

2355 SAM WILSON RD

05521132

12/26/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

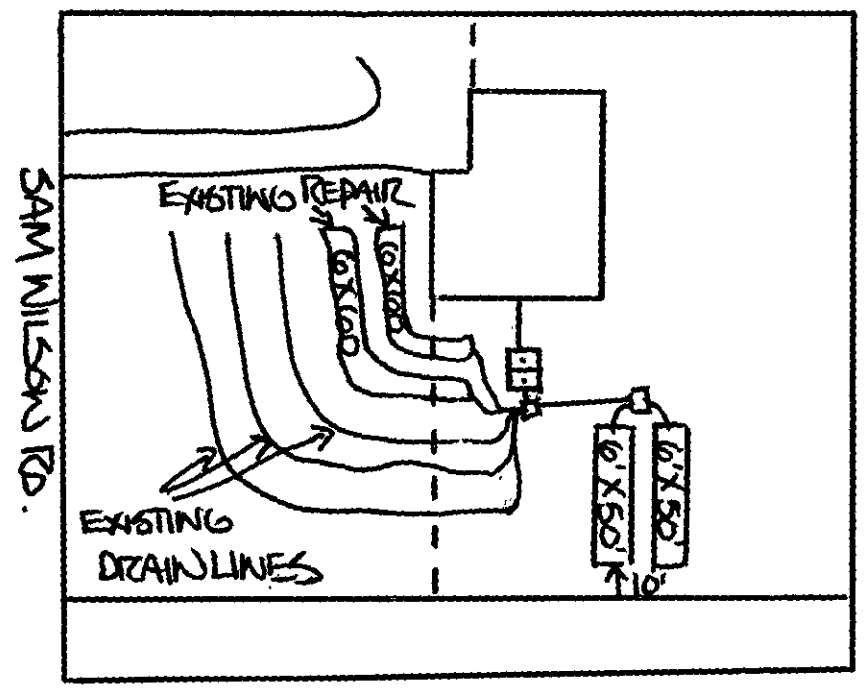
FILE: 1594B DATE: 11/2/05

TC: 055-211-32 ☐ L

SERIAL Nº 20280

COPY

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 _____. All work shall be completed on or before 12/1/05, 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 EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction RCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width BED 6 feet

Trench Walls Scored and Porous YES

Total Line Length BED (2)X(6')X50' feet

Number of Lines BED 2X6'X50'X18"

Depth of Stone 18 inches

Distance from House 75 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

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

NAME OF OWNER PATRICK N. COLLINS

LOCATION OF PROPERTY 2355 SAM WILSON RD.

Comments: INSTALL 2 6'X50 BEDS W/ 18" GRAVEL. INSTALL NEW D-BOX. KEEP REPAIR >50' FROM ANY WELL, >10' FROM PROPERTY LINE, 75' FROM HOUSE FOUNDATION.

DMP RS 11/2/05

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

COPY

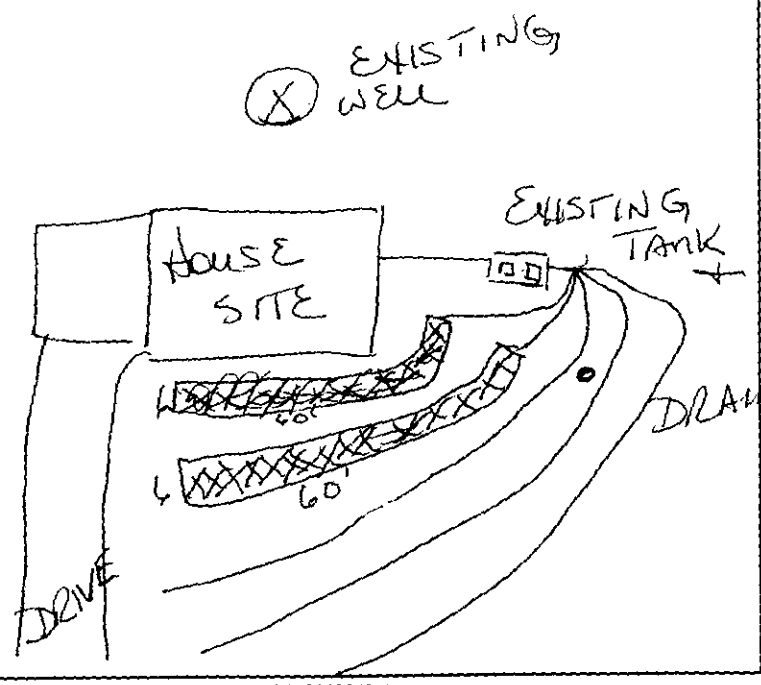
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5940 DATE: 8/26/96

TC: 055-211-22

SERIAL No 16957

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 8/26/96. All work shall be completed on or before 9/26/96, 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

SAM WILSON RD

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth AS NEEDED

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Trench Walls Scored and Porous yes

Total Line Length 240 feet

Number of Lines 4

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER Collins

LOCATION OF PROPERTY 2355 SAM WILSON RD.

Comments: UNCOVER SEPTIC TANK, CHECK TEE, AND SUPPLY LINES TO DBOX. UNCOVER DBOX AND SEE IF LINES FEED. IF THEY DO NOT, ADD 2@6X60X18" TO EXISTING SYSTEM.

Joe Higgins Bunn, R.S.

Environmental Health Specialist

336-5572

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

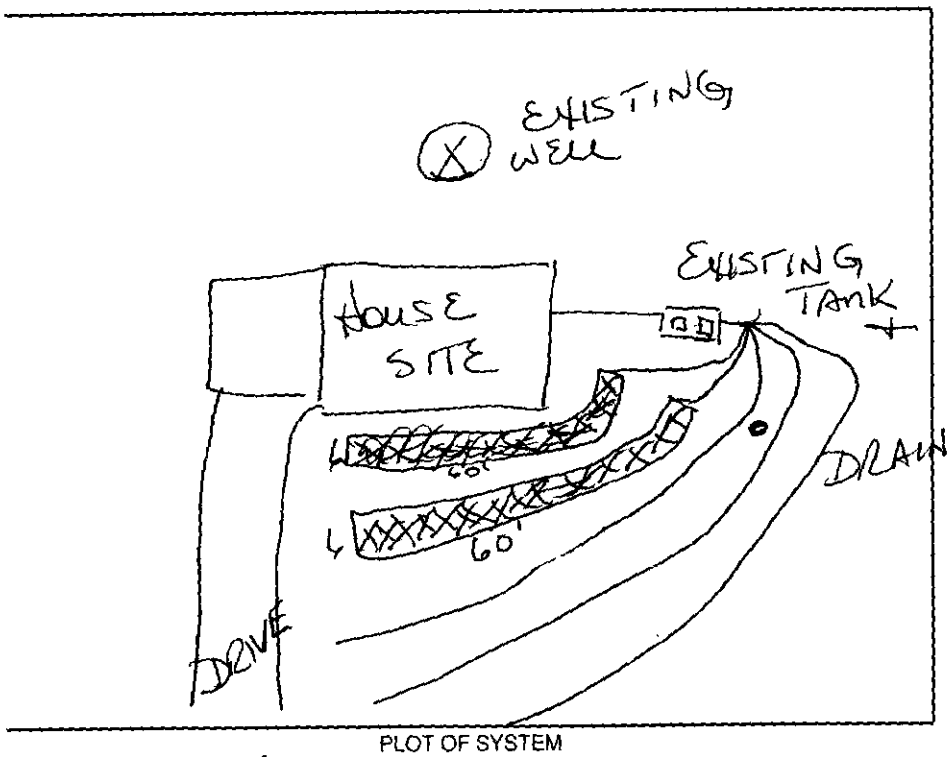
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1594B DATE: 8/26/96

TC: 055-21132X

SERIAL Nº 16957

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Doni Driggers Bunn, R.S.
Environmental Health Specialist

@ 336-5572

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: NA
DATE: 7-3-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1594B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 05521132

STREET ADDRESS: 2355 Sam Wilson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500 sq. ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SY: Repair

WILL THERE BE A HOME BUSINESS IN THE R

WATER SUPPLY (CHECK ONE): ___ COM ___ SHAR ✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED O

BURIED CABLES, LANDFILLS, STUMPHOLES — ✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS — ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS

Please make file — Thanks JAB

PROPERTY OWNER:

NAME: Collins Patrick
(LAST) (FIRST) (MI)

ADDRESS: 2355 Sam Wilson Rd

CITY: Char STATE: NC ZIP: 282

DAYTIME PHONE: 704 391-0645

PROPERTY OWNER, IF APPLICABLE:

(MI)

DAYTIME PHONE: ( ) —

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: Shelby C. Collins DATE: 7-3-96

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   05521132

2) Provide the name of the original property owner.
   ?

3) Do you have visible sewage on the surface of the ground?
   Yes

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   Yes. (Not inside home but under neath in crawl space)

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   Yes

6) Has your septic tank ever been pumped out? If so, approximately when?
   Yes. 1yr.

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   NO

8) Approximately what year was your septic system installed?
   ?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   NO

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236



Mecklenburg County Public Health Laboratory

Environmental Health Section

055-21-32

249 Billingsley Road • Charlotte, North Carolina 28211

Survey

Microbiological Analyses

Owner, System or Establishment: Fat Collins

Address: 2355 Sam Wilson Rd.

Charlotte Zip

Collected By: Toni Higgins Bunny

Date Collected: 8-26-96 Time: 3:15 AM (PM)

Sample Source: Kitchen faucet

Date Delvd. to Lab: 8-27-96 Time: 2:40 AM (PM)

Delivered By: Susan Bateman

Type of Sample

Potable Water

- [x] Individual Well
- [ ] Non-Community
- [ ] Community
- [ ] City
- [ ] Other (specify)

Treatment:

- [ ] chlorinated
- [ ] nonchlorinated
- [x] Initial Sample
- [ ] Recheck (chlorinated)
- [ ] Recheck (nonchlorinated)
- [ ] Other (specify)

Food (specify):

Analysis Requested:

- [x] Total Coliform
- [x] Fecal Coliform
- [ ] Fecal Strep
- [ ] Sulfate Reducing Bacteria
- [ ] **Giardia lamblia** (contact laboratory for instructions)
- [ ] Food Quality Survey
- [ ] Other (specify)
- [ ] Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: _____ Membrane Filter _____ Colilert

Total Coliform Absent /100 ml.

Fecal Coliform _____ /100 ml.

Fecal Strep _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 8/27/96

Received By: tw

Date Reported: 8/28/96

Analyst: DTW/tw Lab #: 378

Laboratory Identification #: 37518

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LAB REPORT COPY