

12920 MOORES CHAPEL RD

05324110

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3219B DATE: 11/20/96

TC: 053-174-15 ☒ L ☐ CRT

SERIAL № 16933

Name of Owner Mark D. Biggs Juris.:

Address of Property 12920 Moores Chapel Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 6 @ 90

Cover Depth 30" OR

Water Supply Source 56' FROM SEPTIC TANK

Distance to Water Source

Excavation Inspected 11-21-96

Tank(s) Inspected 11-21-96

Wash Line Inspected 11-21-96

High Water Alarm Inspected 12-31-96

PLOT

Design 1500ST, 1000PT, ~~1500~~ 1620 SQFT., 12"G, CECIL-LIKE CTR# GARY BRADLEY

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 I5A 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 I5A 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 III

Jon Higgins Bunny, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

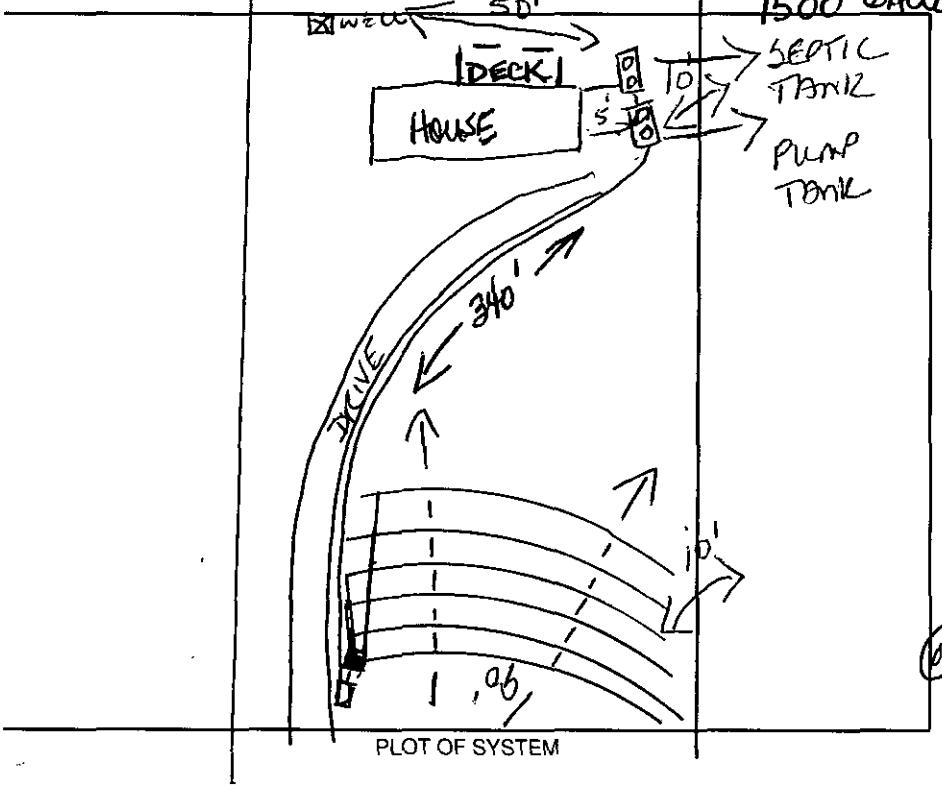
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3219B DATE: 11/7/96

TC: 053-174-15 ☒ L

SERIAL Nº 17029

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 _____. All work shall be completed on or before _____, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 533' feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5' FROM FOOTING OR 15' VERTICAL CUT OF BASEMENT feet

Distance from Property Line 10 feet

Distance from Well MIN. 50' feet

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

NAME OF OWNER Mark D. Biggs

LOCATION OF PROPERTY 12920 Moore's Chapel Rd.

Comments: INSTALL 1500 ST, 1000 PT, 320' SUPPLY LINE, INSTALL 6 LINES @ 3'X90'X12" ON CONTOUR WITH depths at 30" MAXIMUM.

Toni Higgins Bunney, R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

December 2, 1995

Mr. Mark Biggs
3624 Sweetgrass Lane
Charlotte, North Carolina 28226

Dear Mr. Biggs:

Re: 12920 Moores Chapel Road
File: 3219B/(Tax Parcel No. 053-174-15)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5572 to discuss any question you may have concerning this matter.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

PEOPLE • PRIDE • PROGRESS

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Q2600 Rd #150' 7/6/94 Lot #189

3219B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Biggs (last) Mark (first) D. (mi)

ADDRESS: 3624 Sweetgrass Ln PHONE: (704) 376-4141

CITY: Charlotte STATE: NC ZIPCODE: 28226

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-174-15

STREET ADDRESS: 12928 Moores Chapel Rd

ZONING:

PROPERTY OWNER:

NAME: Biggs (last) Mark (first) D (mi)

ADDRESS: 3624 Sweetgrass Ln PHONE: (704) 543-8388

CITY: Charlotte STATE: NC ZIPCODE: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 4 LOT SIZE (in acres): 5.002

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Mark Biggs Date: 7-6-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Conventional w/pump and conventional repair.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date 4-13-95

Director or Authorized Section Head Date 4-18-95

WWATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 7/6/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 053-174-15

ASSIGNED ADDRESS 12920 Moores Chapel Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rule

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

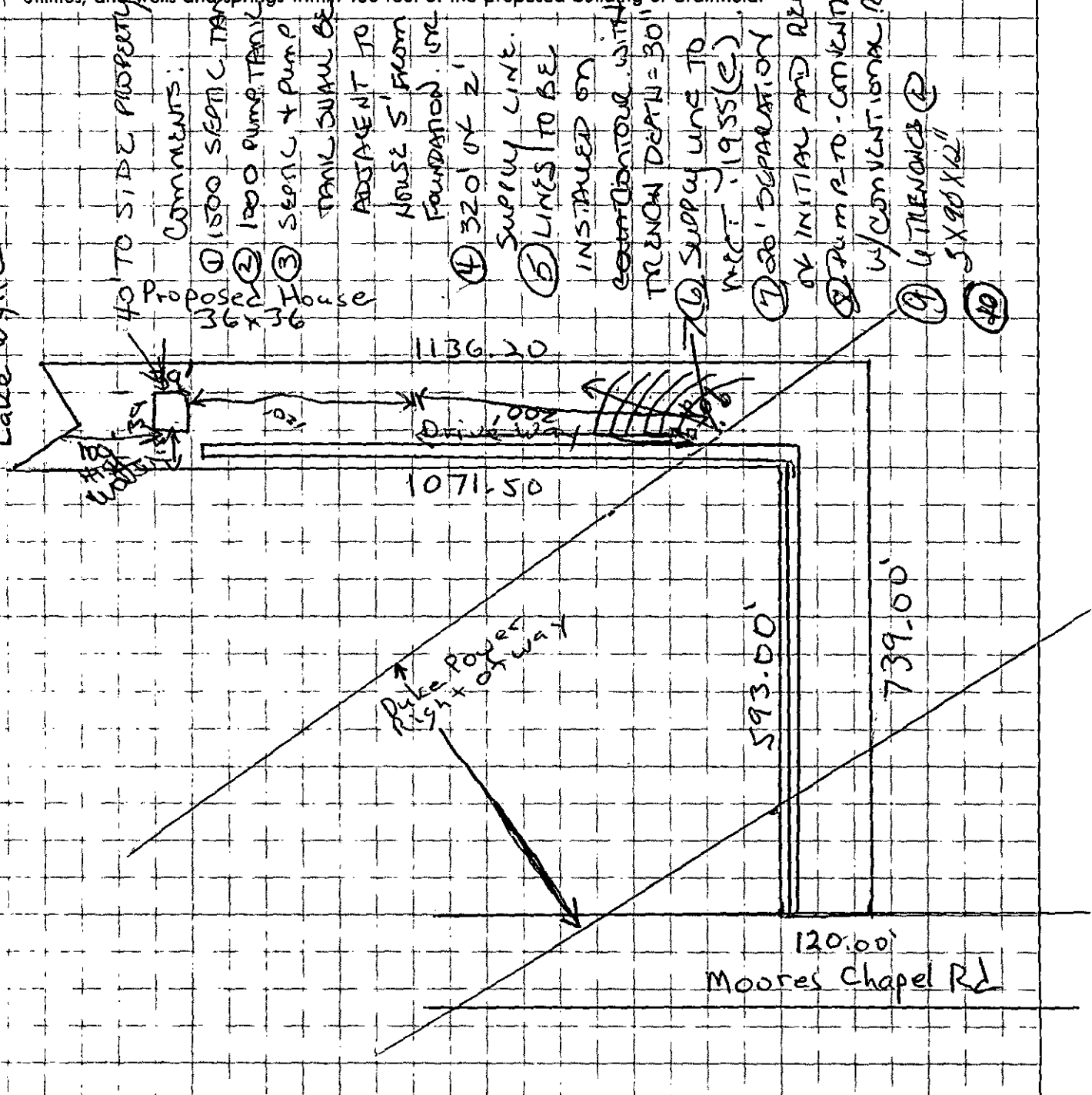
PROPOSED PLOT PLAN

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

FILE: 3219B

TC: _____

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.



Comments:
① 1500 SEPTIC TANK
② 1000 gal TANK
③ SEPTIC + PUMP TANK SHALL BE ADJACENT TO HOUSE 5' FROM FOUNDATION. INC
④ 320' OF 2" SUPPLY LINE.
⑤ LINES TO BE INSTALLED ON CONTOUR WITH TRENCH DEPTH = 30"
⑥ SUPPLY LINE TO INCL. 1955(E)
⑦ 220' SEPARATION
⑧ PUMP-TO-CONTROL VALVE 2" INITIAL AND 1" RETURN w/CONVENTIONAL
⑨ 4 TREES
⑩ 5'X90'X12"

APPROVAL DATE 4-18-95

Mark D. Biggs

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20419

File: 3218 Action 1

Parcel: [illegible] ☐ PC

Location: 1312 [illegible]

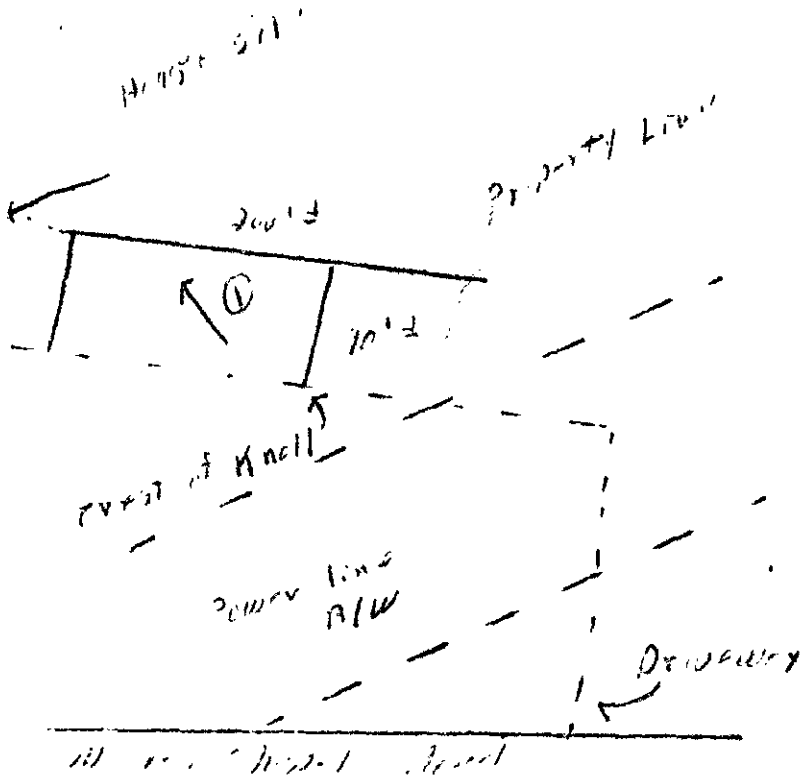
Subdivision:

Lot: 4 Block: Acres: .4

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

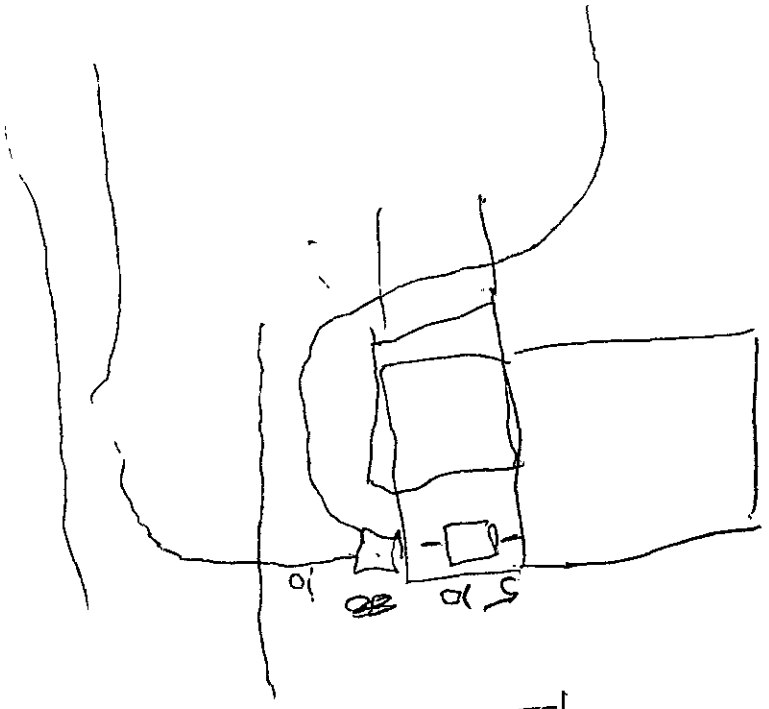
Described by: [illegible]
Date: 1-14-91

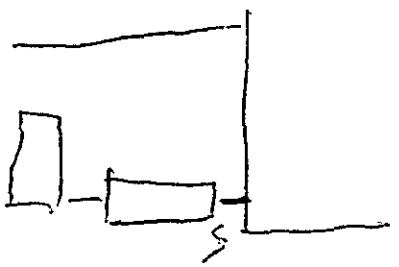


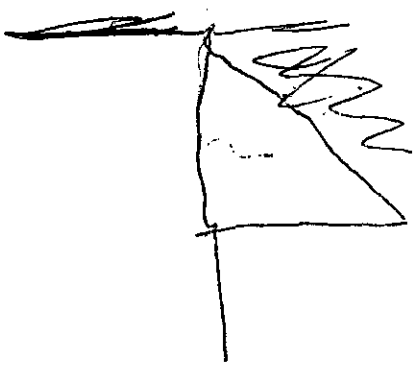
***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 1-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Block 1	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 74' Private	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible]	S (PS) U 46"	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible] Horizons	S (PS) U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible] Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible] (y)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible] es	IE Residential					
[illegible] n	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U







MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20419

File: 32198 Action 1

Parcel: PO 053-174-15 ☐ PC

Location: 1292 Moores Chapel Rd

Subdivision:

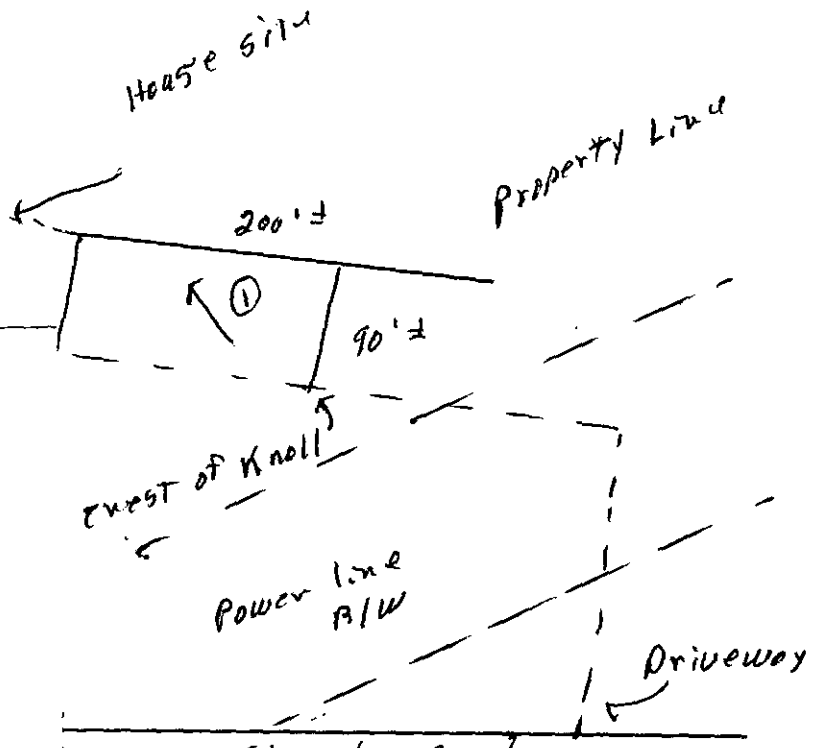
Lot: 4 Block: Acres: .4

Owner: Mark D. Beggs
Address: 3624 Sweetgrass Lane
Charlotte, N.C. 28216

Comments: 100% Repair, 3 gal/fitting
Bed LTAR
need p

Described by:

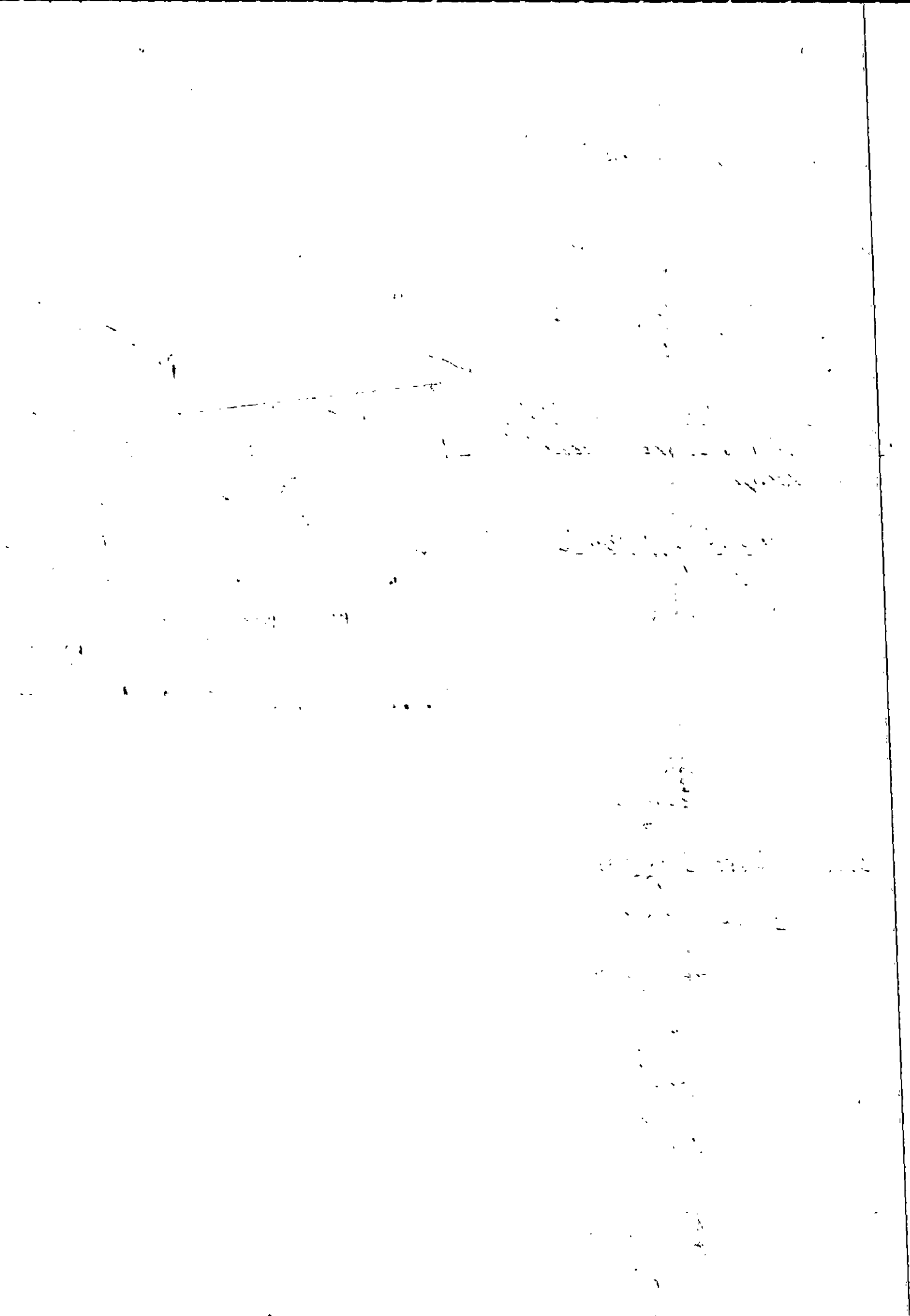
Date:



Do not send letter with

** S = Suitable
PS = Provisio
The "Area Classi
areas in the diagr

FACTORS	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U subt Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To water	S PS U	S PS U	S PS U
Depth	S (PS) U 40"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilac			
Area Classification	S (PS) U	S PS U	S PS U	S PS U



MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20419

File: 32198 Action 1

Parcel: PO 053-174-15 ☐ PC

Location: 1292 Moores Chapel Rd

Subdivision:

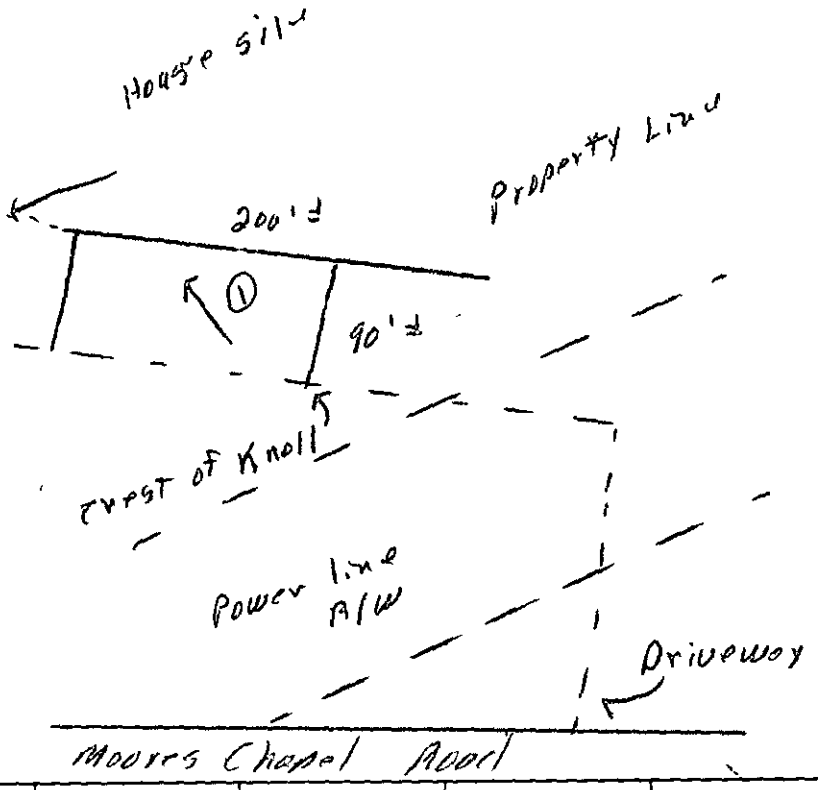
Lot: 4 Block: Acres: .4

Owner: Mark D. Beggs
Address: 3624 Streetgrass Lane
Charlotte, N.C. 28336

Comments: 100% Repair, 3 gal/ft² Reg ETAR, system would need pump

Described by: William A. Marlin

Date: 7-14-94



***** 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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 74" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20419

File: 32178 Action 1

Parcel: 053-144-15 ☐ PC

Location: 1272 Mount Olivet Rd

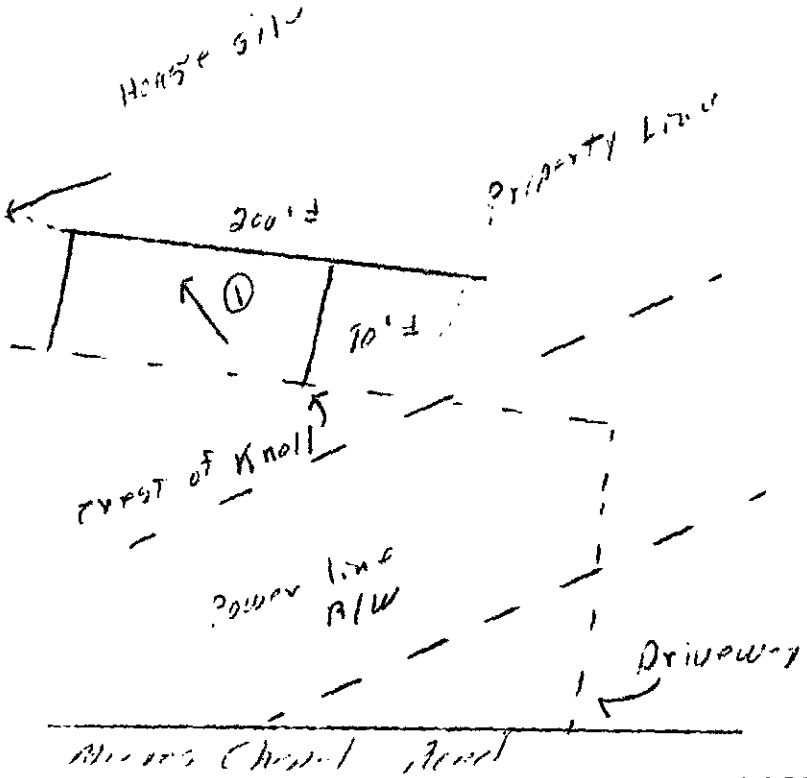
Subdivision:

Lot: 4 Block: Acres: .4

Owner: Mark D. Bigg
Address: 3124 Winecliff Lane
Charlotte, N.C. 28216

Comments: well 2 gpm, 3 gal/sq
Reg LTAR. system could
use sand

Described by: William Wilhelm
Date: 7-14-21



***** 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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block / subL	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 74" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 46"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

I-77 St. called 7-6-94 Rd 1.50 7/6/94 Lot # 189

3219B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Biggs (last) Mark (first) D. (mi)

ADDRESS: 3624 Sweetgrass Ln PHONE: (704) 376-4141

CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY OWNER:

NAME: Biggs (last) Mark (first) D (mi)

ADDRESS: 3624 Sweetgrass Ln PHONE: (704) 543-8388

CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-174-15

STREET ADDRESS: 12930 Moores Chapel Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- [x] 0 Mecklenburg County
- [] 1 Charlotte
- [] 2 Davidson
- [] 3 Cornelius
- [] 4 Pineville
- [] 5 Matthews
- [] 6 Huntersville
- [] 7 Mint Hill

LOT NUMBER: 4 LOT SIZE (in acres): 5.002

TYPE APPLICATION (check one):

- [x] SOIL TEST - INDIVIDUAL LOT (D)
- [x] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [] COMMERCIAL OR INDUSTRIAL (N)
- [] SOIL TEST DEVELOPMENT (P)
- [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

- [] SINGLE MOBILE HOME (S)
- [] DOUBLE WIDE (D)
- [x] HOUSE (H)
- [] MODULAR HOME (M)
- [] MULTIPLE FAMILY (U)
- [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ____ Per Shift ___ ___ ___

Industrial Wastes (Y/N) ___

Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

- [] Community (C)
- [] Municipal (M)
- [x] Private Well (P)
- [] Shared Well (S)
- [] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- [] Swimming Pool
- [] Garage
- [] Jacuzzi
- [] Storage Building
- [] Stable/Barn
- [] Deck/Patio
- [] Workshop
- [] Bedrooms
- [x] None
- [] Other

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: Mark Biggs Date: 7-6-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

- [] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

200

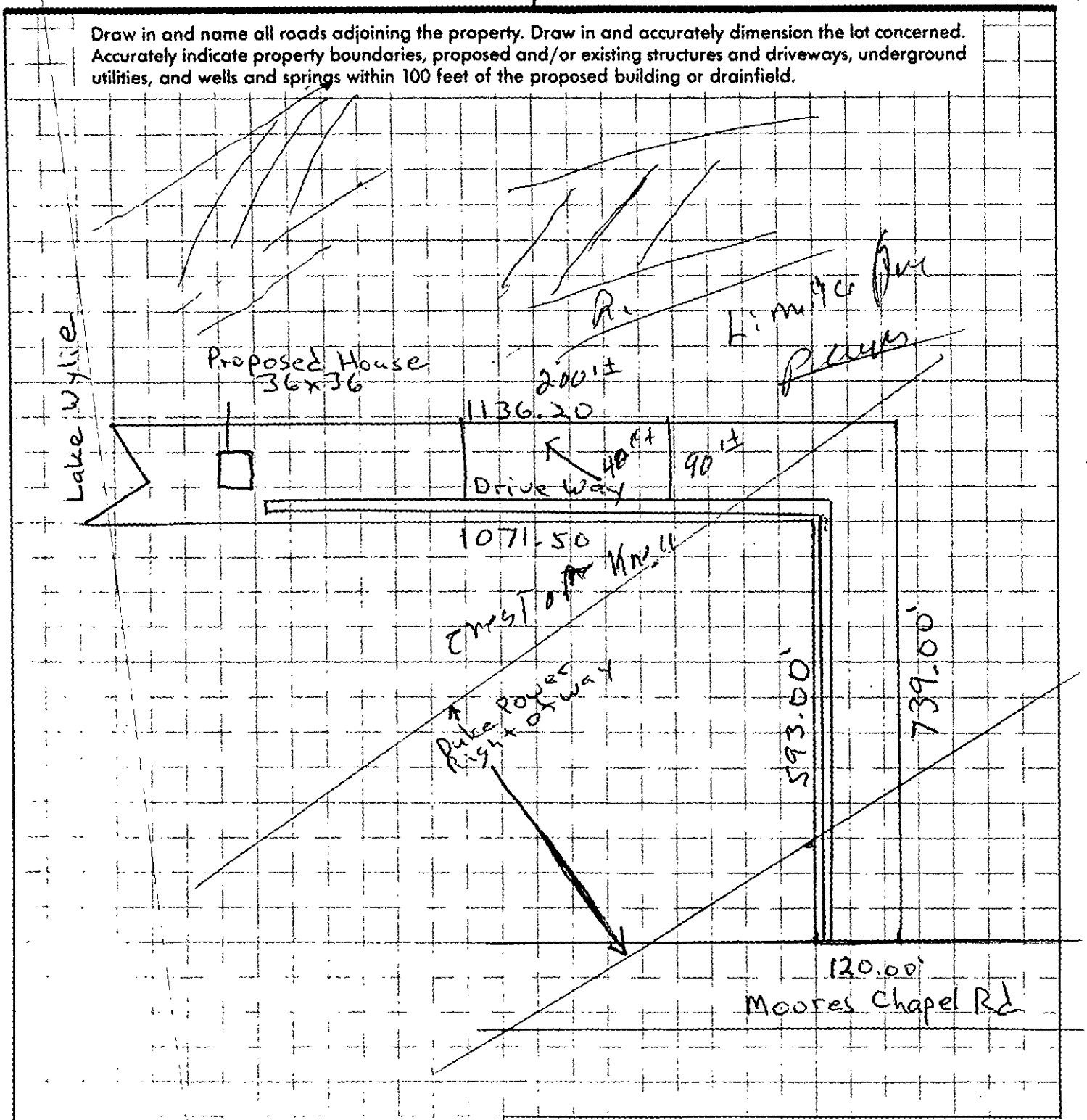
PROPOSED PLOT PLAN

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

FILE: 3219B

TC: _____

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