


18304 MANDRIAN POINT DR

00109166

4/28/08

marliwr

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

2007 ALTERATION

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2106 A  WASPS App #: 2579

Primary ES assigned to project: OJ

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☑ Repair ☐ Modified Plot Plan ☐

I. File Review:

| Rule or Law | | | | |
|---|---|---|---|---|
| | **Permit Application** | | | |
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| 1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| 1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| 1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| 1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1940 (a-g) | Slope % Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(2) | Texture Class Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(2) | Structure type Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(2) | Consistence Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(2) | Mineralogy Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1937(m) | Are the Profile Locations Shown? | | | |
| 1939(a) & 1945(b) | Are the S/PS Profiles in system & in repair area? | Yes ☐ | No ☐ | N/A ☑ |
| | Number of auger borings made: _____ | | | |
| | Were sufficient auger borings made? | Yes ☐ | No ☐ | N/A ☑ |
| 1939(d), 1955, 1956, 1957 | LTAR | Yes ☐ | No ☐ | N/A ☑ |
| | **Improvement Permit/Construction Authorization** | | | |
| 1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☐ | No ☐ | N/A ☑ |
| 1945(b) | Proposed System Type stated-Repair | Yes ☐ | No ☐ | N/A ☑ |
| 130A-336 (a)(3) | System location identifiable by setbacks - initial | Yes ☐ | No ☐ | N/A ☑ |
| 1937(g) 1945(b) | System components shown – Initial | Yes ☐ | No ☐ | N/A ☑ |
| 1945(b) | Repair area shown | Yes ☐ | No ☐ | N/A ☑ |
| 1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☐ | No ☐ | N/A ☑ |
| 1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☐ | No ☐ | N/A ☑ |
| 1937 (f)(g) | Is the System located in the approved area? | Yes ☐ | No ☐ | N/A ☑ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☐ | No ☐ | N/A ☑ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | | | |
| .1937(g) | Trench depth indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 1937(g) | Trench width indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 1937(g) | Trench length indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☐ |
| | | Yes ☐ | No ☐ | N/A ☐ |
| 1937(i) | Operation Permit<br>System type as described in table V(a) of rule .1961 | | | |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☒ | No ☐ | N/A ☐ |
| | | Yes ☒ | No ☐ | N/A ☐ |

II. WASPS Review:

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

Comments: # Items requiring correction/modification: _____

CA issued date: 8-9-07

OP issued date: 9-21-07

Review performed by: IGR Date performed: 9-27

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**INSTALLATION APPROVAL for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 2106A Permit #: 2579 Tax Parcel #: 001-091-66

Property Owner: RICHARD BOESEL

Job Location Address: 18304 MANDRIAN PT. DRIVE

City: CORNELIUS State: NC Zip Code: 28031

~~Installation~~ **Approval Issuance Date:** 8/9/07

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before BEFORE POOL, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: EXISTING gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 150' feet

# of Lines: 3 @ 50' feet

Depth of Media: 12 inches (Type) 25% RED

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

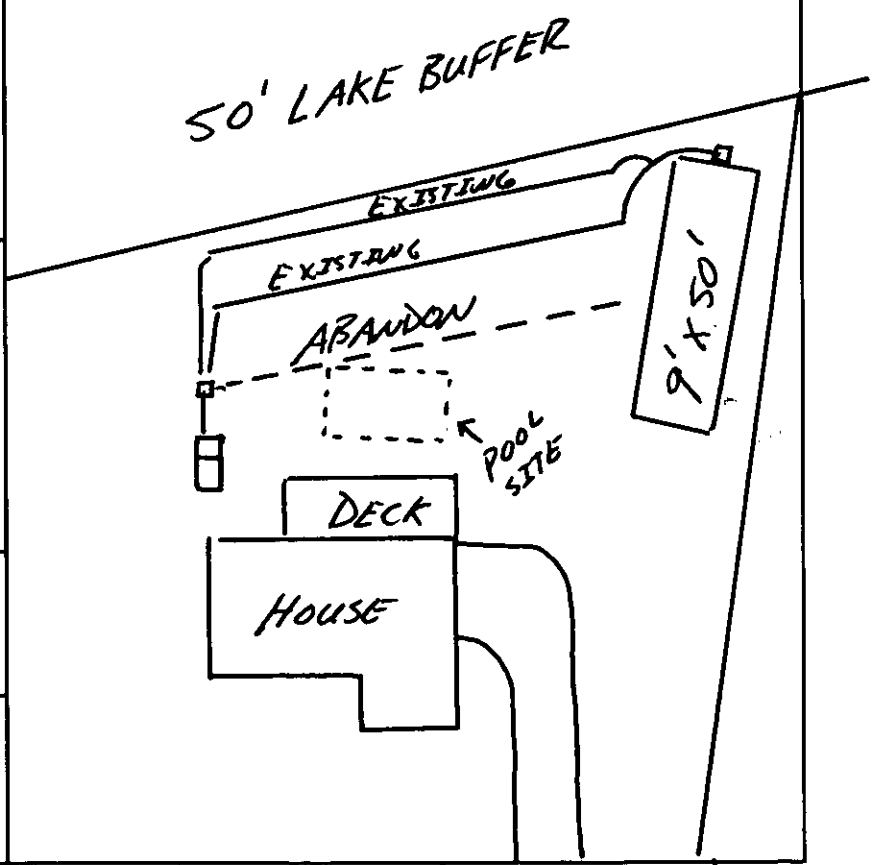
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: 2007 ALTERATION (TYPE IIIg)

ABANDON TOP DRAIN-FIELD LINE

SPILL-OVER TO 9'x50' BED

DENR Authorized Agent: Jeremy Micheloni, R.S. Signature: Jeremy Micheloni, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2106A Permit #: 2579 Tax Parcel #: 001-091-66

Property Owner: RICHARD BOESEL

Job Location Address: 18304 MAIDEN POINT DRIVE

City: CORNELIUS State: NC Zip Code: 28031

**Operation Permit Issuance Date:** 9/21/07 Contractor Name: AUTREY

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 9/21/07

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 150 feet

# of Lines: 3 @ 150 feet

Depth of Media: 12 inches (Type) E-Z FLOW

Depth of Cover: 24 inches

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

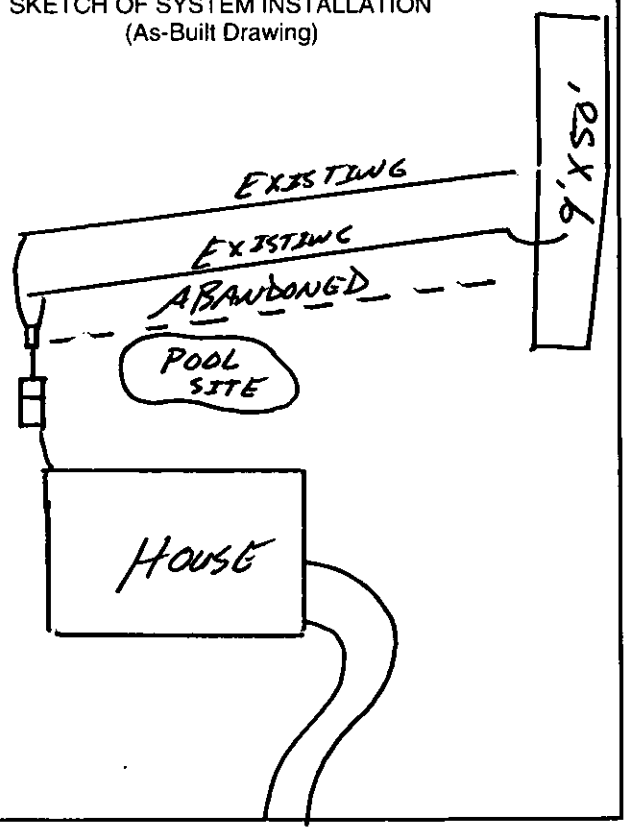
System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

**Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

Comments: System Classification & Type: 2007 ALTERATION

TYPE IIIg 25% Reduction

DENR Authorized Agent: Jeremy Nicholas, R.S. Signature: Jeremy Nicholas, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**OPERATION PERMIT for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 2106A Permit #: 2579 Tax Parcel #: 001-091-66

Property Owner: RICHARD BOEGER

Job Location Address: 18304 MANDRIAN POINT DRIVE

City: CORNELIUS State: NC Zip Code: 28031

**OPERATION PERMIT CONDITIONS:**

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2007 ACTERATION

DENR Authorized Agent: Jeremy Nicholas Date: 9/21/07

Signature: Jeremy Nicholas, RS

## CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **2106A** Tax Number: **00109166**

- 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

**Primary Wastewater System**

Type: ☐ 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:

| | | | |
|---|---|---|---|
| **0.3** Long-term acceptance rate (GPD/ft^2) | **360** Max gallons/day wastewater flow | **450** Absorption Area (ft^2) | **9** Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☐ Yes ☒ No | **EXIS** Gallon septic tank | **150** Total trench length (ft) | **36** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| **3** Bedrooms in residence | **NA** Gallon pump tank | **12** Depth of media (in) | |

Any surface water present: **YES** Type: **LAKE NORMAN** Minimum separation distance (ft): **50**

Additional conditions:

**Repair Area System**

Type: ☐ 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:

| | | | |
|---|---|---|---|
| **900** Absorption Area (ft^2)<br>**300** Total trench length (ft) | **12** Depth of media (in) | **9** Trench spacing (min. on centers) (ft) | **30** Maximum trench depth (in) |

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Terry Nuckles, R.S. 8/9/07

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE NUMBER: 2106A

APPLICATION NUMBER: 2579

SEPTIC FEE: 300.00
DATE: 8/1/07
JKA CASH

Revised On: January 3, 2007

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 001-091-66
STREET ADDRESS: 18304 Mandrian Pt Dr
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME: Shearwater Point
LOT #: 11 LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☑ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4,300
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☑ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☑ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. **RANK:** 1 — — 2 — —

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES ☐ YES ☑ NO | | GRADING/SOIL REMOVAL PERFORMED ☐ YES ☑ NO | |
| EXISTING WASTEWATER SYSTEMS (septic field) ☑ YES ☐ NO | | JURISDICTIONAL WETLANDS ☐ YES ☑ NO | |
| WELLS, SPRINGS, OR WATER LINES ☐ YES ☑ NO | | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY ☐ YES ☑ NO | |
| EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☑ NO | | WASTEWATER OTHER THAN DOMESTIC SEWAGE ☐ YES ☑ NO | |

10. **PROPERTY OWNER:**
NAME: Richard Boesel
ADDRESS: 18304 Mandrian Pt. Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 704-892-7495 WORK PHONE: 704-547-8604
MOBILE PHONE: FAX: 704-892-7295

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3-91
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** N/A

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature — Date 8-3-07

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

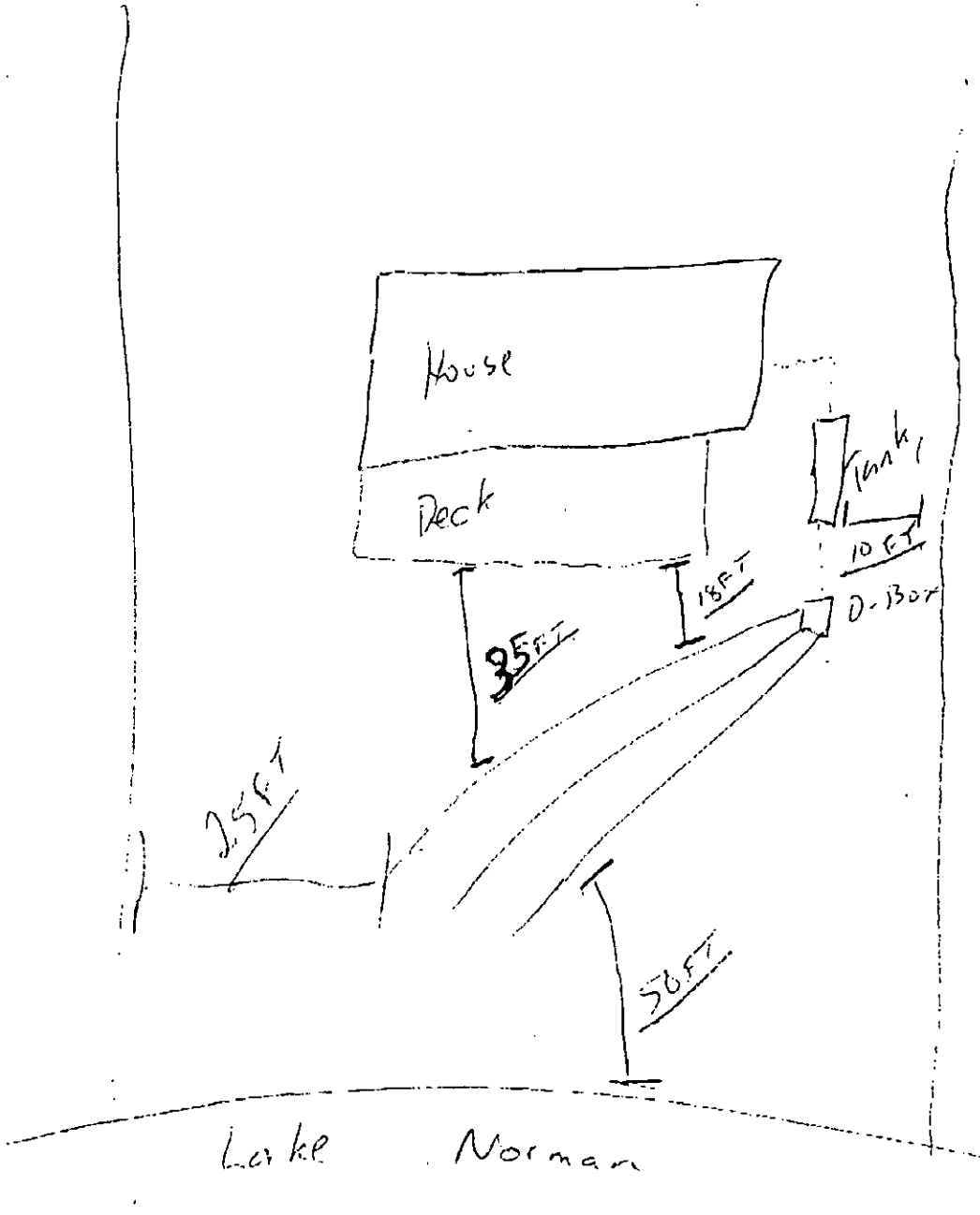
Property Owners or Owner's Legal Representative Signature — Date 8/3/2007

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☑ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

Yvonne Boesel 704-892-7495 p.1

file # 2106A




Boesel
18304
Mandrian Pt Dr
Cornelius, NC
28031

Yvonne Boesel
704-892-7495

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

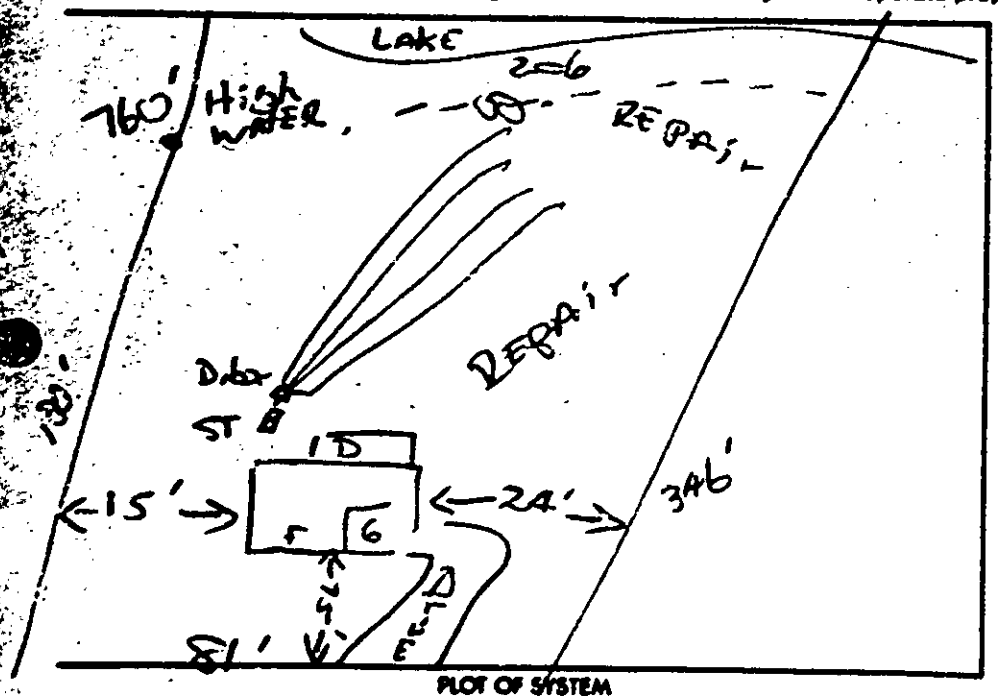
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2106A DATE: 10/31/90

TC: 001 091 66 [illegible]

SERIAL № 14669

Permission is hereby given to ✓ (Install) or Construct, _____ After 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 6/26/90. All work shall be completed on or before 11/30/90, 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 — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 3 or 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Bill Engel

LOCATION OF PROPERTY 183 D4 Mandrian Pt. Dr. Lot 11

Comments: 3 bedrm. (4) 3'x100' x12"s, S. Contractor may option 133'.

Division or Section Head [signature]

Environmentalist Tim Whitaker, R.S.

• 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

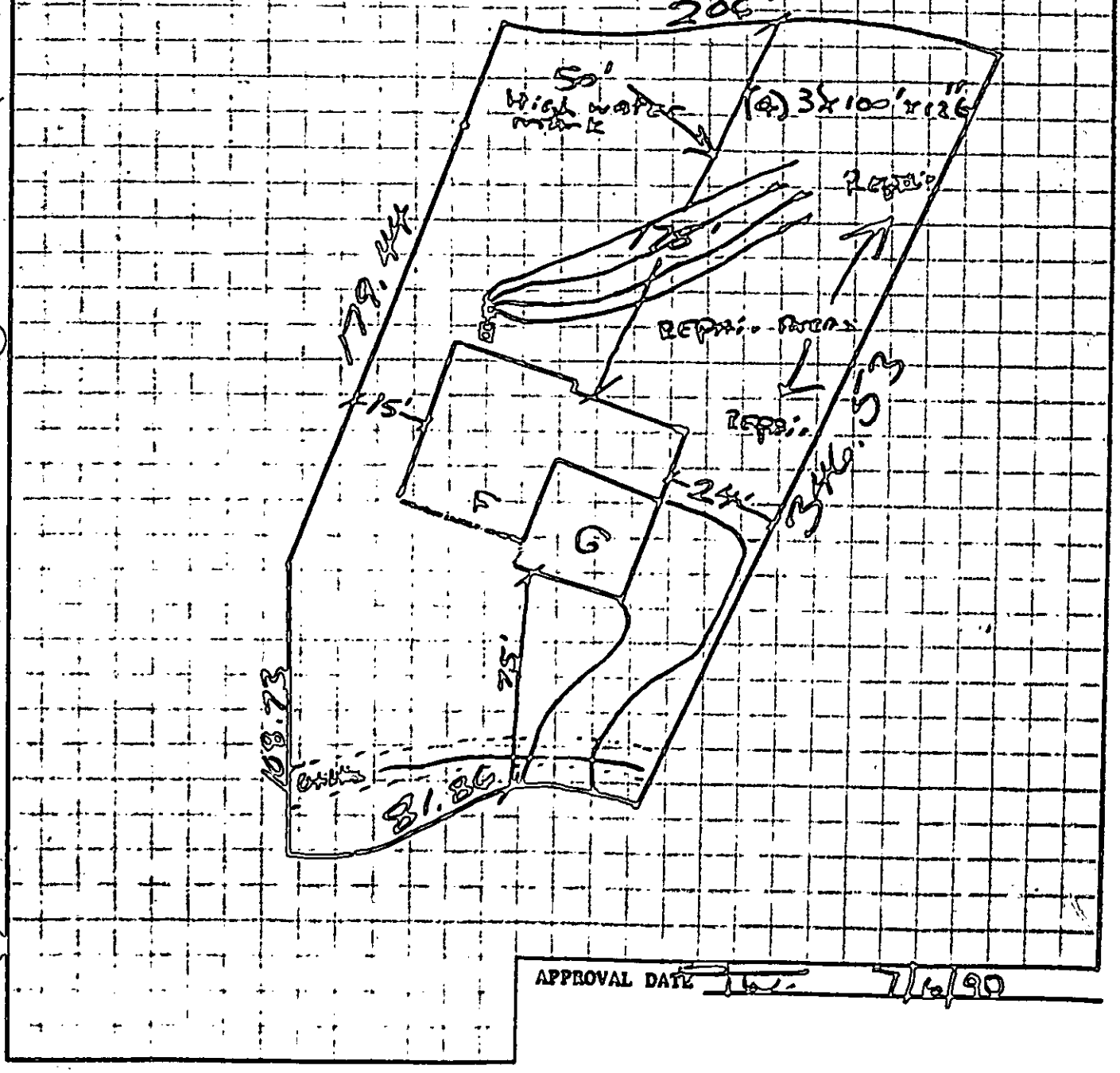
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4600

FILE: 2106A

TC: 001-091-66

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.




APPROVAL DATE 10/90

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 ELVIRE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 2106-A DATE: 12/19/90

TC: 001 091 66 L CRT

SERIAL Nº 13355

Name of Owner Bill ENGEL Juris.:

Address of Property 18304 Mandrian Pt. Dr. Lot 11

Inspection Date:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 12"

Water Supply Source C/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, LDN 1200 SFT, 12"g, LECil CTR# 69

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: 3 bedrm. (3) 3'x 133' x 12"g.s.

Tom Whitaker, R.S.
Environmentalist

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