


10316 PROVIDENCE RD W

22319133

6/18/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6601A DATE: 6/20/90

TC: 223-191-33 ☑ L ☑ CRT

SERIAL № 13135

Name of Owner John R. Vacher III Juris.:

Address of Property 10316 W. Providence Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 533' Total 400

Number of Lines 3 @ 133

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 6/20/90

Tank(s) Inspected 6/20/90

Wash Line Inspected 140' 6/20/90

High Water Alarm Inspected NA

PLOT

Design: 1990, 1500 ST, 1600 SFT, CON, 12" stone ceil CTR# 154

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: System designed for 4 bedroom house

Philo A. Walker R.S.
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

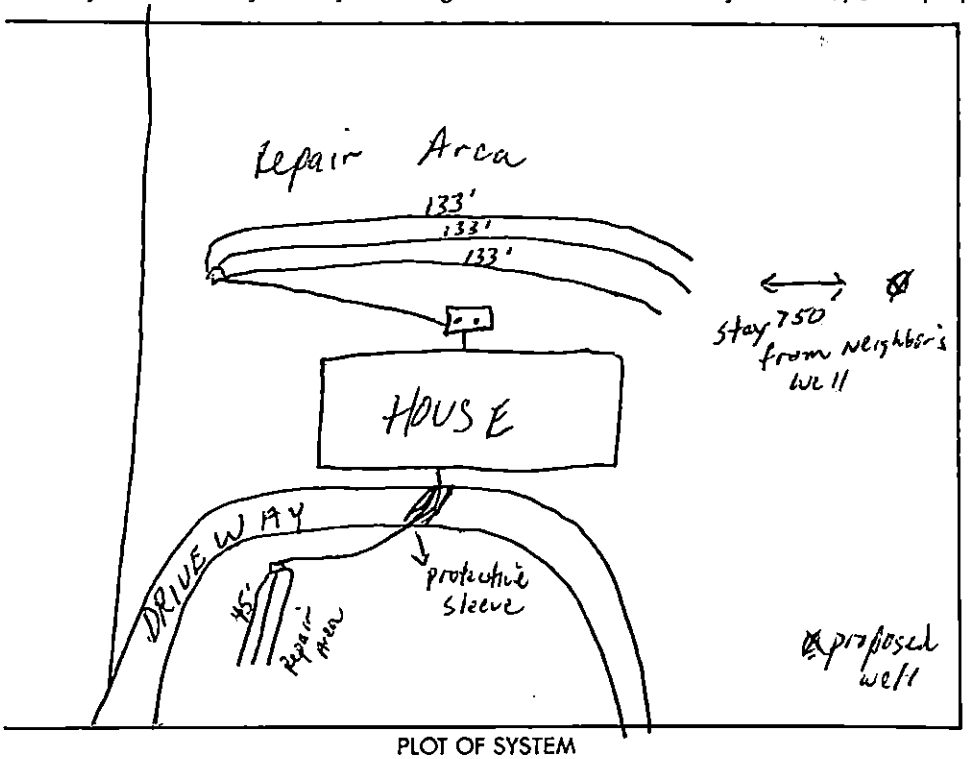
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6601 A ~~10376~~ DATE: 6/18/90

TC: 223-191-33

SERIAL Nº 13190

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 4/23/90. All work shall be completed on or before 7/18/90, 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.




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 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

washer line 140'

NAME OF OWNER John R. Vacher III

LOCATION OF PROPERTY 10316 W. Providence Rd

Comments: Septic lines 3 lines x 133' long x 3' x 12" stone
washer line 3 lines x 45' long x 3' x 12" stone, protective sleeve under ~~washer supply line~~
Stay 750' from all wells with septic system

Division or Section Head

Philo S. Walker R.S.
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

# PROPOSED PLOT PLAN

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

FILE: 6601A

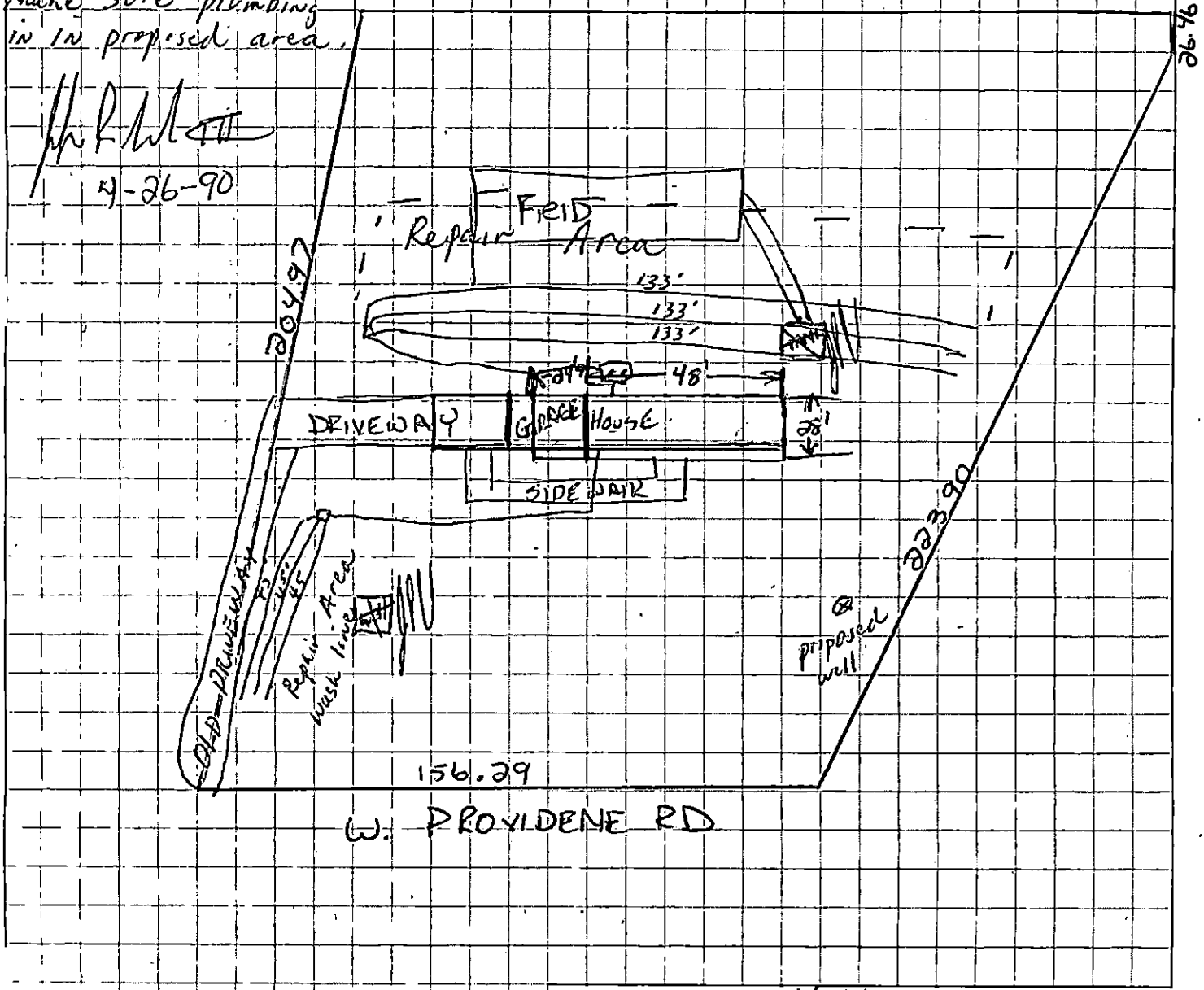
TC: 223-191-33

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.

1500 ST
3 Trenches x 133' long (Septic field) 400' Total Septic Drainfield
3 Trenches x 45' long (Wash line) 135' wash line
535' Total

Make sure plumbing in in proposed area.

4-26-90




APPROVAL DATE 4/26/90 PSW

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 17732

File: [illegible] Action: /

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

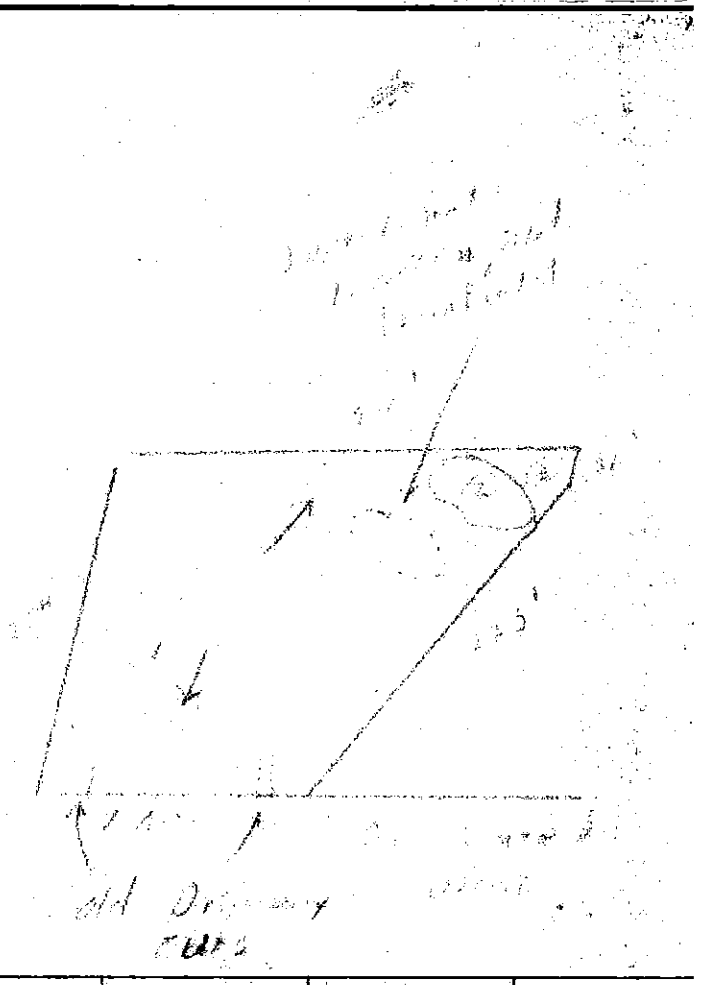
Lot: Block: Acres:

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: [illegible]




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| ( (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | | | | | | |
| Area Classification | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6601A
TC: 223-191-33
SERIAL: № 20734
☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 10316 (STREET NO.) W. Providence Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 223-191-33
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: John (FIRST) P (MIDDLE) VACHER III (LAST)
⑨ MAILING ADDRESS: 6326 Park rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28210
⑬ PHONE: (WORK) (803) 548-1043 ⑭ (HOME) (704) 554-8243

**REQUEST**

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

**DESIGN CRITERIA**

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 4 ~~5~~
㉓ Maximum occupancy? ~~6~~ 8 ~~10~~
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: John P Vacher III
Date: 4-23-90

## IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Philip S. Walker, 4/26/90
Environmentalist Date

Director or Authorized Section Head, 4-27-90
Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

# PROPOSED PLOT PLAN

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

FILE: 6601A

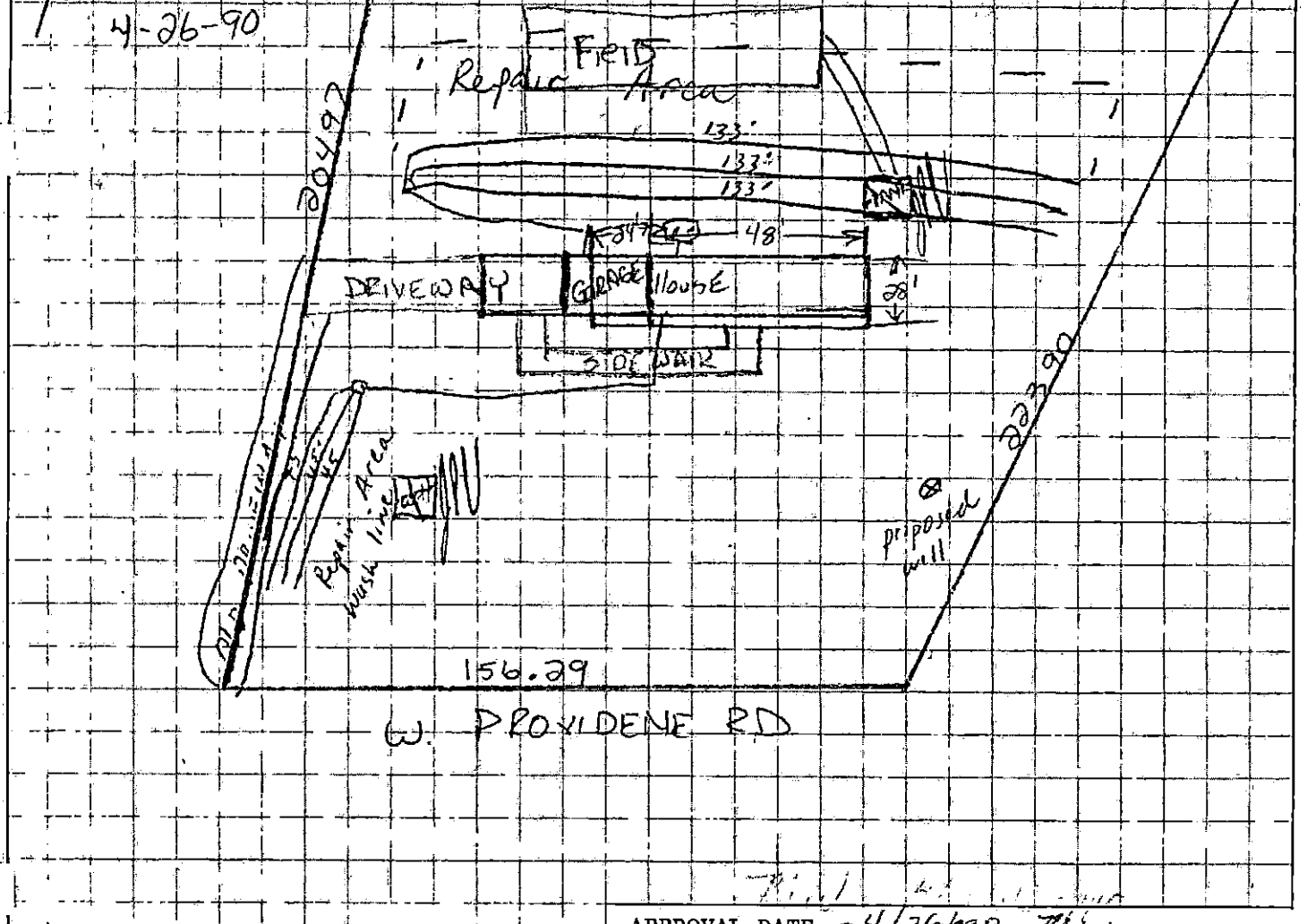
TC: 223-191-33

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.

1500 SF
3 Trenches x 133' long (Septic field) 400' Total Septic Drainfield
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535' Total

Make sure plumbing in in proposed area.

4-26-90




APPROVAL DATE 4/26/90 PSW

4-27-90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE: 4/23/90

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 223-191-33

ASSIGNED ADDRESS 10316 W Providence Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | NOT APPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ☐ | ☐ * |
| 2. FLOODWAY REGULATIONS | ☐ | ☐ * |
| 3. EROSION CONTROL REGULATIONS | ☐ | ☐ * |
| 4. COMMERCIAL DRAINAGE PLAN | ☐ | ☐ * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | ☐ * | ☑ |

| | YES | NO |
|---|---|---|
| 6. PROPERTY FRONTS ON THOROUGHFARE | ☑ * | ☐ |

| | YES | NO |
|---|---|---|
| 7. DRIVEWAY PERMIT REQUIRED | ☐ * | ☑ |

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

**NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.**
**A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).**

SIGNED: [signature]

OPWEAR 02/86

# Mecklenburg County
## Health Department

April 19th, 1990

John Robert Vacher, III
6329 Park Rd.
Charlotte, NC 28210

RE: Property located at Providence Rd. West
FILE: 6601A
PARCEL: 22319133

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17732) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 17732

File: 6601A  Action 1

Parcel: 22319133  ☐ PC

Location: Providence Rd. West

Subdivision:

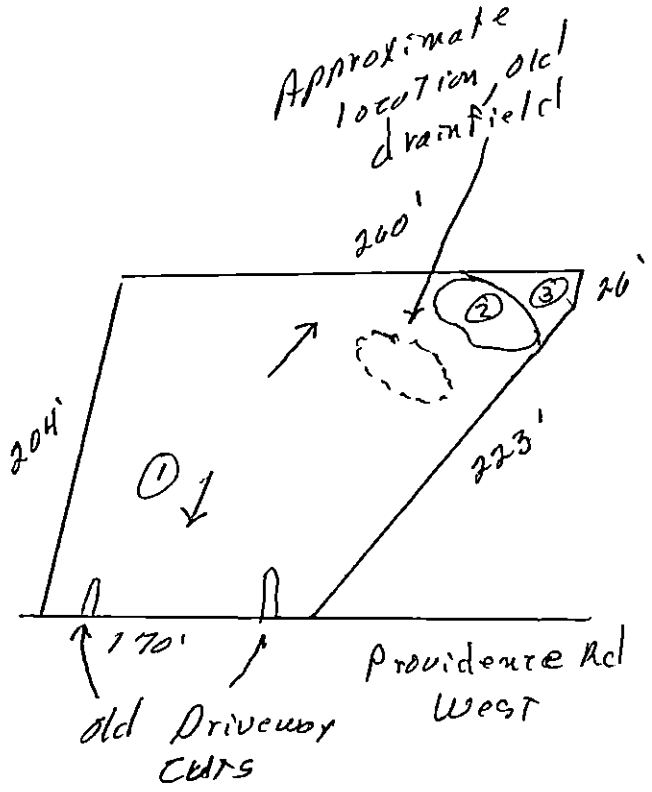
Lot: Block: Acres: 1.2

Owner:
Address: John Robert Vacher, III
6329 Park Rd.
Charlotte, NC 28210

Comments: 100% Repair
Do not know location of old tank - unable to determine where previous house stood

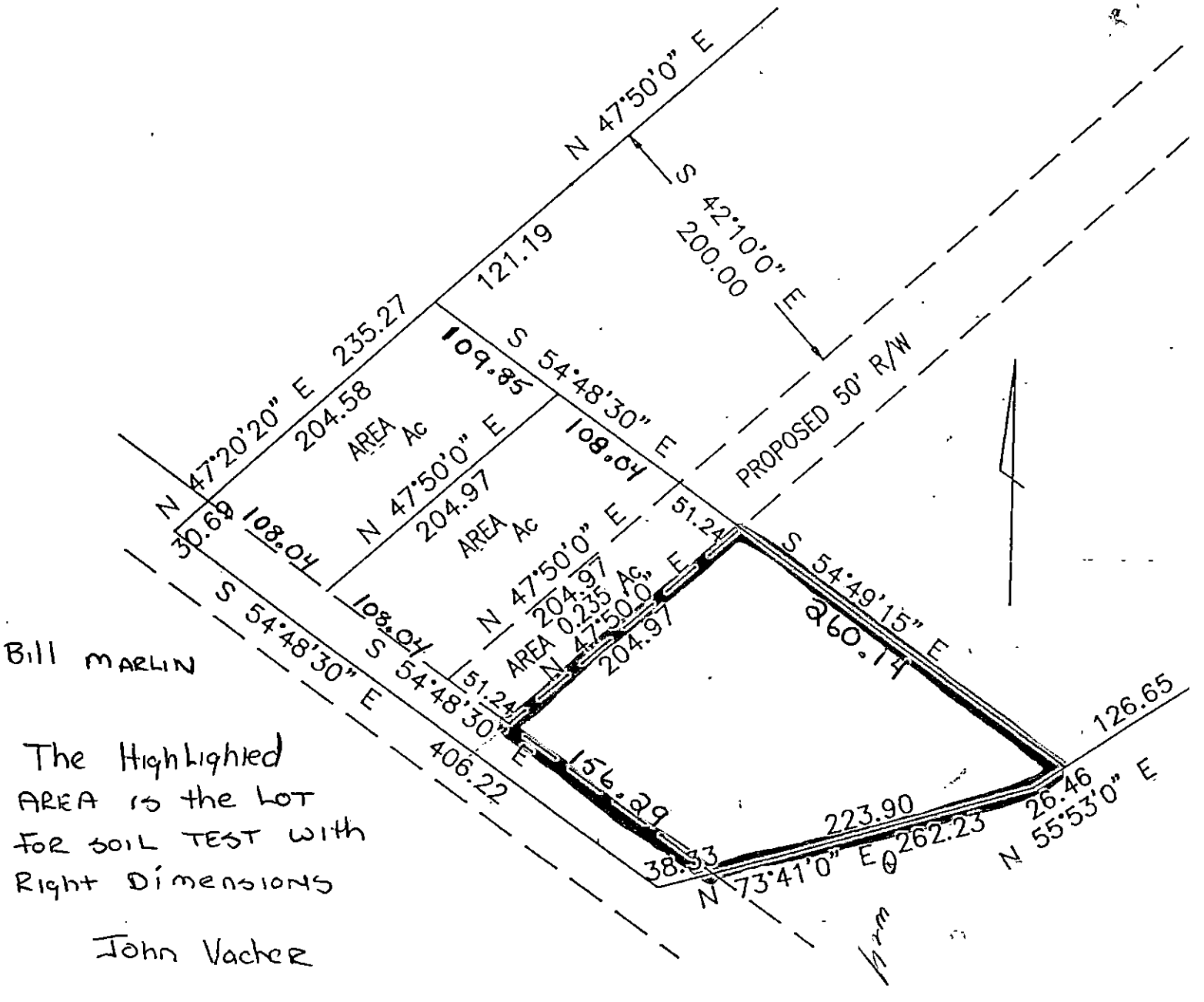
Described by: William A. Marks

Date: 4-18-90




*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 6-12% | S PS (U) Depression | S PS U — | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U — | S PS (U) Fill/compacted | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 36"+ water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | TU Cecil-1.4% | Depression | compacted Fill | | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |




Bill MARLIN

The HighLighted AREA is the LOT FOR SOIL TEST with Right Dimensions

John Vacher

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6601 A

TC: 223-191-33

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: PROVIDENCE Road West

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 223 PAGE NO.: 19 PARCEL NO.: 223-191-33

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

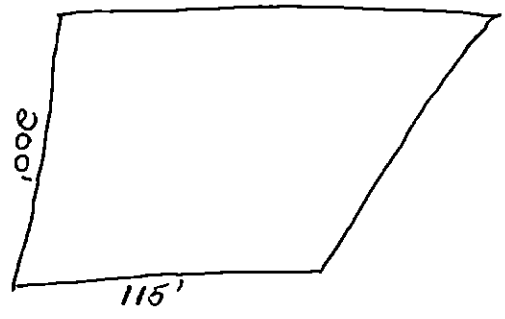
⑦ NAME: John (FIRST) Robert (MIDDLE) Vacher (LAST) III

⑧ MAILING ADDRESS: 6326 PARK Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28210

⑫ PHONE: (WORK) (803) 548-1043 (HOME) (704) 554-8243

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, 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: _____

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

Date: 3-23-90

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 4-23-90

Name/Company: John R. Vaclan

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Septic Tank Permit

Fee 6601 A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 23 1990

Fee: $ 200.00

Check 1836 $200.00

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by Phila