Date Received 10-21-83

SIR No. 20180

T. C. No. P.O. 017-232-02

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (LAST) Donco Properties, Inc. (FIRST)

2) ADDRESS OF OWNER 1720 E. Independence Blvd. Charlotte ZIP 28205 (MIDDLE)

3) PHONE NO. Home _____ Office 377-6549

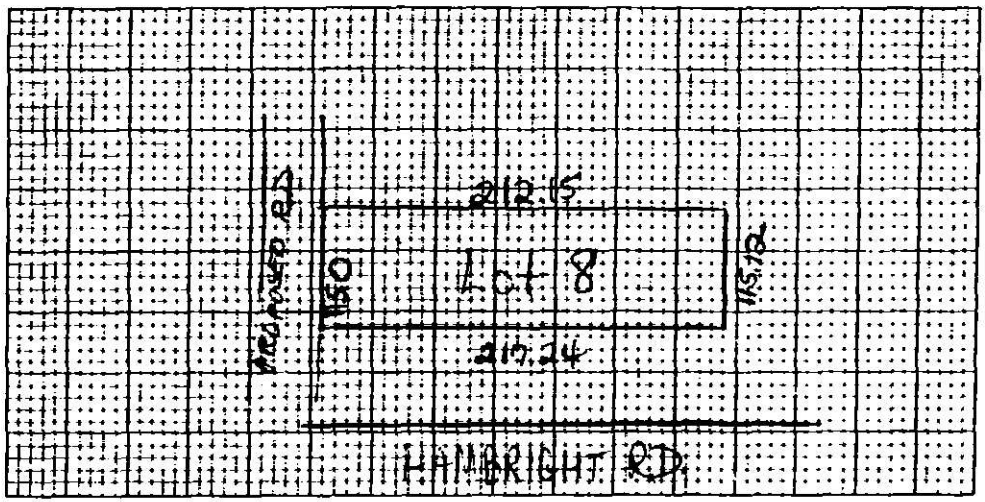
4) LOCATION OF PROPERTY Hambright Road (STREET OR COUNTY ROAD)

5) SUBDIVISION Yorkdale LOT NO. 8 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

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

Assistant Secretary

EHD-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20180
T.C. NO. PO 017-232-02
DATE: 11-3-83

Donco Properties, Inc.
1720 E. Independence Boulevard
Charlotte, NC 28205

Re: Property located at Swansboro Lane, Lot 8

Dear Sirs:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 201[illegible]

T.C. NO. PO 017-832-02

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPERTIES, INC. PLAT NO: _____
ADDRESS: 1720 E. INDEPENDENCE BLVD LOT SIZE: 24,725
CHARLOTTE 28205
LOCATION OF SITE: SWarsBoro Lane ?

LOT 8

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2–10	S PS U Complex Slopes	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 Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40–45	S [illegible]0 – 45 (PS) 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) Adequate 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	IIa		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Complex Slopes, Inferred		

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: 10-26-83

EHD 539 (Revised: 6/82)

Date Received 6-27-84

ICAR(S) Application No. 20180

T. C. No. 017-232-02

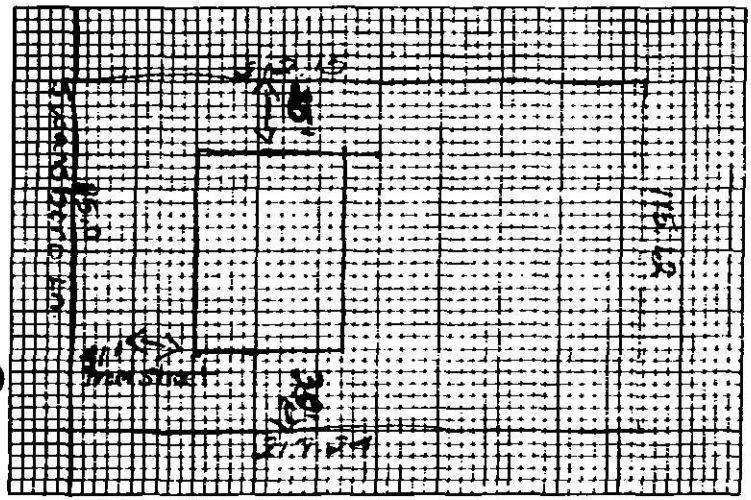
Map Date L 301-53

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) ✓ 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 ___ No
Residence ___ Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1. Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Martin (LAST) Rodney ✓ (FIRST) Darryl (MIDDLE)

14) ADDRESS OF OWNER 305 Desire St

15) PHONE NO. Home 596-4899 Office 332-7162

16) LOCATION OF SYSTEM 11832 Swainsboro Lane - Huntersville - 28078
STREET OR COUNTY ROAD

17) SUBDIVISION Yorkdale Lot No. 8 Block No. ___

Map Book No. 2C Page No. 468

18) DEED REFERENCE — DEED BOOK 4667 AT PAGE 452

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 12-26-83

20) PTR NUMBER (See Instructions) 2018C

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.

6-27-84
DATE OF APPLICATION

Darryl H Martin
OWNER

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2018

T.C. NO. PO 017-832-02

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPERTIES, INC. PLAT NO: _____
ADDRESS: 1720 E. INDEPENDENCE BLVD LOT SIZE: 24,725
CHARLOTTE 28205
LOCATION OF SITE: Swansboro Lane ?

LOT 8

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2 — 10	S PS U Complex Slopes	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 Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40 — 45	S 10 — 45 (IV)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U NONE	S (PS) U NONE	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S (PS) U Adequate	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIe	IVe		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Complex Slopes (Mixed)		

S - Suitable PS - Provisionally Suitable U - Unsuitable

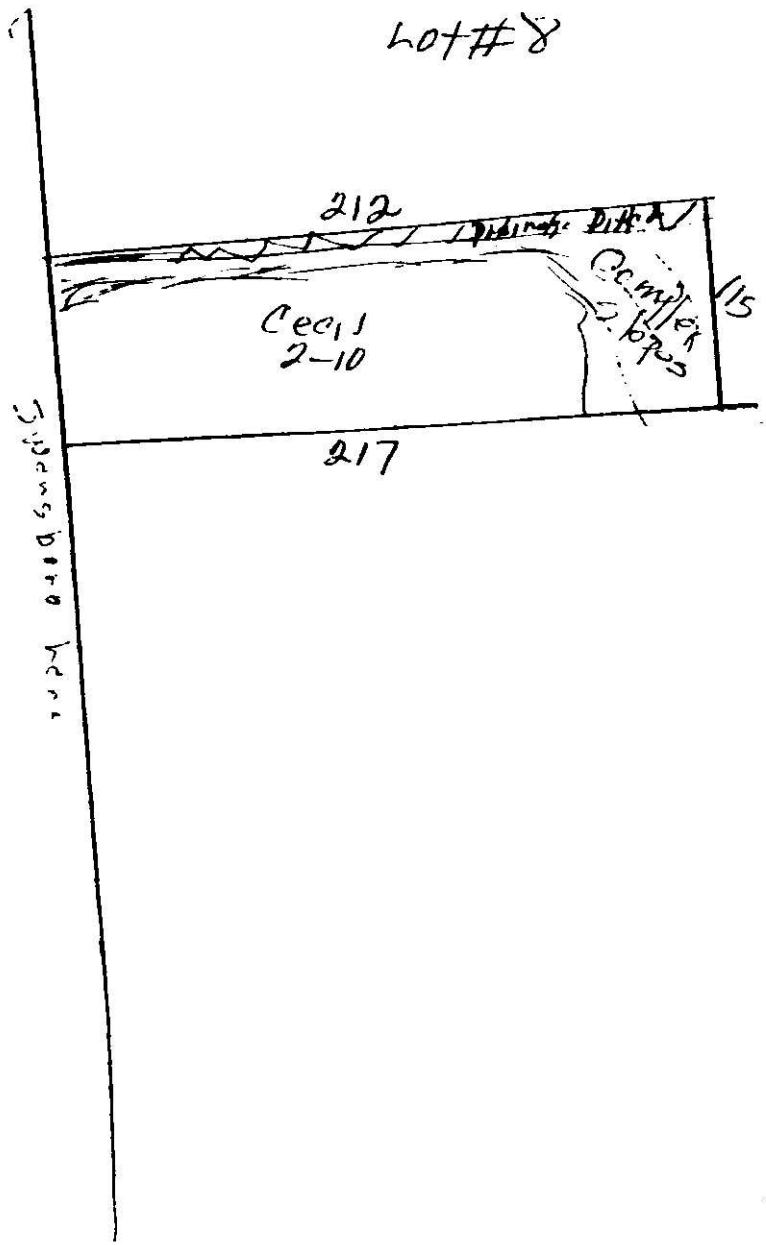
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

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

Date: 10-26-83

EHD 539 (Revised: 6/82)


Lot #8
212
Cecil
2-10
115
217

Date Received 6-27-84

ICAR(S) Application No. 20186

T. C. No. 017-252-02

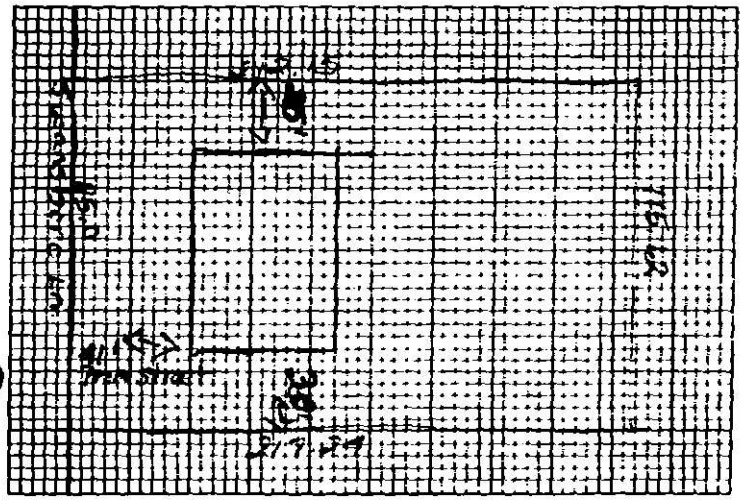
Map Date L 301-53

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) ✓ 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)

4) Mobile Home ✓ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 3
5) Business Use - - Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1. Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Martin (LAST) Rodney ✓ (FIRST) Darryl (MIDDLE)

14) ADDRESS OF OWNER 305 Desire St

15) PHONE NO. Home 596-1899 Office 332-7162

16) LOCATION OF SYSTEM 11832 Swansboro Lane - Huntersville - 28075
STREET OR COUNTY ROAD

17) SUBDIVISION Yorkdale Lot No. 8 Block No. ___

Map Book No. 25 Page No. 468

18) DEED REFERENCE — DEED BOOK 4667 AT PAGE 452

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 10-26-83

20) PTR NUMBER (See Instructions) 2018C

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.

6-27-84
DATE OF APPLICATION

Darryl H Martin
OWNER

EHD-S-74

Environmental Health Department's Copy

Date Issued 6-27-84

Serial No. 7638

SIR No. 20180

T. C. No. 017-301-53

Map Date L CAT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT 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 Martin, (LAST) Rodney (FIRST) Darryl (MIDDLE)

ADDRESS OF OWNER 305 Desire St., Charlotte, NC ZIP 28213

LOCATION OF LOT 11832 Swansboro Lane (STREET OR COUNTY ROAD)

SUBDIVISION Yorkdale LOT NO 8 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 ~~20180~~. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-74

Environmental Health Department's Copy

Date Issued 6-29-84

Serial No. 07346

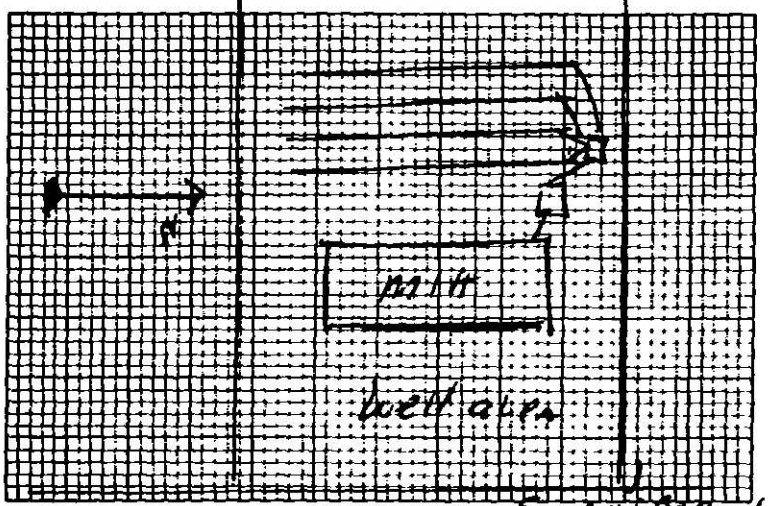
ICAR(S) Permit No. 20180

T. C. No. 017-301-53

Map Date 1

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 X 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 20180, dated 6-27-84 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 JULY 30TH 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM SWANSBORO LANE

Permeability Rate PS IN

Liquid Capacity of Tank 1500 gal.

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 LIN. FT

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 76 FT. Req. 75 FT Ave

Distance from Well NOT IN YET

NAME OF OWNER MARTIN, RODNEY

LOCATION OF PROPERTY 11832 SWANSBORO LANE LOT # 8

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.

FOUR TRENCHES TO BE 75FT X 3FT X 12 INCHES STONE

Comments: Bayou STRAW COVER - grade Bds -

B. Hardison
Division or Section Head

Ralph Mellie
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

Environmental Health Department's Copy

C of A (s) No. 20180

Date Issued July 12th 1984 Serial 6786

T C. No. 017-301-53 L 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 MARTIN ROONEY (LAST / FIRST / MIDDLE)

Location of Property 11832 Swansboro Lane Lot #8

Application Number 20180 Permit Number 20180

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 LIN FT. Number of Lines FOUR

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source Keep 75 FT. NOT IN yet

Excavation Inspected 7-12-84 (DATE) Tank Inspected 7-12-84 (DATE)

Nitrification Field Inspected 7-12-84 (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 X 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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'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.

(OFFICE USE ONLY)
FILE: 20180
TC:
SERIAL: № 20015 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11832 Swansboro Lane (STREET NO / STREET) ② FILE: 20180
③ JURISDICTION: Longcreek ④ TAX PARCEL NO.: PO-017-232-02
⑤ SUBDIVISION: Yorkdale ⑥ LOT: 8 ⑦ BLOCK:

OWNER

⑧ NAME: Rodney (FIRST) Darryl (MIDDLE) Martin (LAST)
⑨ MAILING ADDRESS: 11832 Swansboro Lane
⑩ CITY: Huntersville ⑪ STATE: nc ⑫ ZIP: 28078
⑬ PHONE: (WORK) 596-3500 ⑭ (HOME) 875-9544

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
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☒ no
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: Rodney D. Martin
Date: 3-12-90

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 months from the date of issuance.

100' Drainfield Addition 400' total
use Existing System

Philip S. Walker, 3/16/90
Environmentalist Date

Director or Authorized Section Head, 3/21/90 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: 3/2/90

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: [illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 2 1990

Fee: $25.00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-7-90

Name/Company: Delores Mauldin

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Installation Permit

MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID MAR 7 1990

F16# 20180

Check #151 - 7-1-90

Fee: $ 100.00

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

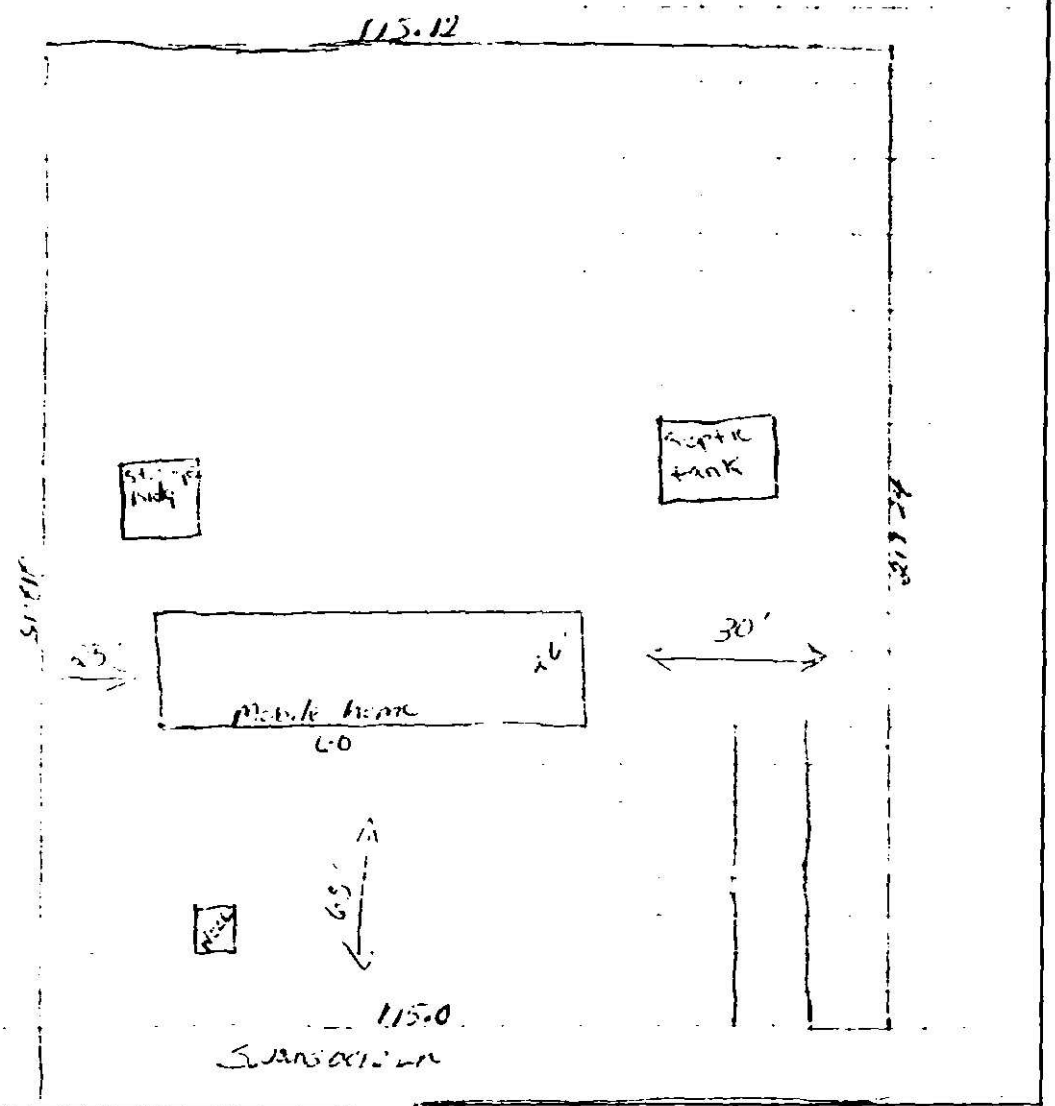
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 20180

TC: 017-232 02

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

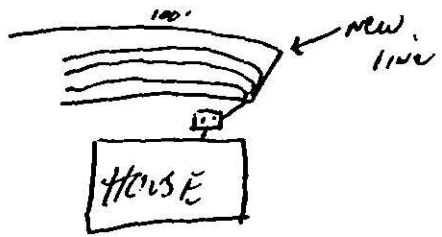
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20180 DATE: 3/12/90

TC: PO 017-232-02 ☐ L

SERIAL Nº 14621

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 3/11/90. All work shall be completed on or before 4/12/90, 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.



Sudbury LN

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 100 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Rodney D. Martin

LOCATION OF PROPERTY 11832 Sudbury LN

Comments: 1 line x 100' long x 3' x 12" stone
Addition for 3 bedroom

Division or Section Head*

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20180 DATE: 3/14/90

TC: 10 017-232-02 ☐ L ☐ CRT

SERIAL № 13153

Name of Owner Rodney D. Martin Juris.:

Address of Property 11832 Swinsboro Ln

Inspection Data:

Tank Material -

Total Length of Drainfield 100

Number of Lines 1 @ 100

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 3/14/90

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1990, Alter Addition of bedroom CTR# 68

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: Changing from 2 bedroom to 3 bedroom
400' Total with addition.

Philip S. Walker R. S.
Environmentalist

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