

9620 OLD DOWD RD

11304518

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid $100 — 10/19/01 CK
2nd ACS
[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

3961B

PERSON FILING APPLICATION:
NAME: Johnson (last) Keith (first) M (mi)
ADDRESS: 5230 Furman Rd PHONE: 704 891-0232
CITY: Charlotte STATE NC ZIPCODE: 28209

Date: Oct 10 2001

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 1130 5 15 18
STREET ADDRESS: 9620 Old Dowd Rd Charlotte NC 28214
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: A9 LOT SIZE (in acres): # 430

TYPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [ ] Other

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: Keith Johnson Date: Oct 10 2001

NOTICE:

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. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal 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 permit is not transferable.

... System is ok to use for mobile Home exchange.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Brandon Sorey 11/28/01
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

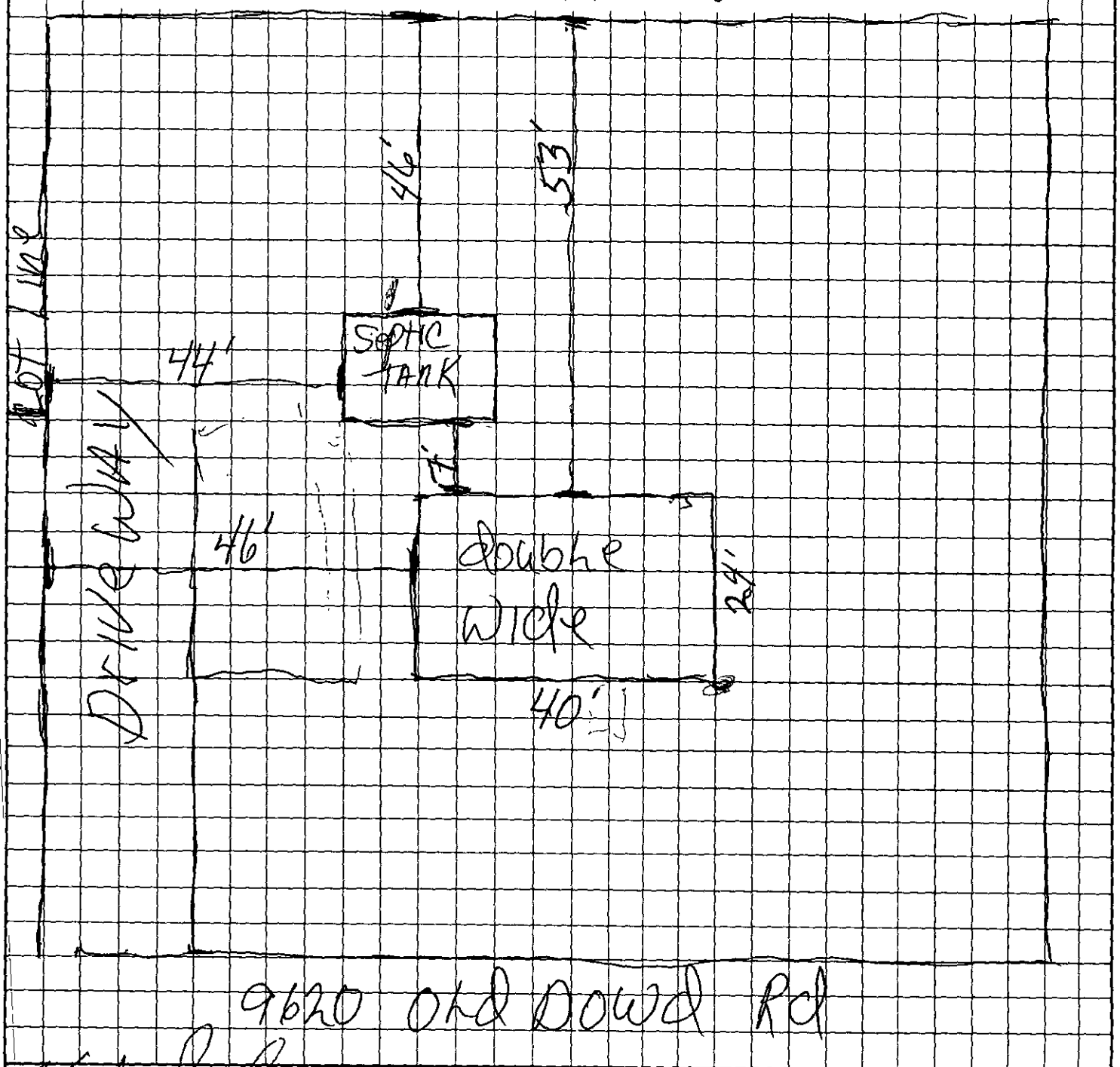
revised 11/28/01

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

FILE: 3961B

TC: 1130458

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.



Keith Lohr
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 11/28/01

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 39618 DATE: 8/6/97

TC: 113-045-18 ☑ L ☐ CRT

SERIAL Nº 17233

Name of Owner Randy Cude Juris.:

Address of Property 9620 Old Dowd Rd.

Inspection Data:

Tank Material —

Total Length of Drainfield 75

Number of Lines 1 @ 75

Cover Depth 18".

Water Supply Source Community

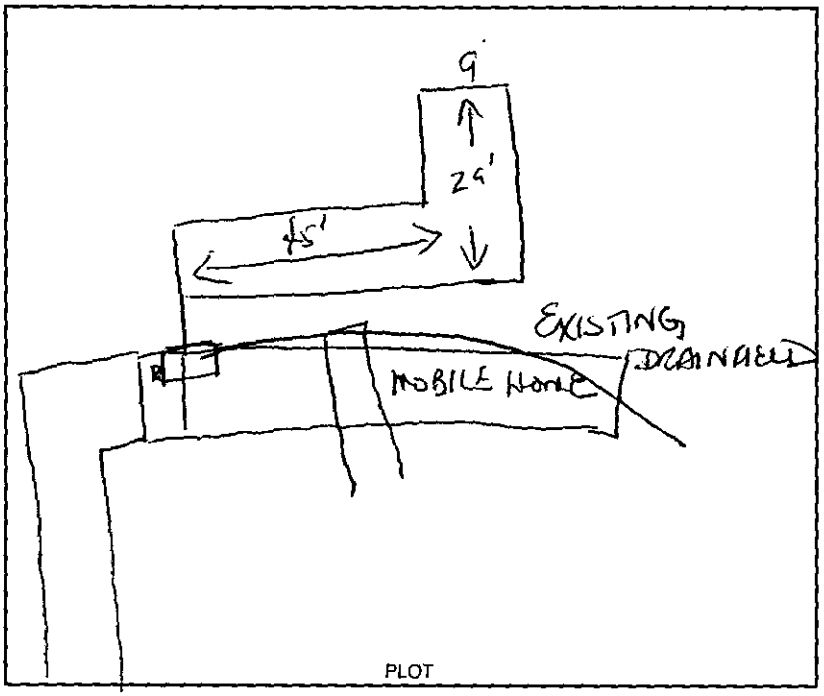
Distance to Water Source 10'

Excavation Inspected 8/5/97

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 675 Sq ft., 18'-24' G, CEC-LIKE CTR# Candy Septic

The undersigned has inspected the Septic Tank System described above, and certifies it has been GARY BRADLEY

☐ 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: Over 20 years.

Joni Lynn Bunney, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

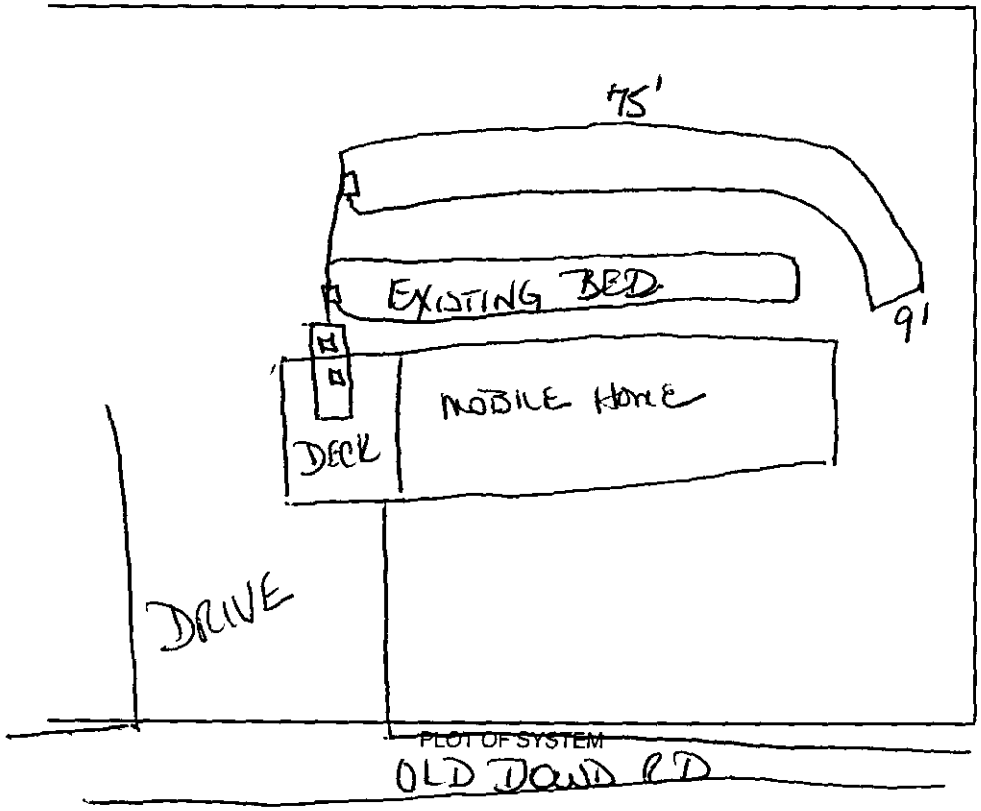
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3961B DATE: 7/28/97

TC: 113-045-18 ☐ L

SERIAL Nº 17437

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 7/28/97. All work shall be completed on or before 8/28/97, 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.



Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth AS DEEP AS NEEDED

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous yes

Total Line Length 75 feet

Number of Lines 1

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well — feet

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

NAME OF OWNER Randy Cude

LOCATION OF PROPERTY 9620 Old Dawd Rd.

Comments: Either use DBox or new tee to new Bed ~~Bed~~ only use old bed as overflow if need ~~big~~ be 91 line can be moved to go to front yard.

Don'Degus Bunn, RS.
Environmental Health Specialist

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health 3/15/97 SHB
mailing date initials

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Randy Curde MAILING ADDRESS 9620 Old Dowd Road CHARLOTTE 28214

OCCUPANT _____ LOCATION _____

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel # 113-045-18

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5572.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by March 31, 1997, appropriate legal action will be taken.

Notice Issued February 27, 1997 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Randy Curde MAILING ADDRESS 9620 Old Dowd Road CHARLOTTE 28214

OCCUPANT _____ LOCATION 8026 Windjammer Dr Tega Cay SC 29715

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel # 113-045-18

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5572.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by March 31, 1997 4/21/97
action will be taken. 3/27/97

Notice Issued February 27, 1997 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health)

Compliance _____ (Date) Signed _____ (Division of Environmental)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review

Harvey B. Davis?

Sorri this came back
in the mail, this other
name came up on
the other screen

Randy Cuedie
8026 Windjammer Dr
Tega Cay, SC 29715
(803) 802-2176

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Randy Curde

MAILING ADDRESS 8026 Windjammer Drive Tega Cay, SC 29715

OCCUPANT _____

LOCATION 9620 Old Dowd Rd. Charlotte 28214

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel # 113-045-18

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5572.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 24, 1997, appropriate legal action will be taken.

Notice Issued March 25, 1997 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health) Agent

Toni Higgins Bunney, R.S.

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

He said he filed a civil suit to evict tenants and they were to be out by the 13th of July. I told him to keep me posted and would re-inspect in 20-30 days. I explained to Mr. Cude that this system needed to be repaired months ago. Mr. Cude stated that he had hired a contractor and they told him that the leaks needed to be repaired first and he has sent and paid money on leaks trying to find the source of the problem prior to repairing the septic field. He said he had not had problem until they moved in. He said he had lived in the residence. I explained that ~~[redacted]~~ septic systems are wastewater processing systems that fail through 20-30 years of use. They are not a constant and are not designed to last forever. I requested a copy of Mr. Cude's expenditures to file with this complaint.

7/17/97 - Randy Cude called and said he wanted to get system repaired and requested names & numbers of contractors in area.

7/21/97 - Steve Curby called about repair requirement for grades

7/22/97 - Gary Bradley called " " "

7/28/97 - Issued installation approval to Gary Bradley.

8/6/97 - System repaired.

Close complaint -

SERVICE REQUEST/WORK ORDER

400 D

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 1/31/97 Parcel: 113-045-18 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Tenant - Anonymous Phone _____

Address _____ City Herbert Zip Davis

PROPERTY CONCERNED: Facility Name Cindy Curde

Address 3620 Old Stand Rd City _____ Zip 28214

SERVICE REQUESTED: Sewage on surface of ground. Foul odor inside, toilet backing up

ASSIGNED TO: TB TAKEN BY: JC

DATE	ACTIVITY REPORT
2/18/97	Met onsite with tenant - Septic tank has effluent leaking out top and running down back yard. System is super saturated.
2/22/97	Sent NOV to correct by March 31, 1997. Returned to no valid address. Located address from tenant. Resent NOV. to correct by April 24, 1997.
4/4/97	Received call from Mr. Curde - Called back and informed him of problem. He said he is a pilot with and is out-of town frequently. I told him I need to meet with a septic contractor asap to discuss repair. He said he would contact me and have them call. Sent final notice.
4/4/97 RC	
4/30/97	
4/29/97	Received call from tenant that nothing has been done. She was upset because family had been sick and bates to pay rent. I told her I would turn this over to my program chief for legal action. She said he doesn't travel as much as he indicates. I left message for him that this complaint was being forwarded for legal action to my Program Chief.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: _____ /

REVIEWED BY: _____ /

4/30/97 - Received VM message from Randy Cude and said he would get up with Septic Contractor. Randy Cude called back and said he had John of Stanley Septic Service go out there and said they just had water leaks to be repaired then septic system. He was in the process of calling plumbers to go fix problem.

5/1/97 - Called & left VM to check back as to status

5/5/97 - Called tenant as to status. She said that Mr. Cude had a contractor to come out about a month and ago. He did say there were water problems that needed to be corrected

5/11/97 Mr. Cude called at 9:15am that he had a plumber come out and replaced that toilet and had septic system pumped to try to get it a pump start to drying out. I told him I would inspect in a couple of weeks and see if any improvements existed

5/28/97 - Made OSV - Area still saturated in and not drubbled but Mrs. Carothers still very concerned to children & herself being ill.

6/3/97 - Tank had been pumped. And pumper said there were still leaks into the tank.

6/9/97 - Sent letter to correct by 6/30/97. CC: To Program Chief & County Atty. and file

6/25/97 - Randy OSV - Mrs. Carothers was coming home from hospital and plus saturated. Mrs. Carothers' mom says washer needs still discharges into septic.

6/30/97 - Called & left message for Randy Cude to call us for status.

7/1/97 - Randy Cude called & left message that he was waiting for tests and would fix septic tank when they were out. He said he had talked to "blow" the system out. I contacted Randy by phone - I explained that the Health Dept. was familiar with "blowing" out the system and this was not an acceptable means of repair & could not cause more damage. I also explained all repairs would have to be permitted thru the Health Dept.

Mecklenburg County
Health Department

June 9, 1997

Mr. Randy Curde
8026 Windjammer Drive
Tega Cay, SC 28214

Dear Mr. Curde:

I have corresponded with you on several occasions concerning the failing septic drainfield at 9620 Old Dowd Road. This has been an outstanding complaint for several months. The preliminary work to get this residence under compliance has been to no avail. This septic system is in need of a drainfield repair.

This residence has been an ongoing issue. Your prompt response to this matter would be greatly appreciated. In order to prevent legal action being taken against you, you need to have a septic contractor meet with me to design a repair and have it installed by June 30, 1997.

I am greatly appreciative of your direct attention to the compliance of this complaint.

If you have any further questions, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

THB:gc

cc: Sylvia Daniel, Program Chief
Sara Pressly, County Attorney

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: TASHA KARETAS

ADDRESS: 9620 OLD DOWD RD. CHAR. NC. 28214

DESCRIPTION OF PUBLIC RECORD REQUESTED: COMPLAINT

STREET NAME (OR COUNTY ROAD: 9620 OLD DOWD RD.

PARCEL NUMBER/FILE NUMBER:

OWNER'S NAME: RANDY CURDE

REASON FOR REQUEST:

SIGNATURE OF PERSON MAKING REQUEST: Tasha J. Karetas

SUPERVISORY PERSON:

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

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

FEE: _____

DATE: _____

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

[ ] 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 #: 3961B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-075-18

STREET ADDRESS: 9620 Old Dowd Rd.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 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 X NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER: RANDY CURDE

NAME: (LAST) (FIRST) (MI)

ADDRESS: 9620 Old Dowd Rd.

CITY: ~~Charlotte~~ STATE: N.C. ZIP: 28214

DAYTIME PHONE: (803) 802-2176

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BRADLEY GARY M. (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 399-5537

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: Gary M. Bradley DATE: 6 August 97

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

Permit Number 3961B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-045-18

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	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional BED ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
675 Absorption Area (Sq ft) 225 Total Trench Length (Ft)	24" Depth of Stone Trench	N/A Trench spacing 9' BED (min. on centers)	4' Maximum Trench Depth
For existing system, enter the year originally installed: Minimum 20 years			

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. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal 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.

Angie Higgins Bury 7/29/97

DEHNR Authorized Agent — Date

Gary M. Bradley

Owner/Agent Signature — Date

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

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/28/97 PERMIT NO: 3961B
PARCEL NO: 113-045-18

JOB LOCATION ADDRESS: 9620 Old Dowd Rd.
PROPERTY OWNER: Randy Linder
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joni Higgs Bunn DATE: 7-28-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3961, 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair installation required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Gary M. Bradley 7/28/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

AFFORDABLE SEPTIC SERVICE
103 PINEWOOD CIRCLE
BELMONT, NC 28012
(704) 827-6789

No. 34

DATE 6-10-96

ORDER NO. 803-802-2176

NAME Randy Curd

ADDRESS 8026 Windjammer Dr. 9620 Old Coach Rd

SOLD BY Tom Kay

☐ CASH ☐ C.O.D. ☐ PAID OUT
☐ CHARGE ☐ MERCHANDISE RETURNED

Charlotte

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Pump Septic Tank		160.00
	has drainfield trouble		
	- high water level		
	- breakout on top of ground		

ck 3358
7/14/96
160.00

Adams
NC 2581

SIGNATURE _____

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.

General Purpose

AFFORDABLE SEPTIC SERVICE, INC.
P.O. BOX 711
MT. HOLLY, NC 28120
(704) 827-6789

Rental
pd 6/30 160.00 CK 3629

Invoice

DATE	INVOICE NO.
5/29/97	22816

BILL TO	SERVICE ADDRESS (If Different)
Randy Curd 8026 Windjammer Dr. Tega Cay, SC 29716	RANDY CURD 9620 Old Dowd Rd. Charlotte, NC 28214

P.O. NO.	DUE DATE
PHONE	6/25/97

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
TPCH	TANK PUMP -CHARLOTTE	1	160.00	160.00

We appreciate your business.

Total $160.00