

11921 MCINTOSH RD

01528104

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

FEE: NA

DATE: _____

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

[ ] 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 #: 20782

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-281-04

STREET ADDRESS: 11921 McIntosh Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Apple Wood

LOT NUMBER: 1

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: 980

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: On Block & tied down

- ___ 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	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

Piedmont Natural Gas Lines.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Ferrell Thurman Franklin (JR) (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 11921 McIntosh DR	DAYTIME PHONE: ( ) ---
CITY: Huntersville STATE: N.C ZIP: 28078	
DAYTIME PHONE: (704) 875-1463	

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: Thurman F. Ferrell Jr. DATE: 3-18-96

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 20782 DATE: 3/27/96

TC: 015-281-04 ☐ L ☐ CRT

SERIAL Nº 16605

Name of Owner Thurman F. Ferrell, Jr. Juris.: _____

Address of Property 11921 McIntosh Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield 6' x ~78' Bed

Number of Lines 2 @ 75'+

Cover Depth 12"-16"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 3/27/96

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1996 Repair, 468 ft², ~18" G, cecil-like CTR# _____

The undersigned has inspected the Septic Tank System described above, and certifies it has been Claudius Morrison

☐ installed or constructed ☑ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A 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 I5A 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: 1996 Repair.

Overflow from existing lines to D-Box & 6' x ~78' Bed.

Installed on contour.

Original installation 6/10/85.

Thomas B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

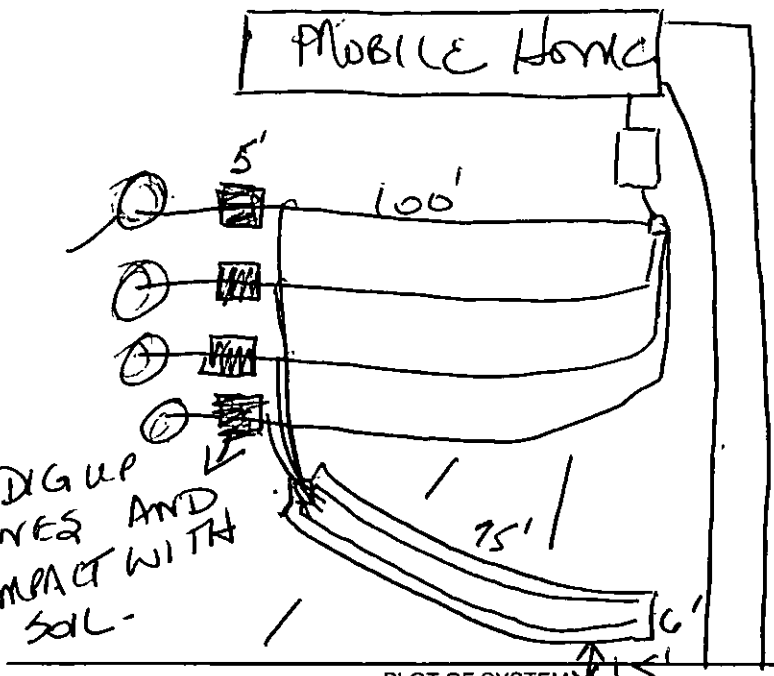
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20782 DATE: 3/20/96

TC: 015-281-04 ☐ L

SERIAL Nº 16620

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 3/20/96. All work shall be completed on or before 3/20/96, 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

McINTOSH RD.

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING N/A gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 75 feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 15' feet

Distance from Well ____ feet

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

NAME OF OWNER Thurman Ferrell

LOCATION OF PROPERTY 11921 McIntosh Dr.

Comments: (1) Put overflow pipes at beginning of each line and feed to new bed. (2) Go behind overflow with 3'-5' dig out drainfield and make earthen dam with compacted soil (3) Install 1 bed 6' x 75' x 18"

Jane Margaret Dunlap R.S.
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10-16-96 Ed) $50.00 CRT

20782

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ferrell (last) Thurman (first) F. (JR) (mi)
ADDRESS: 11921 McIntosh DR PHONE: (704) 875-1463
CITY: Huntersville STATE: N.C ZIPCODE: 28078

Date: 10-16-96

PROPERTY OWNER:
NAME: Ferrell (last) Thurman (first) F. (JR) (mi)
ADDRESS: 11921 McIntosh DR PHONE: (704) 875-1463
CITY: Huntersville STATE: N.C ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-281-04
STREET ADDRESS: 11921 McIntosh DR Huntersville, N.C 28078
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: #1 LOT SIZE (in acres): 3/4

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) 3 BDRms
[] COMMERCIAL OR INDUSTRIAL (N) REPLACE M/Homodular
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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 [] 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: Thurman F. Ferrell Jr. Date: 10-16-96

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.

...10/18/96 OSV. Mr Ferrell present

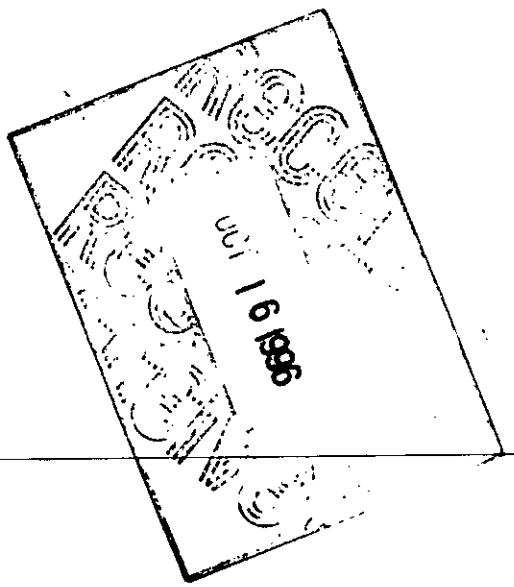
Approval to use existing system for 3 bedroom mobile home. JON

[] 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

Lisa B. Mialik, RS 10/18/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


OCT 16 1996

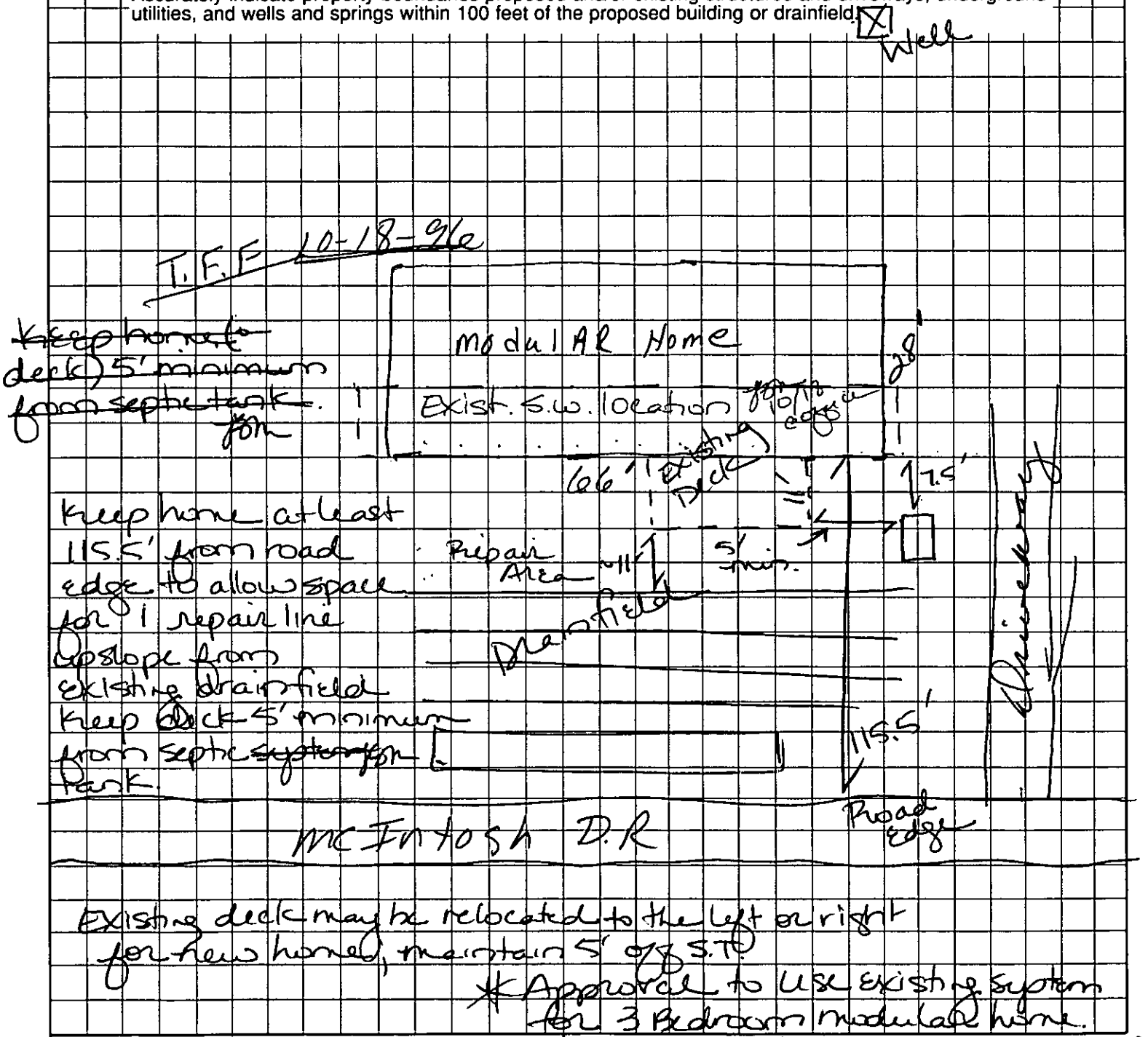
PROPOSED PLOT PLAN

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

FILE: 20782

TC: _____

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.



Thurman T. Terrell Jr.
OWNER/AGENT SIGNATURE

DATE 10-16-96

APPROVAL DATE 10/18/96 Lisa B. Mialik RS

~~E~~ Each square * represents 5'.

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 20782 Tax Number: 05-281-04

- 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 to existing system installed 6/85			
Repair Area System Type 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
450 (6'x75' Bed) Absorption Area (Sq ft) ~150' Total Trench Length (Ft)	18" Depth of Stone Trench	___ Trench spacing (min. on centers)	~24" Maximum Trench Depth
For existing system, enter the year originally installed: 6/1985			

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.

Lba B. Mialik, RS 3/20/96
DEHNR Authorized Agent Date

Thurman F. Ferrell Jr. 3-18-96
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: 3/20/96 PERMIT NO: 20782
PARCEL NO: 045-281-04

JOB LOCATION ADDRESS: 11921 McIntosh Rd.
PROPERTY OWNER: Thurman Franklin Ferrell
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Applewood
AUTHORIZATION ISSUED BY: Lisa B. Mallick, RS DATE: 3/20/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 20782, 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: See repair approval date 3/20/96 & conditions of Improvement Permit

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.

Thurman F. Ferrell Jr. 3-18-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Thurman F. Ferrell, Jr. MAILING ADDRESS 11921 McIntosh Road, Huntersville 28078

OCCUPANT Same LOCATION Same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel: 015-281-04

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

336-5573 Lisa Mialik/336-5102

☒ 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 February 26, 1996, appropriate legal action will be taken.

Notice Issued January 25, 1996 (Date) Signed Susan M. Bateman, R.S (Division of Environmental Health) Agent

Compliance 3/27/96 (Date) Signed L Mialik, RS (Division of Environmental Health) Agent

cc: Lisa Mialik
Terry Dewese

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

Mecklenburg County
Health Department

January 26, 1996

Judy + Buck Ferrell
87<2-1463

Thurman F. Ferrell, Jr.
11921 McIntosh Road
Huntersville, NC 28078

Dear Mr. Ferrell:

At the request of Terry Dewese, an investigation was made of the septic tank system and a well water sample was collected on the property located at 11921 McIntosh Road, Huntersville, North Carolina, on January 19, 1996.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

An additional site visit was made on January 22, 1996 to further investigate the septic tank system. At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to correct this situation by February 26, 1996. Failure to comply with this notice may result in legal action being taken against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact Lisa Mialik to arrange an appointment immediately. She can be reached at 336-5573.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

Enclosure

cc: Lisa Mialik, R.S.
Terry Dewese

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

015-281-04

Microbiological Analyses

Well + Septic
1-12-96

Owner, System or Establishment: Hobart Smith Rd

Address: 11921 Meadowood Rd

Huntersville Zip 28078

Collected By: S Bateman

Date Collected: 1-19-96 Time: 10:25 AM PM

Sample Source: Kitchen faucet

Date Delvd. to Lab: 1-19-96 Time: 3:05 AM PM

Delivered By: S Bateman

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community
☐ Community ☐ City
☐ Other (specify) _____

Treatment: ☐ chlorinated ☐ nonchlorinated
☒ Initial Sample ☐ Recheck (chlorinated)
☐ Recheck (nonchlorinated)
☐ Other (specify) _____

Food (specify):

Analysis Requested: ☒ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ Giardia lamblia (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify) _____

☐ Foodborne Investigation (specify) _____

Comments:

well appears ok

System !

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert

Total Coliform Absent /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.

drop the part Eb reg as ... and the

3/8/29/25/27/16/40

Gixed

Laboratory Comments:

Date Received: 1/19/96

Received By: DNW

Date Reported: 1/20/96

Analyst: DNW Lab #: 731

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Serial No. 08183

ICAR(S) Permit No. 20782

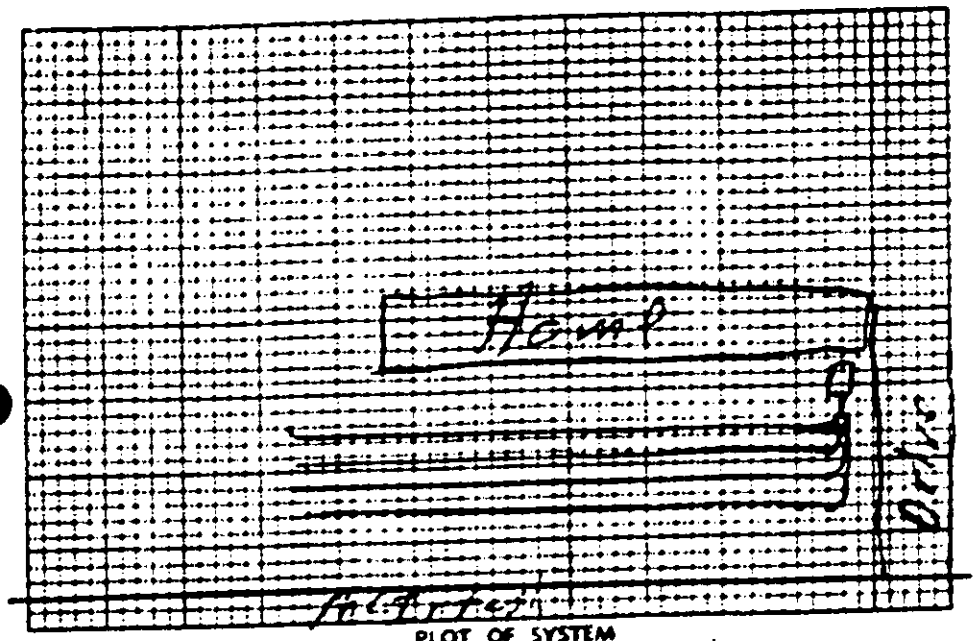
T. C. No. CS-081-01

Date Issued 6-4-85

Map Date CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 20782, dated 4-5-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 7-4-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Ika

Liquid Capacity of Tank 1500

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 750'

NAME OF OWNER Kuett, William

LOCATION OF PROPERTY 11921 McIntosh Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Four Trenches 100'x3'x12" Stone

Comments:

B Hamilton
Division or Section Head

Jim Green
Environmentalist

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

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20782

Date Issued ~~AP~~ 6-10-85 Serial 7613 T C No. 015-051-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

L CRT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilson II (LAST) William (FIRST) (MIDDLE)

Location of Property 11921 McIntosh Dr.

Application Number 20782 Permit Number 20782

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 750'

Excavation Inspected 6-10-85 (DATE) Tank Inspected 6-10-85 (DATE)

Nitrification Field Inspected 6-10-85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 1500ST, Con, 1200SFT, 126', Coil

Jim Cain
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

ENVIRONMENTAL HEALTH

Date Received 4-10-85

ICAR(S) Application No. 20782

T. C. No. 01-051-

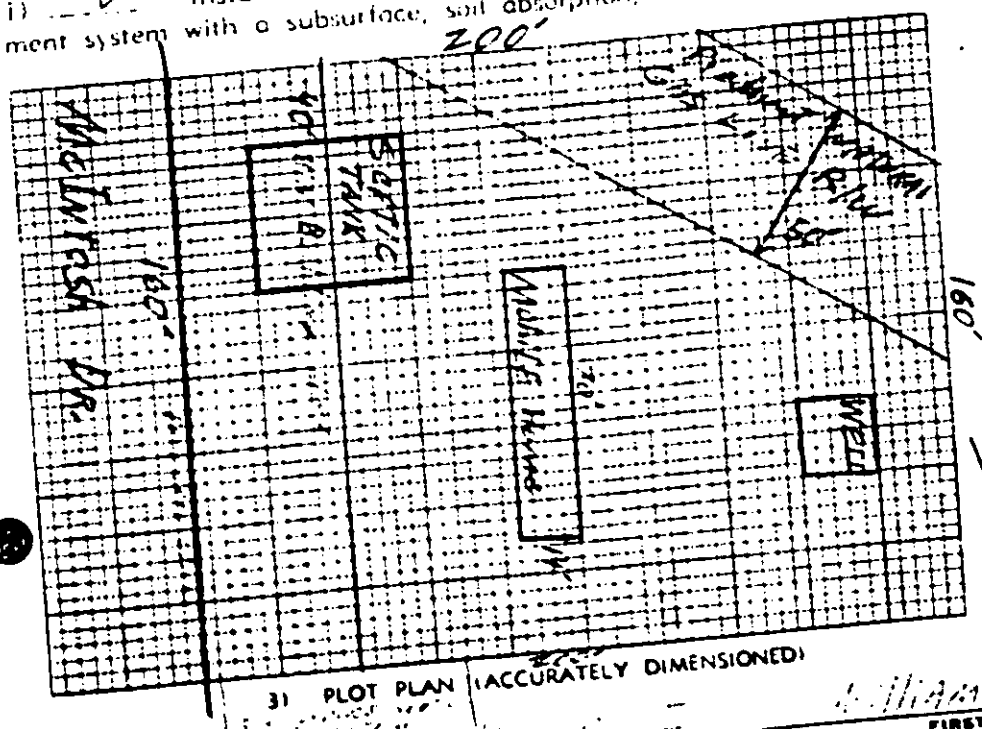
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



31) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No
4) No. of Bedrooms X-3 BDRM.
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER ___ (LAST) ___ (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER ___ Office ___

15) PHONE NO Home ___

16) LOCATION OF SYSTEM ___ (STREET OR COUNTY ROAD) Block No. 1

17) SUBDIVISION ___ Lot No. 1

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4-26-85

20) PTR NUMBER (See Instructions) 2-0252

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

___ OWNER

___ DATE OF APPLICATION