

16926 BELLE ISLE DR

00131222

5/1/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

0450

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2739A DATE: 7/29/94

TC: 001 312 22 ☐ L ☒ CRT

SERIAL Nº 14271

Name of Owner Edith Brotherton Juris.:

Address of Property 16926 Belle Isle Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected 7/29/94

Tank(s) Inspected 7/29/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500 ST, CON, 1200 SFT, 12" Stone ceil CTR# F.J. Ervin 52

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

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 10 NCAC 10A .1900 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.

COMMENTS: Septic System designed for 3 bedroom residence
3 lines 90' long, 1 line 140' long, regulated by speed levels

Type II

Philo S. Walker R.S.
Environmentalist

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

7/20

2nd Approval

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

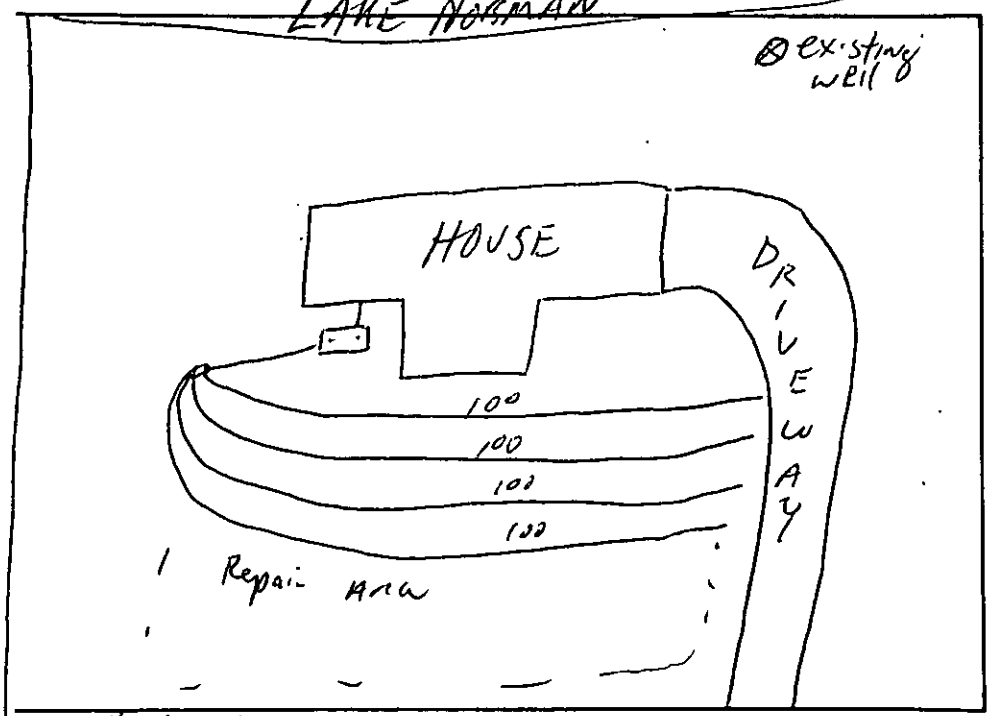
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FILE: 2739 A DATE: 7/20/94

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SERIAL № 15793

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 5/21/92. All work shall be completed on or before 8/20/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10A~~ 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.



Belle Isle Dr PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ≥ 50' feet

NAME OF OWNER Edith Brotherton

LOCATION OF PROPERTY 16926 Belle Isle Dr

Comments: 1500 ST, 4 lines x 100' long x 3' wd x 12" stone | Keep lines as shallow as possible,

Division or Section Head

Phillip S. Walker
Environmentalist

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY