

CERTIFICATE OF COMPLETION/OPERATION PERMIT



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

FILE: 2291B DATE: 12/15/04
TC: 015-461-01 ☒ L ☐ CRT
SERIAL 19624

Name of Owner CHRIS KOERNER Juris.: _____

Address of Property 9820 Janeiro Drive

Inspection Data:

Tank Material existing

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 16"

Water Supply Source well

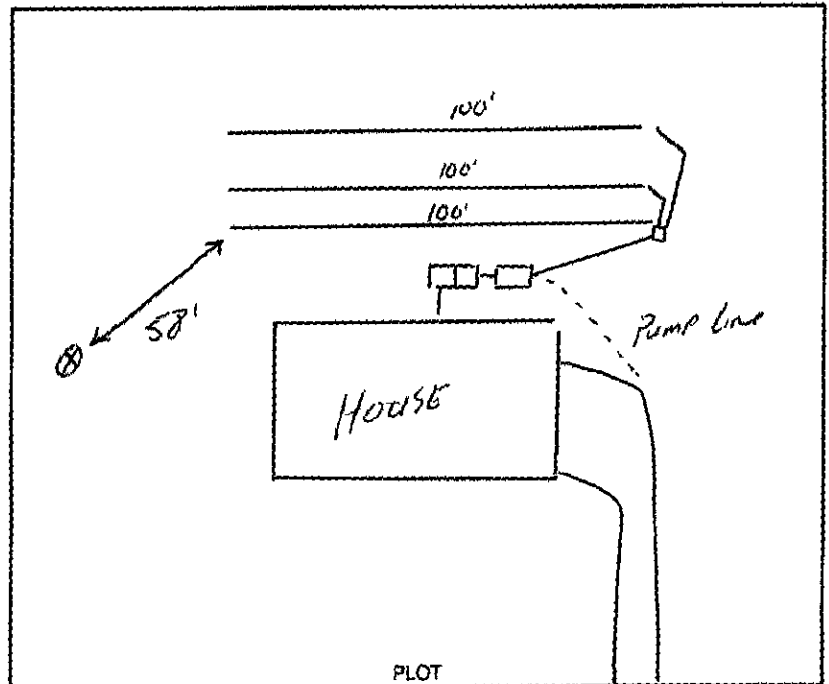
Distance to Water Source 58'

Excavation Inspected 12/15/04

Tank(s) Inspected existing

Wash Line Inspected —

High Water Alarm Inspected —



Design 2004 Alteration, 9005FT, INV E-Z Flow CTR# W. Christensen

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: Three Bedroom House

Drainfield Re-located to sell off adjacent property

Type IIIg Innovative system

Environmental Health Specialist

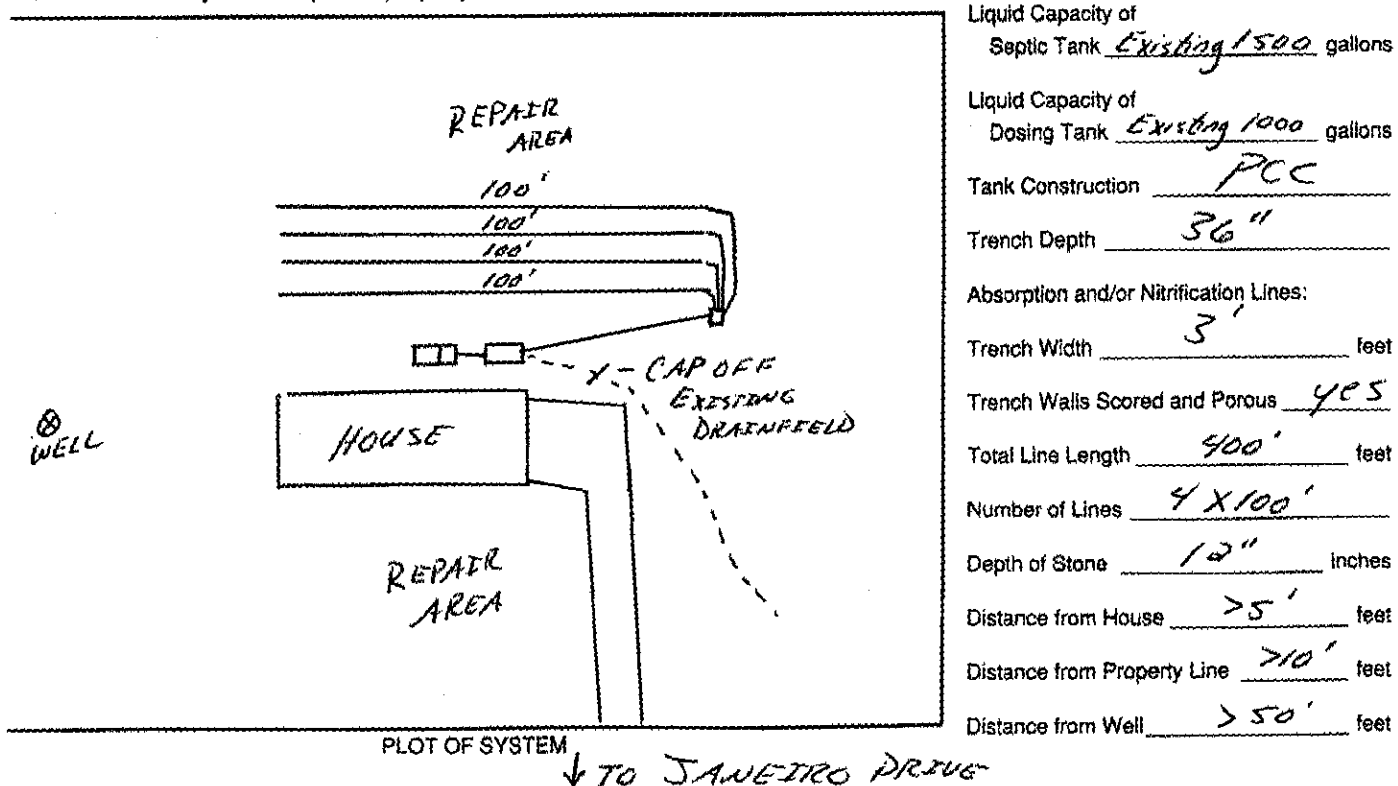
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL



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

FILE: 2291B DATE: 10/6/04
TC: 015-461-01 ☒ L
SERIAL 19748

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 4/5/04. All work shall be completed on or before 11/6/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ISA 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.



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

NAME OF OWNER CHRISTOPHER KOERNER

LOCATION OF PROPERTY 9820 JANEIRO DRIVE

Comments: System designed for the relocation of the drainfield

Install 4 Lines x 100' x 3' x 12" stone

Type II Conventional System

Environmental Health Specialist

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AGS

PERMIT NUMBER: 2291B
PARCEL NUMBER: 01546101

JOB LOCATION ADDRESS: 9820 Janeiro Drive
PROPERTY OWNER: Christopher Koerner
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S.

DATE: 10/06/04


D&NR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 2291B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.
2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.
4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION

Permit Number: **2291B**

Tax Number: **01546101**

- 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:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial Basement
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Primary Wastewater System			
Type: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Prefabricated, permeable block panel system <input type="checkbox"/> Shallow Placed Conventional	<input type="checkbox"/> Low Pressure Pipe <input type="checkbox"/> Large Diameter Pipe <input type="checkbox"/> Fill <input type="checkbox"/> Other	<input type="checkbox"/> Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft ²)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft ²)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1500 Gallon septic tank	400 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	1000 Gallon pump tank	12 Depth of stone (in)	

Any surface water present: no	Type:	Minimum separation distance (ft):
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Additional conditions:

Repair Area System			
Type: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Prefabricated, permeable block panel system <input type="checkbox"/> Shallow Placed Conventional	<input type="checkbox"/> Low Pressure Pipe <input type="checkbox"/> Large Diameter Pipe <input type="checkbox"/> Fill <input type="checkbox"/> Other	<input type="checkbox"/> Innovative or Experimental:
1200 Absorption Area (ft ²) 400 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	36 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, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mickle, R.S. 10/6/04
 DENR Authorized Agent Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 700 N. TRYON ST., SUITE 211
 CHARLOTTE, NC 28202
 PHONE: (704) 336-5103
 FAX: (704) 336-6894

Owner/Agent Signature Date

NC DENR
 DIVISION OF ENVIRONMENTAL HEALTH
 ON-SITE WASTEWATER SECTION

FEE: <u>200.00</u> <u>check</u> DATE: <u>9/27/04</u> <u>1015</u>		APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM		[] CRT	
TYPE APPLICATION: <u>NEW SYSTEM</u> <input checked="" type="checkbox"/> EXPANSION/ ALTERATION OF EXISTING SYSTEM <input type="checkbox"/> REPAIR OF EXISTING SYSTEM <input type="checkbox"/>					
NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION <u>Jeremy</u>			FILE # <u>2291B</u>		
			PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:		
			TAX/PARCEL NUMBER: <u>015-461-01</u>		
			STREET ADDRESS: <u>9820 LANEIRO DR</u>		
SUBDIVISION OR MOBILE HOME PARK NAME:			LOT NUMBER:		
TYPE OF BUILDING (CHECK ONE): <input type="checkbox"/> SINGLE MOBILE HOME(S) <input type="checkbox"/> MODULAR HOME (M) <input type="checkbox"/> DOUBLE WIDE (D) <input type="checkbox"/> MULTIPLE FAMILY (U) <input checked="" type="checkbox"/> HOUSE (H) <input type="checkbox"/> OTHER (O)			TOWNSHIP (CHECK ONE):		
HEATED SQUARE FOOTAGE: <u>2748</u>			<input type="checkbox"/> 0 MECKLENBURG <input type="checkbox"/> 4 PINEVILLE <input type="checkbox"/> 1 CHARLOTTE <input type="checkbox"/> 5 MATTHEWS <input type="checkbox"/> 2 DAVIDSON <input checked="" type="checkbox"/> 6 HUNTERSVILLE <input type="checkbox"/> 3 CORNELIUS <input type="checkbox"/> 7 MINT HILL		
NUMBER OF BEDROOMS: <u>3</u> NUMBER OF OCCUPANTS: <u>2</u>			CLOSING DATE _____		
FOUNDATION FOR RESIDENCE: <input type="checkbox"/> WITHOUT BASEMENT <input type="checkbox"/> WITH BASEMENT <input type="checkbox"/> ON SLAB <input type="checkbox"/> PLUMBING <input checked="" type="checkbox"/> CRAWL SPACE <input type="checkbox"/> WITH BASEMENT /NO PLUMBING			<u>Not 50</u> <u>547-8007</u>		
IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: <u>Want to relocate drainfield</u>					
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TYPE: _____					
WATER SUPPLY (CHECK ONE):		<input type="checkbox"/> COMMUNITY (C) <input checked="" type="checkbox"/> MUNICIPAL (M) <input checked="" type="checkbox"/> PRIVATE WELL (P) <input type="checkbox"/> SHARED WELL (S) <input type="checkbox"/> OTHER 'SPRINGS' (O)			
IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:					
BURIED CABLES, LANDFILLS, STUMPHOLES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXISTING WASTEWATER SYSTEMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EASEMENTS OR RIGHT-OF-WAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WELL, SPRINGS OR WATERLINES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DESIGNATED WETLANDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PROPERTY OWNER: NAME: <u>KOERNER</u> <u>CHRISTOPHER</u> <u>and</u> (LAST) (FIRST) (MI)			LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: NAME: _____ (LAST) (FIRST) (MI)		
ADDRESS: <u>9820 LANEIRO DR</u>			DAYTIME PHONE: () _____		
CITY: <u>HUNTERSVILLE</u> STATE: <u>NC</u> ZIP: <u>28078</u>					
DAYTIME PHONE: <u>(704) 554-4221</u>					
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____					
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: <u>Christopher Koerner</u>					DATE: <u>9/5/04</u>
MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102					



COPY

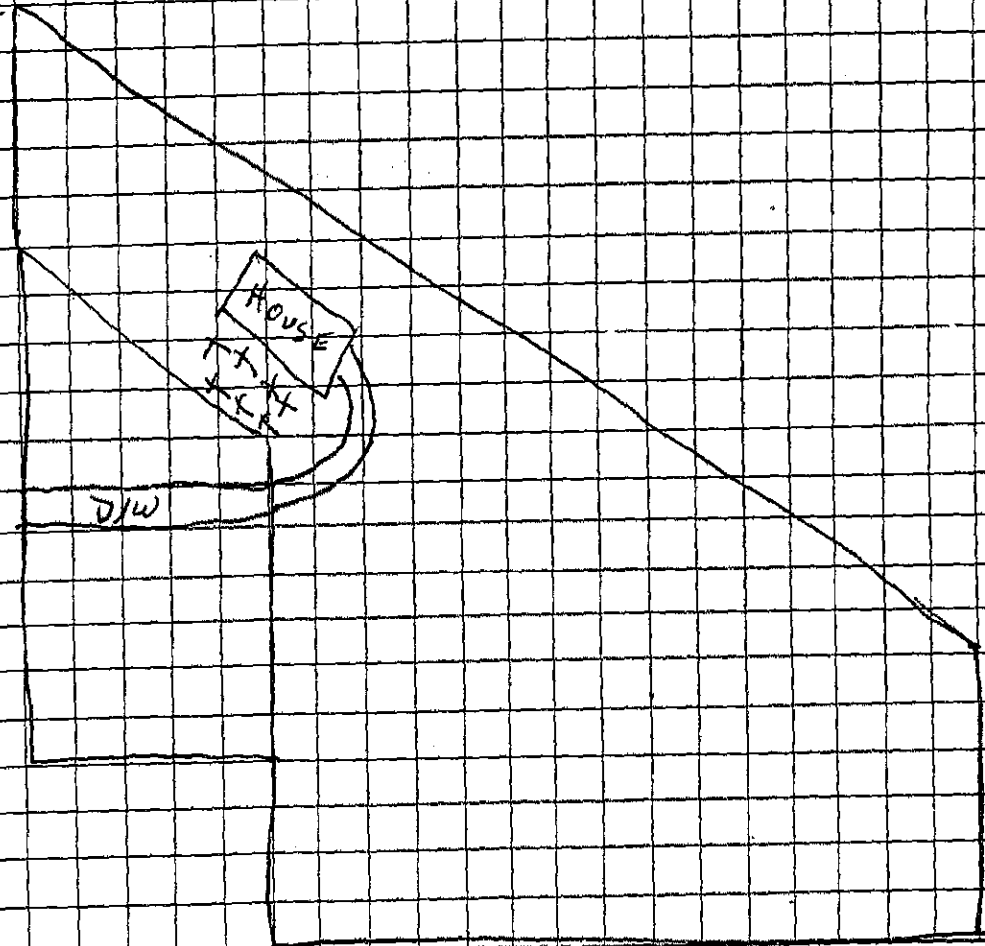
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 22913

TC: 015-461-01

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.



C. L. Harrison
OWNER/AGENT SIGNATURE

APPROVAL DATE _____

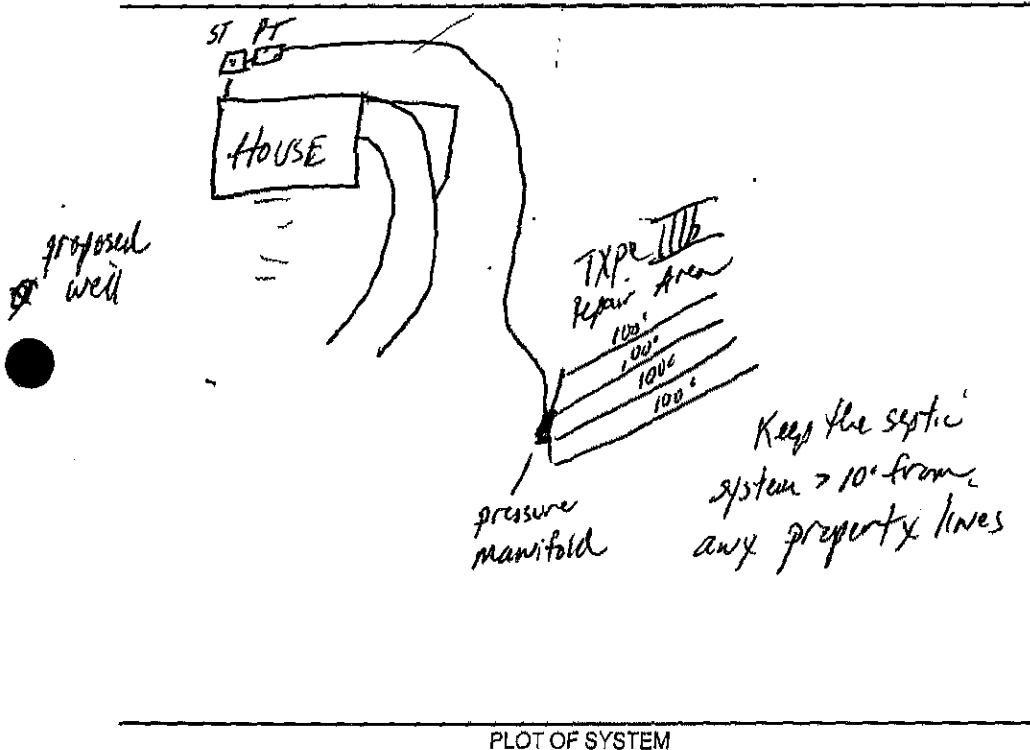
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL



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

FILE: 2291B DATE: 1/10/01
TC: 015-46/-01 27-06-70 CL
SERIAL NO 18589

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 8/7/00. All work shall be completed on or before 2/10/01, 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 1500 gallons
Liquid Capacity of Dosing Tank 1000 gallons
Tank Construction PCC
Trench Depth 24"
Absorption and/or Nitrification Lines:
Trench Width 3' feet
Trench Walls Scored and Porous yes
Total Line Length 400' feet
Number of Lines 4 (100')
Depth of Stone 12" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well > 100' feet
50' min

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

NAME OF OWNER Christopher Keerner

LOCATION OF PROPERTY 9820 Janeiro Dr

Comments: Install, 1500 ST, 1000 DT, PI, Pressure Manifold 4 lines X 100' long X 3' wd X 12" stone Keep the septic system > 100' (50' min) from the proposed well / Keep the septic system > 10' from any property lines

Thilo S. Walker R.S.
Environmental Health Specialist