

9620 RODNEY ST

20507115

12/21/2007

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: 1454B DATE: 7-17-96

TC: 205-071-01 ☐ L ☐ ~~CRT~~

SERIAL Nº 16777

Name of Owner Robert H. Hand Juris.: _____

Address of Property 9620 Rodney St.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 3 @ 100'

Cover Depth 3'-4'

Water Supply Source N/A

Distance to Water Source N/A

Excavation Inspected 7-26-96

Tank(s) Inspected 1000g

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

Design 1000ST, 888 SQFT, 12" G, CECIL-LIKE CTR# B+C Grading Co.

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ ~~installed~~ or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type ~~III~~ II -

Type III repair

Joni Higgins Burney R.S.

Environmental Health Specialist

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

CPT
Missed Released for
mailing 7-18-96

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

T INFORMATION

CT NUMBER: 734-983550 **SUBMITTED DATE:** 06/20/96
OJECT NAME: CROWN MEM PARK CEME **PHS:** ADD **SEC:** **TIME:** 12:15 PM

ONTACT NAME: MARVIN AMOS **PHONE #:** 391-2530
TITLE: **TYPE OF PERMIT:** FULL

COMMENTS: 9620 I 485 SERVICE RD//CROWN MEM PARK CEME ADD//LH

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	FACILITATOR	336-5323	
	ELECTRICAL	FACILITATOR	336-5323	
	PLUMBING	FACILITATOR	336-5323	
	ZONING	FACILITATOR	336-5323	
	COUNTY-FIRE	FACILITATOR	336-5323	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

Pulled 7/9/96

OTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

Spainmusic 549-4070 CHO

... COPY • PINK - OWNER OR AGENT's COPY

File 1454B

DATE 5-10-96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

#205-071-01
PARCEL NUMBER

9620 RODNEY St. 28134
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	___ APPROVED	___ NOT APPROVED
3. WATERSHED PROTECTION	___ APPROVED	___ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	✓ NO

REMARKS: New Bldg.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McConico

REVISED 1/91

2400 CRTAC

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/12/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

CK.# 1089

DATE: 7-11-96 **PERMIT NO:** 1454B

PARCEL NO: 205-071-01

JOB LOCATION ADDRESS: 9620 Rodney St.
PROPERTY OWNER: Robert Hand
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Lynn Higgins Bunny **DATE:** 7-11-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1454B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: Installation Approval Required.

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

7/12/96
DATE

Permit Number: 1454 B

Tax Number: 205-071-01

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	*250 Max gallons/day wastewater flow	833 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	277 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence AVERAGE 10 EMPLOYEES	___ Gallon pump tank	12 Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: * Owner notified of additional 10 part time employees Which could be onsite AT ANY GIVEN TIME. * Copy of PLAT USED AS PLOT PLAN. IP AUTHORIZED FOR 5 YEARS.				
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional (DEPENDS ON SPACE AVAILABILITY) ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ✓ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
833 Absorption Area (Sq ft) 181 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

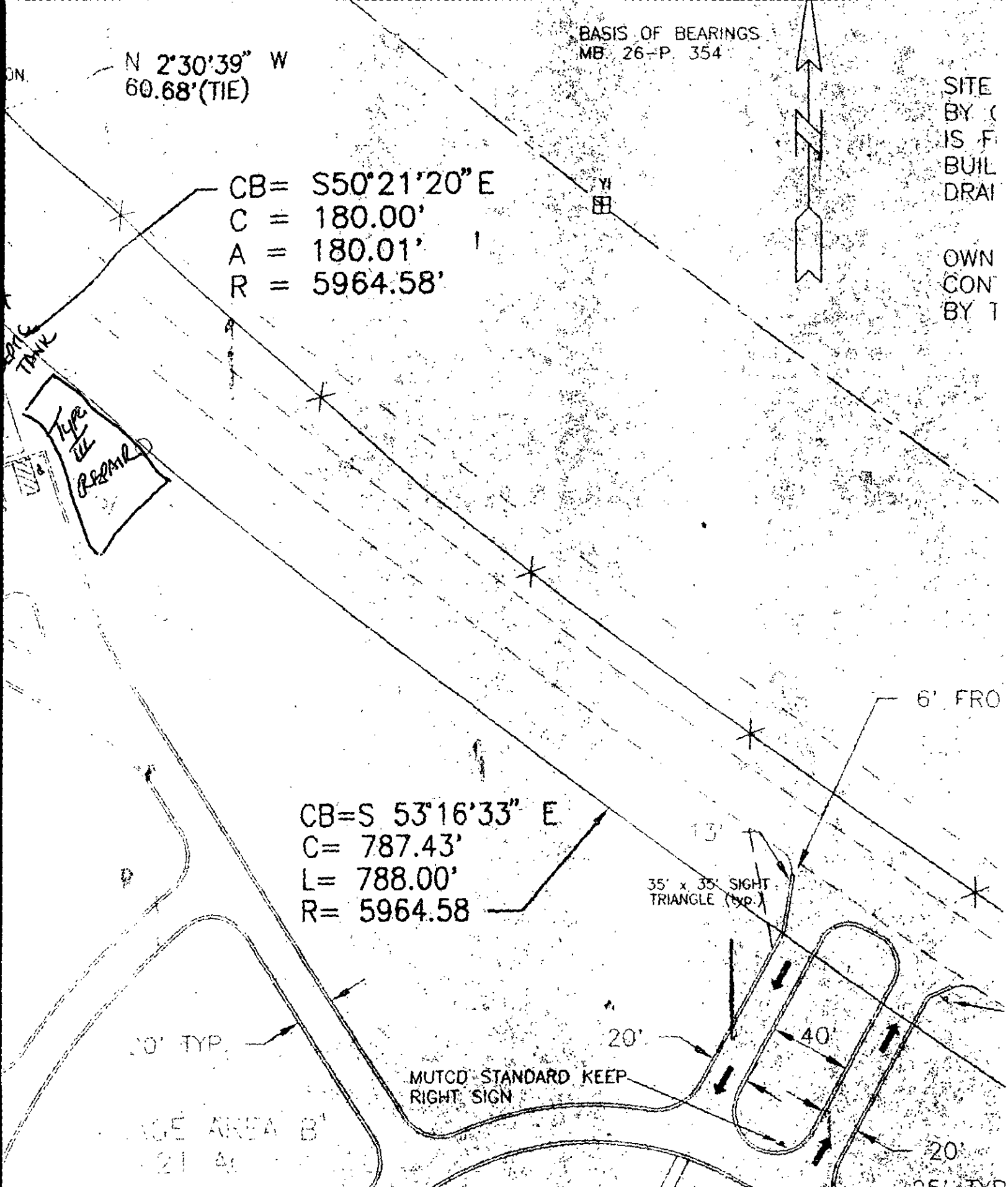
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

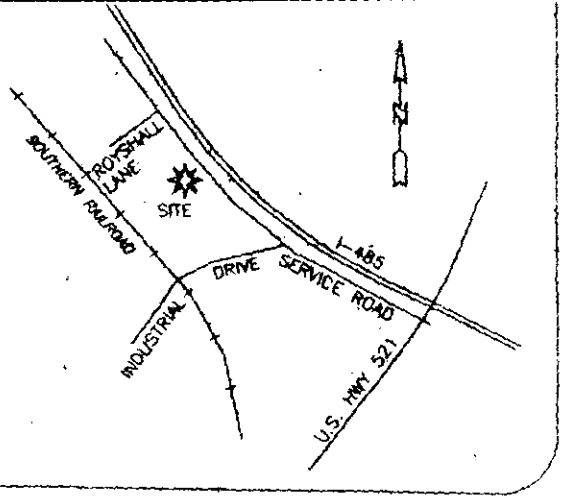
Joni Higgins Bunney RS 7-11-96 — 7/12/96

DEHNR Authorized Agent — Date — Owner/Agent Signature — Date

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

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


BASIS OF BEARINGS
MB 26-P 354
N 2°30'39" W
60.68'(TIE)
CB= S50°21'20"E
C = 180.00'
A = 180.01'
R = 5964.58'
SITE
BY
IS F
BUIL
DRAI
OWN
CON
BY T
TANK
Type III Barrier
6' FRO
CB=S 53°16'33" E
C= 787.43'
L= 788.00'
R= 5964.58
13'
35' x 35' SIGHT TRIANGLE (typ.)
20'
40'
MUTCD STANDARD KEEP RIGHT SIGN
20'
25' TYP



VICINITY MAP
NOT TO SCALE

SITE DATA FOR CROWN MEMORIAL PARK:

OWNER: HBW, L.L.C.
(704) 362-0461

PREPARED BY: CONCORD ENGINEERING AND SURVEYING, INC.
(704) 786-5404

PROPOSED USE: CEMETERY

PROPERTY ZONED IN G-I IN CITY OF PINEVILLE JURISDICTION
CONDITIONAL USE APPROVED BY PINEVILLE TOWN
COUNCIL ON APRIL 2, 1996

TOTAL ACREAGE: 19.537 AC.

PARKING PROVIDED : 8 REGULAR SPACES
1 HANDICAPPED SPACE
9 TOTAL SPACES

TAX PARCEL #205-071-01, PORTION OF 205-071-12

Plat 14548

COPY

Page 282

P/K NAIL SET
C/L INTERSECTI

EIP ON LINE
3/8" COPPER ROD

SIP

5.16'

90'

180.00'

PROP.
OFFICE

ROYSHALL LANE (PRIVATE 60' R/W)

N 29°19'08" E 800.50'(TOTAL)
(745.38')

FEE: $ 100.00
DATE: 6/10/96
C.K. #1061

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

[ ] CRT

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

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

FILE #: 1454B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 205 071 01

STREET ADDRESS: 9620 Rodney St.

LOT NUMBER:

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Memorial Park Sales Office

1568 # Square footage of facility

NUMBER OF EMPLOYEES: 3 PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

2 TOILETS/URINALS
3 HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

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

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

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

PROPERTY OWNER:

NAME: HAND Robert H Manager/owner
(LAST) (FIRST) (MI) HBW, LLC

ADDRESS: 7014 Foxglove Dr.

CITY: Charlotte STATE: N.C. ZIP: 28226

DAYTIME PHONE: (704) 362-0461

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) ---

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/11/95

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: [signature] DATE: 6/10/96

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

#1 D400

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

~~#~~ #14548
PO 205-011-01

OWNER: Robert H. Heard
ADDRESS: 7014 Foxglove Dr, Thurlow
PROPOSED FACILITY: office
LOCATION OF SITE: 9620 Roxboro St.

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 1500 gpd

DATE EVALUATED:
PROPERTY SIZE: 1.5 A
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/cl	Fr/SEXP/ss/sP	>48" To Chroma 2 colors	48"	N/A	None	PS IV .35/F2
		4-48"	sBK/C	Fi/SEXP/S/P					
2	LS	0-6"	gr/cl	Fr/SEXP/ssP	>48" To Chroma 2 colors	48"	N/A	None	PS IV .35/F2
		6-48"	sBK gr/C	Fi/SEXP/S/P					
3	LS	0-5"	gr/cl	Fr/SEXP/ssP	>48" To Chroma 2 colors	48"	N/A	None	PS IV .35/F2
		5-48"	sBK/C	Fi/SEXP/S/P					
4	LS *	0-8"	gr/cl	Fr/SEXP/ss/sP	>34" To Chroma 2 colors	34"	N/A	None	US IV .35/F2
		8-34"	sBK/C	Fi/SEXP/S/P					
	* Depth appears to be limited by		Floater rock, not bedrock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally suitable
EVALUATED BY: William R. Heard 7-5-96
OTHER(S) PRESENT:

COMMENTS:

1000 to repair
Neg new pipings

LEGEND

use the following standard abbreviations

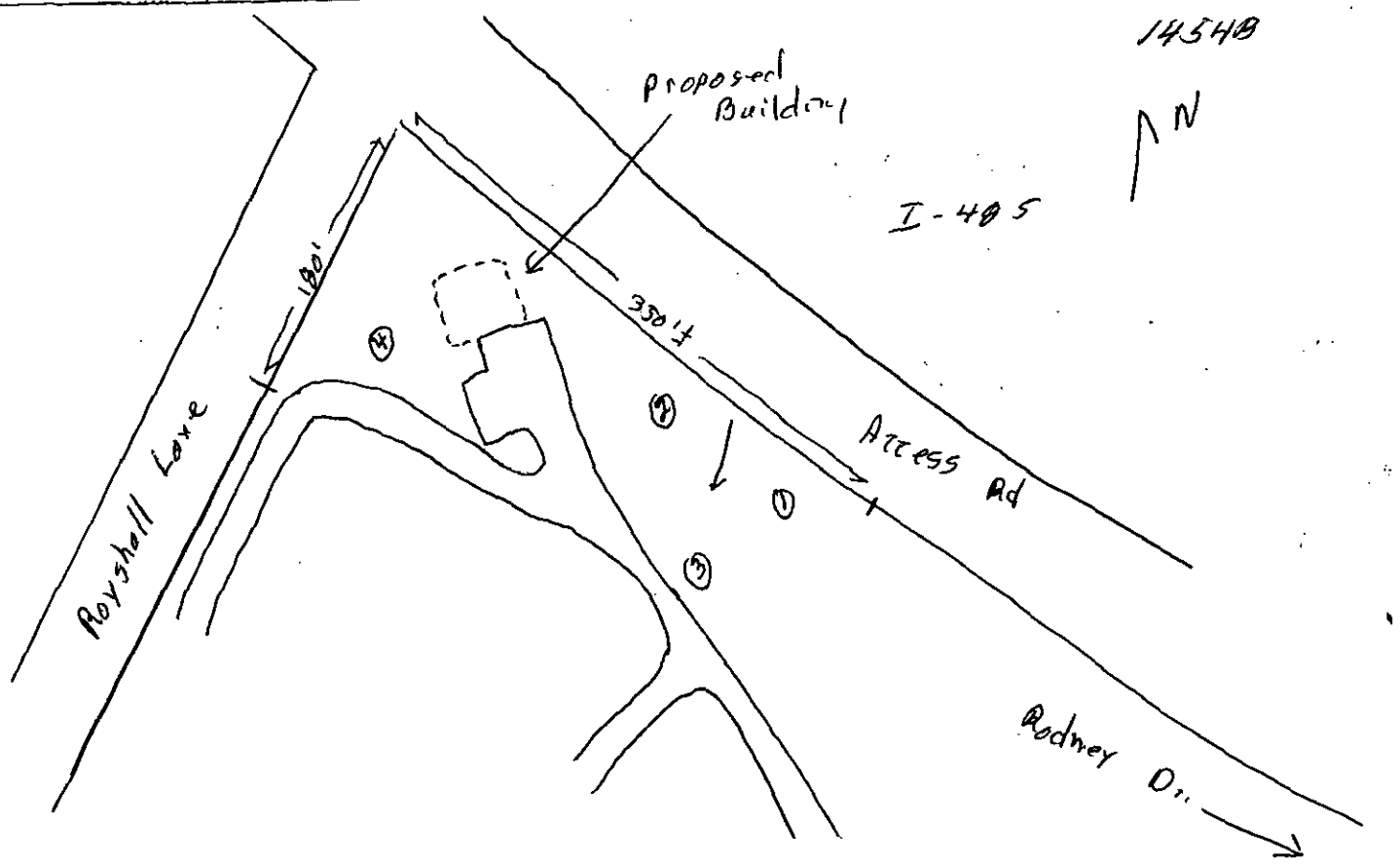
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRUCTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

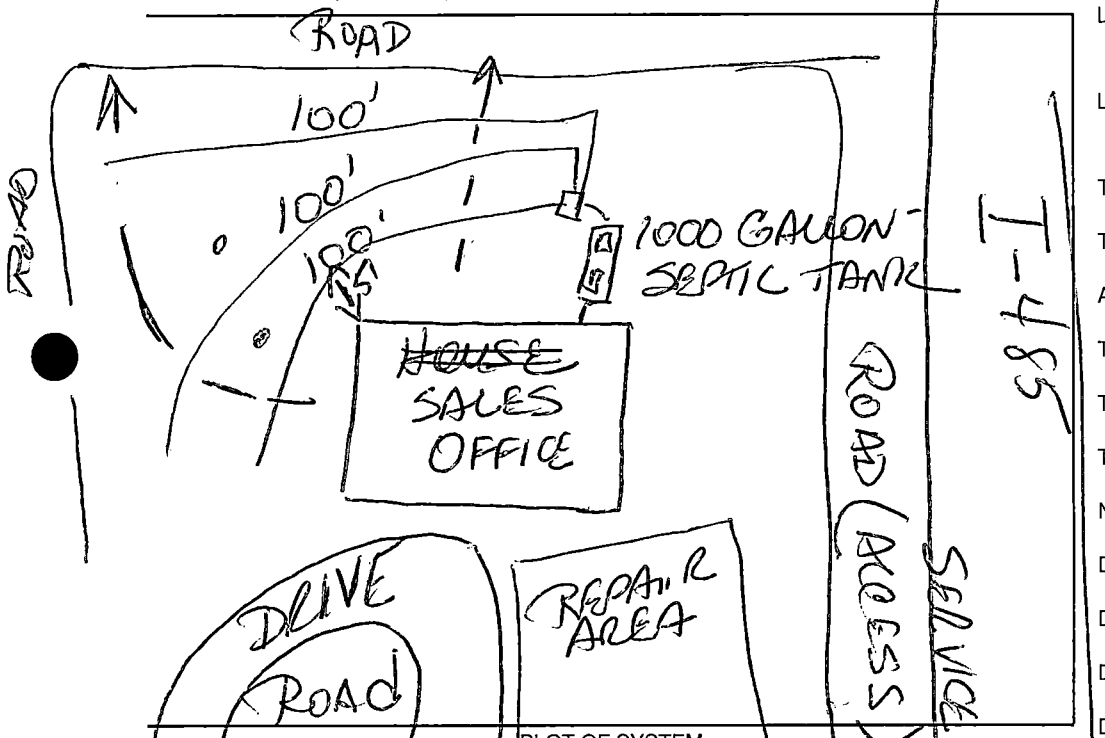
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1454B DATE: 7-17-96

TC: 2050701 01 ☐ L

SERIAL Nº 16925

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 7-17-96. All work shall be completed on or before 8-16-96, 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 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36'-48"

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from ~~House~~ BLDG. 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

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

NAME OF OWNER Robert H. Hand

LOCATION OF PROPERTY 9600 Rodney St.

Comments: 1000 SEPTIC TANK w/ 3 @ 3X100X12"
Lines to be installed on contour with
gravity fall.

Statement for Daniel, Program Chief 7-29-96

Joni Huggins Bunney
Environmental Health Specialist

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