Date Received 6/18/79

APT No. 15743

2

T. C. No.

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ash Development Company
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 5511 Monroe Road, Charlotte, N. C. ZIP 28212

3) PHONE NO. Home _____ Office 568-5517

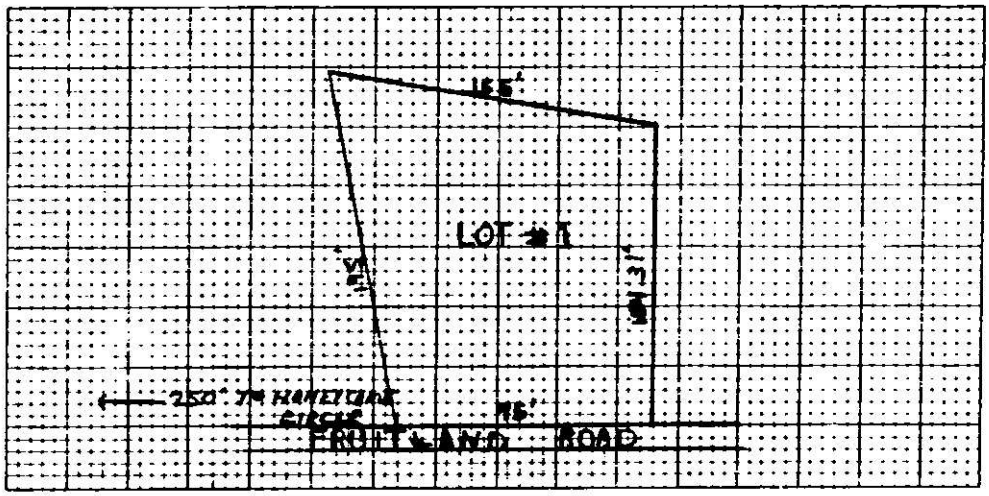
4) LOCATION OF PROPERTY 10901 Fairtland Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmington LOT NO. 1 BLOCK NO. B

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

Grady L. Allen
OWNER Ash Development Company

EHD-5-76

Environmental Health Department's Copy

Date Received _____

APT No. 15743

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ash Development Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 5511 Monroe Road ZIP 28212

3) PHONE NO Home _____ Office 568-5517

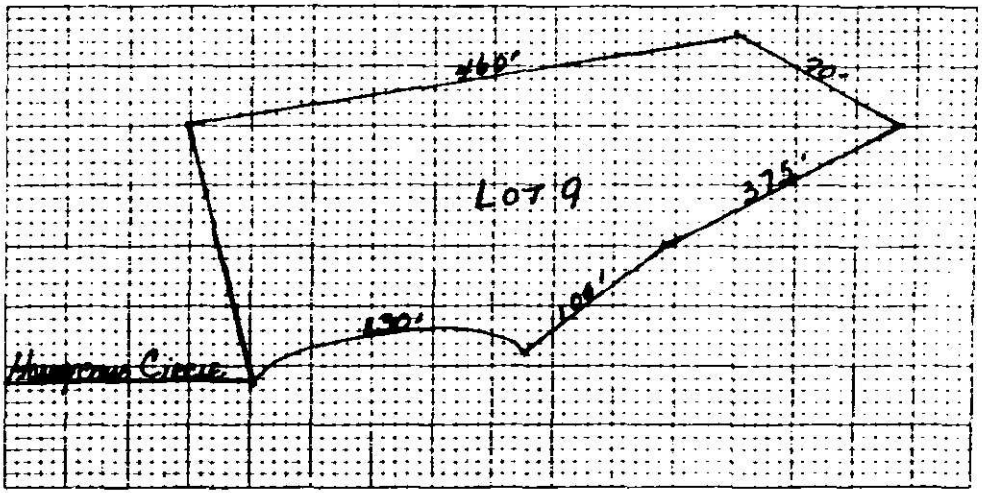
4) LOCATION OF PROPERTY Honeycomb Circle
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmington LOT NO 9 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

OWNER

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 15743

Date Issued 8-18-81 Serial 4665 T. C. No. 223-149-00-23

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Smith Allen Company, Inc.
(LAST) (FIRST) (MIDDLE)

Location of Property 16449 Honeycomb Circle

Application Number 15743 Permit Number 15743

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 495'+125' Number of Lines 4+4

Depth of Filter Material 17" Cover Depth 30" to 15"

Water Supply Source community well Distance from Water Source >100'

Excavation Inspected ——— (DATE) Tank Inspected ——— (DATE)

Nitrification Freid Inspected 8-11-81 (DATE)

Washing Machine Line Inspected, If Applicable 8-11-81 (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 System allowed to dry out before being covered.

Mike Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial No. 4759

LA No. 15743

Date Issued February 6, 1981

T C. No. po 223-271-55

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Smith-Allen Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 5507 Monroe Road, Charlotte, NC ZIP 28212

LOCATION OF LOT 16449 Honeycomb Circle
(STREET OR COUNTY ROAD)

SUBDIVISION Farmington LOT NO. #9 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 15743
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, altred, 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-5-76

Environmental Health Department's Copy

Serial No. 3290

PTR No. 15743

Date Issued January 29, 1980

T. C. No.

Map Date

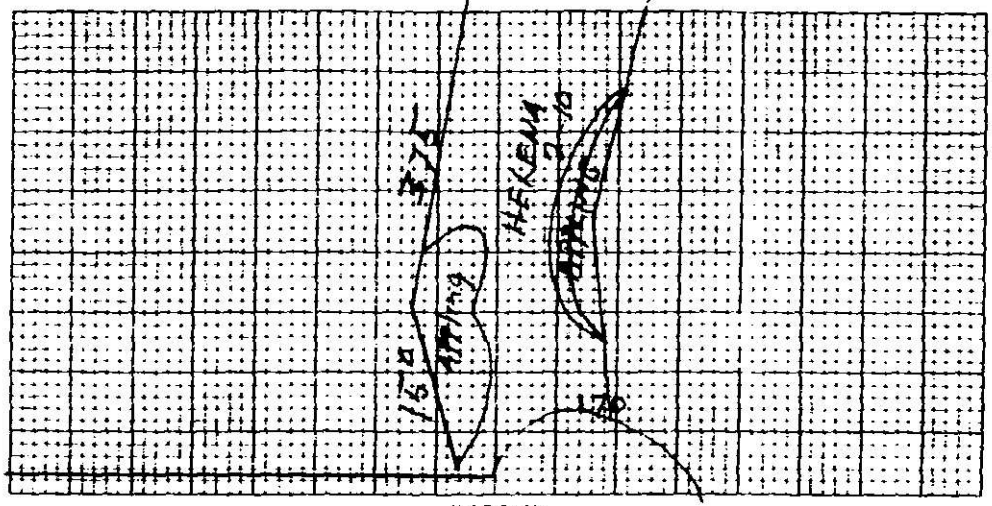
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER ASH DEVELOPMENT CO.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 5511 Monroe Rd., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Honeycomb Circle (Farmington)
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 9 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 on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was Provisionally Suitable. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction including the drilling of a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Willard Ramsey
Soil Scientist

John R. Atkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 3-30-82 12'.50+17" Sh ICAR(S) Application No. 15743

T. C. No. 223-271-35

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

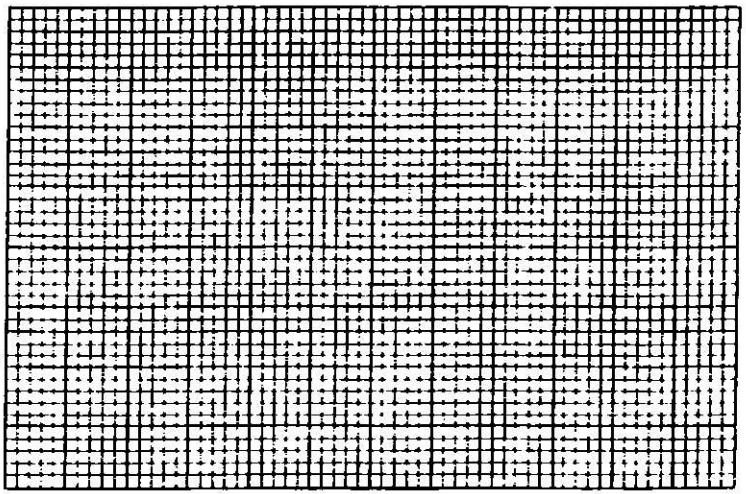
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

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 ____ No
8) Dishwasher ✓ Yes ____ 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. _____



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] (LAST) Nancy (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home 542 30[illegible] Office 535 6970

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

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.

3/26/82
DATE OF APPLICATION

Nancy D. Rutledge
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/23/83

ICAR(S) Application No. 15743

T. C. No. 223-27-35

Map Date _____

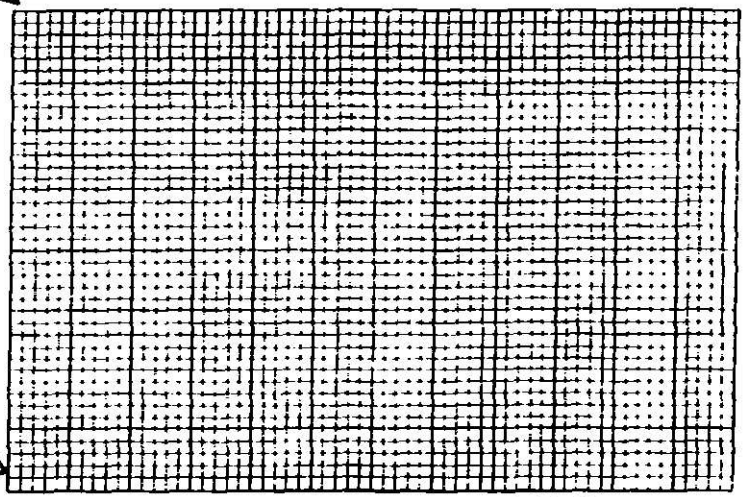
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ____ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Plat will be Prepared



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 X
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 Rutledge (LAST), Edward + Nancy (FIRST) Winslow (MIDDLE)

14) ADDRESS OF OWNER 16449 Honey Comb Circle Pineville, N.C. 28134

15) PHONE NO. Home 542-3016 Office 535-6970

16) LOCATION OF SYSTEM 16449 Honey Comb Circle Pineville, N.C 28134 (STREET OR COUNTY ROAD)

17) SUBDIVISION Farmington Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? X 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.

3/29/83
DATE OF APPLICATION

Edward L. Rutledge
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 3-30-82

Serial No. 5326

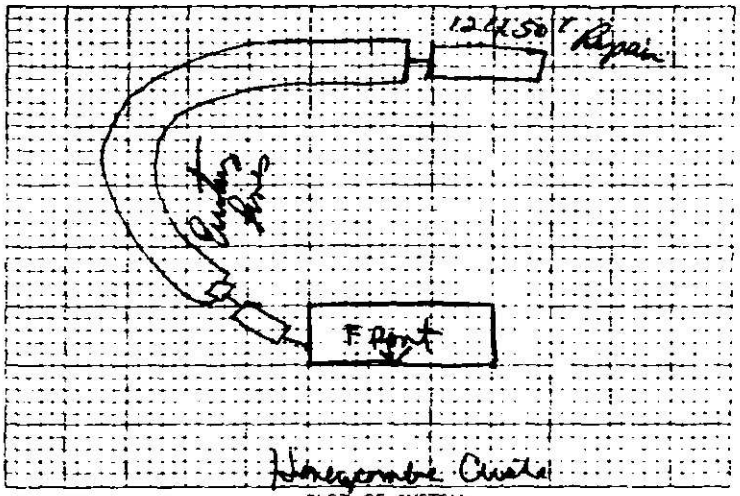
ICAR (S) Permit No 15743

T. C No. 223-27-85

Map Date

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 15743 dated 3-26-82 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 4/15/82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S

Liquid Capacity Tank Existing

Tank Construction P.C

Absorption and or Nitrification Lines

Total Line Length 200' Repair

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well Comm well

NAME OF OWNER Edward Rutledge

LOCATION OF PROPERTY 16449 Honeycombe Circle

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.

Comments: 12' x 50' +17" Stone on Repair to Septic System

Division or Section Head

Environmentalist Bob Wilson

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 3/21/84

MAR 22 84
ENVIRONMENTAL HEALTH

CAR(S) Application No. 15743

T. C. No. 223-271-35

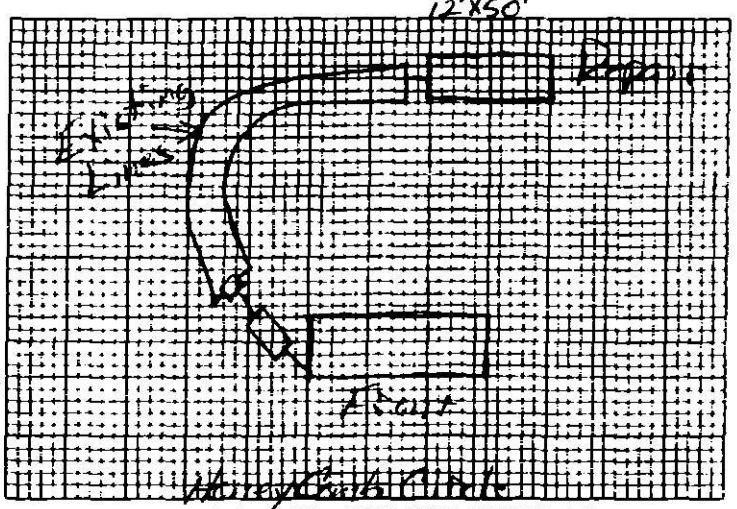
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ___ Install or Construct 2) X 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 X
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 Rutledge (LAST), Edward (FIRST) Winslow (MIDDLE)

14) ADDRESS OF OWNER 16449 Honey Comb Circle Pineville, N.C 28134

15) PHONE NO. Home 542-3016 Office 535-6920

16) LOCATION OF SYSTEM Same as Residence (STREET OR COUNTY ROAD)

17) SUBDIVISION Farmington Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

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.

3/22/84
DATE OF APPLICATION

Edward W. Rutledge
OWNER

EHD-S-76

Environmental Health Department's Copy

S. I. R. NO. 15743

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

T. C. # _____

(Ground Absorption Sewage Disposal)

OWNER: ASH DEVELOPMENT CO. DATE REQUESTED: _____
ADDRESS: 5511 MONROE RD PLAT NO.: _____
COUNTY: MECKLENBURG 28212 LOT SIZE: 103,700
LOCATION OF SITE: HONEYCOMB CIRCLE Farmington

LOT 9

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S (PS) U — 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S (PS) U — Clayey	S PS (U) — Clayey some 2-1	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S (PS) U — BLOCKY	S PS (U) — Blocky TO Massive	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U — 48	S PS (U) — 48	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S (PS) U — NONE	S PS (U) — Rocks	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) U — Adequate	S PS (U) — Slow	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U — Moderate	S PS (U) — Slow	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ P.Suitable	Unsuitable		
SOIL SERIES	APPLING	HELENA		

S - Suitable PS - Provisionally Suitable U - Unsuitable

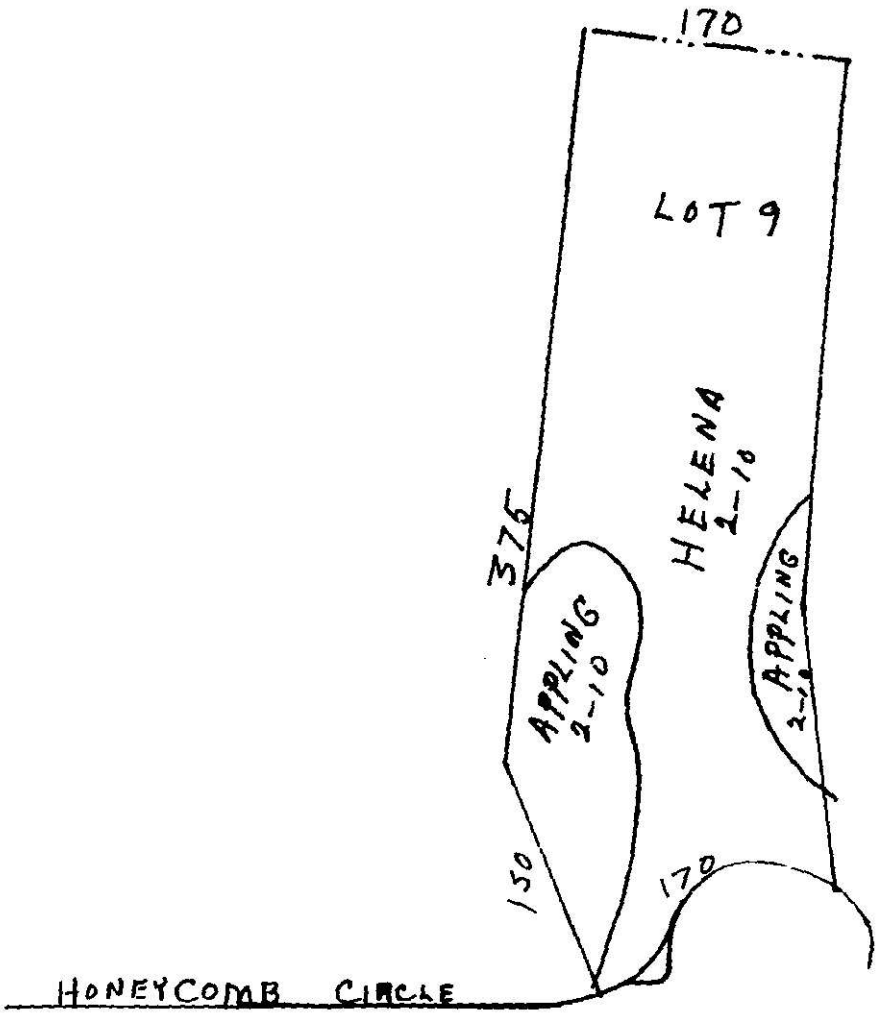
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies wet areas, fill areas, wells, water bodies, slope patterns, etc.

Recommendations/Comments: _____

Described By: W. B. Ramsey

Title: Soil Scientist Date: 12-17-79

DHS Form 2601
Sanitation
EHD 530 (2/79)


170
LOT 9
HELENA
2-10
375
APPLING
2-10
APPLING
150
170
HONEYCOMB CIRCLE

Date Received 2/6/81

RECEIVED

ICAR(S) Application No. 15743

T. C. No. 223.271-SS

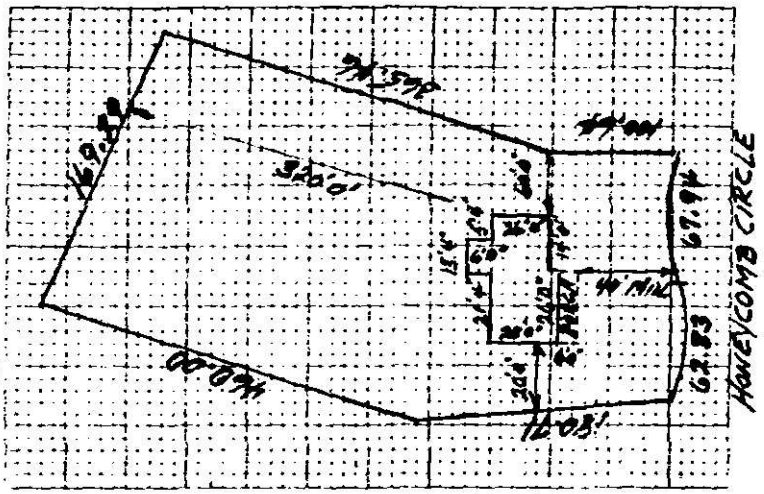
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ 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 ___ No
8) Dishwasher ✓ Yes ___ 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 SMITH ALLEN Co, Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5507 MONROE RD

15) PHONE NO. Home ___ Office 568-5517

16) LOCATION OF SYSTEM 16449 HONEYCOMB CIRCLE
STREET OR COUNTY ROAD

17) SUBDIVISION FARMINGTON Lot No. 9 Block No. ___

Map Book No. 19 Page No. 325

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1/29/80

20) PTR NUMBER (See Instructions) 15743

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.

2/2/81
DATE OF APPLICATION

Orin H Byram
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8-6-81

Serial No. 4917

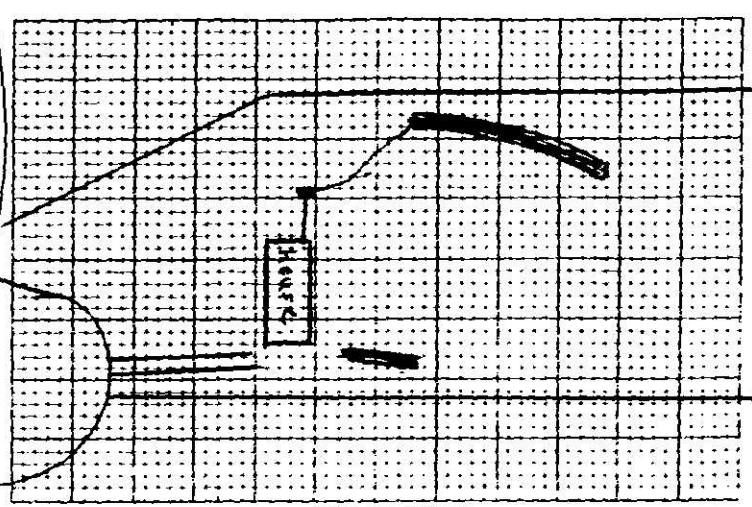
ICAR(S) Permit No. 15743

T. C. No. 223-149-00-23

Map Date _____

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 15743, dated 2-2-81 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 9-6-81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Length 495' + 125'

Number of Lines 5 + 4

Distance from House >10'

Distance from Property Line > 1t'

Distance from Well >100'

NAME OF OWNER Smith Allen Company, Inc.

LOCATION OF PROPERTY 16449 Honeycomb Circle

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.

15'wide x 99'long x 17"of stone

Comments: 12'wide x 32'long x 17"of stone

_____ Mike Sexton

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 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. 15743,

Date Issued 3-31-82 Serial 5030

T C. No 223-271-35

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Rutledge (LAST) Edward (FIRST) (MIDDLE)

Location of Property 16449 Honeycomb Circle

Application Number 15743 Permit Number 15743

Inspection Data:

Liquid Capacity of Tank Existing Tank Material P.C.

Total Length of Drain Tile 200' Repair Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"+

Water Supply Source Comm well Distance from Water Source 100'+

Excavation Inspected 3-31-82 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 3-31-82 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY