

2425 MCLEAN RD

05116208

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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YOU D

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

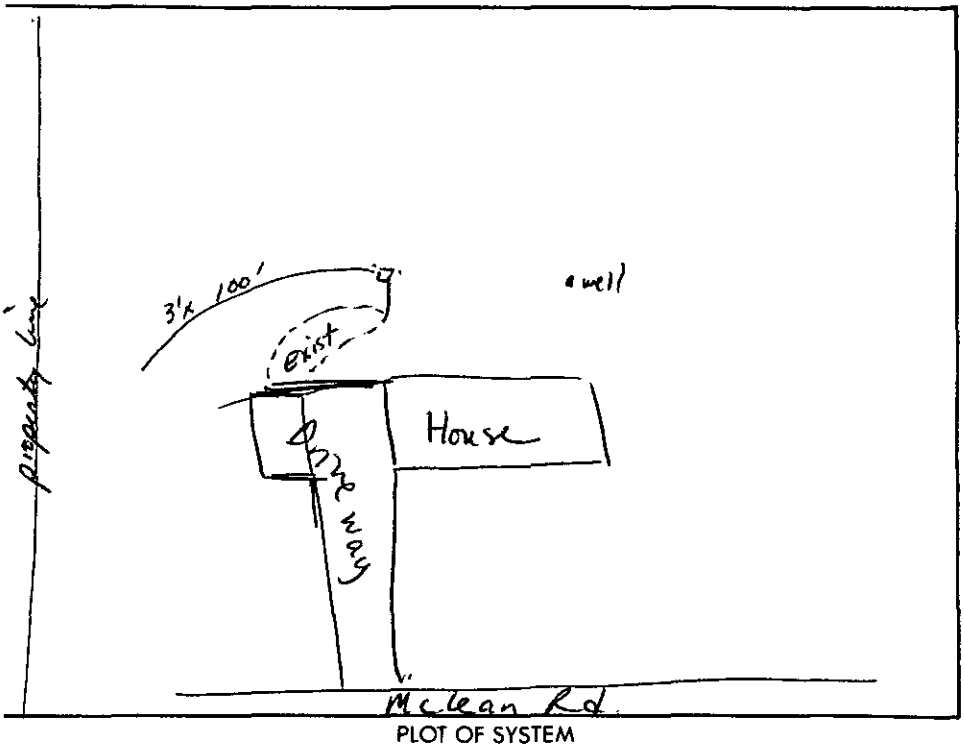
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 837/B-8208/A DATE: 12-1-93

TC: 051-162-08 ☑ L

SERIAL Nº 15378

Permission is hereby given to ____ Install or Construct, X 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 1-26-93. All work shall be completed on or before 2-22-93, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank: Exist gallons

Liquid Capacity of Dosing Tank: — gallons

Tank Construction: Exist

Absorption and/or Nitrification Lines:

Trench Width: 3' feet

Total Line Length: 100' feet

Number of Lines: 1

Depth of Stone: 12" inches

Distance from House: 15' feet

Distance from Property Line: 10' feet

Distance from Well: 50' min feet

NAME OF OWNER: Blanche Hunt

LOCATION OF PROPERTY: 2425 McLean Rd

Comments: Install new line on contour, min 15' off cut for basement
1 line 3'x100' x 12" rock

Judy J. Kuin R.S.
Division or Section Head

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

400

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

FILE: 837/B-8708/A DATE: 2-4-93

TC: 051-162-08 ☒ L ☐ CRT

SERIAL Nº 15653

Name of Owner Blanche Hunt Juris.:

Address of Property 2425 McLean Rd.

Inspection Data:

Tank Material Existing

Total Length of Drainfield 100'

Number of Lines 1 @ 100'

Cover Depth 12" middle, 18-24" ends

Water Supply Source well

Distance to Water Source 50+

Excavation Inspected 2-4-93

Tank(s) Inspected ———

Wash Line Inspected separate - ok

High Water Alarm Inspected ———

PLOT

Design: 1993 12"g, 3'x100' line, overflow from end of bed 4" rise on (step down connector), CONV. (300 sq ft.) CTR# 167

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: This house's septic system designed for 2 bdrm house only. ? 10 yrs

Environmentalist

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 21, 1993

Ms. Blanche Hunt
5640 Green Rea Road
Charlotte, NC 28226

Dear Ms. Hunt:

During a recent investigation of your property at 2425 McLean Road (Tax Parcel No. 051-162-03), Charlotte, North Carolina, 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 in 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 22, 1993. Failure to comply with this notice will 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 me to arrange an appointment immediately. I can be reached at 336-5568.

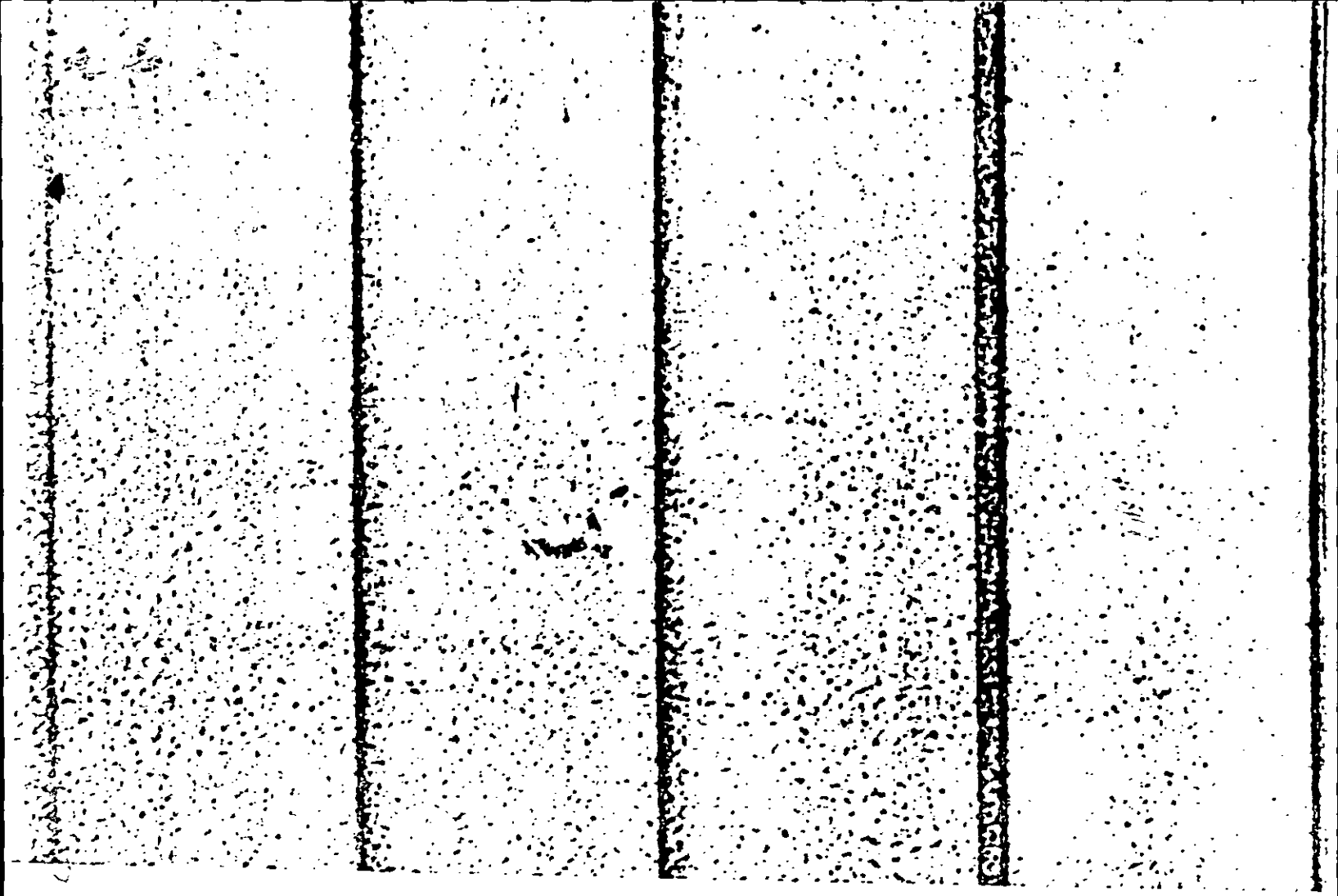
Sincerely,

B. R. Ferguson

B. R. Ferguson, R.S.
Individual Water and Wastewater Systems

BF:lw

Enclosure



L WATER REPORT Prepared by: D. F. 051-162-08

<alpha Shell=b:shellwat.txt Source=b:parlib.txt Fill-in=b:fidwat.txt

24 25 27 19 ___ ___ ___ ___ ___ ___

!naa! Name: Blanche Hunt

Address: 5640 Green Rea Rd.

Address:

City,State,Zip: Charlotte, N. C. 28226

Attention: ATTN:

!salutation! Dear Ms. Hunt

!ddr! 2425 Mc Lean Rd Char
Street No. Street City

!date! February 22, 1993

Log No.: 1938 Section: INNS Hazard? [ ] Yes [ ] No

Date: 01/04/92 Parcel: 051-162-08 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Nadine FORD Phone X 5524

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Belcher Day Care Home

Address 2425 MCLEAN Rd City CLT Zip _____

SERVICE REQUESTED: L.E.A.K.Y. S.E.P.T.I.C.

I (Nadine) found a patch of healthy grass setting in a wet mucky standing area. Also request to know where other tanks may be

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
1-6	Effluent present on the surface. Violation letter sent to correct by 2-22-93
1-26	Mr. Hunt called and will mail the application for repair to E.H.P.
1-29	Repair application received.
2-1-93	VISIT SITE REPAIR PERMIT ISSUED 100 LIN. FEET
2-4-93	Repaired + COC issued
2/5/93	Left message w/ Nadine that system repaired but property owner did not want any type of day care in home. Repair was for a 2 bdrm home only.

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

COMPLETED BY: _____ 2-5-93

REVIEWED BY: _____

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HOOK "REPAIR"

837B/6208A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:

NAME: Hunt (last) H. Ray (first) (mi)

ADDRESS: 5640 Green Rea Rd PHONE: (704) 542-1523

CITY: Charlotte STATE: N.C. ZIPCODE: 28336

Date: January 26, 1993

PROPERTY OWNER:

NAME: Hunt (last) Blanche (first) D (mi)

ADDRESS: 5640 Green Rea Rd PHONE: (704) 542-1523

CITY: Charlotte STATE: N.C. ZIPCODE: 28336

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-162-08

STREET ADDRESS: 2425 McLean Rd.
Charlotte, N.C.

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: N/A

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: 6

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 [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: D. Ray Hunt Date: January 26, 1993

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Repair done for 2 bdrm home only.

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

Environmentalist 2-5-93 Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Paul Belcher

Address: 2425 McLean Rd Charlotte

Description of public record requested: Septic Inspection

Street Name (or County Road):

Lot: _____ Block: _____

Parcel Number:

Owner's Name:

Reason for Request:

Information regarding lawsuit

Signature of Person Making Request: Paul A Belch

Supervisory Person:

Date: 8/19/93 Time: 11:05 AM

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