

9809 WINDRIFT RD

10812215

5/29/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6663 DATE: 6/12/97

TC: 108 122 15 X L X CRT

SERIAL Nº 17149

Name of Owner Janet Garvin Juris.: _____

Address of Property 9809 Windrift Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield NA

Number of Lines NA @ _____

Cover Depth NA

Water Supply Source well

Distance to Water Source > 100'

Excavation Inspected 6/12/97

Tank(s) Inspected 6/12/97

Wash Line Inspected ~~N~~ Existing

High Water Alarm Inspected NA

PLOT

Design 1997, Alteration, 1500ST CTR# Almond Septic

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 15A 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 15A 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: Existing tank Abandon, New septic tank installed, new D Box, Drainfield escavated appr 3' back to stay 5' from proposed foundation.

Philo L. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

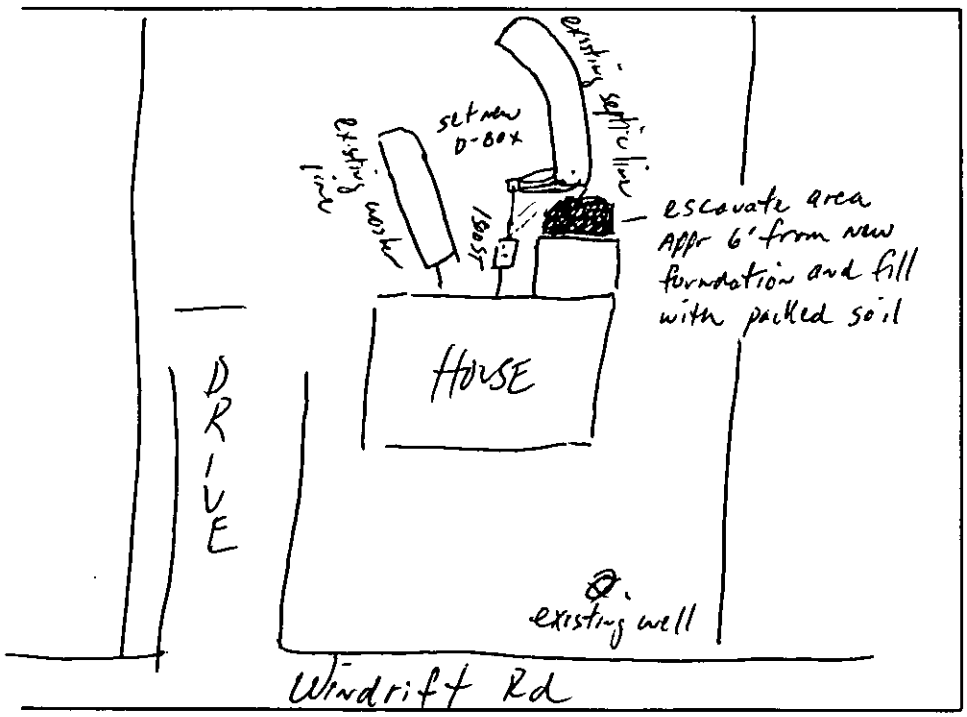
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6663 DATE: 1/30/97

TC: 108 122 15 ☐L

SERIAL Nº 17087

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 1/22/97. All work shall be completed on or before 2/30/97, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth UES

Absorption and/or Nitrification Lines:

Trench Width UES feet

Trench Walls Scored and Porous _____

Total Line Length UES feet

Number of Lines NA

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER Janet Garvin

LOCATION OF PROPERTY 9809 Windrift Rd

Comments: Alteration 1500 ST, 1-D-Box
Escavate area appr 6' from new foundation and fill with fresh packed soil. Set new D-Box | Keep septic system >5' from any foundation

Phil S. Walker R.S.
Environmental Health Specialist

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

6663 Pd 50.00 CK# 1/22/97 #50.00 1/22/97 CK# 3439

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM APPLICATION FOR SERVICES

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:

PERSON FILING APPLICATION:

NAME: Garvin (last) Janet (first) (mi)

ADDRESS: 9809 Windrift Rd, PHONE: (704) 568-0543

CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 108-122-15

STREET ADDRESS: 9809 Windrift Rd. Charlotte, N.C. 28215

ZONING:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) BDRM/BTH adds
[] COMMERCIAL OR INDUSTRIAL (N)

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

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: 3 NUMBER OCCUPANTS:

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: Janet Garvin Date: 1/22/97

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.

...Approval granted for 1 Bedroom and 1 bathroom addition w/ plumbing, 4 Bedroom Total

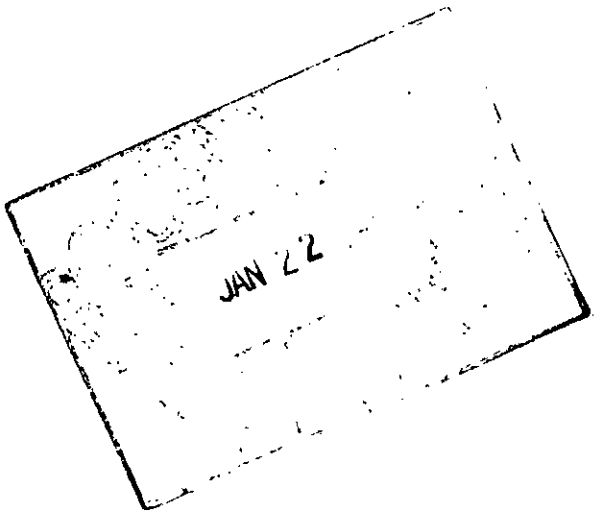
Use existing System

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

Philo S. Walker P.S. 6/12/97
Environmentalist Date

WATER : 122791

* TO BE 4BDRM


JAN 22

Serial No. 5189 ICAR(S) Permit No. 6666-2

T C No. 105-122-13

Date Issued 3 May 74 Map Date 9-1-72

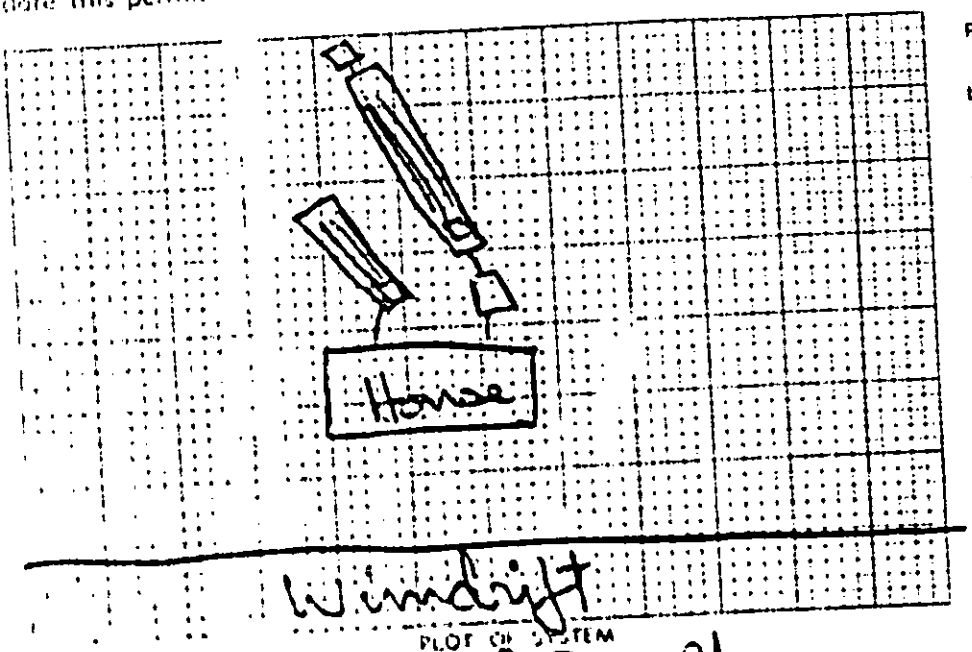
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 6666-3 dated 29 Apr 74 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 8 June 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 400' & 150'

Number of Lines (A) 10' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Cecil Realty

LOCATION OF PROPERTY Windrift Rd Lot 15 Block 2

This permit is issued subject to all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unserviceable.

Comments: aeration pit 2'6"x7'x4' deep

Q. M. Reynolds

Environmentalist

This permit is void unless installation or construction of a new system, it must be signed by the division of Environmental Health Division in order to be valid. Only the signature of the Environmentalist on existing system is being altered or repaired

Blank's Co.

Date Received 30 May 74

Application No. 665

T. C. No. 05-122

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Cecil Pearcy
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 12054 ZIP

PHONE NO. Home Office 536-3836

LOCATION OF PROPERTY Winkler Rd 7509
STREET OR COUNTY RAOD

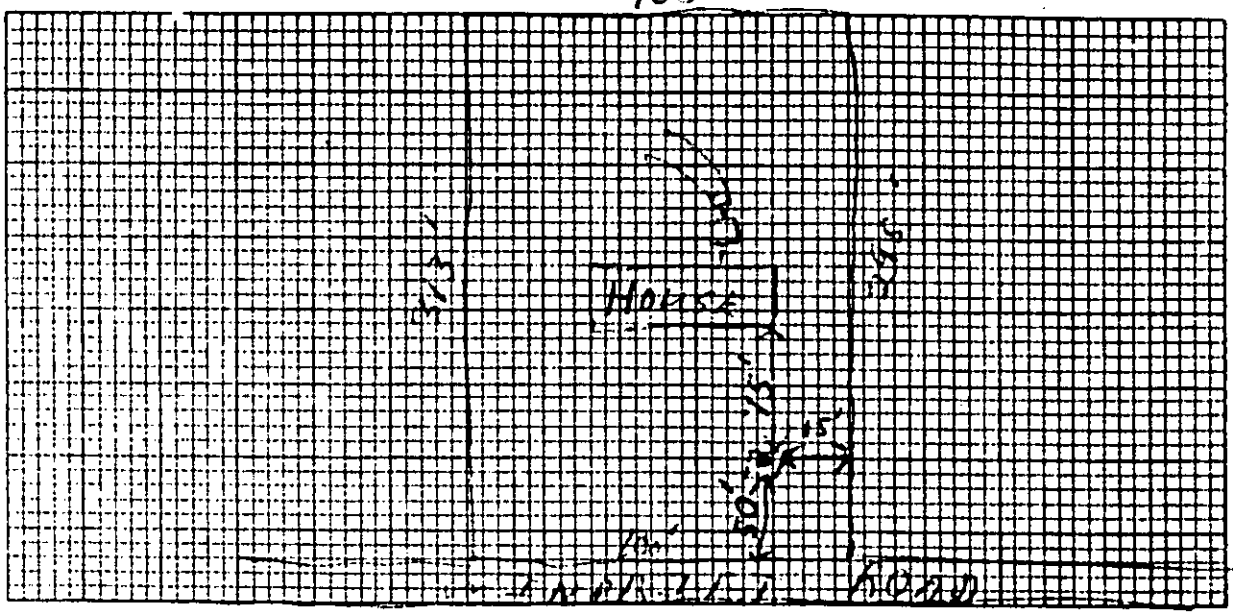
SUBDIVISION Mayfield Park LOT NO. 15 BLOCK NO. 2

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK 14 PAGE NO. 543

WELL CONTRACTOR McCall Pump LICENSE NO. 30

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

30 May 74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 5610

ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4882

Date Issued 7 June 74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Civil Realty (LAST) (FIRST)

Location of Property Windrift Rd Lot #15 Block

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 gal

Total Length of Drain Tile 400' & 150'

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 7 June 74 (DATE)

Distribution Field Inspected 7 June 74 (DATE)

Washing Machine Line Inspected, If Applicable 7 June 74 (DATE)

Tank Material Precast Concrete

Number of Lines @ 10' & 100'

Cover Depth 24"

Distance from Water Source 100'

Tank Inspected 7 June 74 (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, in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at the date of issuance of the permit. The issuance of this Certificate of Approval does not guarantee that the system will operate properly or relieve any person owning, operating, 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 specified on the permit in addition to those listed below under comments. This Certificate of Approval is 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: Rejection pit O.K

G. M. Reynolds
Environmentalist

EHS-6-9-1-72

HEALTH DEPARTMENT'S COPY

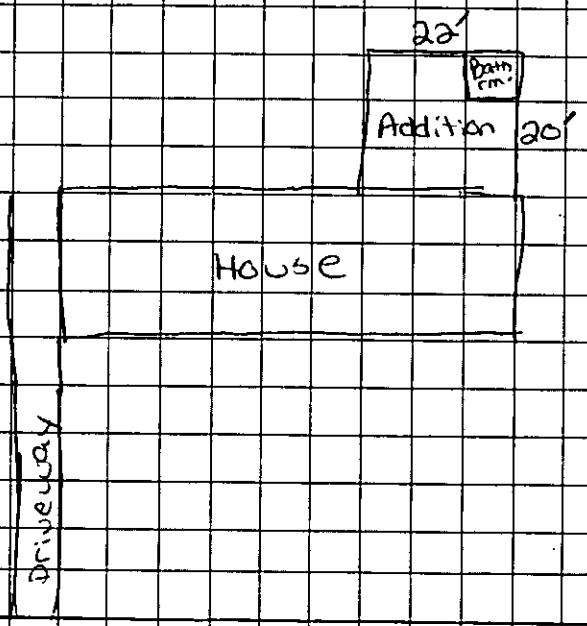
PROPOSED PLOT PLAN

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

FILE: 6663

TC: 108-122-15

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

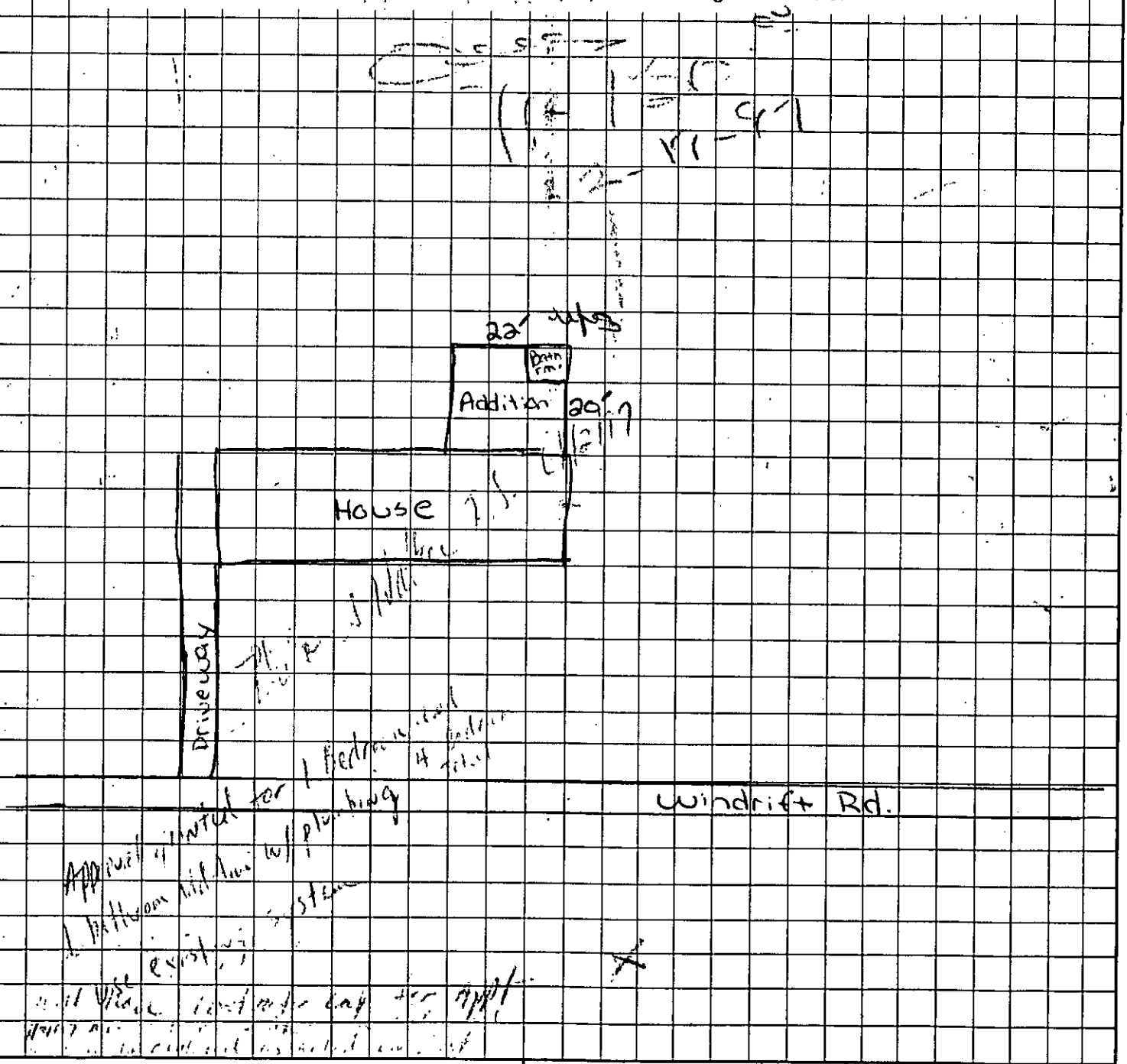
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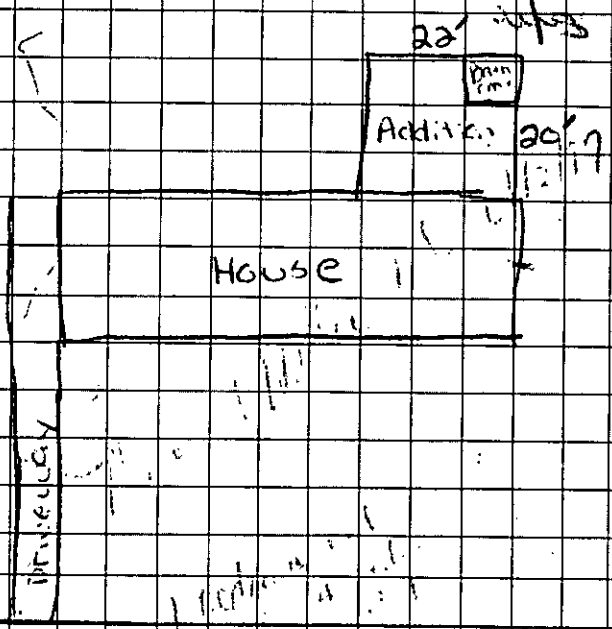
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