OF PROPERTY N. Side 2057 (STREET OR COUNTY ROAD) Long Cove Ct.

5) SUBDIVISION LOT NO 15 BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 4317 PAGE NO 0933

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on-site inspection of the property described for the purpose of determining if the lot is suitable for the installation of a septic tank wastewater treatment system with subsurface soil absorption effluent discharge.

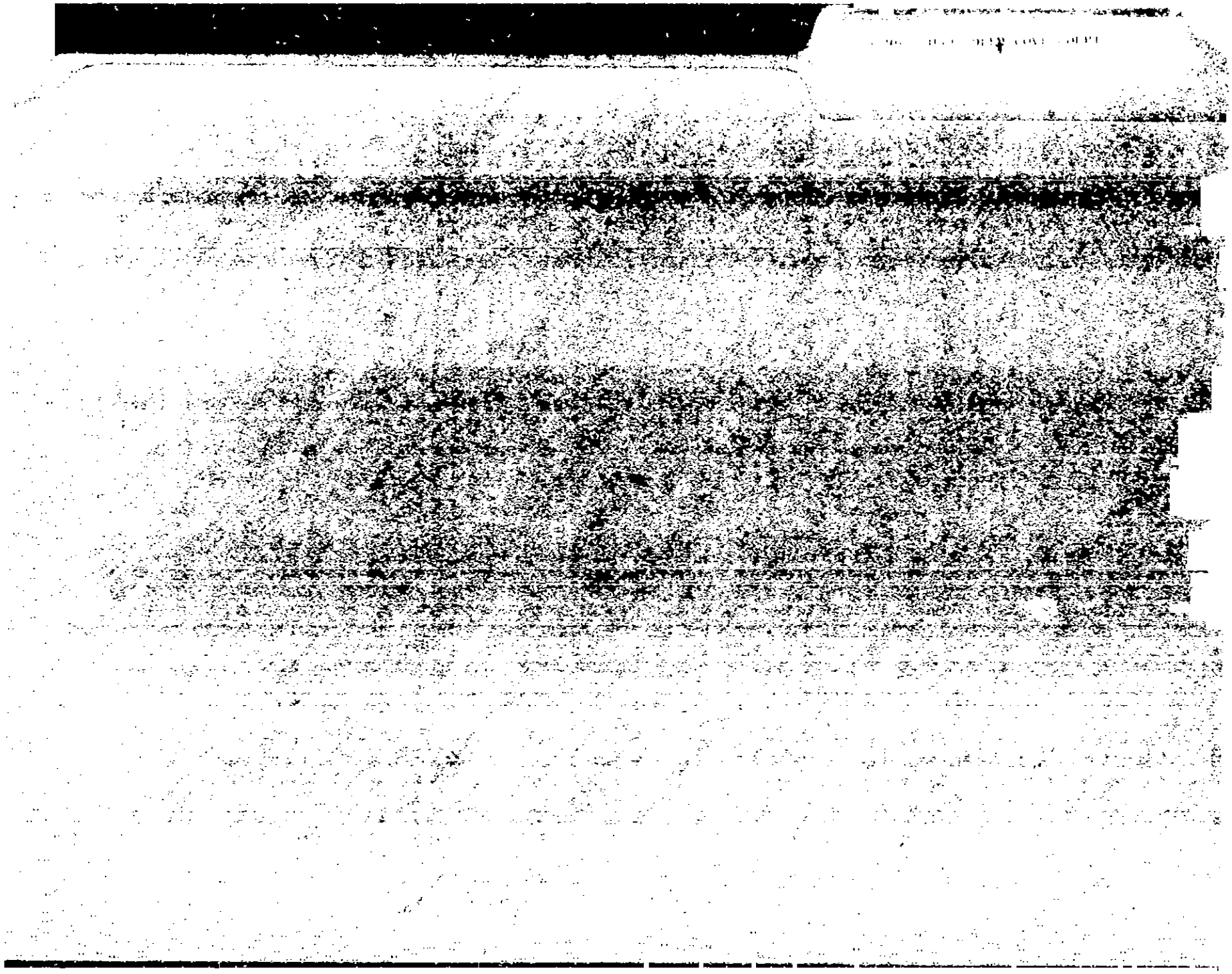


7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

EHD-5-76

Environmental Health Department's Copy



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

FILE: 17962 DATE: 5/7/93
TC: 001 131 09 ☐ L ☐ CRT
SERIAL Nº 15215

Name of Owner Donald Bechtol Juris.:
Address of Property 20507 Deep Cove Ct

Inspection Data:
Tank Material —
Total Length of ~~Drainfield~~ Bed 120'
Number of Lines 3 @ 40
Cover Depth 16"
Water Supply Source well
Distance to Water Source > 50
Excavation Inspected 5/7/93
Tank(s) Inspected —
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design: 1993, Repair, 9" 4" Trag x 24" Stone CTR# 74

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 in bed System because of limited space. 24" Stone installed. Void installation permit dated 3/22/93.

Phillip S. Walker
Environmentalist

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

TRUCTION, ALTERATION, AND/OR REPAIR PERMIT

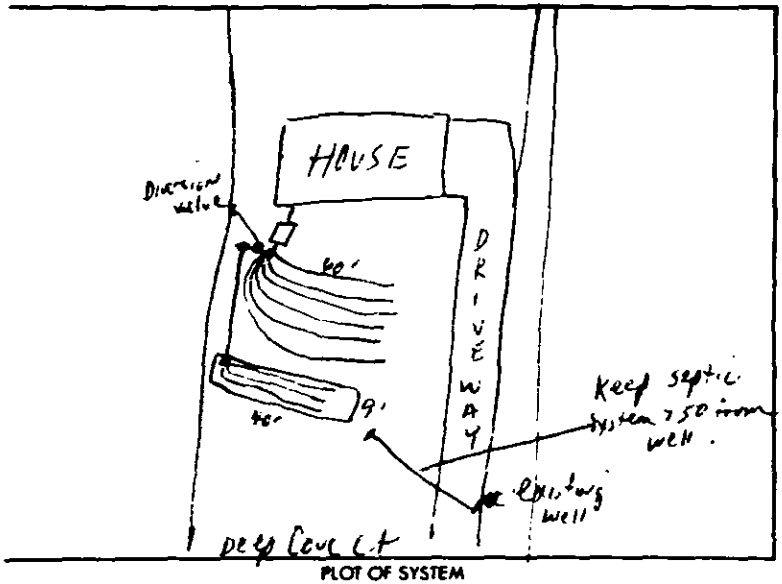
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 17962 DATE: 5/19/93

TC: 201 131 09 ☐ L

SERIAL Nº 15523

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 3/17/93. All work shall be completed on or before 6/15/93, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Total Line Length 120' feet

Number of Lines 3 (40')

Depth of Stone 18" or 24" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Donald Bechtol

LOCATION OF PROPERTY 20507 ~~Bethel Ch.~~ Deep Cove Ct

Comments: Bed System 9'wd x 40'long x 18 to 24 stone | Keep septic System 750 from well | Bed system to be installed because of power line and limited area | Diversion valve

_____ Division or Section Head

Phil S. Walker R.S. 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

400 LV

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

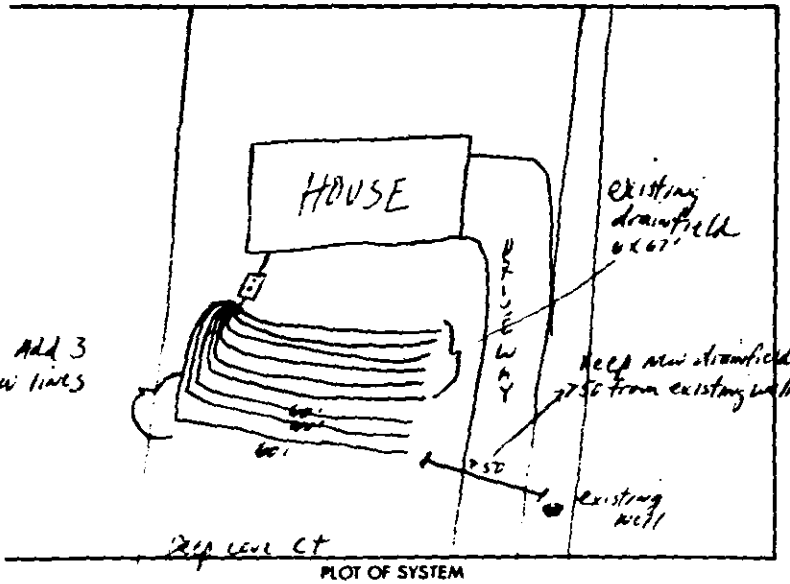
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 17962 DATE: 3/22/93

TC: 001 131 09 ☐ L

SERIAL Nº 15451

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 3/17/93. All work shall be completed on or before 4/22/93, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 180' feet

Number of Lines 3 (60')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Donald Beckstel

LOCATION OF PROPERTY 20507 Deep Cove Ct

Comments: 3 lines x 60'long x 3'wid x 12"stone / Keep septic system >50 from existing well / Suggested that gutters be added to divert surface water.

Division or Section Head

Philo S. Walker
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

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)336-5100

Date: 03/12/93

PERSON FILING APPLICATION:

NAME: BECHTOL (last) DONALD (first) S (mi)

ADDRESS: 20507 DEEP COVE CT PHONE: (704) 896-7526

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-131-09

STREET ADDRESS: 20507 DEEP COVE COURT

ZONING: DAVIDSON NC 28036

PROPERTY OWNER:

NAME: BECHTOL, DONALD S. (last) (first) (mi)

ADDRESS: 20507 DEEP COVE CT PHONE: (704) 896-7526

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: Deep Cove

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: 15 LOT SIZE (in acres): 0.684

☐ SOIL TEST - INDIVIDUAL LOT (B)
☐ 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 (K)
☐ 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: 4

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 authorize agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Donald S. Bechtol Date: 3/17/93

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

Paul Lucas 3/22/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Date Issued 11-8 95 Serial 8029 T C No 01-93-L CRT

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 ANDERSON (LAST) JOHN (FIRST) (MIDDLE)

Location of Property 20507 DEEP COVE CT

Application Number 17962 Permit Number 17962

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 6

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 11-9-95 (DATE) Tank Inspected 11-9-95 (DATE)

Absorption Field Inspected 11-9-95 (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 Board of Commissioners 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 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 1,000 GAL ST, CON, 126 LF, 12G, CEC/C

Kelly Randall

Signed