

8621 STATESVILLE RD

02512206

5/20/08

marliwr

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

S.B.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1643

[ ] 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: SMITH (last) JOE (first) J (mi)

ADDRESS: P.O. Box 488 PHONE: (__) 800-868-4355 EXT 142

CITY: HICKORY STATE: NC ZIPCODE: 28603

Date:

PROPERTY OWNER:

NAME: CAROLINA TRUCK CENTERS INC. (last) (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 025-122-06

STREET ADDRESS: 8621 STATESVILLE

ADDRESS: 8621 STATESVILLE RD. PHONE: (704) 596-7887

CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business TRUCK DEALER # Employees 30 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) Y Type HEATING OIL

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: R. J. Smith Date: 10-19-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

CAROLINA Truck, Dealer -

CAROLINA TRUCK CENTERS, INC.
BOX 488
HICKORY, N.C. 28601 704/328-8156

NO. DATE 11/11/94 VENDOR NO. E0052 CHECK NO. 47617

INVOICE NO.	DESCRIPTION	INVOICE DATE	REFERENCE NO.	GROSS AMOUNT	DISCOUNT	AMOUNT PAID
MCK#47617		11/11/94		1,700.00		1,700.00
			TOTALS	1,700.00		1,700.00

Sewer Tap-
Hook-up

CONTROL NO. 047617

66-363
531

Bank of Granite
HICKORY, NORTH CAROLINA 28601

VENDOR NO.	CHECK NO.	DATE
E0052	47617	11/11/94

CAROLINA TRUCK CENTERS INC.

PAY ONE THOUSAND SEVEN HUNDRED AND NO/100 DOLLARS

CHECK AMOUNT
********1,700.00

TO THE ORDER OF
CHARLOTTE MCK. UTILITY DEPT.
5100 BROOKSHIRE BLVD
CHARLOTTE NC 28216

Dottie H. Rowland

⑈047617⑈ ⑆053103637⑆ 051 197 8⑈

S-B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1643

☐ 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

PERSON FILING APPLICATION:
NAME: Smith (last) Jeb (first) J (mi)
ADDRESS: P.O. Box 488 PHONE: (__) 800-868-4355 EXT 142
CITY: Hickory STATE: NC ZIPCODE: 28603

Date:

PROPERTY OWNER:
NAME: Carolina Truck Centers Inc. (last) (first) (mi) Don Baker
ADDRESS: 862) Statesville Rd. PHONE: (704) 596-7887
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-122-06
STREET ADDRESS: 8621 Statesville
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ 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 (M)
☐ 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: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Truck Dealer # Employees 30 Per Shift ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) Y Type Heating Oil

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: Jeb J. Smith Date: 10-19-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 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

10-26 site visit

10-27 spoke w/ Jeb Smith

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122

Craig Long 892/062

CAROLINA Truck, Dealer -

fence along property lines

3088 B Hubbard Rd.

PG. 11

PG. 02

PG. 01

PG. 13

BK. 37

FLOOD PLAIN

MUDDY

FLOOD PLAIN

376.39

373.53

322.92

448.39

359.77

216.76 ℄

1135.3

1513.13

1

48.633 AC

121

812.24 ℄

REAMES RD.

#2110

#2112

1205.46

368.25 ℄

194.5

195

2

3

16.32AC

452.3 ℄

184.3 ℄

1503.01 ℄

4

23 BAC

1037.25

455 ℄

791.87 ℄

986.36

1758.2

29.96

LAKEVIEW

INTERSTATE 77

474.04

359.92

804.62

236.44

CIR.

304.57

319.64

SIDNEY

684.21

582.21

287.42

470.85

480.71

(TR-B)

9

10.4 AC± P

7.85 AC.

8

617.78

(TR-A)

7

18 AC ± P

640.85

582.5

1783

540

DR.

TRANSPORT

1518.33 ℄

394.66

3.42

3.42

590.3

940±

1802

RUN

3.3 AC± P.

350±

384.62

10.360 AC.

6

1335.334

1331.74 ℄

320.22

350 ℄

U.S. 21

RD.

122

66.204

1230.22

6.39AC

3

846.99

15 AC.

4

FLOOD-PLAIN

1539 ℄

1242.84 ℄

BRANCH

FLOOD-PLAIN

24.78 AC

5

1131.81 ℄

STATESVILLE

#2485

RD.

TAX LINE MAP BOOK 25 PAGE 12

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 10-17-89 | SCALE 1"= 400'

1991
1648 A
1643
13268

027

FOR TAX PURPOSES ONLY

RAVEN
241-66 N
78910-24166
MADE IN MEXICO
Black
Wilson Jones Company Chicago, 60648

Date Issued 12 Dec 74 Serial No. 6009 ICAR (S) Permit No 643

T C No 045-131-C1

Map Date 9-1-70

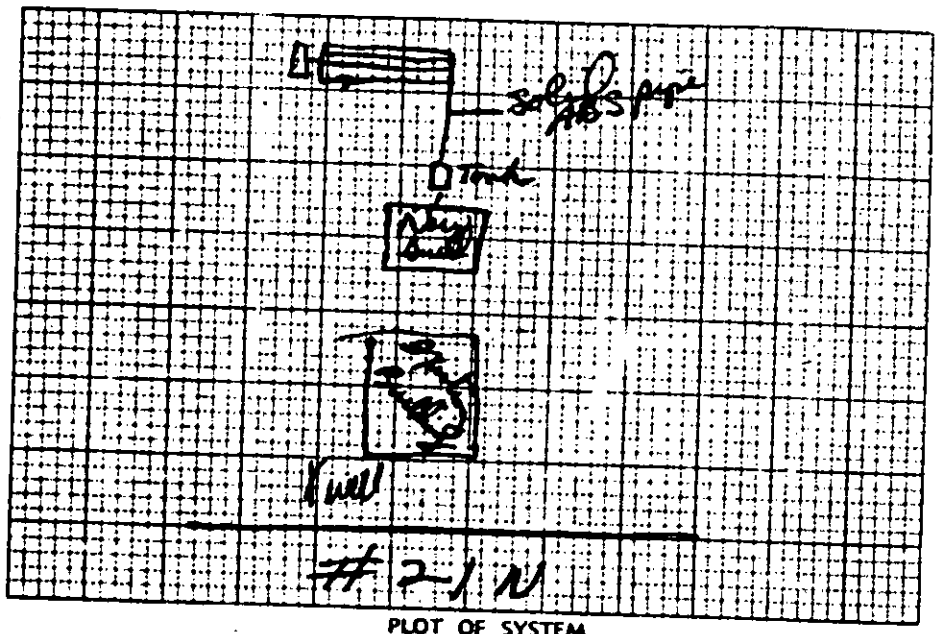
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 1643 dated 12 Nov 74 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 12 Jan 75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000 gal

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 300

Number of Lines 6(15'x50'x11")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Utilities Service Inc.

LOCATION OF PROPERTY Hwy 21 N

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Aeration pit 21½'x7'x4' of Stone (Griffin)

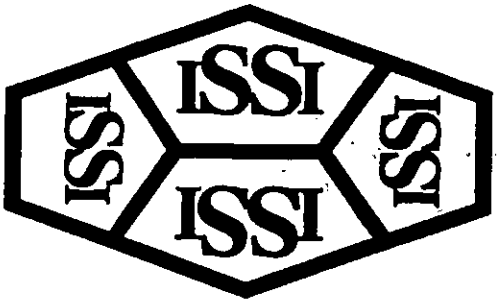
Division or Section Head _____

Environmentalist [signature]

* If this permit is for the installation or construction of a new system, it must be signed by the divisinn or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

CRV NO E-5-9-1-72

HEALTH DEPARTMENT'S COPY



Imaging Solutions and Services, Inc.

The following is a

Poor Original

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

Copyright 2004 Imaging Solutions and Services, Inc.

Date Received 11/12/74

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 1643

T. C. No. 023-121

Map Date 9-1-73

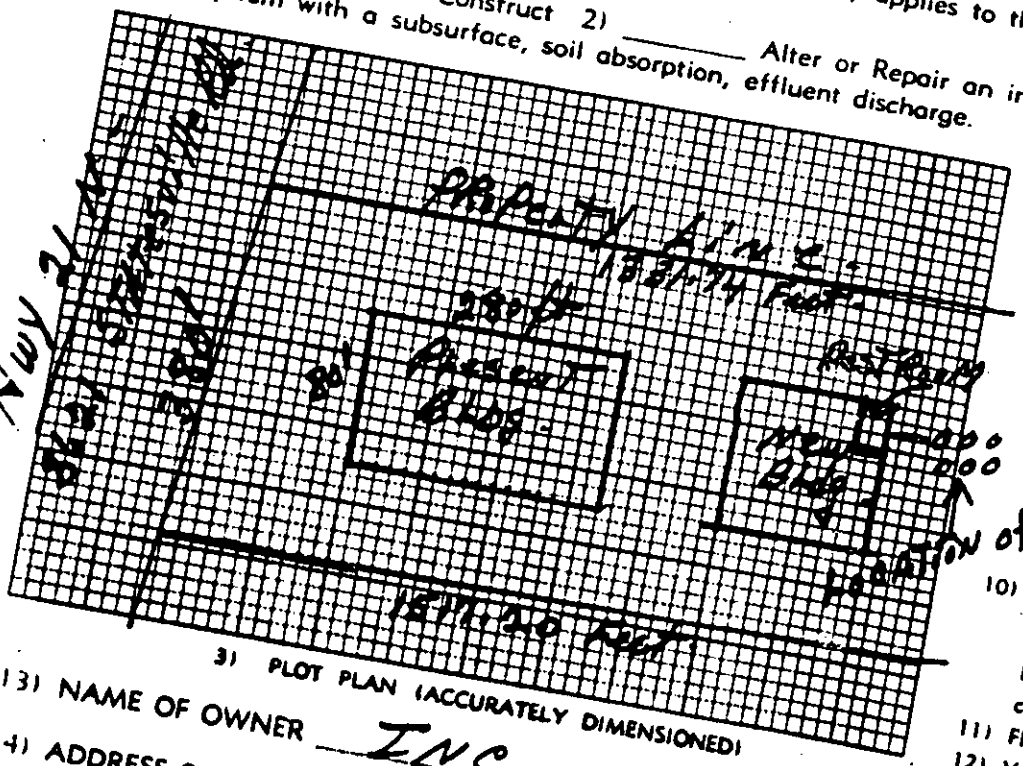
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms _____
5) Business Use ← Max No Employees 6
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 Inc. Utilities Service.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 8621 Statesville Rd.

15) PHONE NO. Home _____ Office 597100.

16) LOCATION OF SYSTEM Hwy 21 North
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 PERCOLATION TEST BEEN RUN? ____ YES ✓ NO DATE RUN _____

PTR NUMBER (See Instructions) _____

undersigned person hereby agrees that he has read the foregoing application and that the contents ame are true. It is understood that any permit applied for herein shall be void and of no effect if any of above facts are not true.

11-6-74
OF APPLICATION

OWNER William T Roper

HEALTH DEPARTMENT'S [illegible] PLANT MGR

10 4-1-71

Date Issued 8-6-71 Serial No. 974

C of A (s) No. 1643

T. C. No. 025-121-07

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Q-T (LAST) Utilities (FIRST) Services, Inc (MIDDLE)

Location of Property Statesville Rd.

Application Number 1643

Permit Number 1063

Inspection Date:

* Liquid Capacity of Tank 1000 gal

Total Length of Drain Tile 450' + 300'

Depth of Filter Material 17" + 12"

Water Supply Source Well

Excavation Inspected 8-6-71 (DATE)

Nitrification Field Inspected 8-6-71 (DATE)

Washing Machine Line Inspected, If Applicable 8-6-71 (DATE)

Tank Material Precast

Number of Lines 5 + 4

Cover Depth 2' + 2'

Distance from Water Source 60'

Tank Inspected 8-6-71 (DATE)

+ Grease Trap with Double Baffle Walls

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 Health 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: * Solid lines from building to drains fields had not been installed. (RMS)

FORM NO. E-6-7-1-70

Environmentalist

HEALTH

CW Date Received 5-10-71

See INSTRUCTIONS ON BACK

ICAR(S) Application No [illegible]

T. C. No [illegible]

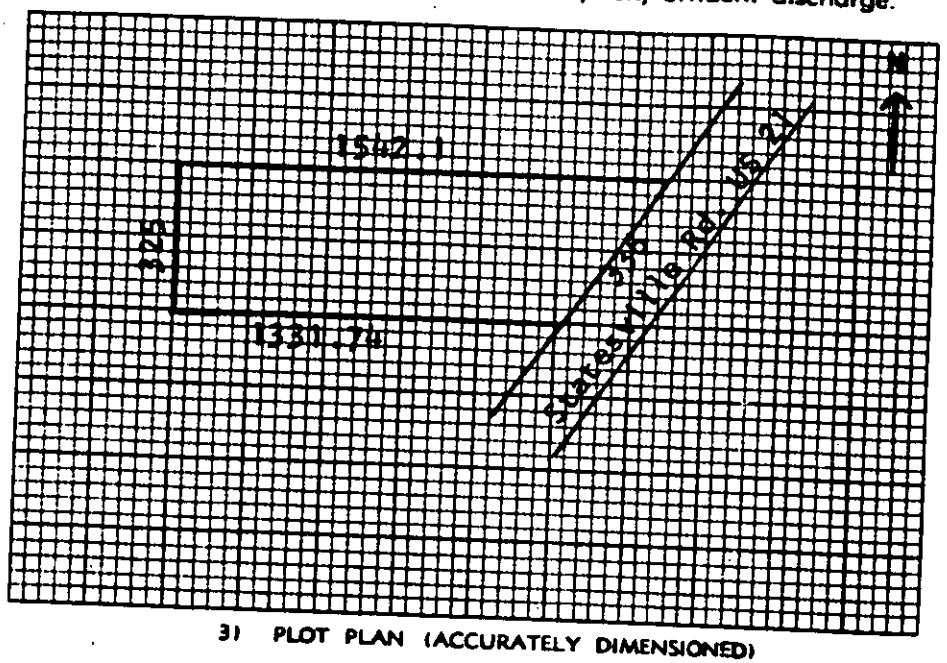
Map Date ___

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) ___X___ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms -

5) Business Use X Max No Employees 20

6) Washing Machine ___Yes _X_ No

7) Garbage Disposal ___Yes _X_ No

8) Dishwasher ___Yes _X_ No

9) Water Supply:
   A) Individual Well X
   B) Governmental System ___
   C) Community System:
      1. Well source ___
      2. Governmental source ___

10) Sewage System:
   House located within 200 feet of public sewer ___Yes X No
   House located within 200 feet of community sewer ___Yes X No

11) FHA Case No. -

12) VA Case No. -

13) NAME OF OWNER Q-T Inc. c/o UTILITIES SERVICE INC.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. Box 388 Charlotte, N.C. 28201

15) PHONE NO. Home - Office 332-7771

16) LOCATION OF SYSTEM Statesville Road US 21 N.
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 25 AT PAGE 12

19) HAS A PERCOLATION TEST BEEN RUN? ___YES _X_ 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.

May 7, 1971
DATE OF APPLICATION

OWNER J. H. Query

FORM NO. E-4-7-1-70 HEALTH DEPARTMENT'S COPY

Date Issued 7/21/71 Serial No. 1063 ICAR(S) Permit No. 643

T. C. No.

Map Date

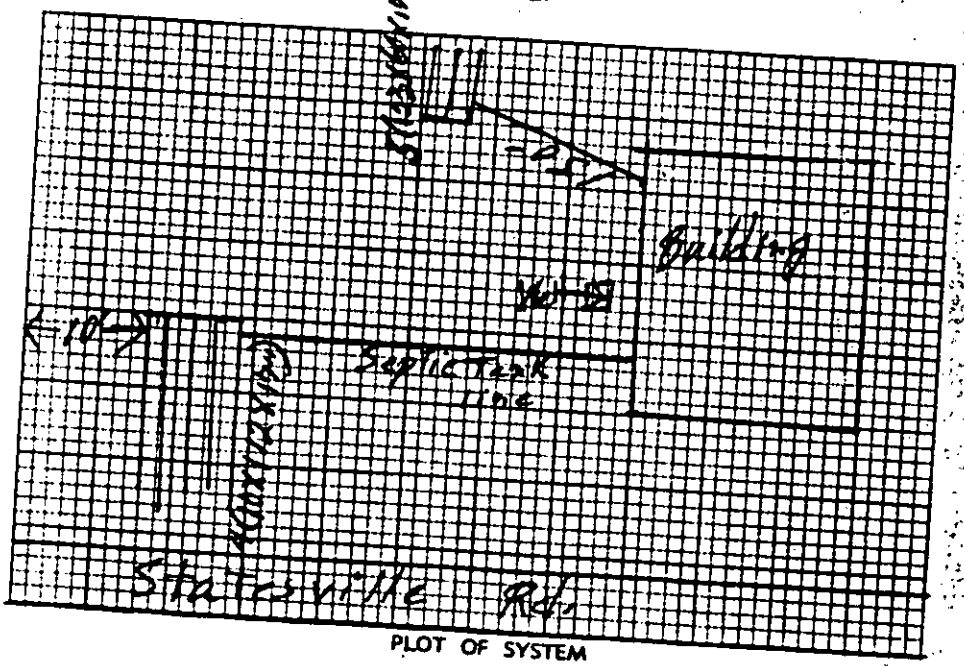
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 1643 dated 5/10/71 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 8/20/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Lenght 450 – 300 3@3&X60X17-1/2) 4(10X18X12-1/2)

Number of Lines

Distance from House 130'

Distance from Property Line 10'

Distance from Well 60'

NAME OF OWNER A-T Utilities Service, Inc.

LOCATION OF PROPERTY Statesville Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Double Baffle walls on Steam genrie lines.

[illegible] or Section Head

Environmentalist Charles R. Williams

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Date Issued 16 Dec 74 Serial No. 5519 C of A Isl No. 1643

T. C. No. 025-121-07

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Utilities Service Inc.
LAST FIRST MIDDLE

Location of Property #21 N

Application Number 1643 Permit Number 1643

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 6 (15' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100 +

Excavation Inspected 15 Dec 74 DATE Tank Inspected 15 Dec 74 DATE

Nitrification Field Inspected 15 Dec 74 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 Health 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: Aeration pit 8 1/2 x 7' x 4' (Griffin)

* Note — water line is to be moved from proximity of sewage line to a distance of at least 10 feet from any point of septic system

Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

has sewer available

Hart Assoc – Reach Equip.

built + repaired booms + buckets

bldg 20 yrs old 1972/73

3 rest rooms

no floor drains working w/ EPA + Health in ref. to sludge

2 tanks for system. for 1 drain which went

for steam cleaning rack someone put this in to handle field

