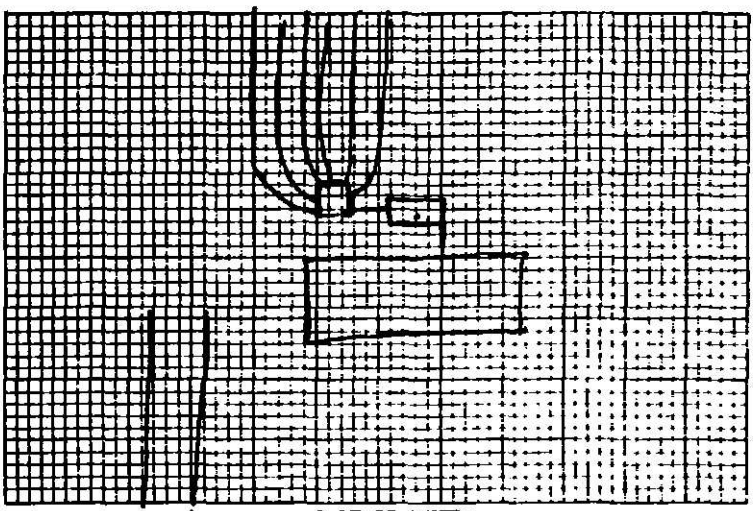
Date Issued 8-7-85

Serial No. 08378

ICAR(S) Permit No. 21675
T.C. No. 231-031-~~[illegible]~~ 26
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 21675, dated 12-4-84 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 9-7-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pb

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 402'

Number of Lines 6

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm

NAME OF OWNER The Dowd Co.

LOCATION OF PROPERTY 10434 South Hall 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.

6 lines 3' x 67' x 12 stone

Comments:

B. Hardester
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-5-76

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

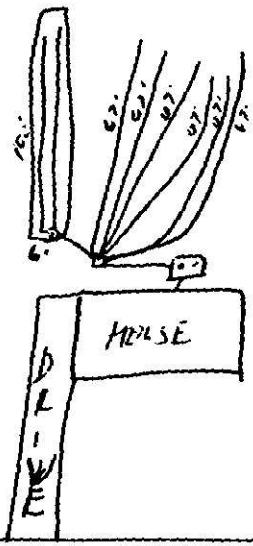
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21675 DATE: 5/14/90

TC: 231-031-26 01

SERIAL № 13257

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 4/90. All work shall be completed on or before 6/14/90, 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 6' 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 Com well feet

NAME OF OWNER John Hansbrough

LOCATION OF PROPERTY 10434 South Hall Dr

Comments: 1 bed 6' wt x 100' long x 12" Stone
Replace D-Box with 8 hole D-Box

Division or Section Head

Philo 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

21675

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. ~~21678~~

T.C. NO. P.O. 231-031-01

(Ground Absorption Sewage Disposal)

OWNER: THE DOWD CO.
ADDRESS: P.O. Box 220333
CHARLOTTE 28222
LOCATION OF SITE: Lot 14 Block 1

PLAT NO:
LOT SIZE: 0.5

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S PS 2-4 U | S PS 2-4 U | S PS U | S PS U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S PS Clayey U | S PS Clayey 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 40-45" U | S PS 40-45" 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 Adequate U | S PS Slow 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 | IVa | IVa | | |
| 9. SITE CLASSIFICATION | Pisuitable | Unsuitable | | |
| 10. SOIL SERIES | Clay | Cecil IV Drainageway | | |

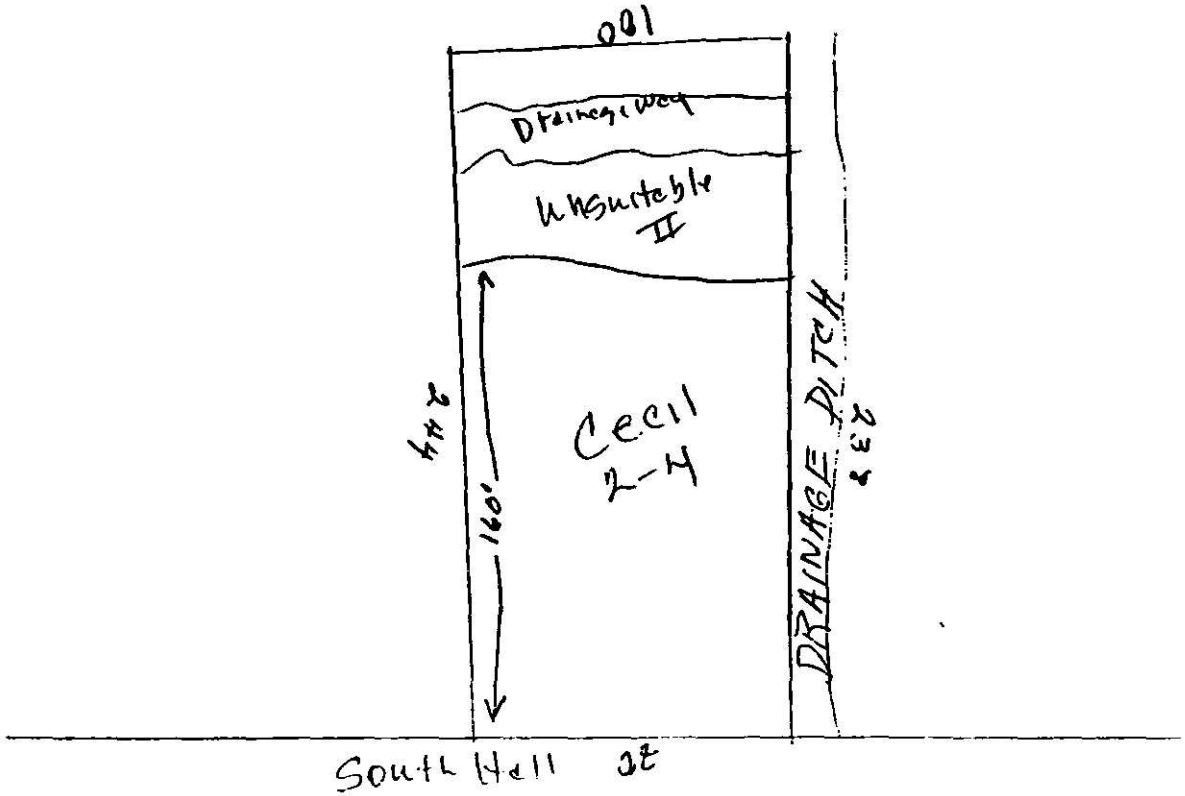
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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. [illegible]
Title: [illegible]

Date: 12-26-84




LOT 14 BLOCK 1

C of A (s) No. 21675
PO
T. C. No. 231-031-26
CRJ
JAR

Date Issued 8-16-85 **Serial** 7766

# 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 The Dowd Co. (LAST / FIRST / MIDDLE)

Location of Property 10434 South Hall Dr.

Application Number — Permit Number —

**Inspection Date:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 402' Number of Lines 6

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source Comm. Distance from Water Source —

Excavation Inspected 8-16-85 (DATE) Tank Inspected 8-16-85 (DATE)

Nitrification Field Inspected 8-16-85 (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, 1206 SFT, 12 G, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4600

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

(OFFICE USE ONLY)
FILE: 21675
TC: 231-031-76
SERIAL: № 20991 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 10434 South Hall Dr. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: South Hall ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: John (FIRST) H. (MIDDLE) Hawfield (LAST)
⑨ MAILING ADDRESS: 10434 South Hall Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 704 393 1776 ⑭ (HOME) 704 846-3787

**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? 4 ㉓ Type?
㉔ Maximum occupancy? ㉕ Maximum number of employees?
㉖ 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: [signature]
Date: 5/8/90

## 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.

21675

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. ~~21678~~

T.C. NO. P.O. 231-031-01

(Ground Absorption Sewage Disposal)

OWNER: THE DOWD CO.
ADDRESS: P.O. Box 220533
CHARLOTTE 28222
LOCATION OF SITE: Lot 14 Block 1

PLAT NO:
LOT SIZE: 0.5

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S<br>PS 2-4<br>U | S<br>PS 2-4<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S<br>PS Clayey<br>U | S<br>PS Clayey<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 3. SOIL STRUCTURE (12-36 inches) | S<br>PS Blocky<br>U | S<br>PS Blocky<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 4. SOIL DEPTH (inches) | S<br>PS 40-45"<br>U | S<br>PS 40-45"<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S<br>PS None<br>U | S<br>PS None<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S<br>PS Adequate<br>U | S<br>PS Slow<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 7. OTHER (Specify) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 8. SOIL GROUP | IVo | IVo | | |
| 9. SITE CLASSIFICATION | Prsuitable | Unsuitable | | |
| 10. SOIL SERIES | [illegible] | Cecil IV<br>[illegible] | | |

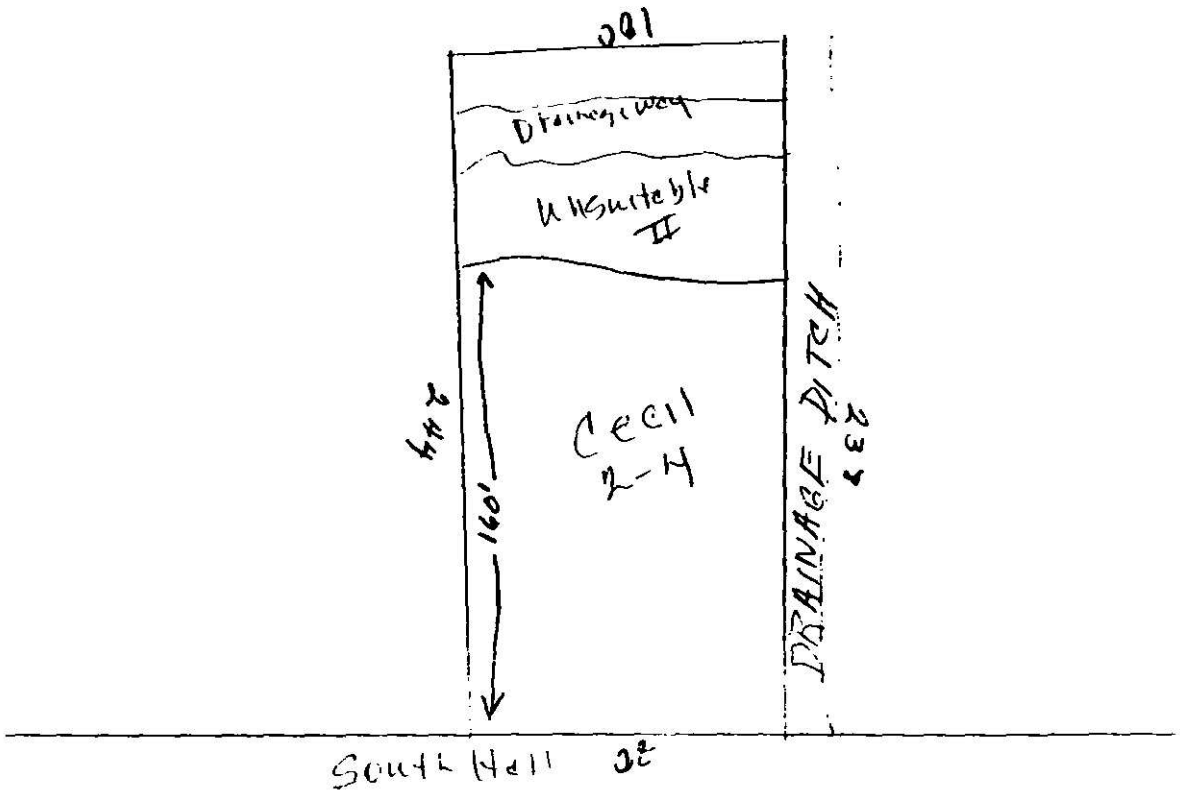
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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. [illegible]
Title: Soil Scientist

Date: 12-26-84




LOT 14 BLOCK 1

C of A (s) No. 21675

Date Issued 8-16-85 **Serial** 7766 PO T. C. No. 231-031-26

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 The Dowd Co. (LAST) (FIRST) (MIDDLE)

Location of Property 10434 South Hall Dr.

Application Number — Permit Number —

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 402' Number of Lines 6

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source Comm. Distance from Water Source —

Excavation Inspected 8-16-85 (DATE) Tank Inspected 8-16-85 (DATE)

Nitrification Field Inspected 8-16-85 (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, 1200 SFT, 12 G, Cont

B. R. Ferguson
Environmentalist

EHD-5-76

Date Issued 8-7-85

Serial No. 08378

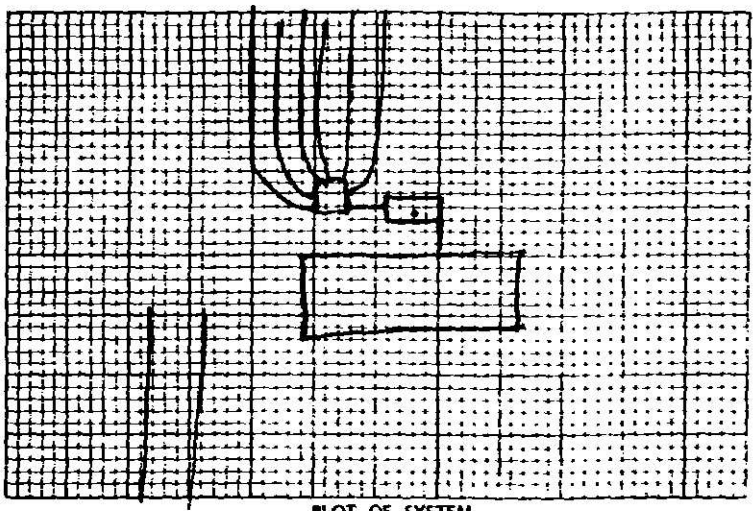
ICAR (S) Permit No. 21675

T. C. No 231-031

Map Date L 26

# 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 21675, dated 12-4-84 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 9-7-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 402'

Number of Lines 6

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm

NAME OF OWNER The Ford Co.

LOCATION OF PROPERTY 10434 South Hall 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.

6 Lines 3'X 67'X 12" stone

Comments:

B. Hartsfield
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 o 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 Received _____

RECEIVED
[illegible] - 1 34
ENVIRONMENTAL HEALTH

SIR No. 21675
T. C. No. RO 231 031 01
Map Date [illegible]

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER THE DOWD CO. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P.O. BOX 220333 CHARLOTTE N.C. ZIP 28222

3) PHONE NO. Home 364-0943 Office 847 2162

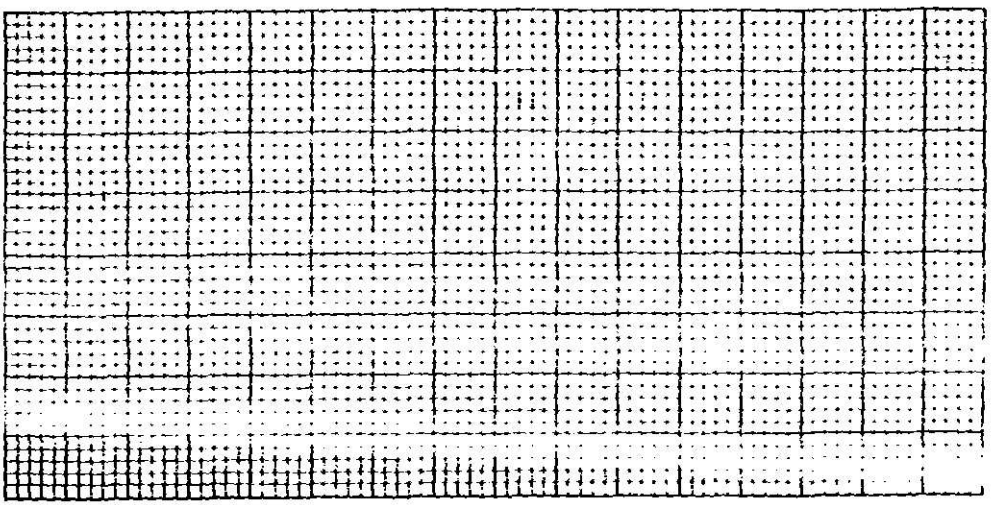
4) LOCATION OF PROPERTY 10434 SOUTH HALL DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION SOUTH HALL LOT NO. 14 BLOCK NO. 1 1

MAP BOOK NO 20 PAGE NO. 754

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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 & DIMENSION LOT

Ed Wentz

OWNER

EHD-5-74

Environmental Health Department's Copy

Date Issued 12-17-84

Serial No. 8059

SIR No. 21675

T. C. No. 231-031-01 26

Map Date L CCT

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

Initial 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 The Dowd Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 220333, Charlotte, NC ZIP 28222

LOCATION OF LOT 10434 South Hall Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 14 BLOCK NO. 121

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 21675. 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 C. Bass
Environmentalist

Willie Hardister Seymour
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received _____

RECEIVED

ICAR(S) Application No. 21675

T. C. No. 231-031-01

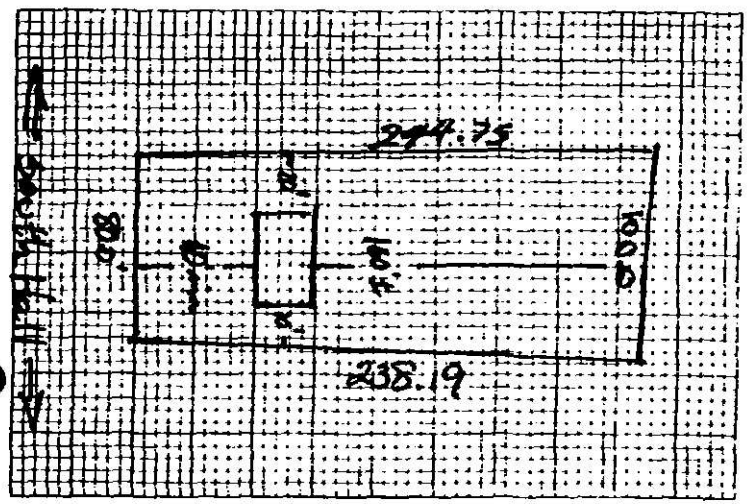
Map Date L

# 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 X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well _____
B) Governmental System _____
C) Community System
1 Well source 200'
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 The Dowd Co.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 220333 Charlotte 28222

15) PHONE NO. Home 847-2162 Office _____

16) LOCATION OF SYSTEM 10434 South Hall Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION South Hall Lot No 14 Block No. 1 & 1

Map Book No 20 Page No 753

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN ___ YES ___ 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.

12/4/84
DATE OF APPLICATION

[signature]
OWNER

EHD-S-76

Environmental Health Department's Copy

Serial No. 6016

SIR No. ~~21678~~ 21675

T. C. No. PO 231-031-01

Date Issued 1-11-85

Map Date L

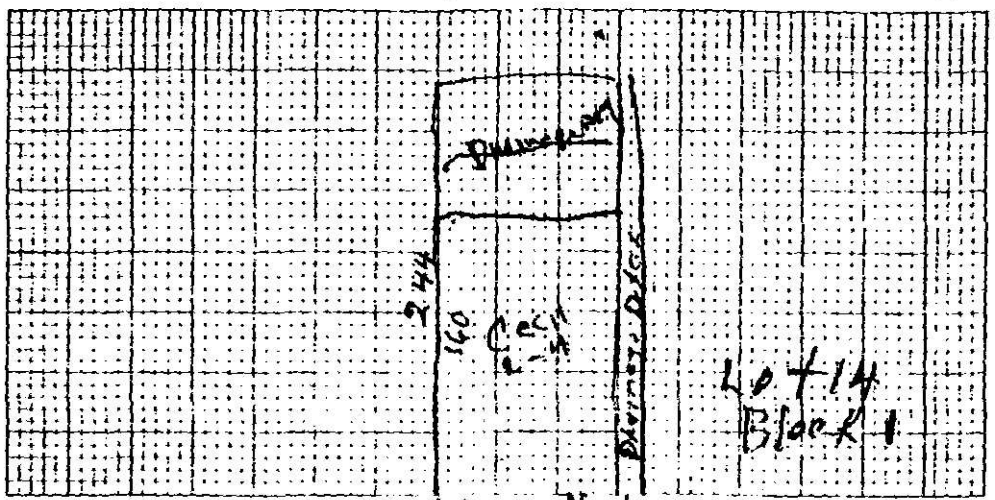
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER The Dowd Co.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 220333, Charlotte, NC ZIP 28222

LOCATION OF PROPERTY ~~10501~~ 10434 South Hall Dr.
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO




PLOT PLAN

This is to certify that a soil investigation and on site investigation was made by the Mecklenburg County Department of Environmental Health [illegible] This 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. [illegible] Mecklenburg County Department [illegible] wastewater treatment [illegible]
2. [illegible] determined by the Mecklenburg County [illegible] the [illegible]
3. [illegible] performed in the [illegible] as acceptable for system installation [illegible]

This approval is granted based on the laws of the State of North [illegible] 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.

W. B. Ramsey
Soil Scientist

Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy