

15630 SASSAFRAS LN

21721223

6/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11812 DATE: 5/10/99

TC: 217 212 23 ☐ L ☒ CRT

SERIAL Nº 17764

Name of Owner Phillip E Duncan Juris.: _____

Address of Property 15630 Sassafras

Inspection Data:

Tank Material Existing

Total Length of Bed Drainfield 150'

Number of Lines 3 @ 50'

Cover Depth 8" - 12"

Water Supply Source Well

Distance to Water Source >50'

Excavation Inspected 5/10/99

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1999 Alteration, CON, 450SFB, 24" stone CTR# steve autry

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: Alteration to the existing system for renovation of new 3 bedroom residence

Phillip A. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

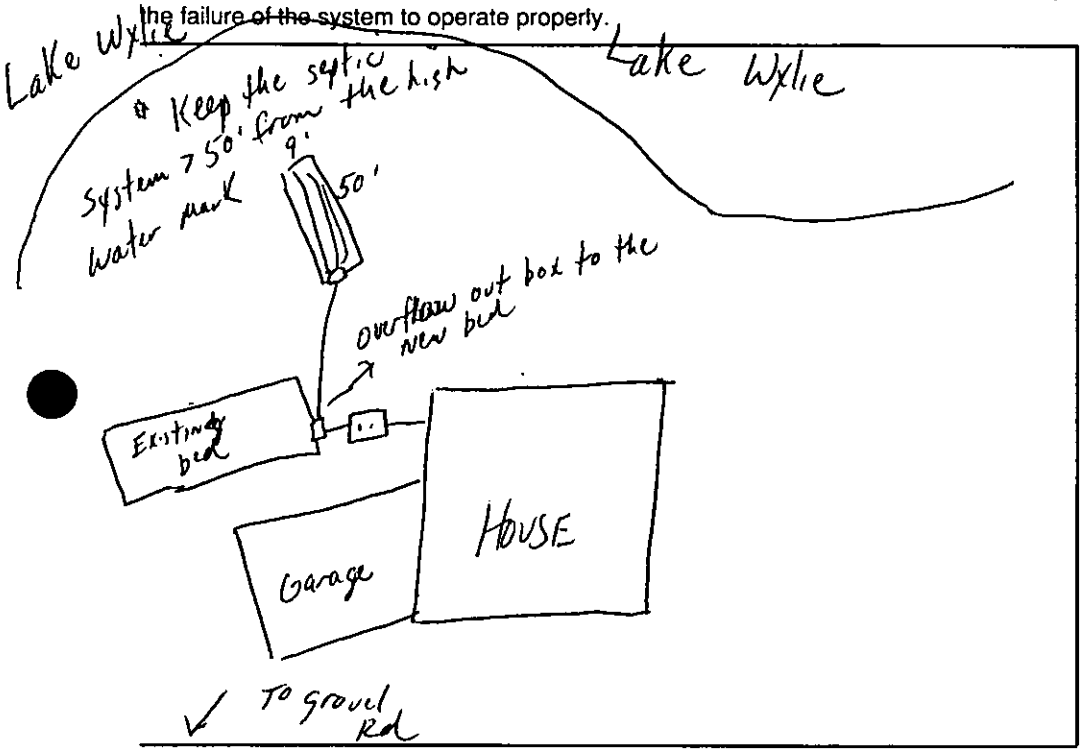
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11812 DATE: 5/5/99

TC: 217 212 23 L

SERIAL Nº 17939

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 5/20/98. All work shall be completed on or before 6/5/99, 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Trench Walls Scored and Porous Yes

Total Line Length Bed 150' feet

Number of Lines 3 (50')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Phillip E. Duncan

LOCATION OF PROPERTY 15630 Sassafras

Previous Comments: Permit altered due to washing machine plumbing / Install bed system 9'wd x 50'long x 3'wd x 12"stone

Philo S. Walker RS
Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/5/99 PERMIT NO: 11812

PARCEL NO: 217 212 23

JOB LOCATION ADDRESS: 15630 Sassafras

PROPERTY OWNER: Phillip Duncan

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Philo S. Walker RS DATE: 5/5/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11812, 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: Renovation of new 3 bedroom residence

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 DATE

Cash

FEE: 150.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 5-21-98 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 5/20/98 PERMIT NO: 11812
PARCEL NO: 217-212-23

JOB LOCATION ADDRESS: 15630 SASSAFRAS Ln
PROPERTY OWNER: Phillip Duncan
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: John E Higgins, R.S. DATE: 5/20/98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11812, 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.

Phillip Duncan 5/21/98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 11812

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217-212-23

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 — WASHER LINE

___ 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

___ Long-term acceptance rate	120 Max gallons/day wastewater flow	~~120~~ 300 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
yes Serviced by private well	1 WASHER BOX ___ Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	

Any surface waters present: yes Type: LAKE WYLIE Minimum separation distance:

Site modifications required:

Additional Conditions: ALTERATION FOR ADDITIONAL DRAINFIELD FOR ~~DE~~ HOUSE INCLUSIVE OF 3RD BEDROOM. WASHING MACHINE DRAINFIELD WILL BE UTILIZED. USE EXISTING INSTALLED SEPTIC SYSTEM FOR REMAINDER OF REQUIRED DRAINLINES.

Repair Area System Type Type (circle one): I II III IV V VI — NOT REQUIRED

___ 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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

Paul E Keys 5/20/98
DEHNR Authorized Agent Date

Owner/Agent Signature 5/21/98
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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 11812

Tax Number: 217 212 23

- 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
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Alteration to the existing system, Install bed system 9' wd x 50' x 24" stone			
Repair Area System Type 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
450' Bed 150' Absorption Area (Sq ft) Total Trench Length (Ft)	24" Depth of Stone Trench	NA Trench spacing (min. on centers)	40" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Philo S. Walker RS 5/5/99

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

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 11/8/2

Date:

PERSON FILING APPLICATION:
NAME: Duncan (last) Philip (first) E (mi)
ADDRESS: 19033 Ft CLEAR DR PHONE: (803) 548-0941
CITY: TEGA CAY SC. STATE: SC ZIPCODE: 29715

PROPERTY OWNER:
NAME: Duncan (last) Philip (first) E (mi)
ADDRESS: 19033 Ft. CLEAR PHONE: (803) 548-0941
CITY: TEGA CAY STATE: SC ZIPCODE: 29715

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-212-23
STREET ADDRESS: 15630 Sassafras
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 24 sect. 42 LOT SIZE (in acres): 1.02

TYPE APPLICATION (check one):

[redacted] WXS to Build New Home

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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: 3 NUMBER OCCUPANTS: 4

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 [] 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: Philip Duncan Date: 5-

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Use existing system and add alteration for washing machine drainfield for 3rd bedroom.

PERMITS ON FILE

Dave E Heggo Environmentalist 5/20/98 Date

TH

WATER : 122791

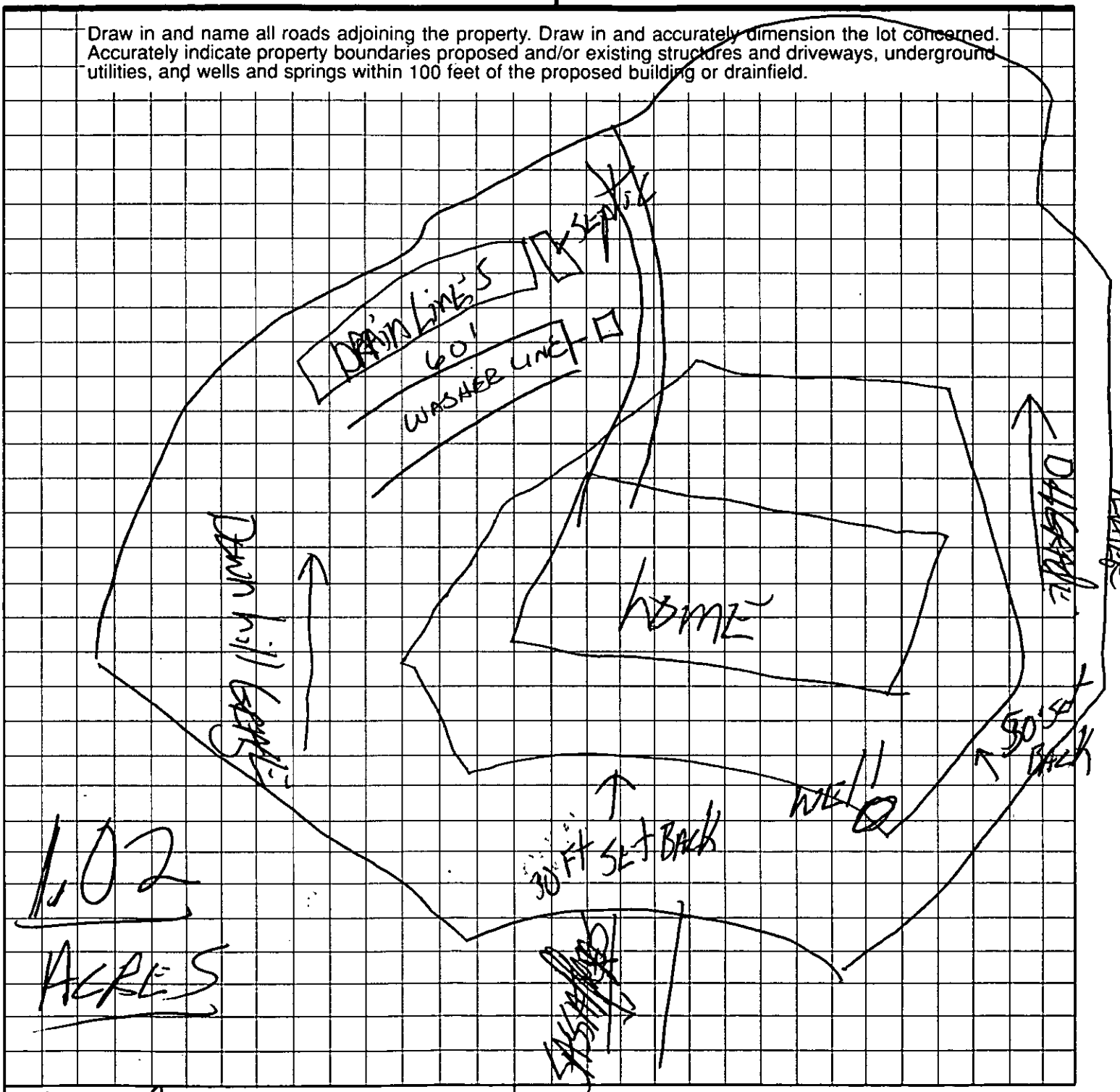
PROPOSED PLOT PLAN

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

FILE: 11812

TC: 217-212-23

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.

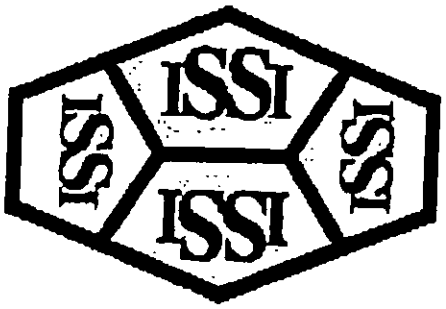


OWNER/AGENT SIGNATURE

DATE 5-12-98

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy



Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

SEE INSTRUCTIONS ON BACK

Date Received 1/22/77

ICAR(S) Application No 11812

T C No 217.212.27

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 hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1 X Install a Septic Tank System with Subsurface Soil Absorption effluent discharge

2 Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge

SEE ATTACHED PLAT

3 PLOT PLAN AS CORRECTLY DIMENSIONED

4 No. of Bedrooms 2

13) NAME OF OWNER Dixon Jr. William Jennos
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 400 Shasta Lane Charlotte

15) PHONE NO Home 366-1524 Office 372-2720

16) LOCATION OF SYSTEM Sassafras Lane
STREET OR COUNTY ROAD

17) SUBDIVISION — Lot No 24 Block No —

Map Book No 17 Page No 603

18) DEED REFERENCE — DEED BOOK — AT PAGE —

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES NO DATE RUN —

20) PTR NUMBER (See Instructions) 11812

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.

DATE OF APPLICATION — OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 0636

ICAR (S) Permit No. 11812

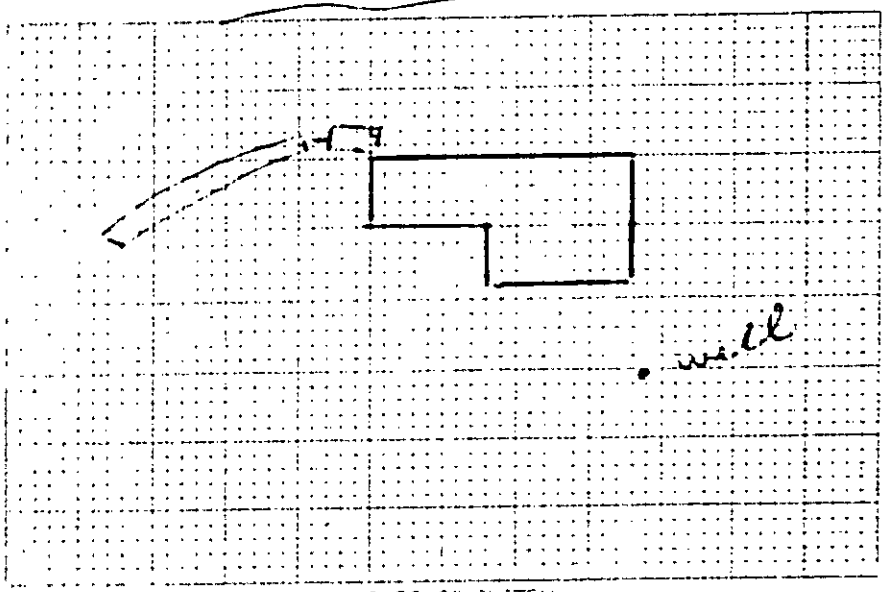
Date Issued 2 May 1977

T C No. 317-312-24

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 granted 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 11812, dated 4-21-77 and the 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 2 June 1977 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Agreement

Liquid Capacity of Tank 1500

Tank Construction pre cast

Absorption Area or Nominal Line

Total Line Length 450 ± ft

Number Lines 4

Distance from House 15'

Distance from Property Lines 20' ±

Distance from Well 50' ±

NAME OF OWNER Dixon J. Hallman Jr.

LOCATION OF PROPERTY Sassafras Lane Lot 24

It is the responsibility of the Construction Contractor to comply with 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 inspectable 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 liability resulting from the failure or the system to operate properly.

in bed 10'x5-2'x 36" + aeration pit

John R Adkisson

Environmentalist

(Date Issued)

If this permit is for the installation or construction of a new system, it must be signed by the division or section chief 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.

Health Department's Copy

Apt 11812

Draw By
& Mail To:

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT

SEPTIC TANK AGREEMENT

PRESENTED FOR REGISTRATION
'77 Feb 21 PM 4 07
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

DATE 1/29/77

REAL ESTATE BOOK 3919 PAGE 0944

I acknowledge that I have been informed by the Mecklenburg County Environmental Health Department that the property located at

Sassafras Lane, Lot 24

Parcel No. 217-2-2-23

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

Unsuitable soil

Owner _____

State of North Carolina
County of Mecklenburg

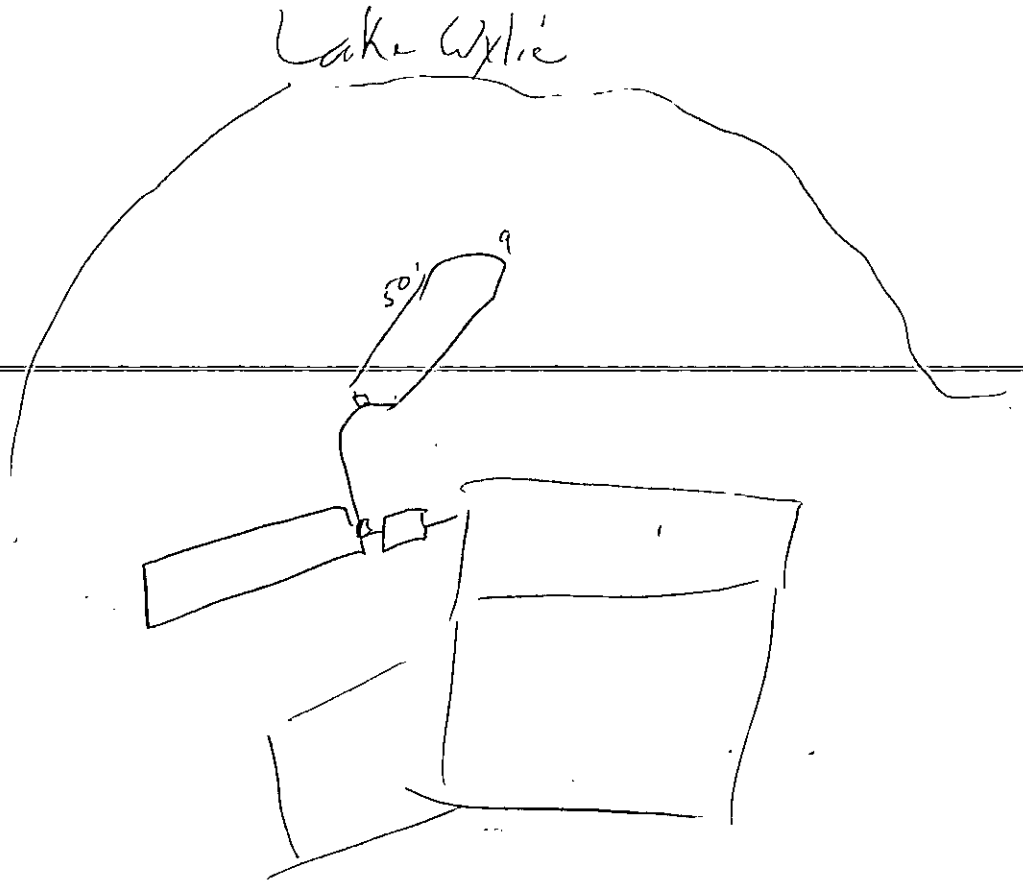
I, _____, a notary public in and for the said County and State, do hereby certify that _____ personally appeared before me this day and being duly sworn signed the foregoing instrument.

1/29/77 _____ Notary Public

My commission expires _____

FHD 506
Revised 12/17/75

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Martha M. Quinn.
Notary Public of said County and State
is certified to be correct. This 21 day of February, 1977
Charles E. Crowder, Register of Deeds, By: _____ DEPUTY


Lake Wylie
50'
9