

8029 OLD BUD HENDERSON RD

01503116

7/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

March 29, 2007

Maria Murillo
8029 Old Bud Henderson Rd.
Huntersville, NC 28078

Dear Ms. Murillo:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 8029 Old Bud Henderson Rd. on March 26, 2007.

The laboratory analysis of the well water sample was reported to be **PRESENT** for *Total Coliform* and **ABSENT** for *E. COLI-PA*.

At this time it is recommended that you chlorinate your well and contact our office to have the well resampled. Information outlining proper well chlorination procedures is included for your review. Please note that there is no additional fee for resampling your well.

I am also enclosing a copy of the septic system inspection report for your review.

Please contact me at (704) 336-5568 if you have any questions.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/28/2007 11:32 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-72591
LOC ID: G-PME
SAMPLE DATE-TIME: 3/26/2007 12:15 CHAIN OF CUSTODY #: 070326140007
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC11225	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	3/26/2007	15:55	MKV
AC11225	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	3/26/2007	15:55	MKV

Comment:

Laboratory Supervisor: Rhonda Shuttleworth

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water) Murillo Residence**
ADDRESS:	8029 Old Bud Henderson Rd. Huntersville, NC 28078
LAB CODE:	REAL PRIV NEW TNC MPL (PME) AMB LM OTHER

Send Report To:
Trevor Thomason
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 07032614/0007
Sampled By (Print Name)
Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GWO-72591 AC11225	TP	3/26/07 12:15	N/A N/A	N	N/A					X	100 ml		1						X		X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only.

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
	Dawn Noesler	03-26-07	1345
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Murillo Residence	7746A
Health Department	**Name of Establishment**	**Permit/Project No.**
8029 Bud Henderson Rd., Huntersville NC	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Maria Murillo	Same as location address	Unknown
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	03/26/2007	January 2012
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured > 8" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b.d. High water alarm horn
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	is inoperable. Heavy corrosion
d. Control panel enclosure/components in good condition?	☐	☒	☐	on alarm in control panel. No
e. Elapsed time readings: _____ _____ _____ _____				duct sealant present.
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	6. Drain field is in good condition.
b. *Minimal ponding in subsurface trenches?*	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

System requires minro repairs & maintenance at this time.

No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair high water alarm horn.
2. Place duct sealant on all electrical conduits entering control panel.
3. Pump both tanks to remove excess solids. (1,500 gallon septic tank & 1,000 gallon pump tank).

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

**Install float tree in pump tank and reconnect control floats at proper levels.

DATE: 03/26/2007

SIGNED: _____ R.S. AGENT

Division of Environmental Health

Printed Name: Trevor Thomason

Phone #: 704-336-5568

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 7746A — Permit/Project No.

8029 Bd Henderson Rd — Location | residance — Type of Establishment | 360gpd — Design Flow

Nancy Doyle — Owner/Agent | 8029 B.d Henderson Rd, Huntersville — Address | 28078 — Phone

None - IIIb — Operator | Address | Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☒	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	Pump tank contained an average of 9" of suspended solids, it is time to have both tanks pumped out. Suspended solids will cause septic system failure by clogging soil pores.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☒	☐	
Tanks pumped, cleaned out as needed?	☐	☑	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	Alarm buzzer very weak
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump both septic and pump tanks out	30

DATE: 5-1-00 SIGNED: J B Thompson, Jr. L.S. AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

May 4, 2000

Nancy Doyle
8029 Bud Henderson Road
Huntersville, NC 28078

Dear Ms. Doyle:

This letter is to serve as notice that the State required inspection of the Type IIIb wastewater treatment and disposal system serving your property has been performed. The results of this inspection are enclosed.

During our inspections a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed. The results of the inorganic samples are not yet available; these results will be mailed to you just as soon as they are received from the State Laboratory.

Our records indicate that the $85.00 fee for this inspection has not been paid. You have been mailed 3 notices, as well as a letter of explanation, regarding the maintenance inspection and the associated fee. At this time our office has no choice but to implement legal action against you, for nonpayment of fees imposed under North Carolina General Statute 130A-39G. A Criminal Summons will be prepared in your name and filed with the magistrate's office within the next two weeks. In the event we receive your payment before a Criminal Summons is filed, legal action will not be pursued.

If you have any questions regarding this letter or the enclosed inspection report you may contact me at 704-336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures (2)

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

11b

Microbiological Analyses

Owner, System or Establishment: Nancy Doyle

Address: 8029 Bud Henderson Rd

Huntersville NC Zip: 28078

Collected By: L. Thompson

Date Collected: 5-1-00 Time: 1:20 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 5-1-00 Time: 2:50 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

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

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 5/1/00 Date Reported: 5/2/00

Received By: NCB Analyst: NCB Lab #: 599

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

April 29, 1999

Nancy Doyle Stephens
8029 Bud Henderson Road
Huntersville, NC 28078

Dear Ms. Stephens:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7746-A DATE: 1/8/92

TC: 015 03109 ☒ PO ☐ CRT

SERIAL Nº 13985

Name of Owner Nancy Doyle Juris.:

Address of Property 8029 Bud Henderson Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth 12"+

Water Supply Source P/well

Distance to Water Source >50' NI

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected Installed

PLOT

Design: 1500 ST, 1000 PT, PI, CON, 1200 SFT, 12"g, Leci/like CTR# 174

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: 3 bedrm. (4) 3'x 100' x12"g. Myers 1/2 hrs. pump.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

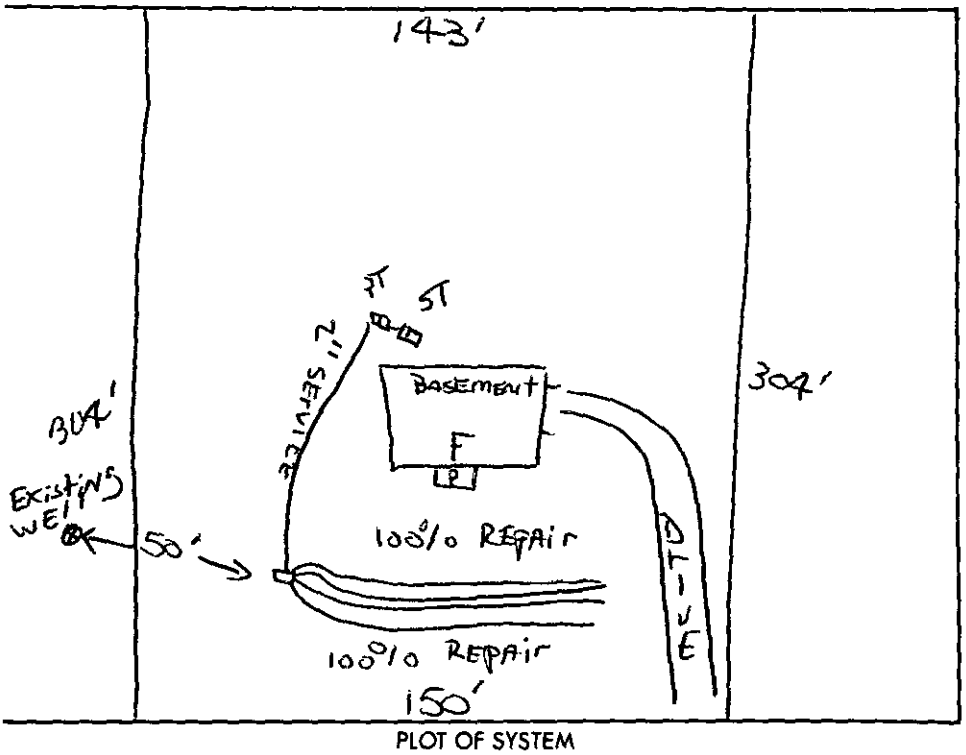
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7746-A DATE: 12/31/91

TC: 015 031-09 PO ☑ L

SERIAL Nº 14113

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 9/9/91. All work shall be completed on or before 1/30/92, 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 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4 or 5

Depth of Stone 12" inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well >50' feet
& ADJACENT WELLS

NAME OF OWNER NANCY DOYLE

LOCATION OF PROPERTY 8029 Bud HENDERSON Rd.

Comments: 3 bedrm. (4) 3'x100'x12"g. or comparable ON EHS Approval. TREE REMOVAL AS NEEDED.

Division or Section Head

Tim Whittaker, 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

TW

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
CK # 4964
9-9-91
HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7746A
TC: 015-031-09 PO
SERIAL: № 0019806
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8029 BUD HENDERSON RD (STREET NO. / STREET) ② FILE:
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 015-031-09 PO
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: NANCY DOYLE (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 8033 BUD HENDERSON RD.
⑩ CITY: CLT ⑪ STATE: NC ⑫ ZIP: 28075
⑬ PHONE: (WORK) 875-6003 ⑭ (HOME)

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 ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no 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: SAM JALLOUM, AGENT JALLOUM BUILDERS
Date: 9/9/91

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 60 months from the date of issuance.

Lift station required.

Tim Whitaker, Environmentalist — 9/17/91 (Date)

Director or Authorized Section Head — 9-26-9 (Date)

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

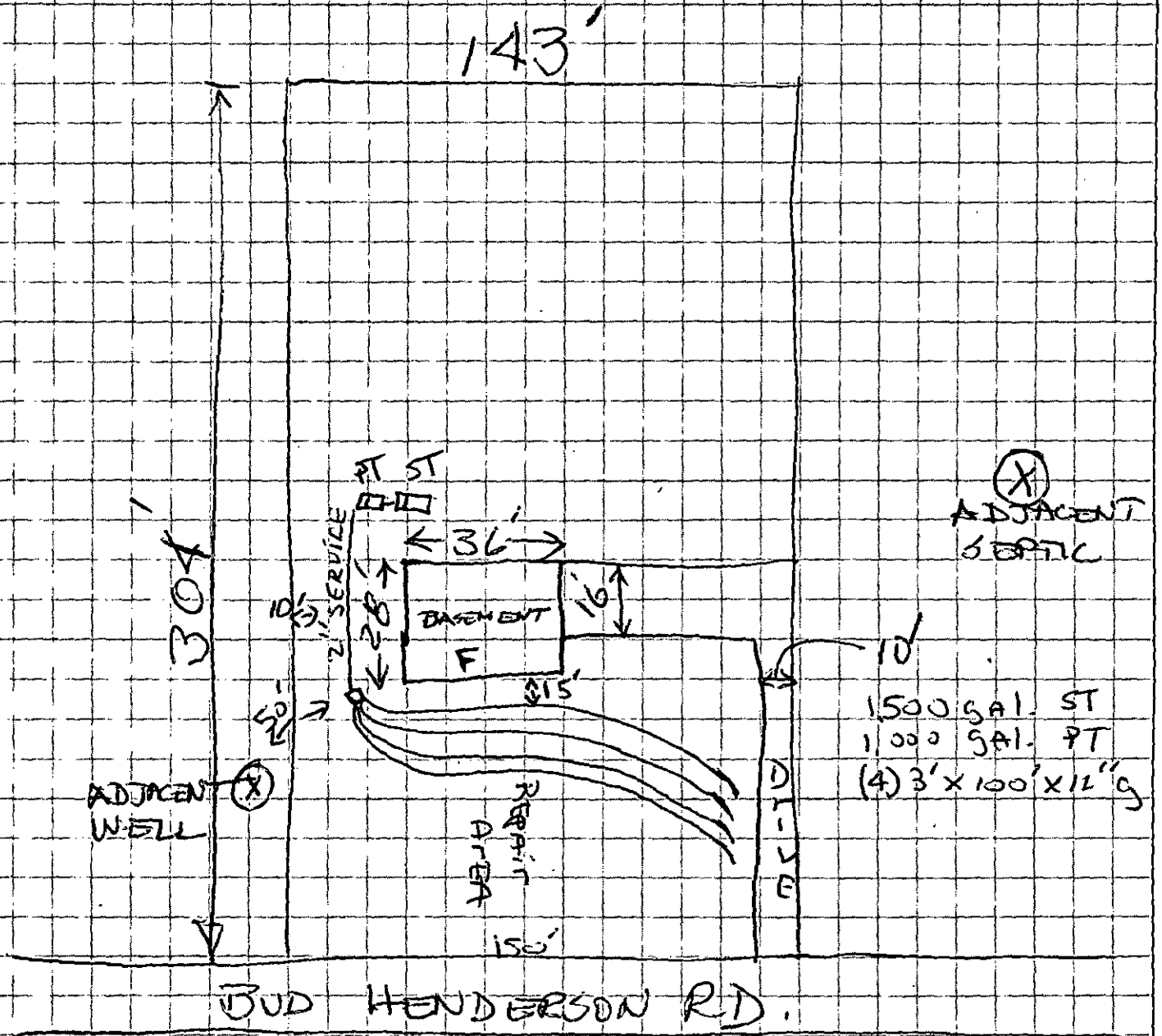
PROPOSED PLOT PLAN

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

FILE: 7746A

TC: 015-031-09 RO

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.



APPROVAL DATE T.W. 9/17/91

lift station required.

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