

18000 Green Hill Road

21708203

4/14/08

marliwr

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 600A DATE: 9/28/93

TC: ~~217-082-04~~ 217-082-03 ☐ L

SERIAL Nº 15597

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 1992. All work shall be completed on or before 10/28/93, 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.

See Approved plan on File

System to be installed in Accordance with Approved Plan.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width Min. 8' feet

Total Line Length See Plan feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well 100' feet

NAME OF OWNER Charles Phillpott Wilson

LOCATION OF PROPERTY ~~17924~~ 16060 Greenhill Rd.

Comments: Install LPP Plan As Approved PLAN details.

Division or Section Head

Judy J. Kuei 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

11/8/93 Kelly Randall &
Cypress Tanks today.
Drainfield is not installed.
He has not started construction
on drainfield area

JKiser

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: [illegible] A DATE: 9/24/93

TC: 117-002-03 ☐ L

SERIAL № 15597

Permission is hereby given to [illegible] 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 _____. All work shall be completed on or before _____, 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.

System to be installed in accordance with Approved Plan.

Tanks Approved 11/8/93

PLOT OF SYSTEM

Liquid Capacity of Septic Tank [illegible] gallons

Liquid Capacity of Dosing Tank [illegible] gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Trench Width [illegible] feet

Total Line Length [illegible] feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well [illegible] feet

NAME OF OWNER Charles Phillips Austin

LOCATION OF PROPERTY 11114 Steamboat Rd.

Comments: Austin Lip plan is approved per details.

Division or Section Head

Environmentalist [illegible]

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WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 600A DATE: 8/18/95

TC 247-082-04 ☐ L ☐ CRT

SERIAL Nº 16387

Name of Owner Charles P. Wilson Juris.:

Address of Property 17924 Greenhill Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 480

Number of Lines SEE PLAN @

Cover Depth

Water Supply Source

Distance to Water Source

Excavation Inspected 8/11/95

Tank(s) Inspected 11/8/93 by K. Randall

Wash Line Inspected —

High Water Alarm Inspected 8/11/95

Hold for
Certified operator
maintenance contract
Do no release -
see me or KR,
Toni

PLOT

Design LOW PRESSURE - SEE PLAN CTR# SELF

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: Type IV p

Toni Higgins Bussey R.S.
Environmental Health Specialist

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