

13320 JOMAC DR

13909230

1/7/2008

duponbj

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

Project
000962821

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4186B DATE: 11-29-01

TC: 139-092-30 ☒ L ☐ CRT

SERIAL Nº 18707

Name of Owner CHARLES JONES Juris.:

Address of Property 13320 JOMAC DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 250

Number of Lines 7 @ 100'

Cover Depth 6"-12'

Water Supply Source WELL

Distance to Water Source >150'

Excavation Inspected 11-29-01

Tank(s) Inspected 11-29-01

Wash Line Inspected —

High Water Alarm Inspected —

SEE PLOT PLAN

PLOT

Design 1500ST 2250SF CONV 12C CTR# BOBBY HOWELL

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 15A 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 15A 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 II

Environmental Health Specialist

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

Project
600 96 2821
Released in memo
screen ; septic not in
tracking server

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 4786 B DATE: 11-28-01

TC: 139-092-30 ☐ L

SERIAL Nº 18929

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 11-7-2001. All work shall be completed on or before 1-28-02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 PLOT PLAN.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous GES

Total Line Length 750 feet

Number of Lines 7

Depth of Stone 12" inches

Distance from House 20' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CHARLES JONES

LOCATION OF PROPERTY 13320 JOMAC DRIVE

Comments: (1)

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Paid

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/14/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-12-01 PERMIT NO: 4786B
PARCEL NO: 139-092-30

JOB LOCATION ADDRESS: 13320 JOMAC DRIVE
PROPERTY OWNER: CHARLES JONES
BUILDING CONTRACTOR: DALE REYNOLDS
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 11-12-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4786B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____ 11-14-2001
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4786B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139-09230

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	625 Max gallons/day wastewater flow 27 BM DLOWS x 25 gpd	2250 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
~~0~~ 985 Serviced by private well	1500 Gallon septic tank	750' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
NA Bedrooms in residence	___ Gallon pump tank	24" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPTIC TANK SYSTEM
(2) SYSTEM DESIGN IS FOR A BUSINESS W/ OFFICE W/ 07 EMPLOYEES @ 25 gpd = 675 gpd

Repair Area System Type Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

~~2250~~ 750 Absorption Area (Sq ft) 750' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 11-10-01

Owner/Agent Signature — Date 11-14-2001

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

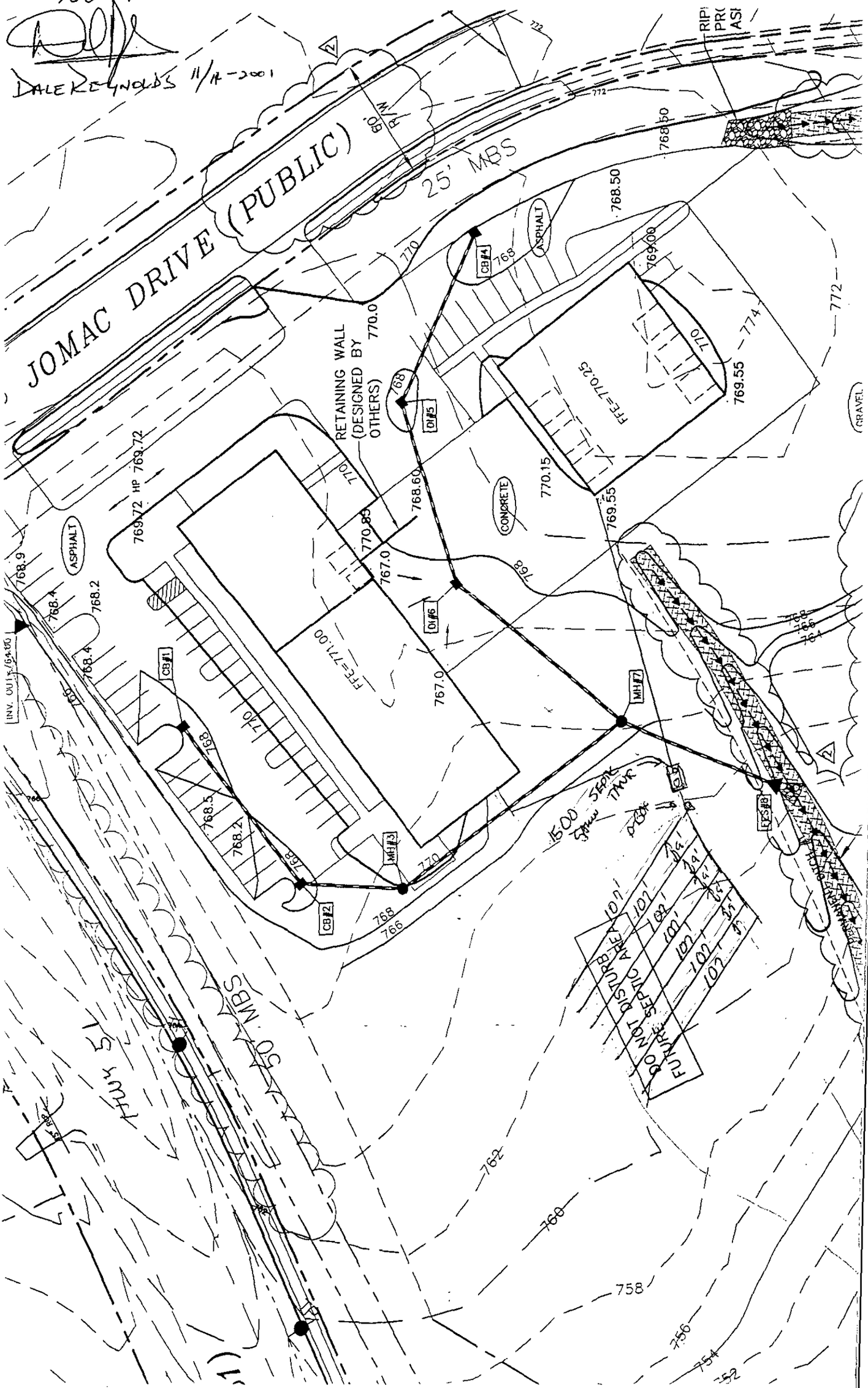
COMMENTS.

11-12-01 DALE REYNOLDS

① INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR.

② LOCATE ALL PORTIONS OF SEPTIC TANK SYSTEM 100' FROM ALL WELLS.

DALE REYNOLDS 11/12-2001



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 139-092-30
Lot #:
File #: 4786B
Code: 1

HCJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Charles Jones
Applicant: Dale Reynolds
Address: 6808 Wilgrove-Mint Hill Road, charlotte, N. C. 28227
Date Evaluated: 10/29/01
Proposed Facility: office-warehouse
Design Flow (.1949): 750gpd
Property Size: appprox .7a inv.
Location of Site: 13320 Jomac Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (In.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	5-10								
1	LS	0-2	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3G/DAY/FT^2
		2-33	SBK/ABK/C	FI/SEXP/S/P					
		33-48+	SBK/CL	FRSEXP/SS/SP					
2	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-33	SBK/ABK/C	FI/SEXP/S/P					
		33-48+	SBK/CL	FR/SEXP/SS/SP					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-42	SBK/ABK/C	FI/SEXP/S/P					
		42-48+	SBK/CL	FR/SEXP/SS/SP					
4	"	0-12	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		12-48+	SBK/ABK/C	FI/SEXP/S/P					
5	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48+	SBK/AB/C	FI/SEXP/S/P					
6	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .275G/DAY/FT^2
		6-48+	SBK/ABK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3G/DAY/FT^2	.3G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W.R. Marlin, LSS, 10/31/01 W. R. Marlin
Others Present: D. Walker

FILE # 4786

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

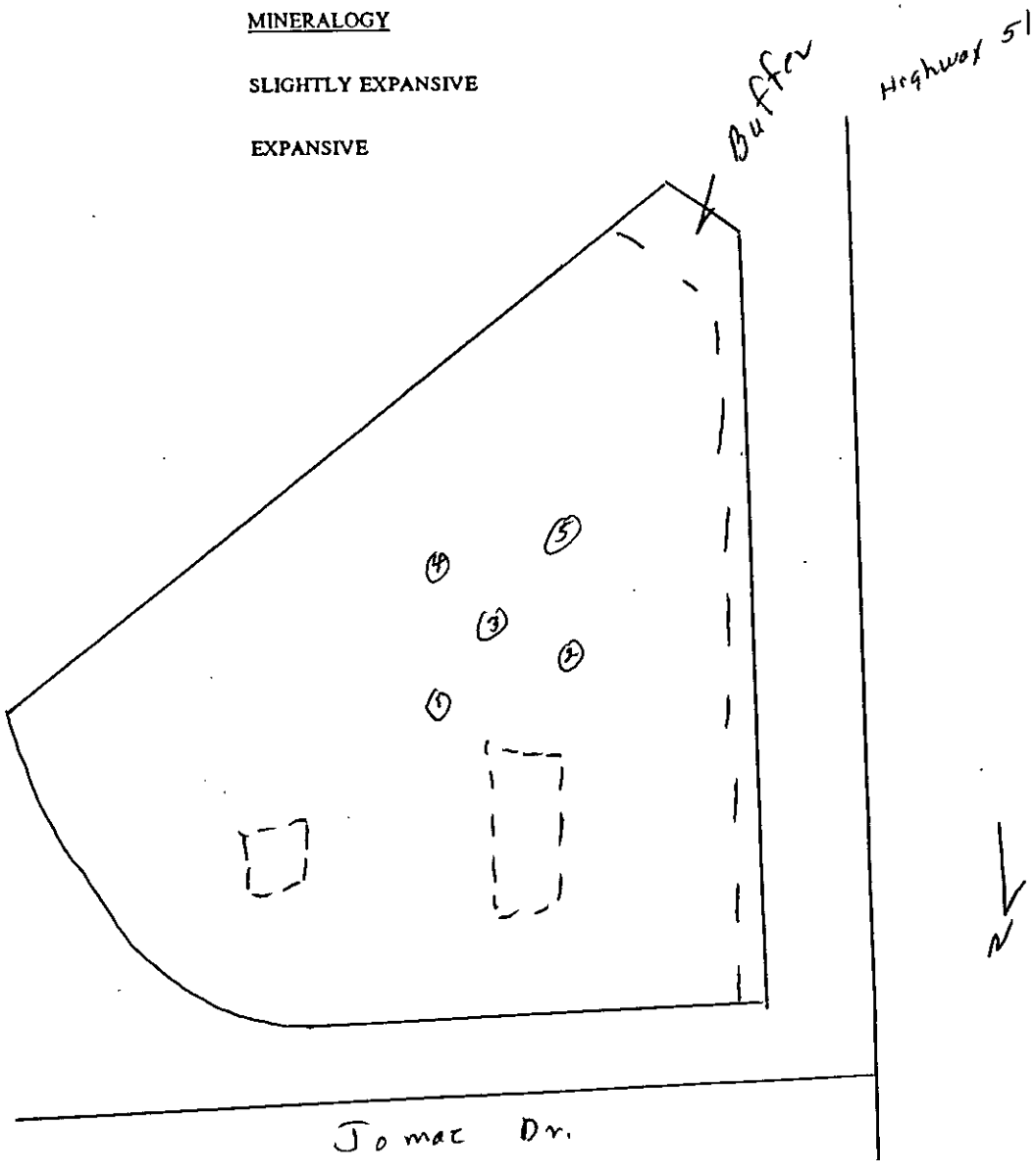
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: _____

DATE: _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

Paid $400
10/26/01
ck # 8509 | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4786B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: PO 139-092-30

TAX/PARCEL NUMBER: ~~13909209 PP~~

___ COMMERICAL ✓ INDUSTRIAL

STREET ADDRESS: 13320 Jomac Dr

DESCRIBE TYPE OF BUSINESS:
Storage Containers
Square footage of facility: 6400

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

NUMBER OF EMPLOYEES: 3
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
✓ SHOWERS
✓ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: JONES, CHARLES (LAST) (FIRST) (MI)	NAME: REYNOLDS, DALE (LAST) (FIRST) (MI)
ADDRESS: 6808 WILDROVE - MINT HILL RD	DAYTIME PHONE: 704 545-9526
CITY: CHARLOTTE STATE: N.C. ZIP: 28227	
DAYTIME PHONE: 704 545-1180	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: 

DATE: 10-26-2001

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: _____

DATE: _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 47868

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139 09230 PO

STREET ADDRESS: 13320 Jomac Drive

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Square Footage of Facility:

NUMBER OF EMPLOYEES: 27

PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
✓ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: JONES (LAST) CHARLES (FIRST) (MI)

ADDRESS: 6808 Willgrove Mint Hill Rd

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: 704 545-1180

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: REYNOLDS (LAST) DALE (FIRST) (MI)

DAYTIME PHONE: 704 545-4526

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: _____ DATE: 11-7-2001

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

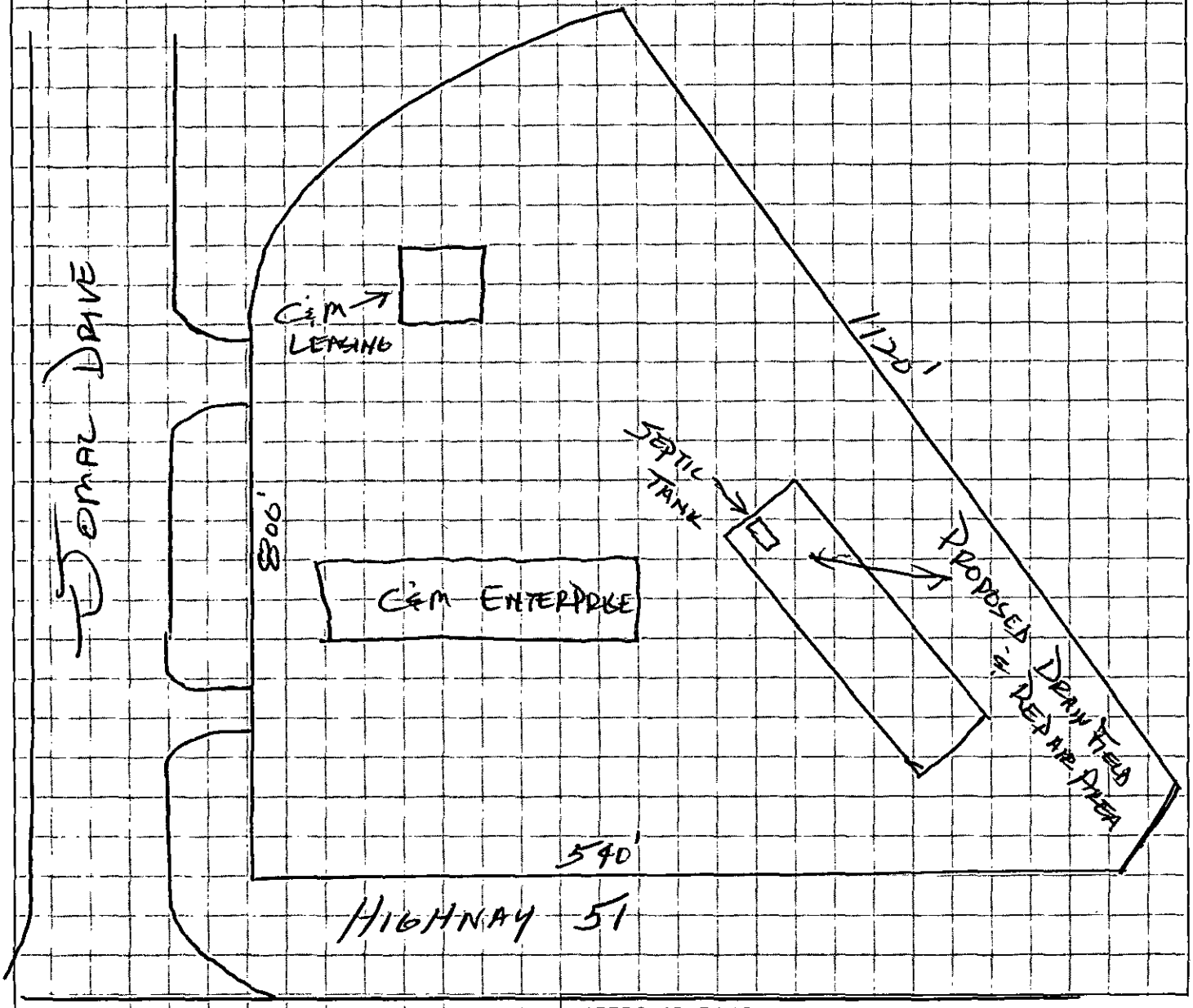
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

TC: PO 139-092-30

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy