

5518 SKYCREST DR

03723714

5/15/2007

duponbj

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

PANEL Block (Gravity)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3961-A DATE: 11/13/91

TC: 037-244--18 ☑ L ☑ CRT

SERIAL № 12459

Name of Owner JEAN Cothran Juris.:

Address of Property 5518 Skycrest

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 4 @ 50'

Cover Depth 4" - 6"

Water Supply Source P/WELL (Shared)

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

* Refer to panel block plans for system location & maintenance.

PLOT

Design: 1500 ST. mod. 400 SFPT, 24" sand, Cecil like CTR# 3

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: 3 bedrm. PANEL block system- Shared WELL ON corner lot. (4) 2' x 50' x 24" sand. Installed according to approved plan.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 3961-A DATE: 11/6/91

TC: 037-244-18 ☑ L

SERIAL Nº 13704

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 7/12/91. All work shall be completed on or before 12/6/91, 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.

PANEL block - install according to APPROVED PLAN.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 200' feet

Number of Lines 4

Depth of ~~Stone~~ Sand 24" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

PLOT OF SYSTEM

NAME OF OWNER JEAN Cothran

LOCATION OF PROPERTY 5518 Skycrest Dr.

Comments: Install 3 bedrm. PANEL block sys. According to APPROVED PLANS. WATER supply ON ADJACENT lot. PLANS PROVIDED to SEPTIC Contractor.

Division or Section Head

Tim Whittaker, 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.

BK: 06666 PG: 0290/0290 #:0164 6.00

REGISTERED OCT/25/1991 02:21PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 3961A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, JEAN GARRIS COTHRAN

owner of property located at 5513 SKYCREST DR.

("the site") and described in an instrument recorded in Book 6268 at Page 00146 Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 25th day of October, 1991.

Drawn By: Jean Garris Cothran (SEAL)

Return to Dept. of Environmental Health

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, David A Cothran, a Notary Public for said County and State, do hereby certify that Jean Garris Cothran personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 25th day of October, 1991.

David A Cothran
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ he is _____

of _____ orporation, the foregoing

Instrument was signed in its sealed with its corporate

seal and attested by _____

WITNESS my hand and

My Commission Expires _____

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of David N. Cathran

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Hazel L. Elmore Deputy - Register of Deeds

0000 6666 0290

971

051-8969

Mecklenburg County
Health Department

October 21, 1991

Ms. Jean Garris Cothran
6120 Bridgeport Drive
Charlotte, NC 28215

Re: Property located at 5518 Skycrest Drive
File: [redacted]
Parcel: 037-244-18PO

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Although the 100% repair area is not required, the maximum feasible remaining area, as determiend by this department, shall be allocated for system repair.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

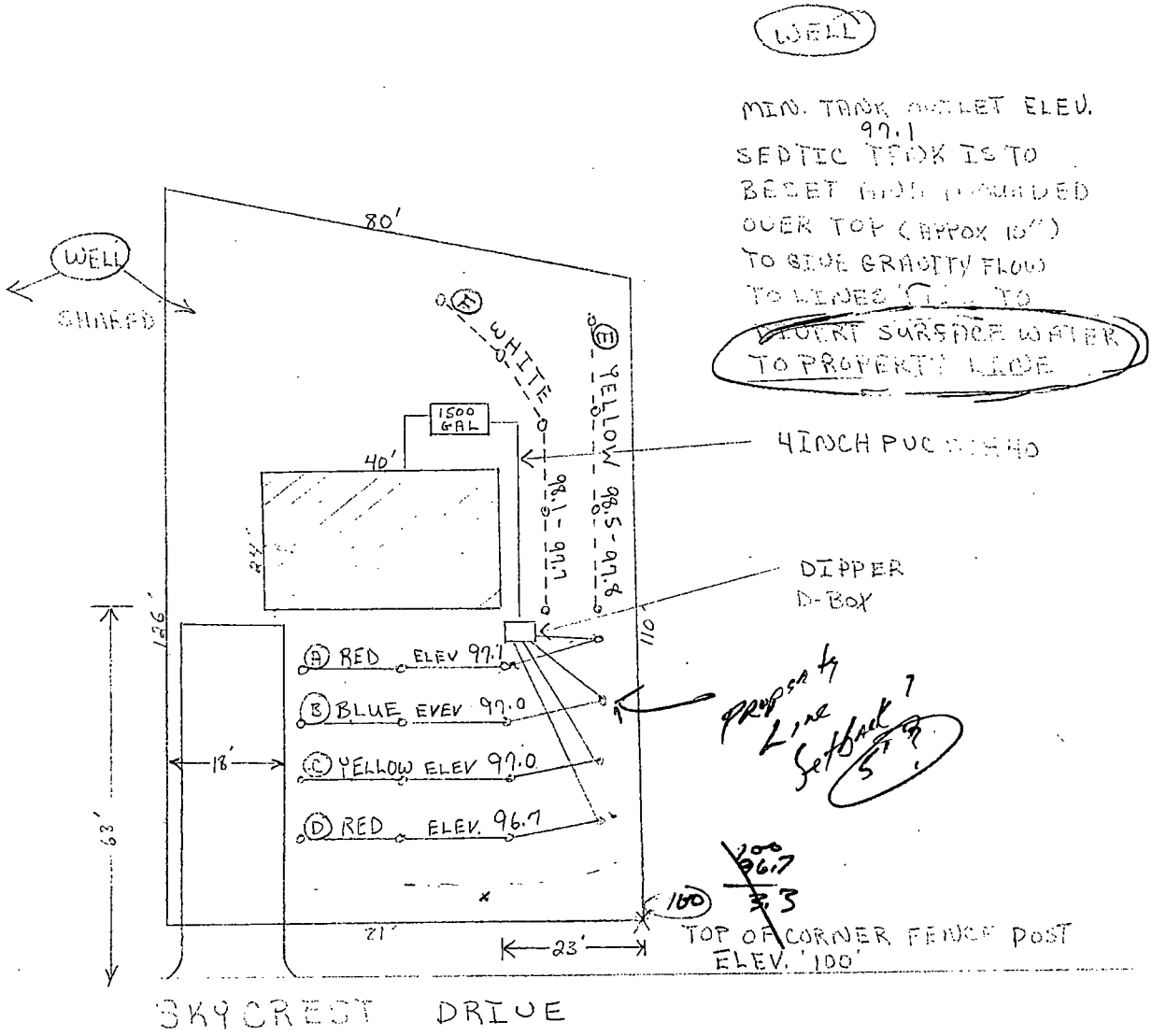
GV:lw

Enclosures - 3 Septic Tank Agreement Forms

MECKLENBURG COUNTY

FILE # 3961A

DATE 9-10-91



UNITED CONCRETE PRODUCTS INC.

173 CHURCH STREET TEL. WALLINGFORD 269-3119 YALESVILLE, CONNECTICUT 06492

FIG. 1 "DIPPER" has discharged & returned to fill position no flow from tank

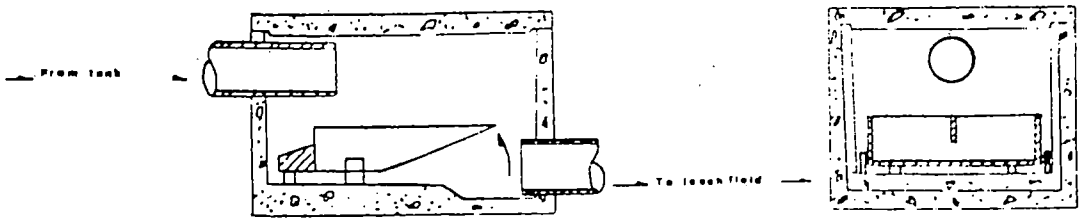


FIG. 2 Flow from tank resumes.

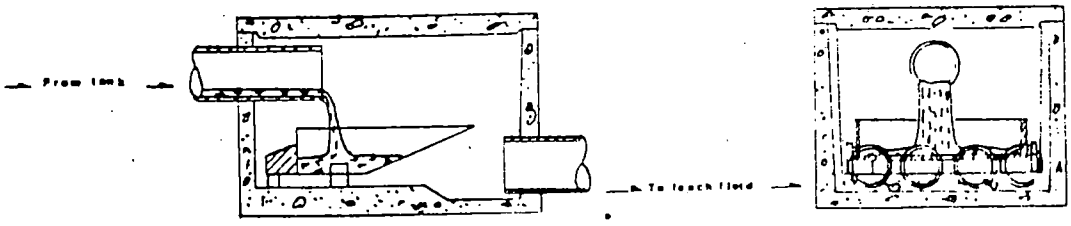


FIG. 3 "DIPPER" approaches full level of 2 3 gallons

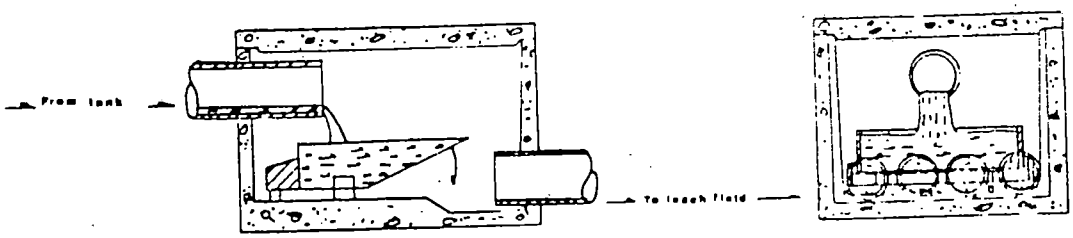
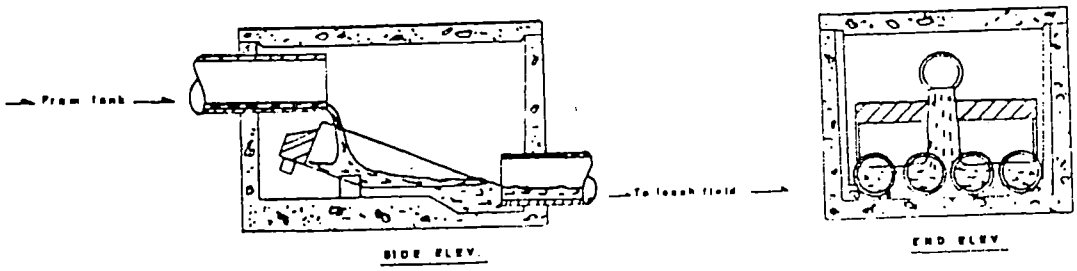


FIG. 4 "DIPPER" drops forward, discharging 3 3 gallons in 1.8 seconds into the outlet lines



UNITED CONCRETE PRODUCTS INC.

173 CHURCH STREET TEL. WALLINGFORD 269-3119 YALESVILLE, CONNECTICUT 06492

FIG. 5 "DIPPER" construction details

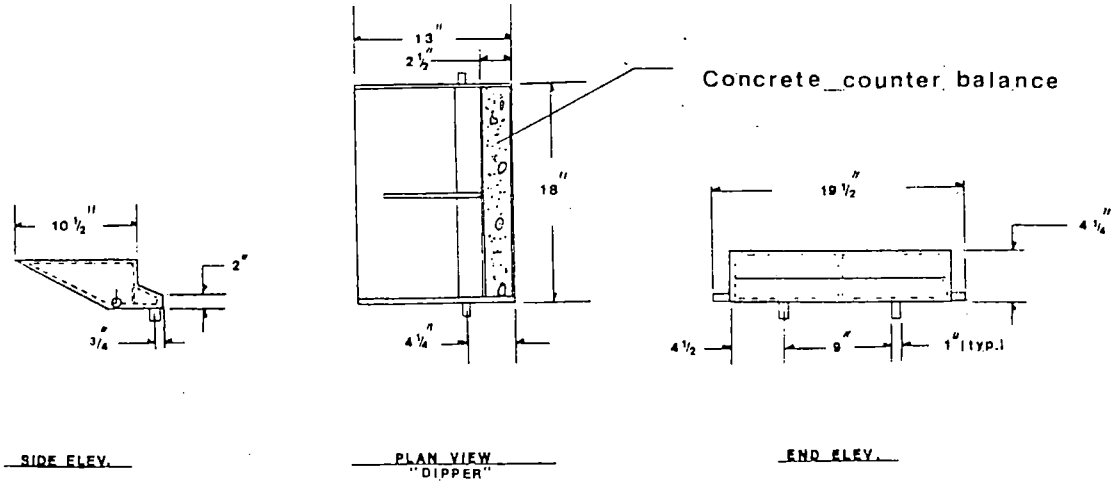


FIG. 6 Distribution box with "DIPPER" inside

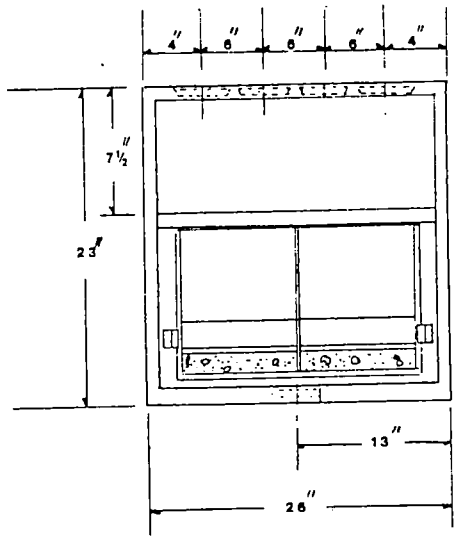
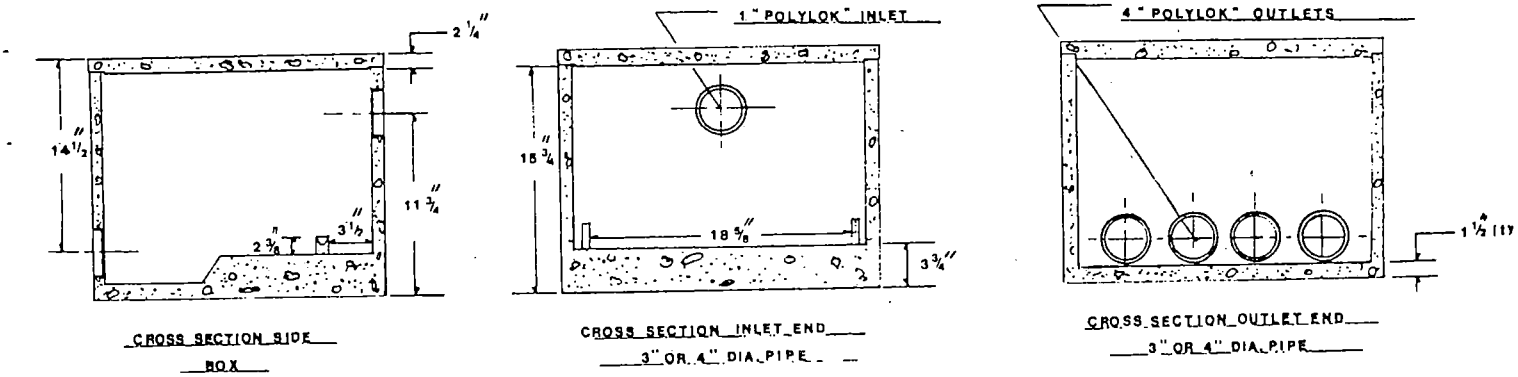


FIG. 7 Distribution box construction details



NOTE: MINOR DIMENSIONAL CHANGES MAY OCCUR PRIOR TO MASS PRODUCTION

** Evidence to be provided for plat Recordation

Recvd 10-23-91

Received 9-20-91, Calculations Approved 9-20-91
Layout Approval Read, 9-20-91
Final Layout Approval 10-23-91

Date: Sept. 10, 1991

From: T J Systems
P.O. Box 73
Scott, N.C. 28699

To: Jean Garris Cothran
6120 Bridgeport Drive
Charlotte, N.C. 28215
Phone 704-535-0974

Subject: 5518 Skycrest Drive Mecklenburg County
File # : 3961A
Parcel : 03724418 PO

System type: 16 inch T & J Panel System with gravity distribution.

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

9-20-91
Evidence to be provided of recorded plat for 100% Repair and Set Back Conformation.
9-20-91 T Johnson Notified
10-10-91 No Contact/Loan 89

3961-A

ALENBURG COUNTY ENVIRONMENTAL HEALTH File: 3961A Action ←

E EVALUATION REPORT

SERIAL NUMBER 14652 Parcel: 03724418 PO ☐ PC

Location: Skycrest Drive

Subdivision:

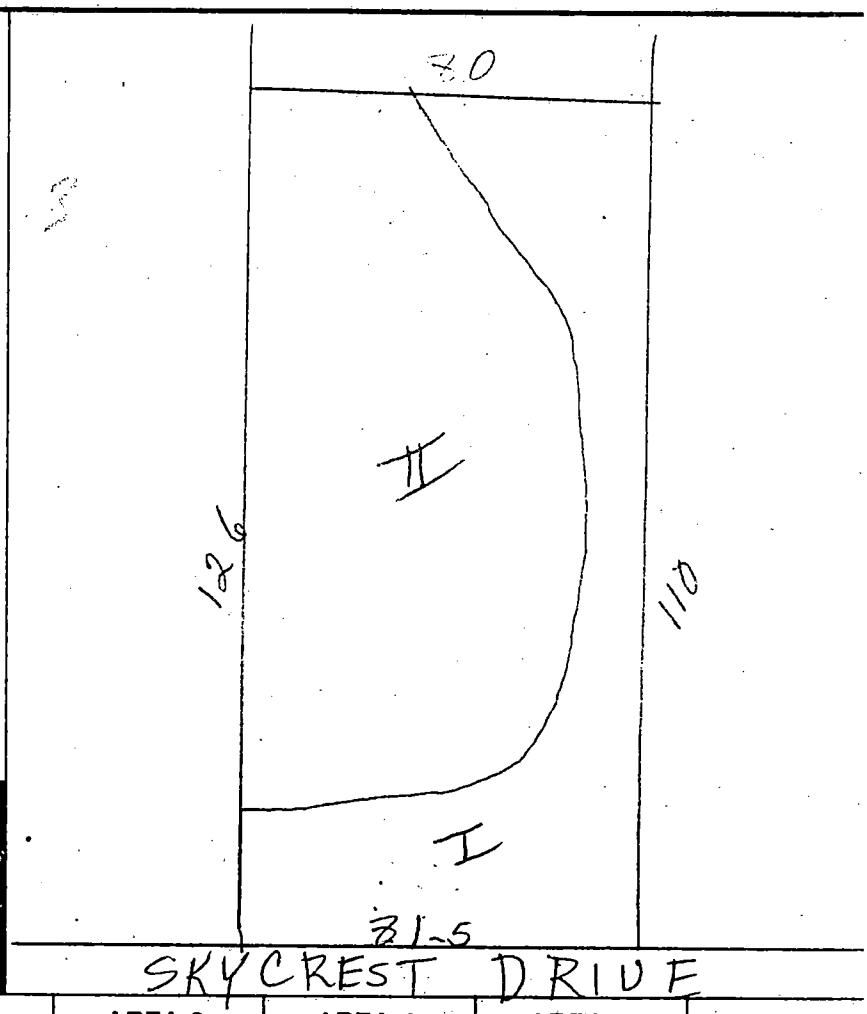
Lot: Block: Acres: .47

Owner: Jean Garris Cothran
Address: 6120 Bridgeport Drive
Charlotte, NC 28215

Comments: Subdividing of A Lot

Described by: W. B. Ramsey

Date: 10-92~~-~~89



*** EVALUATION KEY ***

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38	S (PS) U 36-38	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVc Enon				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

7/11/91 Hand Receipted [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

Cash $300.00 07/11/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 3961A
TC: 037-244-18
SERIAL: № 0019602
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 5518 (STREET NO.) Skycrest Dr. (STREET) ② FILE: 3961A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 03724418
⑤ SUBDIVISION: Skycrest mobile Home ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Jean (FIRST) Harris (MIDDLE) Cothran (LAST)
⑨ MAILING ADDRESS: 6120 Bridgeport Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) Same ⑭ (HOME) 704-535-0974

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? 4
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: Jean Cothran
Date: 7-12-91

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 60 months from the date of issuance.

Reclassification / Modified Approval

Environmentalist — 11-4-91 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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10/19/89

Name/Company: Joan Cothran

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: MH of Church
5518 Sycamore Ln

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 19 1989

Fee: $ 5.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

BILLING — WHITE CUSTOMER COPY — YELLOW

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: 3961A
TC: _____
SERIAL: № 19384
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 5518 (STREET NO.) SKYCREST (STREET) DR. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 03724418
⑤ SUBDIVISION: SKYCREST PARK ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JEAN (FIRST) G. (MIDDLE) COTHRAN (LAST)
⑨ MAILING ADDRESS: 6120 BRIDGEPORT DR.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) 535-0974 ⑭ (HOME) 535-0974

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
㉒ Number of bedrooms? 2
㉓ Maximum occupancy? 3
㉔ Basement? ☐ yes ☒ no
㉑ ☐ Business or place of public assembly
㉕ Type? _____
㉖ Maximum number of employees? _____
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: Jean G. Cothran
Date: 10-17-89

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.

USE existing system

Philip A. Walker, 10/23/89
Environmentalist — Date

[signature], 10-24-89
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.

MECKLENBURG COUNTY

Department of Environmental Health

October 12th, 1987

Jean Garris Cothran
6120 Bridgeport Drive
Charlotte, NC 28215

RE: Property located at Skycrest Drive
FILE: 3961A
PARCEL: 03724418 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 14652) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14652

File: 3961A Action 2

Parcel: 03724418 PO ☐ PC

Location: Skycrest Drive

Subdivision:

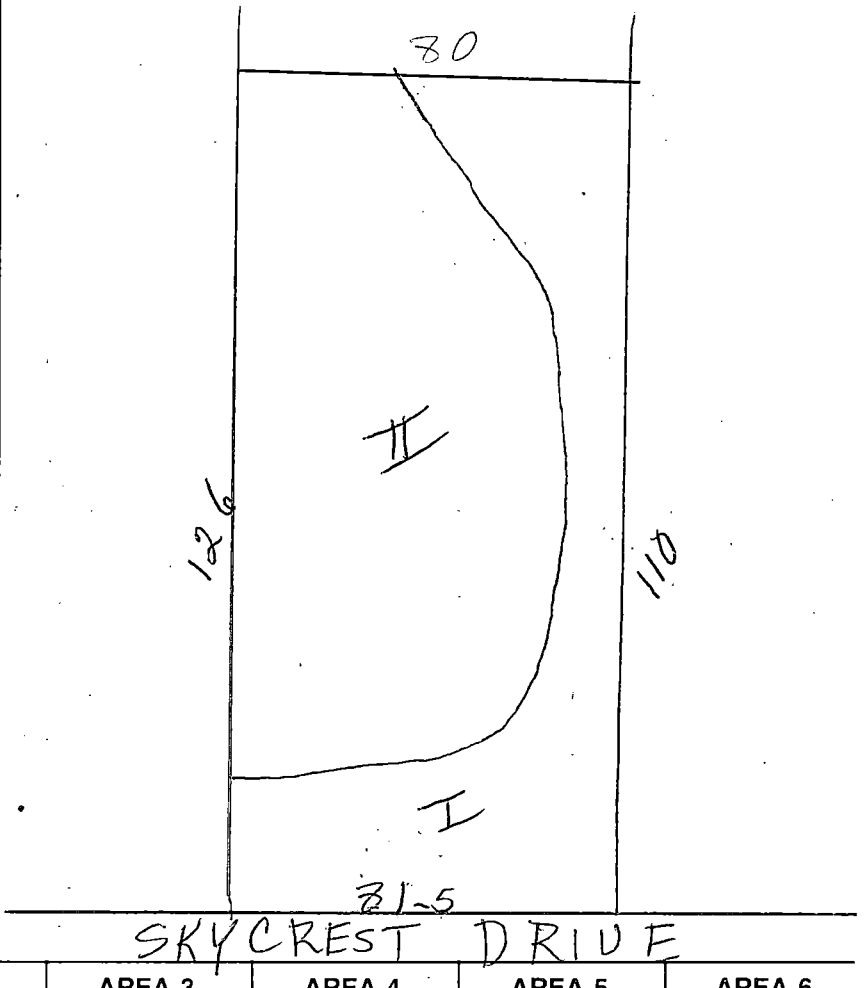
Lot: Block: Acres: .47

Owner: Jean Garris Cothran
Address: 6120 Bridgeport Drive
Charlotte, NC 28215

Comments: Subdividing of A Lot

Described by: W. B. Ramsey

Date: 10-92-87



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38	S (PS) U 36-38	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVc Enon				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3961A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Skycrest Dr.

② SUBDIVISION: SKY CREST ③ LOT: _____ ④ BLOCK: D

⑤ PARCEL REFERENCE: BOOK NO.: 037 PAGE NO.: 244 PARCEL NO.: 18.P0

⑥ DEED REFERENCE: BOOK NO.: 11 PAGE NO.: 57

OWNER

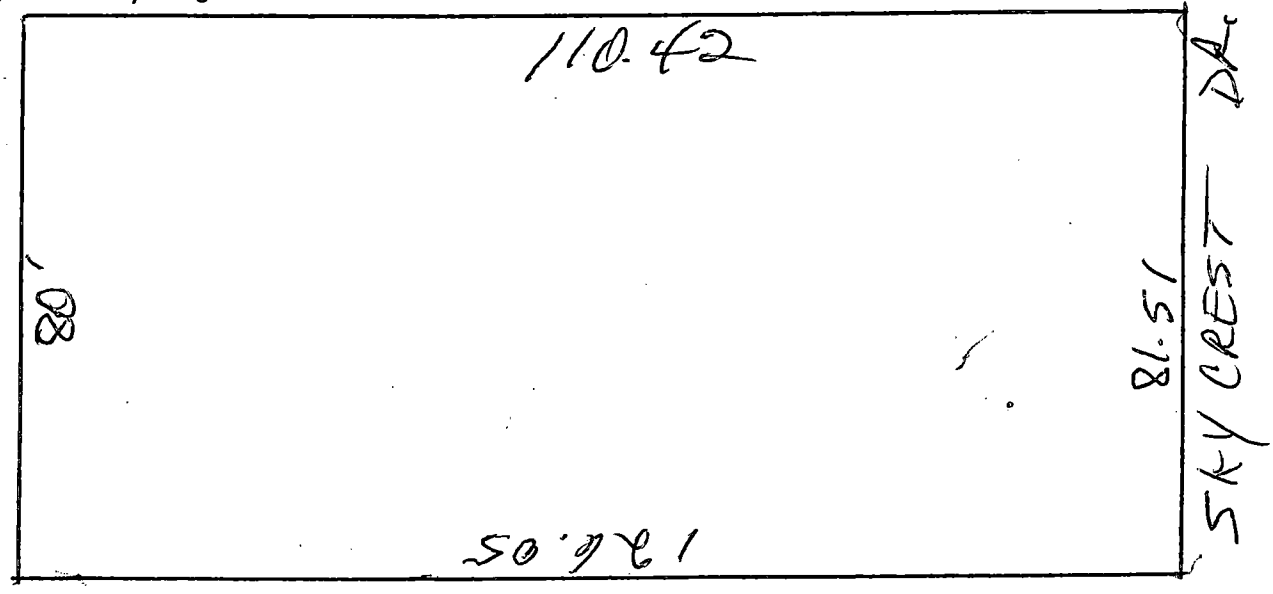
⑦ NAME: JEAN (FIRST) GARRIS (MIDDLE) COTHRAN (LAST)

⑧ MAILING ADDRESS: 6120 BRIDGEPORT DR.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28215

⑫ PHONE: (WORK) 535-0974 (HOME) 535-0974

⑬ Accurately diagram and dimension lot.



⑭ 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: Jean Garris Cothran

Date: Sept 23, 1987

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

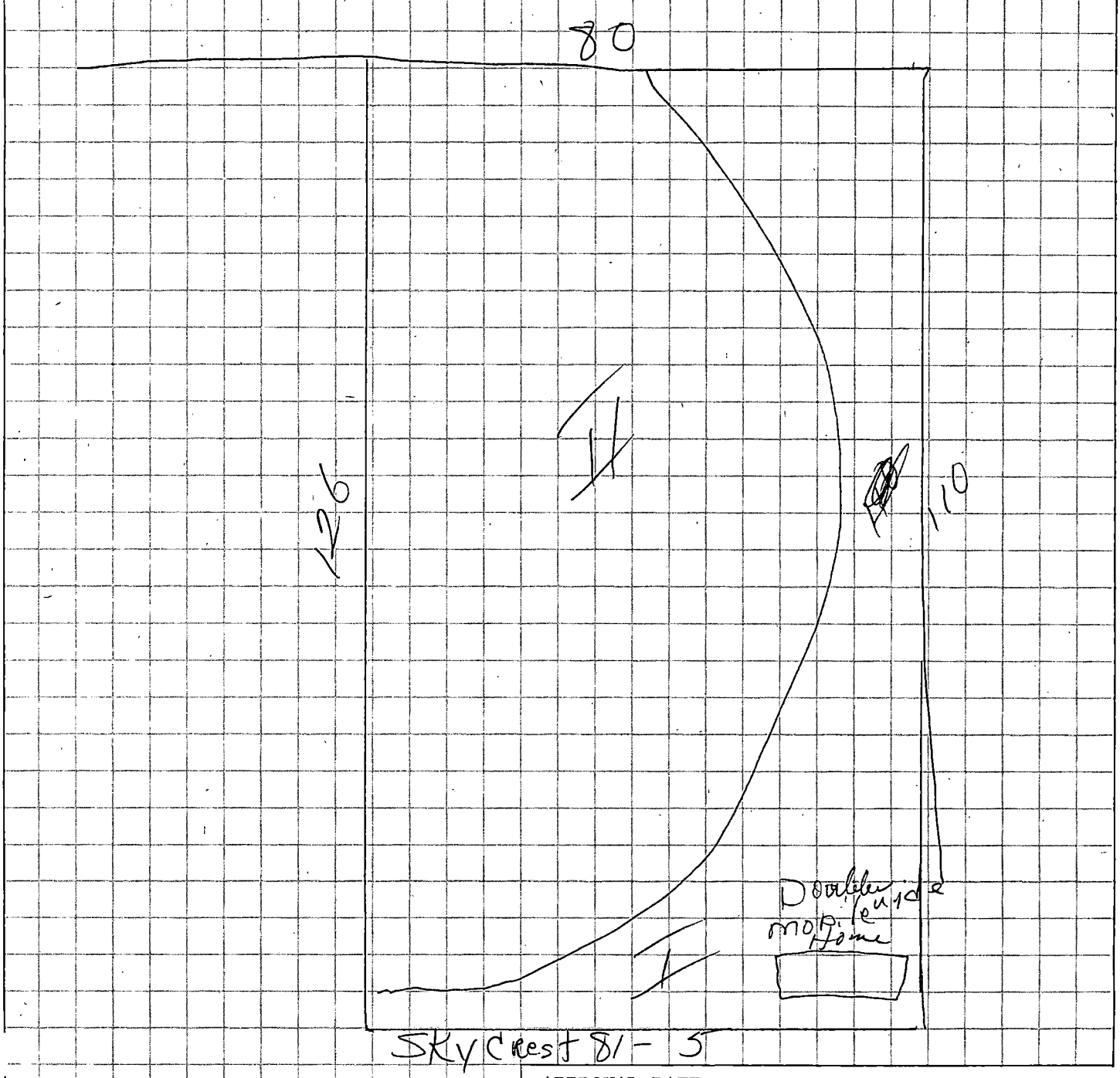
PROPOSED PLOT PLAN

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

FILE: 3961A

TC: 037-244-18

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

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	12				50 '		
B	12				50 '		
C	12				50 '		
D	12				50 '		
E	repair	Step downs needed in these lines			60 '		
F	repair				70 '		
		Only 65% repair space available.	See S.I. Report Comments!				
Totals	48				200'		

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit N/A Yes ( ) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay

Percolation Rate 0.4 gal/ft²/day

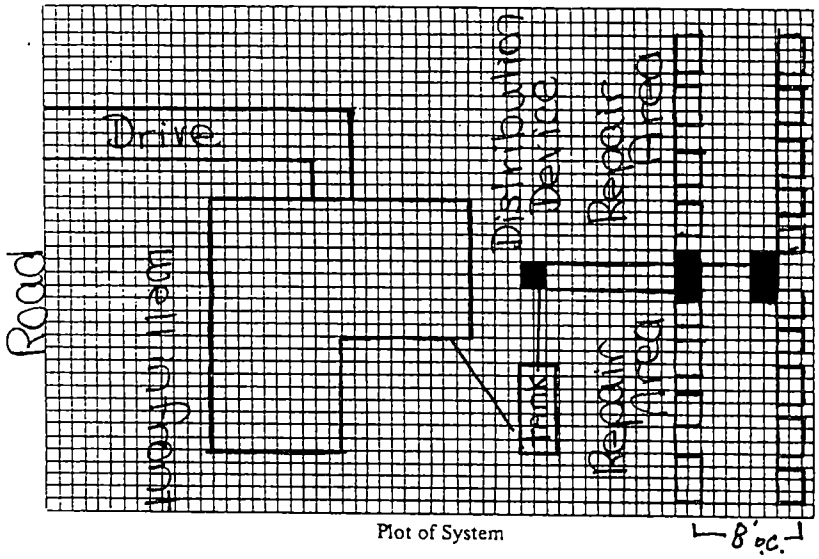
Topography 6% slope

Depth to Water Table > 60"

Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 panels

Depth of Stone in Lines 24" of Sand

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 2 lines with 17 panels each line. flow split by flow divider. 2' wide and 75' long each split. in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit n/a Yes ( ) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000

Character & Porosity of Soil clay loam over clay

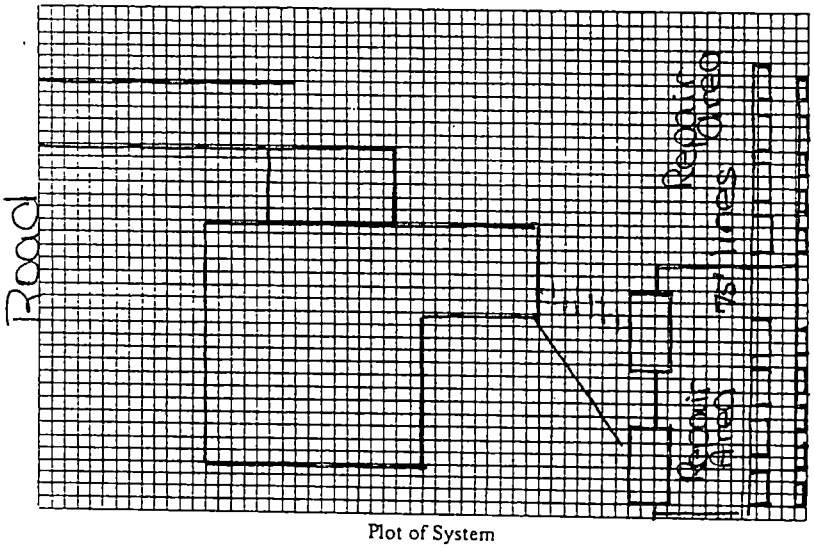
Percolation Rate 0.4 gal/ft²/day

Topography 6% slope

Depth to Water Table >60"

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pressure Distribution



Plot of System

Size of Tank 1,000 septic/ Gals.

Nitrification Field: 1600 pump

No. of Lines 2(15') lines of Tee's

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" sand

Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold