

14020 MILL HOUSE DR

21513181

7/1/08

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: 12637 DATE: 3-31-97

TC: 215-131-81 ☒ L ☐ CRT

SERIAL Nº 17082

Name of Owner MARC ELLIOT Juris.: _____

Address of Property 14020 MILL HOUSE DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 100

Number of Lines 3 @ 33

Cover Depth 24"

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 3-31-97

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1997 REPAIR CTR# AUTOCAD CONCEPT

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: _____

_____

_____

_____
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

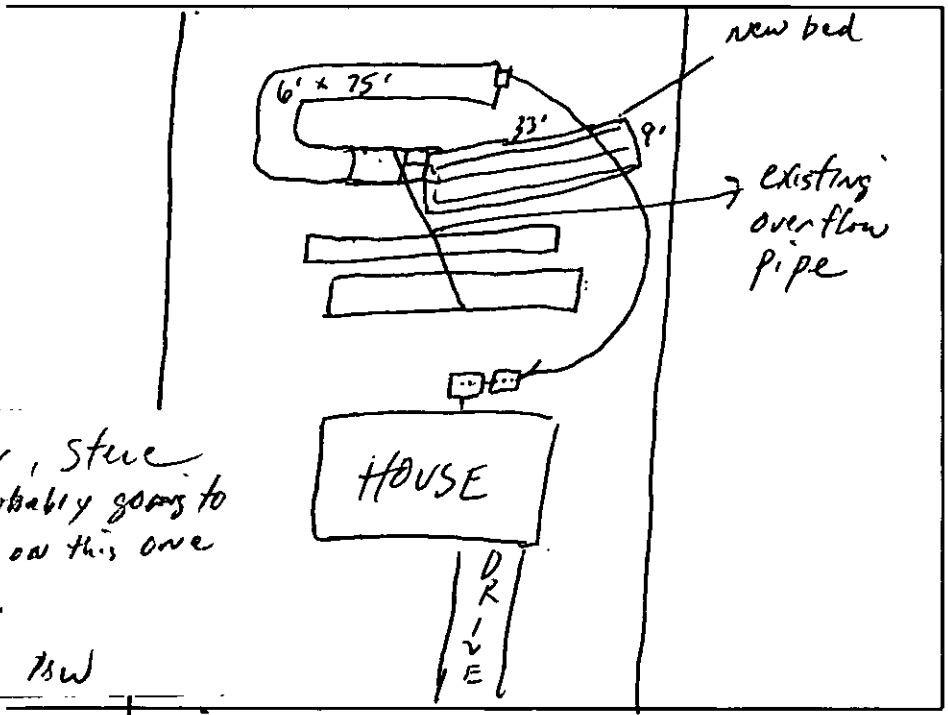
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12637 DATE: 3/27/97

TC: 215 / 31 / 81 X L

SERIAL Nº 16840

Permission is hereby given to _____ Install or Construct, _____ Alter or ~~Repair the~~ Individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/27/97. All work shall be completed on or before 4/27/97, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth _____

Absorption and/or Nitrification Lines:
Bed Trench Width 9' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 100' feet

Number of Lines 3(33')

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 _____

LOCATION OF PROPERTY 14020 Mill House Dr

Comments: (1) Bed System 9'wd x 33'long x 24" Stone / ~~Overflow~~ Existing joints to new bed / Existing bed to be feed from existing overflow lines.

Phila S. Walker E.H.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

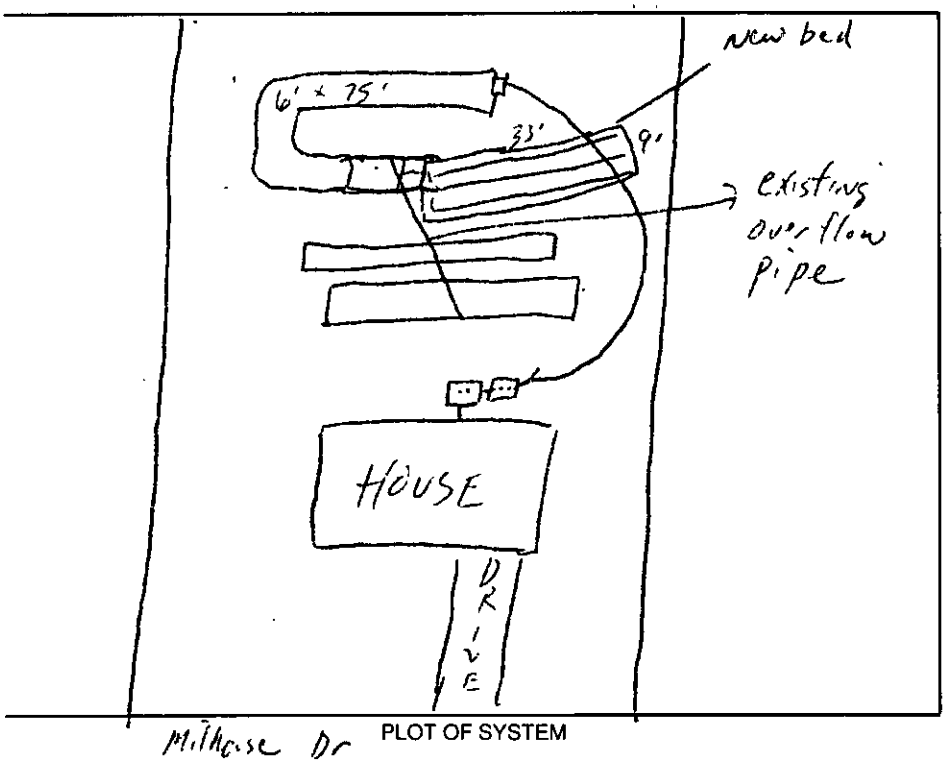
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12637 DATE: 3/27/97

TC: 215 13 1 81 , ☒ L

SERIAL Nº 16840

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/27/97. All work shall be completed on or before 4/27/97, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width (Bed) 9' feet

Trench Walls Scored and Porous VFS

Total Line Length (Bed) 100' feet

Number of Lines 3(33')

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 _____

LOCATION OF PROPERTY 14020 Mill House Dr

Comments: (1) Bed System 9' wid x 33' long x 24" stone / ~~Overflow~~ Ex. Tank Jones to new bed / Existing bed to be feed from existing overflow line.

Phillip S. Walker R.S.
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

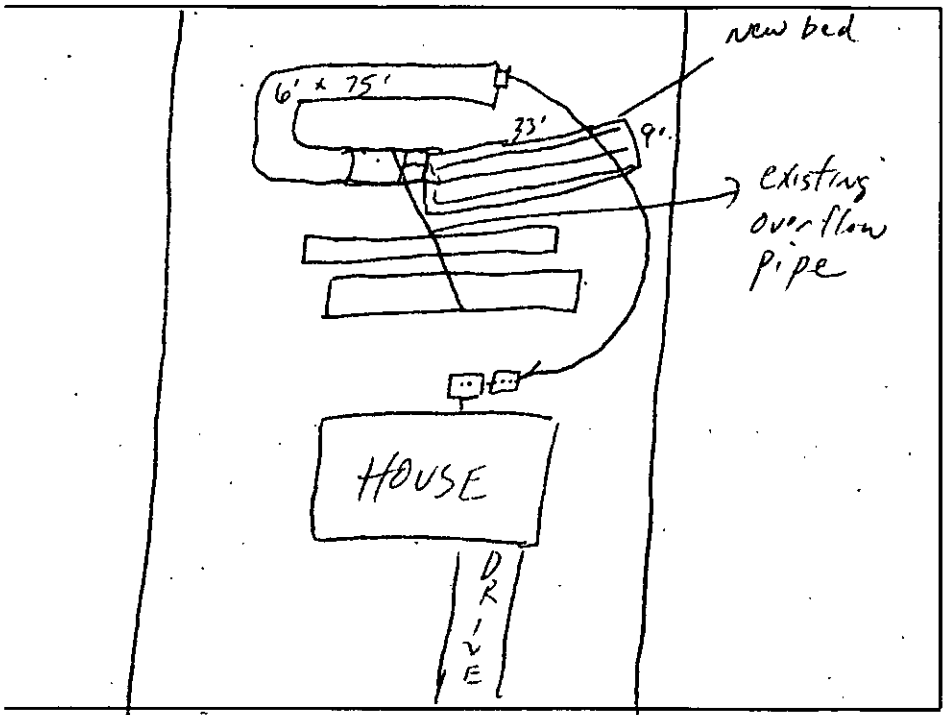
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12637 DATE: 3/27/97

TC: 215 131 81 Y/N L

SERIAL Nº 16840

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/27/97. All work shall be completed on or before 4/27/97, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Trench Walls Scored and Porous yes

Total Line Length Bed 100' feet

Number of Lines 3(33')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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NAME OF OWNER _____

LOCATION OF PROPERTY 14020 Mill House Dr

Comments: (1) Bed System 9'wd x 33'long x 24" Stone / ~~Overflow~~ Existing lines to new bed / Existing bed to be feed from existing overflow lines

Phila S. Walker E.H.S.
Environmental Health Specialist

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

Date Received 1-13-97

Pump not working sending a No/

APT No. 12627

T.C. No. P.O. 215-131-60

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ralph Squires Construction Company, Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER K P. O. Box 25178 Charlotte, N. C. ZIP 28212

3) PHONE NO Home ____ Office 537-9553

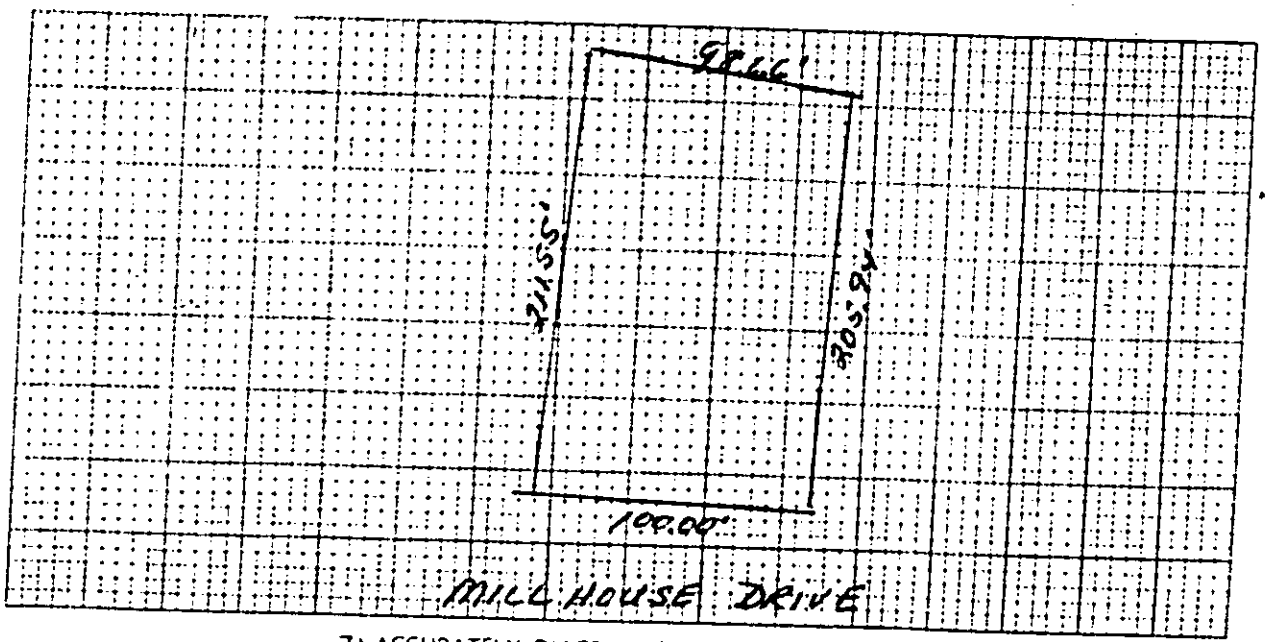
4) LOCATION OF PROPERTY 14020 Millhouse Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Windrow Estates LOT NO. 14 BLOCK NO. M

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 Jim Bryan

EHD-S-76

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation Jan. 21, 1977 APT NO. 12637

Owner Ralph Spicer Construction Co, Inc.

Location of Property 14020 Millhouse Dr. Lot No. 141 Block M

Soil Suitability Ratings Texhoma No. P.O. 215-131-62

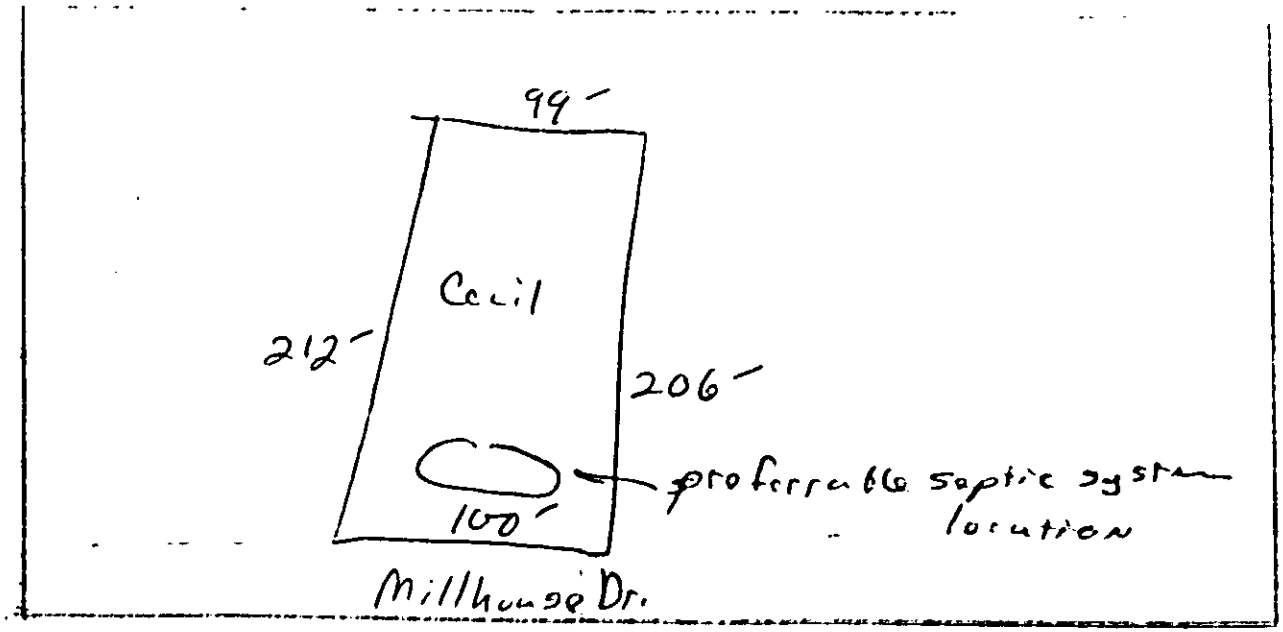
Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Coc.1			
2. Soil Slope	suitable 3-6%c			
3. Soil Depth	suitable >48=			
4. Soil Texture	provisionally suitable clay			
5. Soil Structure	provisionally suitable blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	suitable water table >6'			
8. Soil Permeability (Percolation Rate)	Provisionally suitable moderate 60 min. /in.			
9. Other	—			
10. Overall Rating	provisionally suitable			

Recommendations Based on this investigation, the lot was found to have an adequate area of provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of 60 min./in.

See diagram on back

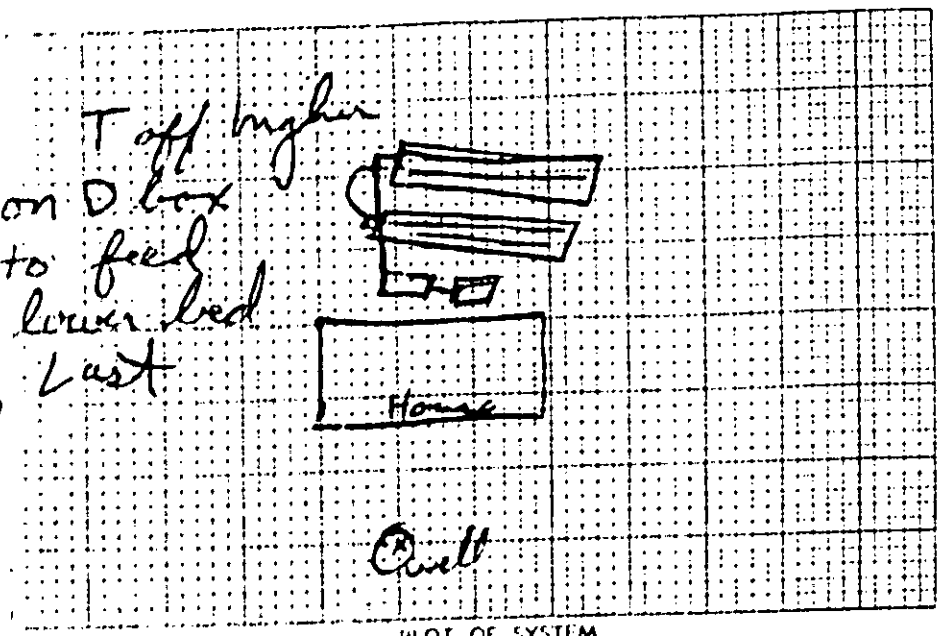
W. Edward Gwaltney
Soil Scientist

3/10/75
EMD 539


99'
Cecil
212'
206'
preferrable septic system location
100'
Millhouse Dr.

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 waste-water 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 12637, dated 12/9/77, 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 5 July, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal & 1000 gal Pump

Tank Construction Pre Cast

Absorption and/or Nitrification Lines:

Total Line Length 607' (440 + 167)

Number of Lines 4 & 4 (2 beds)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Squires Const. Co. Inc.

LOCATION OF PROPERTY 14020 Mill House Dr.

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: pump to cycle 150-200 gal

2 beds (12' x 76' x 12" stone)

Environmentalist

Division or Section Head

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

Serial No. 1608

Date Issued 24 June 25

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 Ralph Spainhour Const. Co. Inc.
LAST FIRST MIDDLE

Location of Property 14020 Mill House DR

Application Number 12637 Permit Number 12637

Inspection Data:

Liquid Capacity of Tank 1500 & 1000 gal Resp. Tank Material Pre Cast

Total Length of Drain Tile (440 & 167) = 607' Number of Lines 4 & 4

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 9 June 25 Tank Inspected 9 June 25
DATE DATE

Nitrification Field Inspected 9 June 25
DATE

Washing Machine Line Inspected, If Applicable _____
DATE

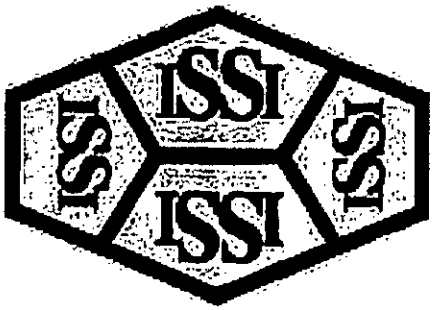
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption of effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 [redacted] w/ beds (12" x 36" x 12" Stone)

[redacted] clear

Environmentalist

Environmental Health Department's Copy



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ISSI Operations Center Staff

SEE INSTRUCTIONS ON BACK

Date Received 3 [illegible] ICAR(S) Application No [illegible]

T C No. 21[illegible]

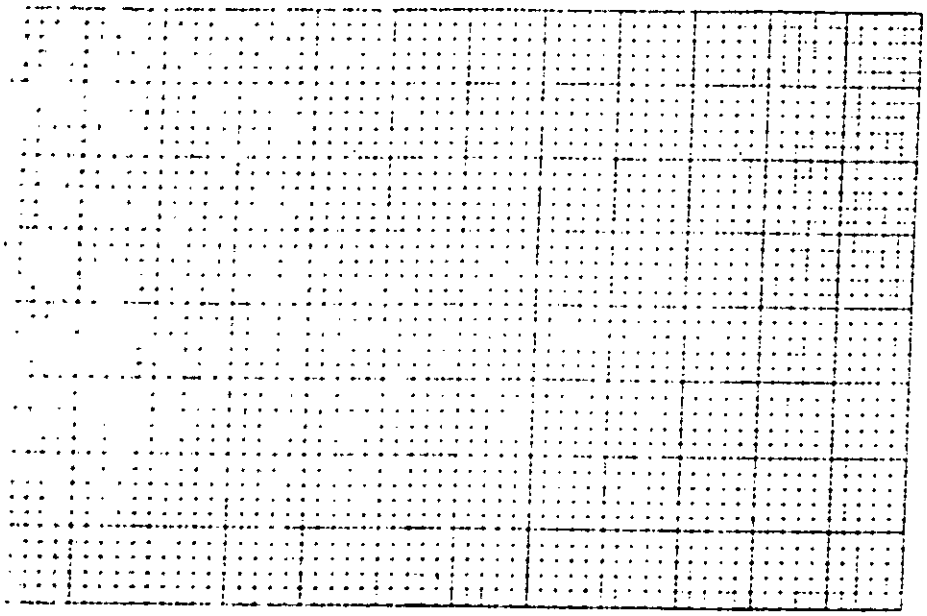
Map Date [illegible]

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

I [illegible] the property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home [illegible]

Residence [illegible]

4) No. of Bedrooms 4

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 Zolnosk (LAST) John (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 14020 Mill House Dr.

15) PHONE NO Home 342-4541 Office 536-3770

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

17) SUBDIVISION _____ 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 hereof 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

3-19-87
DATE OF APPLICATION

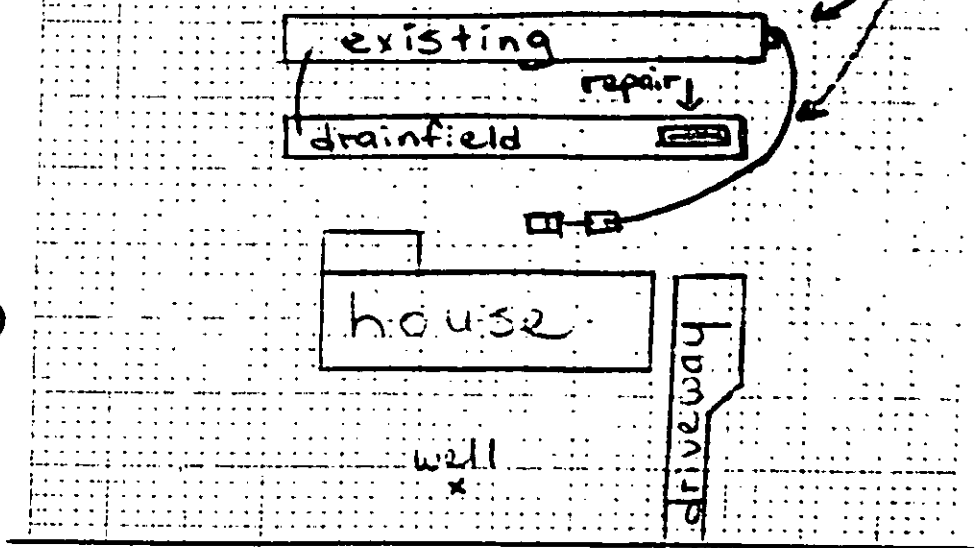
[signature]
OWNER

[signature]

Date Issued 3-23-82 Serial No

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption Effluent Discharge)

Permit is hereby granted for the above ✓ water treatment [illegible] described location and [illegible] dated 3-19-82 [illegible] plot plan is not [illegible] date this permit shall be null and void use excess soil to build up the low portions of the lot- pack it back + grade to drain all surface water



existing

100'
one
>10'
>10'
>50'

Mill House PLOT OF SYSTEM Drive

NAME OF OWNER Zelinski, John

LOCATION OF PROPERTY 14020 Mill House Drive

The system shall in all of the construction requirements as set forth in the Regulations of the [illegible] County Health Commissioners in effect at 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 rendered uninspectable. [illegible] used. The issuance of this permit does not in any way guarantee the system and [illegible] the property, or relieve any person now or hereafter [illegible] trolling or using such [illegible] liable for resulting from the failure of the system to operate [illegible]

excavate a 3' wide x 15' long portion of the existing drainfield at the weak spot and install a repair with 10' of stone - call for inspection before stone is added. I would recommend a repair twice that size (6' wide x 15' x 10

Comments

Mike Sexton
Environmentalist

[illegible] for the [illegible] of a new system, it must be signed by the [illegible] at the Department of Environmental Health in order to be valid. Only the signature of [illegible] is required where an existing system is being altered or repaired.

Issued To

CERTIFICATE OF APPROVAL

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

Name of Owner Zelinski, John
LAST FIRST MIDDLE

Location of Property 14020 Mill Grove Dr.

Application Number 12637

Permit Number 12637

Inspection Date:

Liquid Capacity of Tank Existing System

Total Length of Drain Tile 100

Depth of Filter Material 10'

Water Supply Source well

Excavation Inspected 10-1-82
DATE

Nitrification Field Inspected 10-1-82
DATE

Washing Machine Line Inspected, If Applicable —
DATE

Tank Material —

Number of Lines 1

Cover Depth 2-3'

Distance from Water Source 75-6'

Tank Inspected —
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: _____

INSTALLATIONS, CONSTRUCTIONS, ALTERATION, AND/OR REPAIR PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

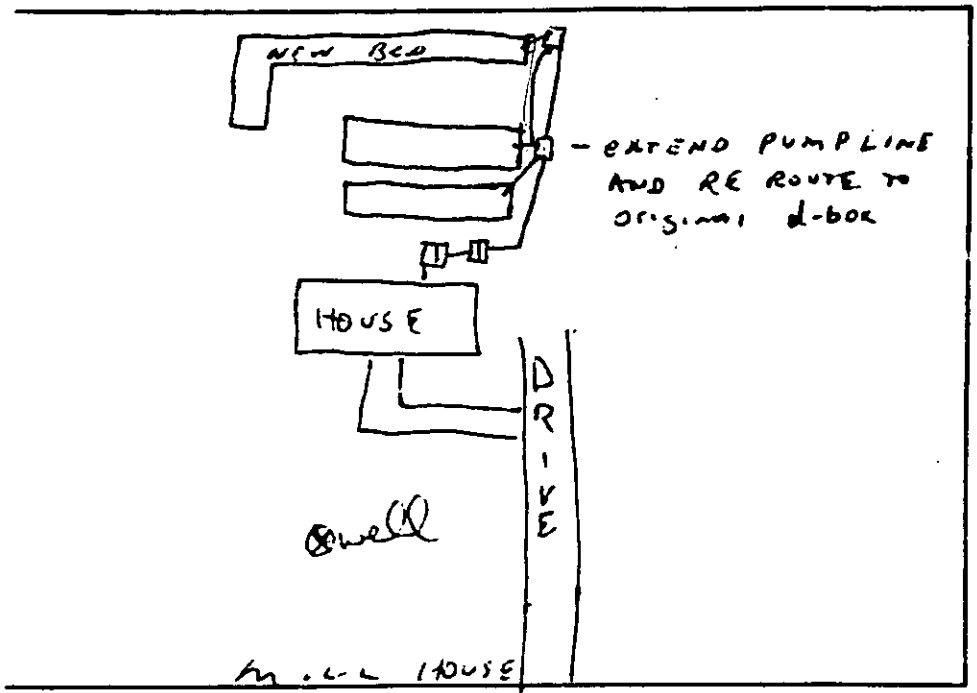
FILE 12637 DATE: 5-29 97

TC: 215131-81 ØL

SERIAL Nº 10875

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 5-23-97. All work shall be completed on or before 6-23-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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.

REPAIR



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 150 feet

Number of Lines 2

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER ZELINSKI JOHN

LOCATION OF PROPERTY 14020 MILL HOUSE DR

Comments: 1 Bed 6 x 75 x 24"

Division or Section Head

Environmentalist Kelly Ball

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

PHONE (704) 376-4603

SERIAL Nº 10168

Name of Owner ZELINSKI JOHN Juris.:

Address of Property 14020 MILL HOUSE DR

Inspection Data: REPAIR

Tank Material

Total Length of Drainfield 150

Number of Lines 2 @ 75

Cover Depth 1

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 6·25

Tank(s) Inspected 6·25

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1987 REPAIR CTR#

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

☑ installed or constructed ☑ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

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COMMENTS:

Environmentalist

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Mark S. & Jennie A. Elliott MAILING ADDRESS 14020 Mill House Dr. Matthews 28105

OCCUPANT Same LOCATION Same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel# 215-131-81

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5568/336-5102 .

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs *(specify)* _____

☒ Perform Maintenance *(specify)* Replace pump or float switch as needed. Have contractor call us on this. Thanks. LT

If the wastewater violation is not brought into compliance by February 17, 1997, appropriate legal action will be taken.

Notice Issued January 15, 1997 (Date) Signed Larry B. Thompson, Jr., R.S. (Agent) (Division of Environmental Health)

Compliance _____ (Date) Signed _____ (Agent) (Division of Environmental Health)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

"FINAL NOTICE"

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health 2-4-97 mailing date LBT initials

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Mark S. & Jennie A. Elliott MAILING ADDRESS 14020 Mill House Dr. Matthews 28105

OCCUPANT Same LOCATION Same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel# 215-131-81

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5568/336-5102 .

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

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