CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 32726 DATE: 12-1-99

TC: 001-391-27 ☐ L ☐ CRT

SERIAL Nº 18215

Name of Owner Dale Gillis Juris.:

Address of Property 2105 Strawpocket Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 396.5

Number of Lines 5 @ 65' & 1 @ 91.5'

Cover Depth MAX 24"

Water Supply Source priv. well

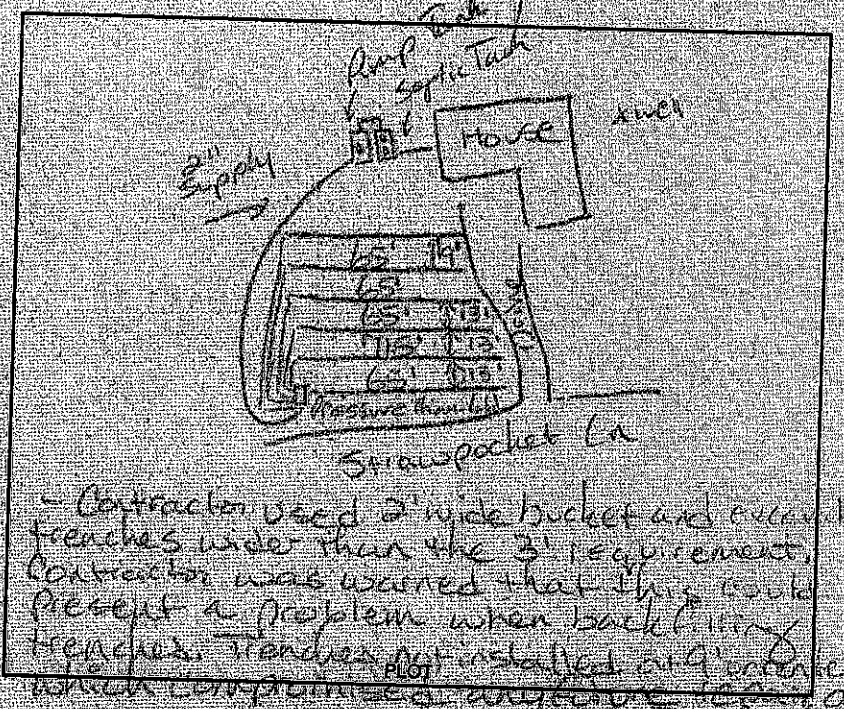
Distance to Water Source >50'

Excavation Inspected 11-16-99

Tank(s) Inspected 11-16-99

Wash Line Inspected N/A

High Water Alarm Inspected 12-1-99



- Contractor used 2' wide bucket and excavated trenches wider than the 2' requirement. Contractor was warned that this could present a problem when backfilling trenches. Trenches backfilled and graded. Contractor responsible for subsidence.

PLOT

Design 1111, 1000, 1000, 21, 400, 1181.55, 5, 6400W 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 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 .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/revocation of this permit.

COMMENTS: Type III b 4 bedrooms 1250 water "bird" chambers used.
- Contractor and property owner advised that system should have no more than 24" of backfilled cover over drainfield.
Curbs not OSHA compliant

Environmental Health Specialist

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

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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: 3272 B DATE: 12-1-99

TC: 001-391-07 ☐ L ☐ CRT

SERIAL No 18216

Name of Owner Dale Gillis Juris.:

Address of Property 21105 Snowpocket Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 396.5

Number of Lines 5 @ 65' 71.5'

Cover Depth MAX 24"

Water Supply Source Priv well

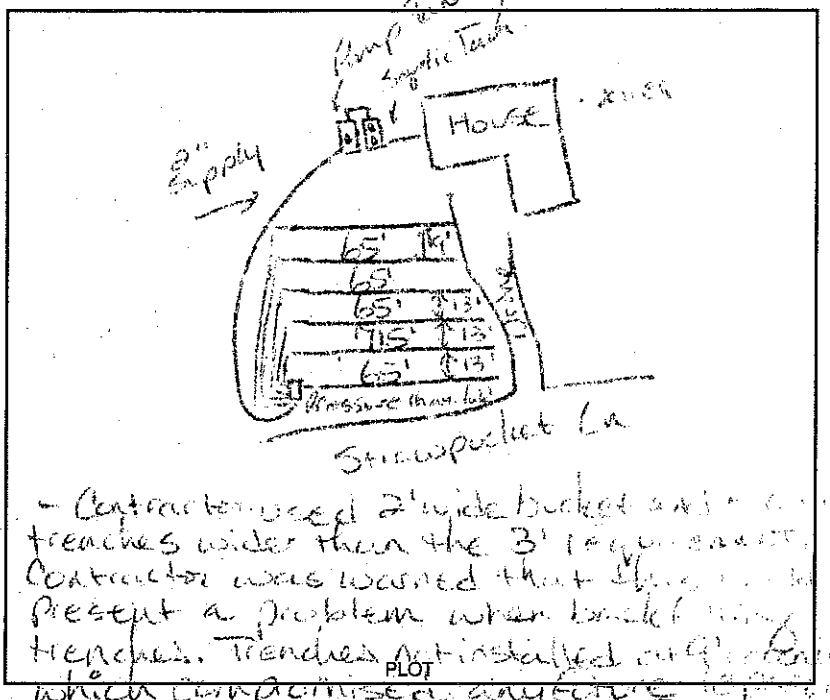
Distance to Water Source >50'

Excavation Inspected 11-16-99

Tank(s) Inspected 11-16-99

Wash Line Inspected N/A

High Water Alarm Inspected 12-1-99



- Contractor used 2' wide bucket and [illegible] trenches wider than the 3' requirement. Contractor was warned that [illegible] present a problem when backfilling trenches. Trenches not installed [illegible] which compromised safety [illegible]

PLOT

Design 1997, 1500ST, 1000DT, P1, MOD, 1181.5SF, T, EVAPTJ 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 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: Type III b 4 bedrooms "Infiltrator" brand chambers used. Contractor was properly counseled & advised that system should be no deeper than 24" of backfill cover over chambers.

Environmental Health Specialist

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