Date Received 1-20-84

RECEIVED
JAN 17 19:4
Environmental Health

SIB No. 20533
T.C. No. 195-141-04
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ty-Par Realty, Inc
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER P.O. Box 763 Monroe, N.C. ZIP 28110

3) PHONE NO. Home _____ Office 312-0088

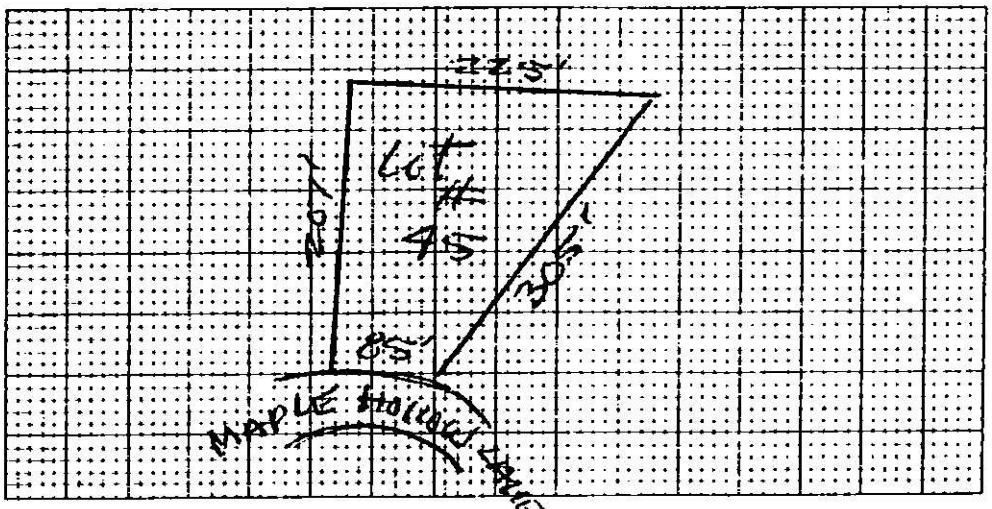
4) LOCATION OF PROPERTY 138 ~~41~~ Maple Hollow Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Country Woods LOT NO ~~42~~ 45 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 4411 PAGE NO 46

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 lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM LOT DIMENSION

Edw Forty-Par Realty
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20533

T.C. NO. Po 196-141-84

(Ground Absorption Sewage Disposal)

OWNER: TY-PAR Realty INC PLAT NO:
ADDRESS: P.O Box 763 Monroe, NC LOT SIZE: 34,750 .89
LOCATION OF SITE: 13344 Maple Hollow Lane Lot 45

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-4	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 40-45	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	P Suitable			
10. SOIL SERIES	Cecil			

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, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 2-20-84

EHD 539 (Revised: 6/82)

Serial No. 5480

SIR No. 20533

T. C. No. PO 195-141-04

Date Issued 2-23-84

Map Date

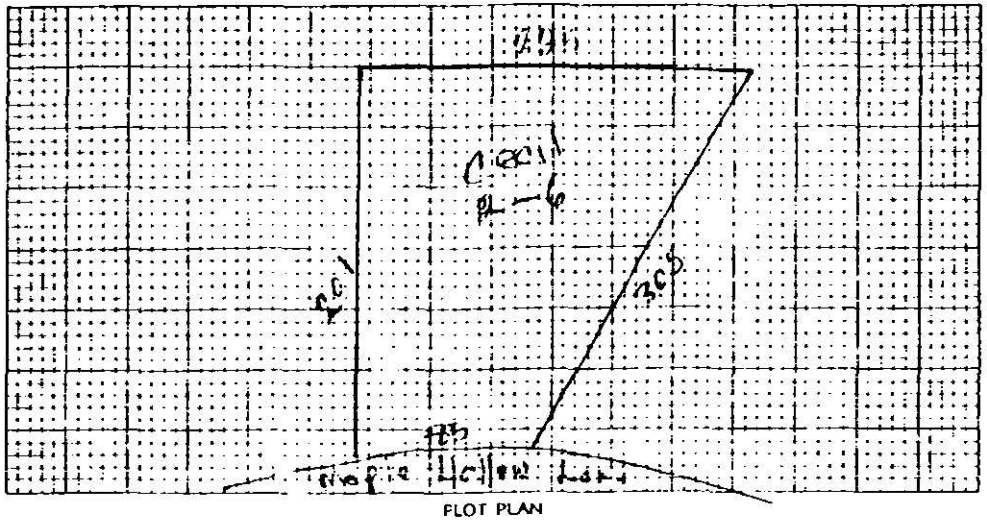
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ty-Par Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF PROPERTY 13841 Maple Hollow Lane
STREET OR COUNTY ROAD

SUBDIVISION Country Woods LOT NO 45 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and onsite investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was [illegible] 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. A permit to install, construct, alter or repair the [illegible] system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of building or [illegible] the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above and on the size and type of building [illegible] therein.
3. This approval [illegible] as acceptable for system installation on the above plot.
4. This approval [illegible] well as performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health [illegible] as acceptable for system installation [illegible] construction [illegible] system.

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.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

C of A (s) No. 20533

Date Issued 5-23-86 **Serial** 8547 T. C. No. 195-141-04

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 Ty Par Realty Co. (LAST, FIRST, MIDDLE)

Location of Property 13841 Maple Hollow Ln.

Application Number — Permit Number —

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18" – 48"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 5-23-86 (DATE) Tank Inspected 5-23-86 (DATE)

Nitrification Field Inspected 5-23-86 (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 1986, 1500ST, CON, 1200SFT, 12G, cecil

Tank is not located as shown on permit

B. R. Ferguson
Environmentalist

CHD-5-76

Environmental Health Department Copy

Date Issued 4-21-86

Serial No. 09181

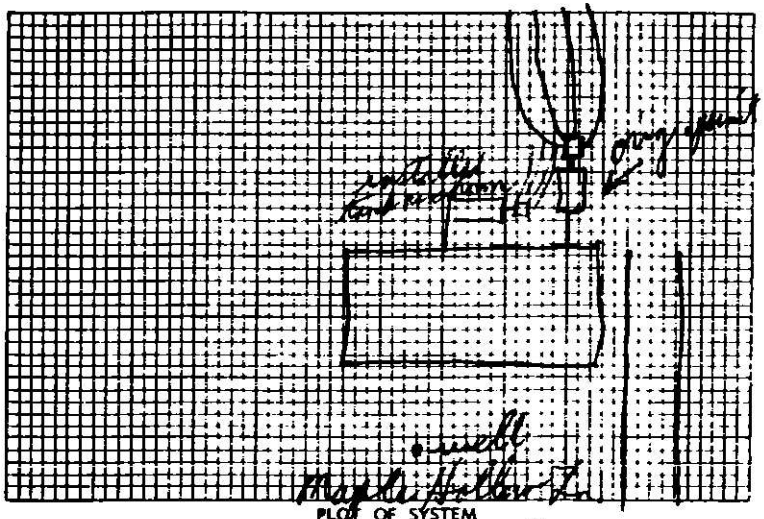
ICAR (S) Permit No 20533

T C No 195-141-01

Map Date C

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 20533, dated 3-15-85 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 5-21-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PP

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well >50'

NAME OF OWNER Ivy Bar Realty

LOCATION OF PROPERTY 13841 Maple Hollow Dr.

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.

4 lines 3 X 100 X 12" stone

Comments:

B. Hardister
Division or Section Head

B. R. Ferguson
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-S-76

Copy

Date Issued 5-1-85

Serial No. 8479

SIR No. 20533

T. C. No. PO 195-141-04

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

[illegible] 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 Ty-Par Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 763, Monroe, NC ZIP 28110

LOCATION OF LOT 13841 Maple Hollow Lane
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 45 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 20533. 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.

Cynthia S. Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 3-15-85

RECEIVED
MAR 15 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20533

T. C. No. 195-141-04

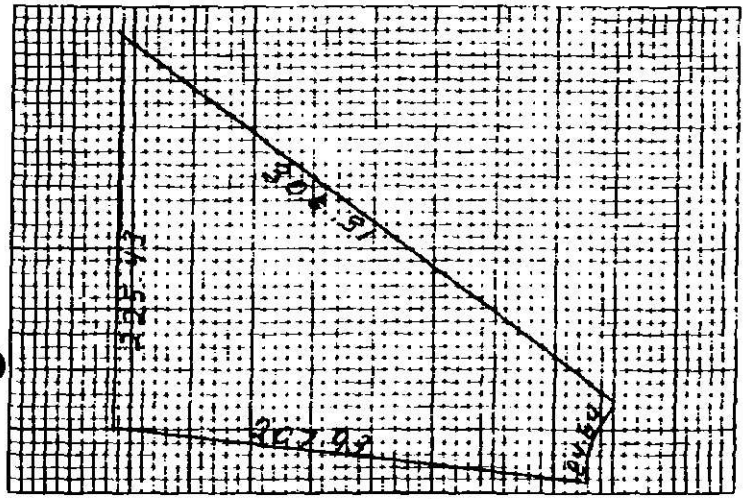
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes X No
Residence X Yes ___ No
4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ 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 TI-PAR REALTY INC
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO Box 703 MONROE NC 28110

15) PHONE NO. Home ___ Office 372-6083

16) LOCATION OF SYSTEM 12841 MAPLE HOLLOW LANE
STREET OR COUNTY ROAD

17) SUBDIVISION Country Acres Lot No. 45 Block No. ___

Map Book No. 20 Page No. 5

18) DEED REFERENCE — DEED BOOK 4411 AT PAGE 46

19) HAS A SOIL INVESTIGATION 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.

3-15-85
DATE OF APPLICATION

OWNER Agent

EHD-5-76

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)
FILE: 20533
TC: 195-141-65
SERIAL: № 12759 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 13541 (STREET NO) MAPLE HALLOW LANE (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: COUNTRY WOODS ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: TERRY (FIRST) STEPHEN (MIDDLE) HANSCOM (LAST)
⑨ MAILING ADDRESS: 13541 MAPLE HOLLOW LANE
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) 393-0448 ⑭ (HOME) 545-5727

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify): 2 CAR GARAGE

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? 2 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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: Terry Stephen Hanscom

Date: 3/17/87

IMPROVEMENT PERMIT

The undersigned an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 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 & Rules For Sanitary Sewage Collection Treatment And Disposal in effect 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 a Installation Construction Alteration and or Repair permit is issued by the Department.

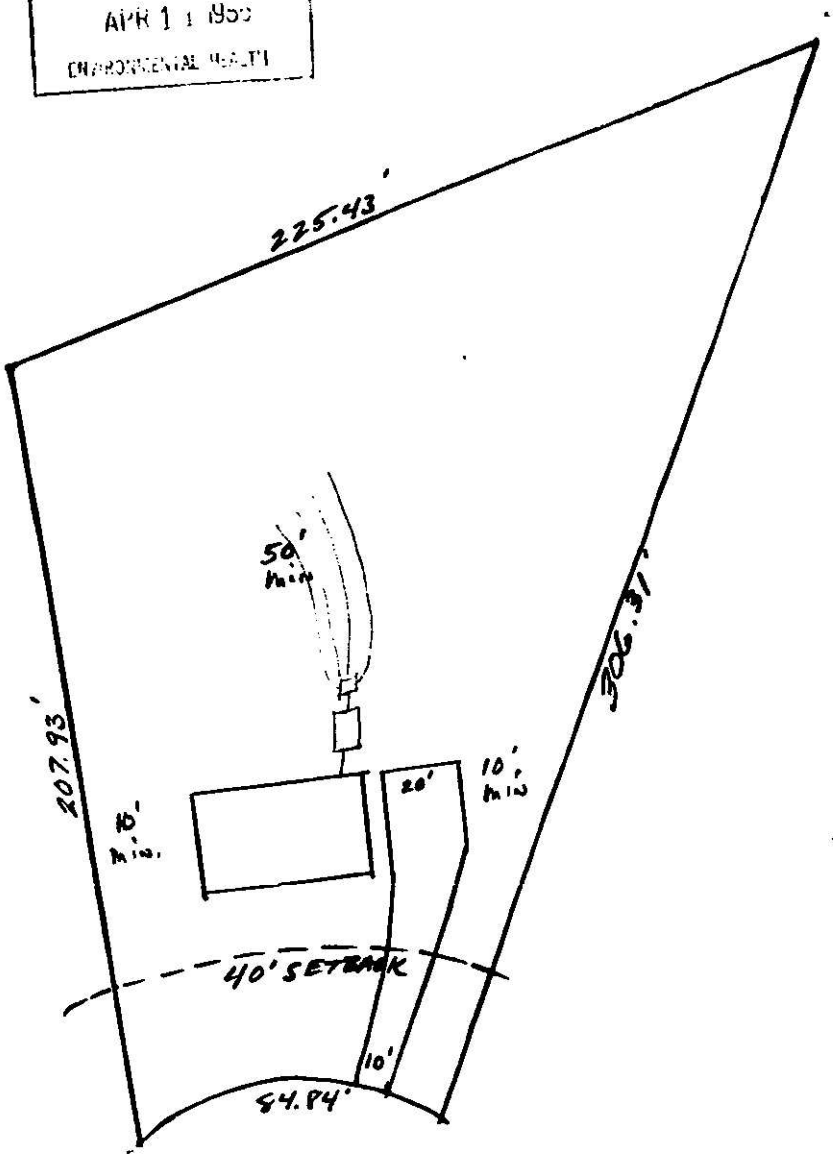
This permit is not transferable and shall become null and void months from the date of issuance

Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or authorized section head in order to be valid.

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 1 1 19[illegible]
ENVIRONMENTAL HEALTH



LOT NO. 45

COUNTRY WOODS

1" = 40'

I. Issued 20533

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 20533
TC: 195-141-65
SERIAL: № 20077
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 13841 (STREET NO) MAPLE (STREET) Hollow LANE ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Country Woods ⑥ LOT: 45 ⑦ BLOCK:

OWNER

⑧ NAME: TERRY (FIRST) S (MIDDLE) HANSCOM (LAST)
⑨ MAILING ADDRESS: 13841 MAPLE Hollow LANE
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 393-0448 ⑭ (HOME) 545-5727

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 2
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Anne H Hanscom
Date: 7-6-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

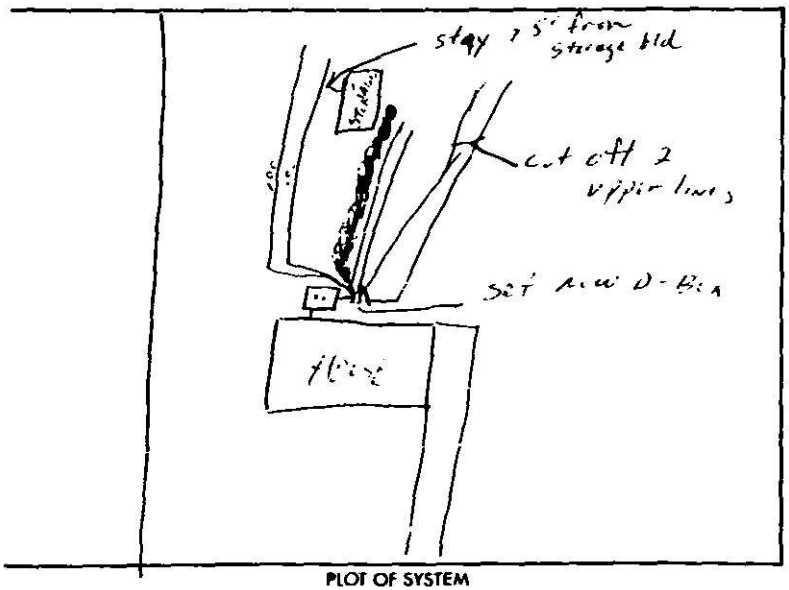
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20533 DATE: 9/20/90

TC: 195-141-65 ☐ L

SERIAL № 14725

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 7/9/90. All work shall be completed on or before 10/20/90, 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 200 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Terry Hansom

LOCATION OF PROPERTY 138 x 1 Maple Hollow Ln

Comments: 2 lines x 100' Ln, x 3' x 12' Stone
Set new D Box / Stay >5' from storage bld
Cut off upper 2 lines. May build garage over area where upper lines to be deleted.

[signature] Division or Section Head

Philip 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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

RECEIVED
MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DIVISION

(OFFICE USE ONLY)
FILE: 20533
TC: 195-141-65
SERIAL: No 20077
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 13841 (STREET NO) MAPLE Hollow LANE (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Country Woods ⑥ LOT: 45 ⑦ BLOCK:

OWNER

⑧ NAME: TERRY (FIRST) S (MIDDLE) HANSCOM (LAST)
⑨ MAILING ADDRESS: 13841 MAPLE Hollow LANE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 393-0448 Ext 5033 ⑭ (HOME) 545-5727

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 2 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request

Signed: Anne Hanscom
Date: 7-6-90

IMPROVEMENT PERMIT

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 permit is issued by the Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Elijah Mack + Dan Sifer Home owner to call Mr. CN house connection. will need to alter system. Tank to be covered with concrete slab.

Environmentalist / Date

Director or Authorized Section Head / Date

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20533 DATE: 10-4-90

TC: 195-141-65 ☐ L ☑ CRT

SERIAL № 13500

Name of Owner Jerry Hanson Juris.:

Address of Property 13841 Maple Hollow In.

Inspection Data:

Tank Material repair

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 36"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 10-4-90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1/4 Septic repair CTR# 113

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:

B. R. Ferguson
Environmentalist

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