

11800 BRIEF RD

19715416

5/22/08

marliwr

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

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

instructions

III b

Microbiological Analyses

Owner, System or Establishment: Tonya Tucker

Address: 11800 Blair Road

Charlotte, NC Zip: 28227

Collected By: L. Thompson

Date Collected: 3-11-99 Time: 11:40 AM PM

Sample Source: outside tap

Date Delvd. to Lab: 3-11-99 Time: 1:20 AM PM

Delivered By: L. Thompson ☒ Delivered on Ice Initials LBT

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ Chlorinated ☒ Nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (specify)

Analysis Requested: ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform Present / 100 ml.

Fecal Coliform Absent / 100 ml.

Fecal Strep ____ / 100 ml.

Enterococcus ____ / 100 ml.

Non-Coliform ____ / 100 ml.

Plate Count ____ / gm. or ml.

Coliform Count ____ / gm. or ml.

Pseudomonas aeruginosa ____ / 100 ml.

Laboratory Comments:

Date Received: 3/11/99

Received By: MG

Date Reported: 3/12/99

Analyst: MG | SW Lab #: 911

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — Health Department
Name of Establishment: residence — Permit/Project No.: 3965
11800 Brief Road — Location
Type of Establishment — Design Flow: 360 gpd
Tonya Tucker 11800 Brief Road, Charlotte, NC 28207 — Owner/Agent, Address, Phone
N/A — Operator, Address, Phone
Remarks: III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pumping septic tank.
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	- Alarm float needs to be secured.
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	Effluent surfacing in one spot appears to be minor problem - asked owner to get a septic tank contractor to contact me about this
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Drainlines appear to be relatively dry - Brine problem is associated with D-Box adjustment or broken/cracked supply

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Find cause of effluent surfacing & repair	30

DATE: 3-11-99 SIGNED: Larry B. Thompson J. R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

Larry Thompson 336-5568

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Tonya D. Douglas
11800 Brief Road
Charlotte, NC 28227

RECEIVED
$85.00
Chk # 492
3/10/99 JC

Please Make Check Payable to:
Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Tonya D. Douglas	11800 Brief Road	197-154-12	3965B	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name: Tonya Tucker

Site Address: 11800 Brief Rd
Charlotte, nc 28227

# of Bedrooms: 3

✓ 11734 Brief (3964)
197-154-13
Inspected
3-11-99
sewage surface may be broken or cracked supply - may also be P. Box

BILL INFORMATION

Billing Date	Payment Due Date
2/2/99	3/2/99 *PAST DUE*

Direct Questions Concerning This Bill To ..... (704) 336-5102

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

February 2, 1999

Tonya Tucker
11800 Brief Road
Charlotte, NC 28227

Dear Ms. Tucker:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid
10-4-91
#1200.00
10/22/91

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

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

(OFFICE USE ONLY)
FILE: 3965
TC: 197-154-12
SERIAL: № 21725
☒ CRT

JOB LOCATION

① ADDRESS: 11800 (STREET NO.) BRIEF (STREET) Road
② FILE: 3965
③ JURISDICTION:
④ TAX PARCEL NO.: 197-154-12
⑤ SUBDIVISION: MOUNT HOLLY ESTATES
⑥ LOT: 2
⑦ BLOCK: B

OWNER

⑧ NAME: GEORGE (FIRST) RICHARD (MIDDLE) LAMB (LAST)
⑨ MAILING ADDRESS: P.O. BOX 23122
⑩ CITY: CHARLOTTE
⑪ STATE: N.C.
⑫ ZIP: 28212
⑬ PHONE: (WORK) 545-8126
⑭ (HOME) 545-8126

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence
⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type?
㉔ Maximum occupancy? 4
㉕ Maximum number of employees?
㉖ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: George R. Lamb
Date July 2, 1991

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 10-1-91

Director or Authorized Section Head — Date 10-2-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3965 DATE: 7-3-92

TC: 197-154-12 ☐ L ☒ CRT

SERIAL № 12891

Name of Owner George Lamb Juris.:

Address of Property 11800 Brief Rd.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 350'

Number of Lines 5 @ 70'

Cover Depth 15"-36"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 7-3-92

Tank(s) Inspected 7-3-92

Wash Line Inspected

High Water Alarm Inspected 7-3-92

PLOT

Design: 1992, 1500ST, 1000DT, PI, MOD, 700SFT, 18E, CTR: 174

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:

B. R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

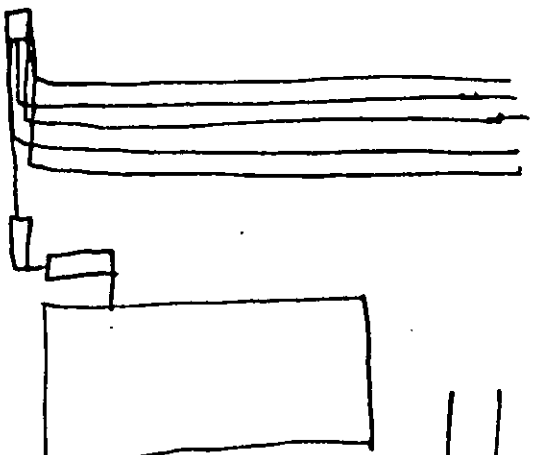
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3965 DATE: 7-1-92

TC: 197-154-12 ☐ L

SERIAL Nº 13467

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 7-2-92. All work shall be completed on or before 8-1-92, 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 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 property.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction Ftt

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 325 feet

Number of Lines 5

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 6 feet

Distance from Well >50 feet

NAME OF OWNER George Lamb

LOCATION OF PROPERTY 11800 Briff Rd

Comment: 5 lines 2'X65'X18" stone / Original Modification - Note This Design Occurred Due to Foundation Excavation and Site Conditions.

Division or Section Head

B. R. Ferguson
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

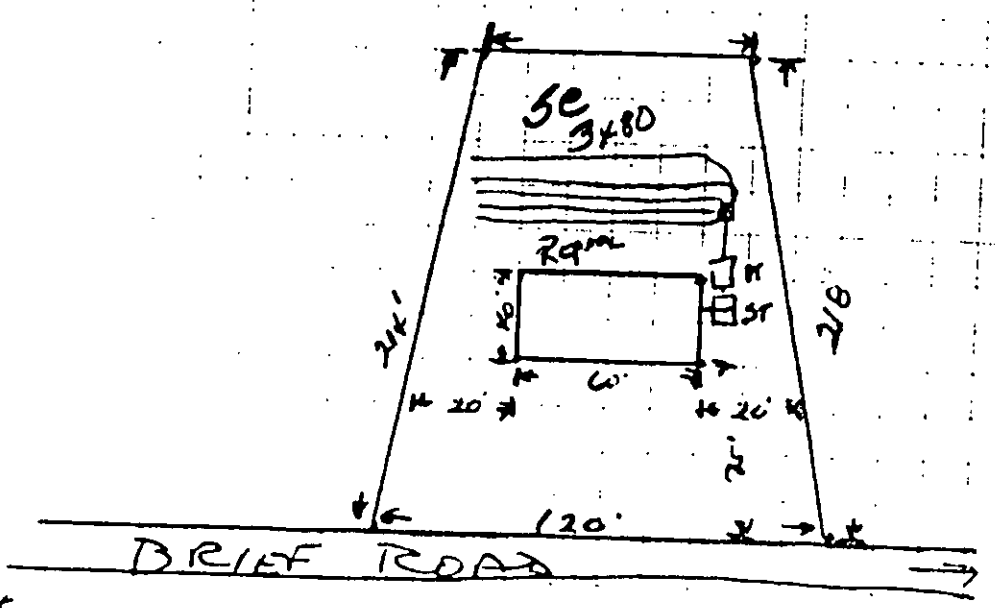
PROPOSED PLOT PLAN

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

FILE: 3965

TC: 197-154-12

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.



*
DEEDED pre 1983
INSTALL 1500 gal ST, 1000 gal PT
SL Lines @ 3x80, Rep 3x5'
from prop lines & 5' from foundation
& 50' from well

July 8, 1991

APPROVAL DATE 7-8-91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid
CK#4523
$200.00
07/02/91

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

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

(OFFICE USE ONLY)
FILE: 3965
TC: 197-154-12
SERIAL: № 21725
☐ OT ☒ CRT

JOB LOCATION

① ADDRESS: 11800 (STREET NO.) BRIEF (STREET) Road
① FILE: 3965
③ JURISDICTION:
④ TAX PARCEL NO.: 197-154-12
⑤ SUBDIVISION: MINT HILL ESTATES
⑥ LOT: 2
⑦ BLOCK: B

OWNER

⑧ NAME: GEORGE (FIRST) RICHARD (MIDDLE) LAMB (LAST)
⑨ MAILING ADDRESS: P.O. BOX 23122
⑩ CITY: CHARLOTTE
⑪ STATE: N.C.
⑫ ZIP: 28212
⑬ PHONE: (WORK) 545-8126
⑭ (HOME) 545-8126

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence
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㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☐ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
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Date: July 2, 1991

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date: 10-1-91

Director or Authorized Section Head — Date: 10-2-91

* This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3965 DATE: 7-3-92

TC: 197-154-12 ☐ L ☑ CRT

SERIAL № 12891

Name of Owner George Lamb Juris.:

Address of Property 11800 Brief Rd.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 350'

Number of Lines 5 @ 70'

Cover Depth 15"-36"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 7-3-92

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☑ 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:

B. R. Ferguson
Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

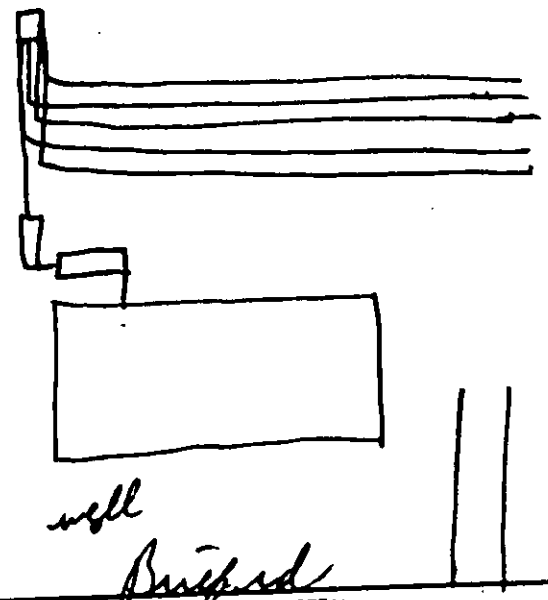
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3965 DATE: 2-1-92

TC: 197-154-12 ☐ L

SERIAL Nº 13467

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 1-2-92. All work shall be completed on or before 8-1-92, 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 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 Tcc

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Number of Lines 5

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 6 feet

Distance from Well > 50 feet

NAME OF OWNER George Lamb

LOCATION OF PROPERTY 11800 Brief Rd

Comments: 5 lines 2'X65'X18" stone / original Modification of Note This Design Occurred Due to Foundation Excavation and Site Conditions.

Division or Section Head

B. R. Ferguson
Environmentalist

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

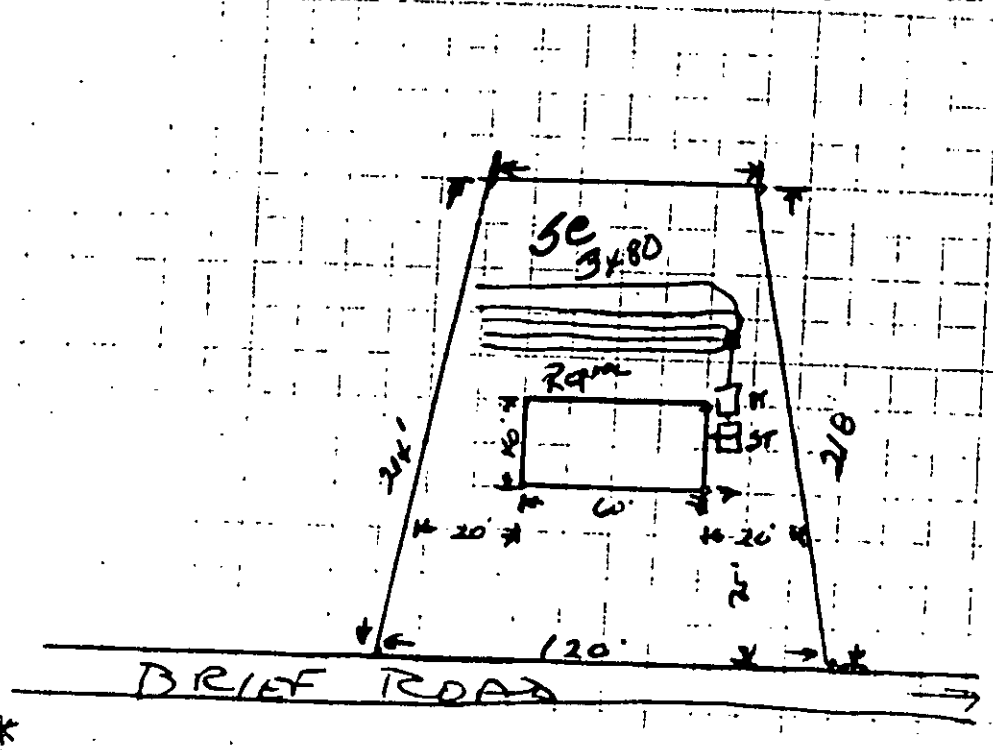
PROPOSED PLOT PLAN

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

FILE: 3965

TC: 192-154-12

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.



*
DEED pre 1983
INSTALL 1500 gal ST, 1000 gal PT
S Lines @ 3x80, Rep 3x5'
From prop lines & 5' from riparian
& 50' from well

MPL
July 8, 1991

APPROVAL DATE 7.8.91

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