

2827 SHOPTON RD

20106101

12/27/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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UC #1434

6-4-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2003B (100) 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

Date: 6-4-99

PERSON FILING APPLICATION:
NAME: FERGUSON (last) JAMES (first) R (mi) JR.
ADDRESS: 2909 SHOPTON RD PHONE: (704) 588-1185
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 201-061-01
STREET ADDRESS: 2827 Shopton Rd
ZONING:

PROPERTY OWNER:
NAME: FERGUSON (last) JAMES (first) R. (mi) JR.
ADDRESS: 2827 SHOPTON RD PHONE: (NA) 588-1185
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28217

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: LOT SIZE (in acres): 2.044 AC

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) Use Existing System

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

NUMBER BEDROOMS: 2 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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] 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: James R. Ferguson Jr. Date: 6-4-99

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.

... Use existing system for a 2 bedroom MHE

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

Philo S. Walker RS 6/10/99
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

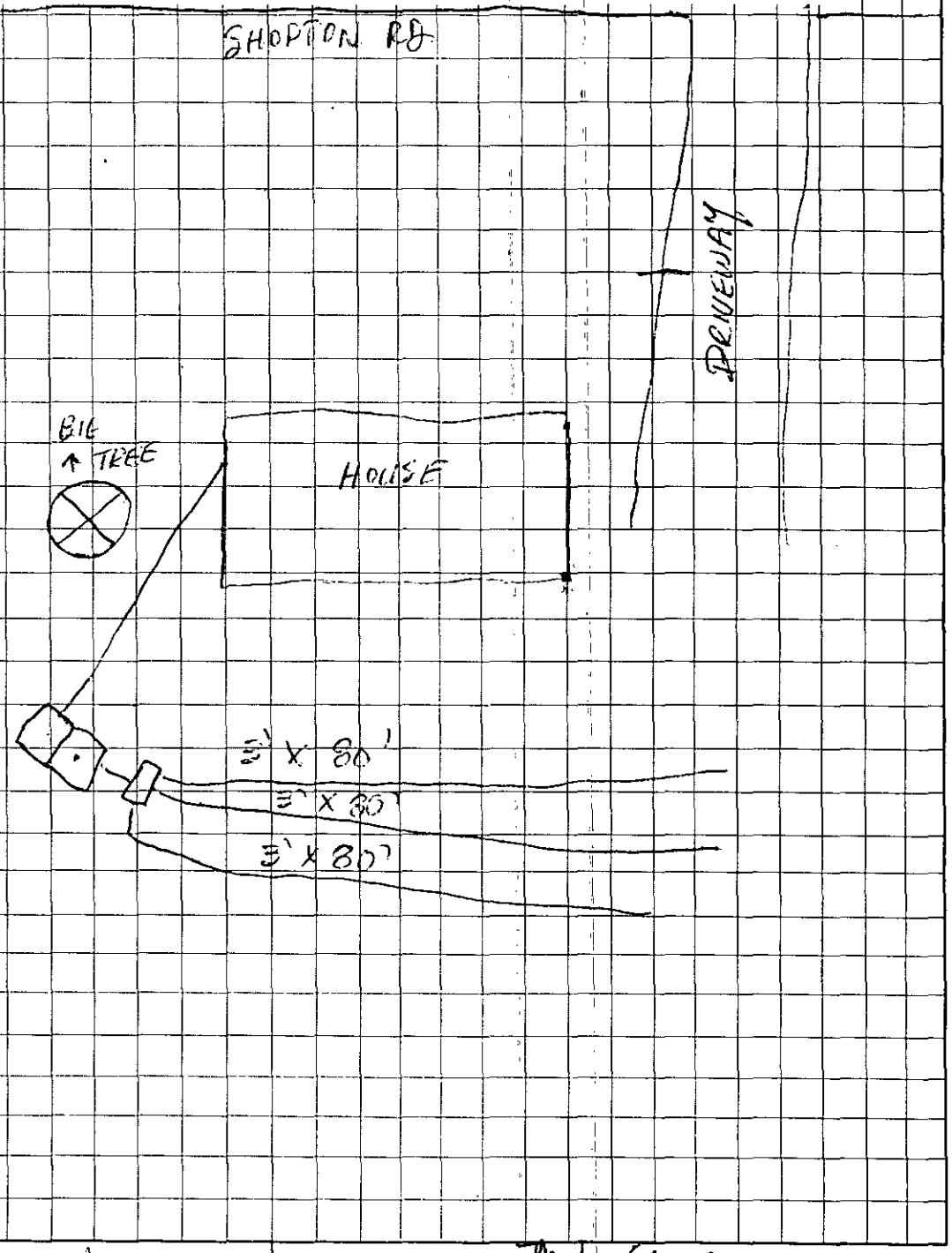
COPY

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

FILE: 2003B

TC: 201-061-01

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.



Mr. James Ray Ferguson Jr.
OWNER/AGENT SIGNATURE

DATE 6-4-99

APPROVAL DATE PRW 6/10/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

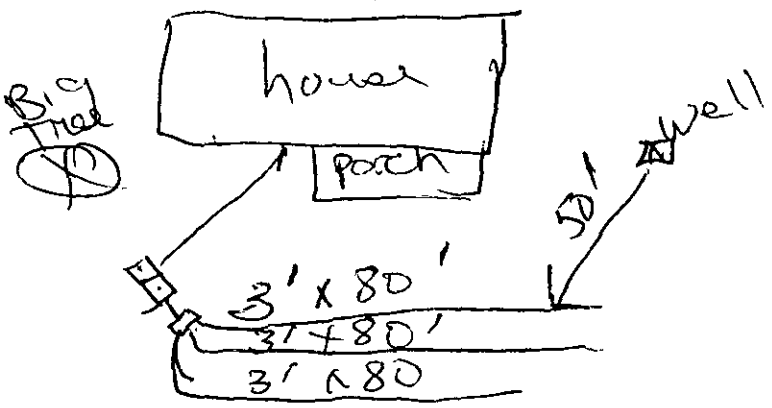
FILE: 2003B/9774A DATE: 9/29/93

TC: 20/06/04 61

SERIAL Nº 15173

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 8/23/93. All work shall be completed on or before 10/29/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.

PJ vet 9/5



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 240' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 20' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

Water Supply is from City - DID well NOT Abandonned.

NAME OF OWNER Jim Ferguson

LOCATION OF PROPERTY 2825 Shopton Rd

Comments: Install 3 trenches 3' x 80' ^ 12" Stone System requires repair - Tank is located under the porch & therefore inaccessible - New Tank will be set

Division or Section Head

Judy J Kerr RS
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

4002

Doc 7259

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~0038~~ 9174 DATE: 9/30/93

TC: 201.061 ~~24~~ ☒ C ☐ CRT

SERIAL Nº 15336

Name of Owner James Ferguson Juris.:

Address of Property 2827 Shopton Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 240'

Number of Lines 3 @ 80'

Cover Depth 24"

Water Supply Source City

Distance to Water Source ≥ 10'

Excavation Inspected 9/30/93

Tank(s) Inspected 9/30/93

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1993 Repair CTR# 189 McPowell

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Repair to Septic System. New Tank installed due to inaccessibility of old tank (under porch) Original 1950's

Judy J. Kiser R.S.
Environmentalist

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

2003B/9174A

4005

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

44

[] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

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ADDRESS: 2909 SHOPTON Rd PHONE: (704) 588-1185
CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

Date: 8-23-93

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 201-061-~~21~~
STREET ADDRESS: ~~2829~~ 2909 SHOPTON Rd
CHARLOTTE NC 28217
ZONING: R-15 (2805)

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Signed: James R. Ferguson Date: 8-23-93

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

40'

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

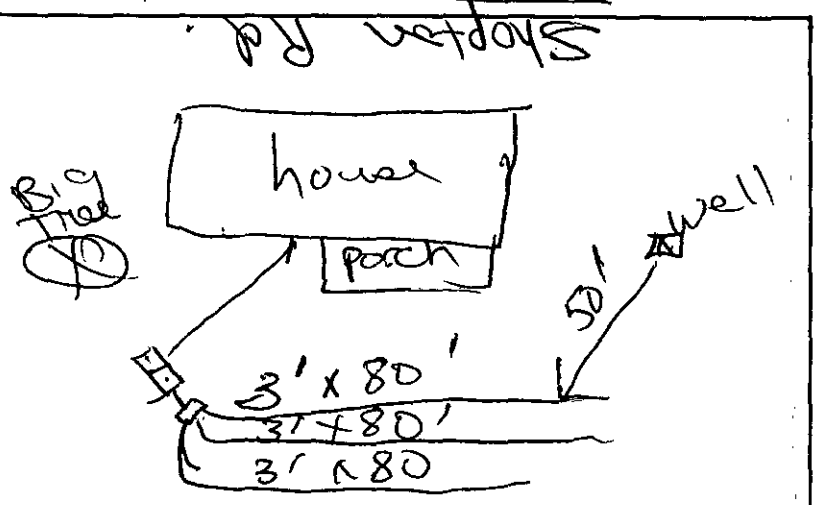
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Number of Lines 3

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Distance from Property Line 10' feet

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Water Supply is from City - DID well NOT Abandonned.

NAME OF OWNER Jim Ferguson

LOCATION OF PROPERTY ~~2807~~ 2805 Shopton Rd

Comments: Install 3 trenches 3' x 80' ^ 12" Stone
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Division or Section Head

Environmentalist

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