

109 LEE DR

05506213

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4780B DATE: 01/11/01

TC: 055-062-04 ☒ ☐ CRT

SERIAL № 18490

Name of Owner Margaret Stack Juris.: _____

Address of Property 109 Lee Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 24"

Water Supply Source well

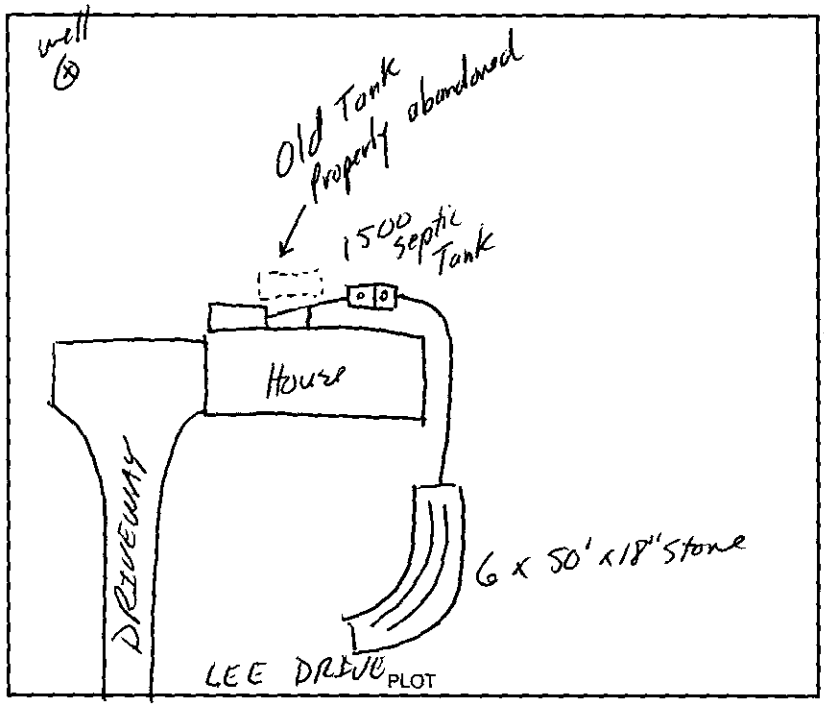
Distance to Water Source >100'

Excavation Inspected 01/11/01

Tank(s) Inspected 01/11/01

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2001, Repair, 1500ST, 300 SFB, CON, 18" Stone CTR# Stanley

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: Repair to system

New Tank installed, 6'x50'x18" Stone Bed

Type II Conventional System,

1958

Jimmy P. Nicholson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

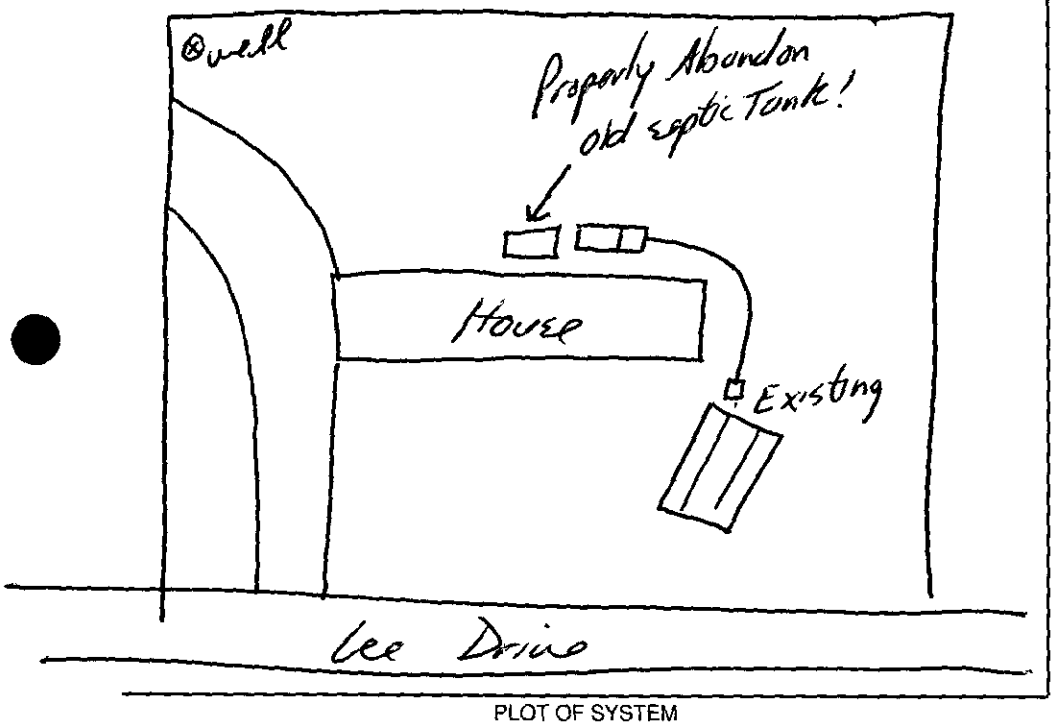
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4480B DATE: 11-9-00

TC: 055-06204 ☐ L

SERIAL Nº 18557

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 11-9-00. All work shall be completed on or before 12-9-00, 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 NA gallons

Tank Construction PCC

Trench Depth NA

Absorption and/or Nitrification Lines:

Trench Width existing feet

Trench Walls Scored and Porous _____

Total Line Length ↑ feet

Number of Lines existing

Depth of Stone ↓ inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Margaret Stack Built 1958

LOCATION OF PROPERTY 109 Lee Drive

Comments: Repair to System

Install a new septic tank and tie into existing drainfield.

Type II Conventional Tammy P. Michalove

Environmental Health Specialist

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

2:00

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: INWS Hazard? ( ) yes ( ) no

Date: 11/1/00 Parcel: 055-062-04

REQUESTING PERSON: Margaret Stack Phone 394.4338

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Her Home

Address 109 Lee Dr. City Chas Zip 28214

SERVICE REQUESTED: inspect septic tank - They had it pumped out back aged & its still not working ~~or right~~

ASSIGNED TO: Jeremy Michelone TAKEN BY: Ruby

DATE	ACTIVITY REPORT
11/6/00	Phone Conversation w/ Margaret Stack about her situation.
11/9/00	O.S.C. Met with Mr & Mrs. Stack and Stanley Septic. Gave Installation Appraisal to install a new septic tank, and tie into existing drainfield
01/11/01	Repair Completed w/ Stanley Septic

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Jeremy Michelone 01/11/01 WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date