

130 STETSON DR

04722119

5/19/08

marliwr

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: 727 DATE: 3-12-04

TC: 04-221-19 ☒ L ☐ CRT

SERIAL 19473

Name of Owner WALLACE MASON CO. LLC, SOUTHERN REAL EST Juris.: _____

Address of Property 130 STETSON DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 600

Number of Lines 1 @ 6' X100'

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source > 50

Excavation Inspected 3-12-04

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected _____

SEE
REPAIR
PERMIT

PLOT

Design REPAIR 6'X100' 24" STONE CTR# STEVE AVERY

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 II

I SPOKE W/ STEVE P W/ SOUTHERN REAL ESTATE AND ADVISED ON WATER LEAKS IN BUSINESS.

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

I J CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: [redacted] 727

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 047-221-19

STREET ADDRESS: 130 STETSON DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: P13Y14 BB 1990

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:

NUMBER OF BEDROOMS: | NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: (LAST) WALLACE MASON CO, LLC (FIRST) (MI)

ADDRESS: PO BOX 35309

CITY: CHARLOTTE STATE: NC ZIP: 28235-5309

DAYTIME PHONE: ( ) -

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) SOUTHERN REAL ESTATE (FIRST) (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: [signature] AUDIT SEPTIC TANK DATE: 3-12-04

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt)

☒ First Class Mail

☐ Hand Deliver

"FINAL NOTICE"

3/11/04 _____
mailing date initials

Owner: Wallace Mason Co. LLC

Mailing Address: P.O. Box 35309
Charlotte, NC 28235-5309

Occupant:

Location: 130 Stetson Drive

☐ Residence ☒ Business ☐ Other: ____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 13A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly, which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On February 17, 2004, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharging to the ground surface	G.S. 130A-335(a) 15NCAC 18A .1938(b) 15NCAC 18A .1961(a)
____	____
____	
____	

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install/Repair Wastewater System. You must obtain a Repair Permit from the local health department prior to repair of your system.

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs (*Specify*): ____

Perform Maintenance (*Specify*): ____

If the wastewater violation is not brought into compliance by March 24, 2004, appropriate legal action will be taken.

Failure to comply with laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5573, phone; (704) 336-6894, fax.

Notice Issued: 02/24/04
Date

Signed J. Andrew Walker, R.S.
DENR/DEH

Compliance: 12: 3-19-04
Date

Signed _____ Agent
DENR/DEH

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

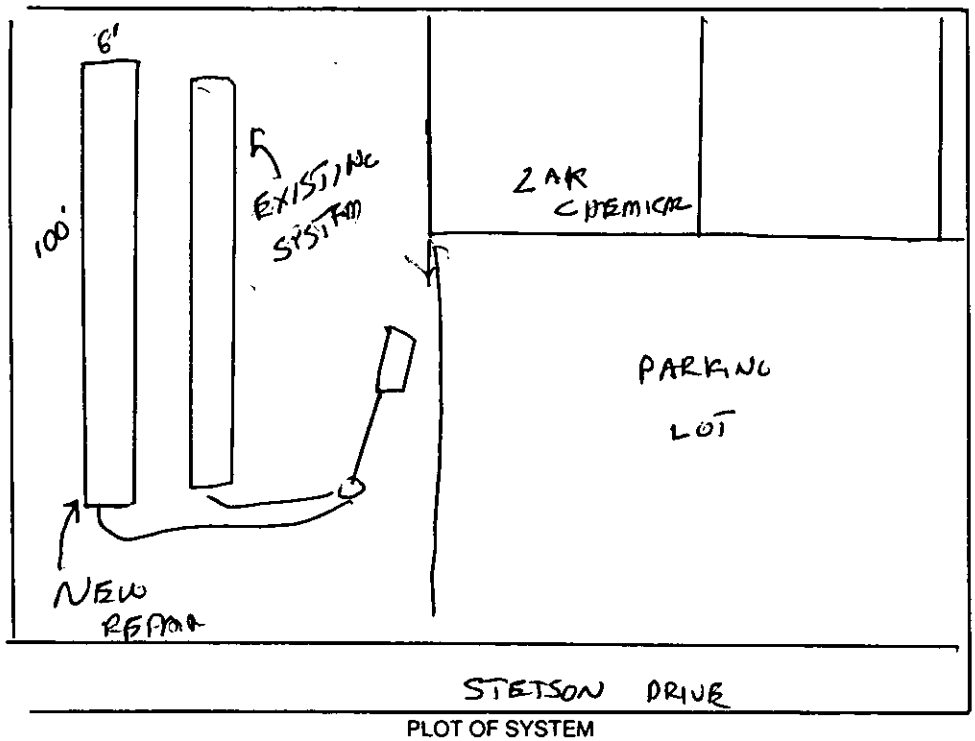
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 727 DATE: 3-10-04

TC: 041-221-19 ☐ L

SERIAL 19611

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 3-2-04. All work shall be completed on or before _____, 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 _____ gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' X 100' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines _____

Depth of Stone 24" inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER WALLACE MASON CO. LLC - MANAGED BY SOUTHERN REAL ESTATE.

LOCATION OF PROPERTY 130 STETSON DRIVE

Comments: INSTALL 6' X 100' BED, 24" STONE, OVER FLOWING FROM OLD BED. OBSERVED CONSTANT FLOW OF WATER INTO D-BOX. NO ONE PRESENT IN BUILDING USING WATER - TOILETS RUNNING - UP

FINISHED 3-12-04

Environmental Health Specialist

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