

5948 FREEDOM DR

05722110

6/28/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

November 18, 1991

John Franklin and Barbara Ann Locklear
6610 Riverview Drive
Charlotte NC 28216

Dear Mr. & Mrs. Locklear:

I recently visited your property located at 5948 Freedom Drive, Charlotte, NC as a follow-up inspection of the repair installed on June 25, 1991. I observed evidence of driving and parking over this area. Also, there is new paving over a portion of the original drainfield.

Approximately forty (40%) of effluent is dissipated through evapo-transpiration from the drain lines. This treatment is lost by paving, driving or compacting the soil cover over the nitrification trenches.

Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, 15A NCAC 18A .1900, Section .1950 (c) requires "Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic".

This letter is to advise you all traffic should be re-directed immediately to the original designated parking area at the front of the business. The portion of new paving that extends over the old drainfield should be removed as this drainfield is still active.

Also, I want to reiterate to you our discussion on June 25, 1991, regarding lack of repair area for future repairs. If the systems fails you will be required to tap onto the Charlotte Mecklenburg Sewer System and also will assume financial responsibility for the extension of that line to your property.

If You have any questions concerning this matter please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7362A DATE: 6/25/91

TC: _____ ☐ L ☐ CRT

SERIAL № 12391

Name of Owner John Locklear Juris.: _____

Address of Property 5948 Freedom Dr.

Inspection Data:

Tank Material _____

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth 18"

Water Supply Source > 50' old well

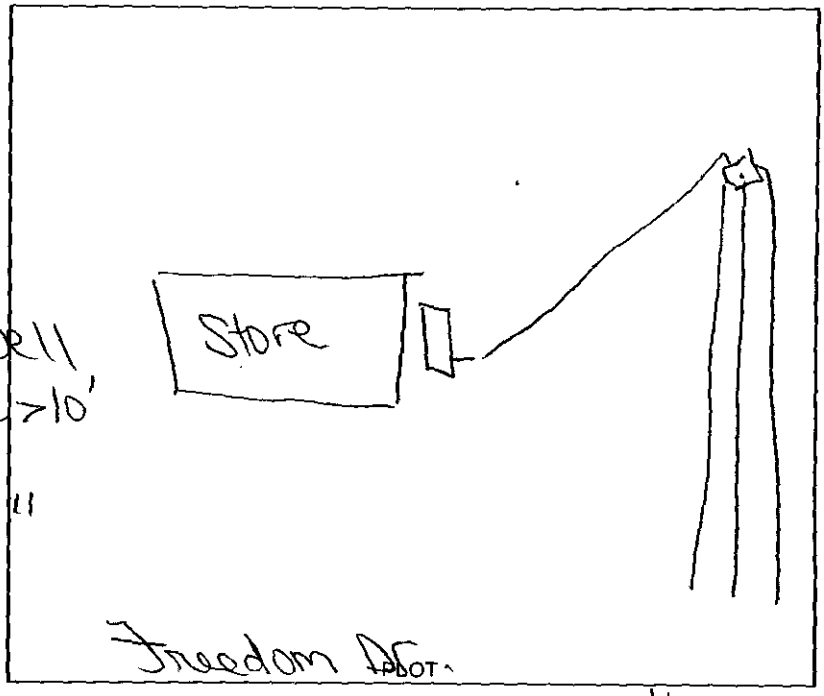
Distance to Water Source City Line >10'

Excavation Inspected 6/25/91

Tank(s) Inspected 6/25/91 for 1T

Wash Line Inspected _____

High Water Alarm Inspected _____



Design: 1991 Repair CTR# 16

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: Tied into existing 300' drainfield

Judy J. Kisiel
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

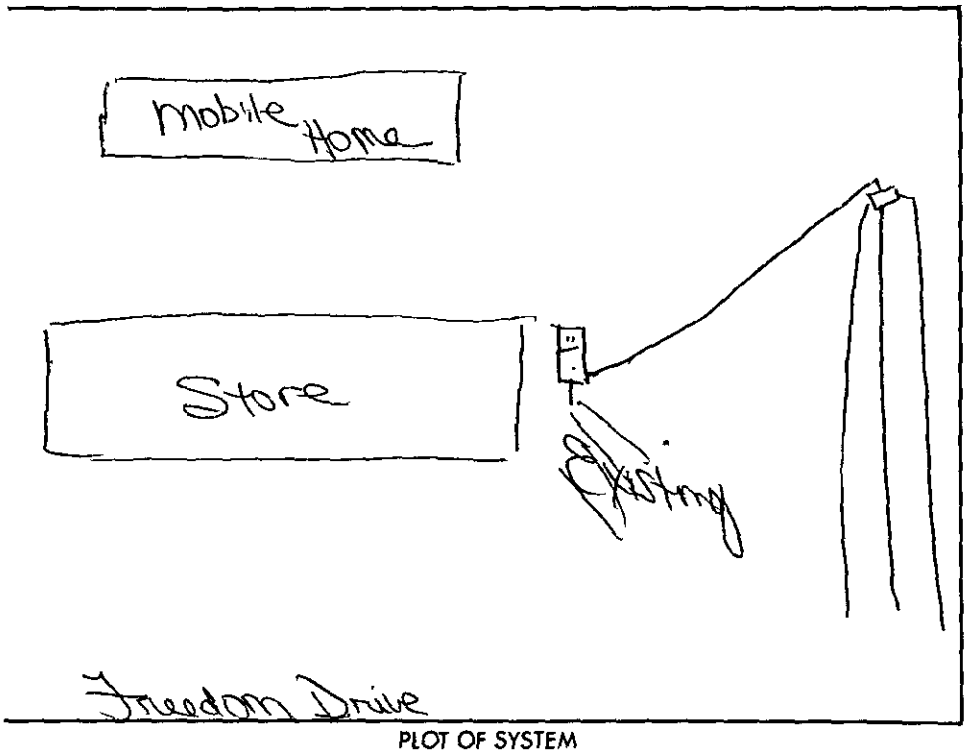
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7362A MV 7552A DATE: 6/25/91

TC: _____ ☑ L

SERIAL Nº 13631

Permission is hereby given to _____ Install or Construct, ✓ After 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 6/25/91. All work shall be completed on or before 7/25/91, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER Locklear John

LOCATION OF PROPERTY 5948 Freedom Drive

Comments: Install New "T" in Tank, Run PVC Schedule 40 to D-Box and Tie into 5' use existing liner.

Division or Section Head

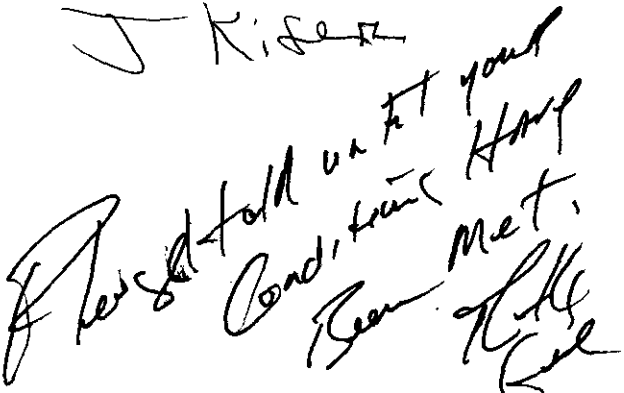
Judy J. Kerr R.S.
Environmentalist

* 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

There is a mobile Home connected to This System.
This should be removed before we O.K. The use of this System for the Food STAND. plus we need a letter from the owner that ~~the~~ if this system fails the owner will Tie in City Sewer

J Kiser



Call after 12:00
SK

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: [redacted] 7362A
TC: _____
SERIAL: № 21982
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5948 Freedom Dr Charlotte NC 28214 (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 057-221-11
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: John & Barbara Rockleax (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 6610 Riverview Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 392-1122-392345 ⑭ (HOME) 392-1137

REQUEST

This request is for a(n): 4/5 Spoke to Owners in Office - Robert Bergman will uncover & call for inspection. Use Existing System
⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) Septic Inspection

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? Bar + Grill
㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 10

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: Barbara Locklear
Date: 4-5-91

M

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.

60

Environmentalist / Date

Director or Authorized Section Head / Date

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

call after 12:00
JK

APPLICATION FOR AN IMPROVEMENT PERMIT

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ENVIRONMENTAL HEALTH DIVISION
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PHONE (704) 376-4603

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(OFFICE USE ONLY)
FILE: 7362A
TC:
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⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: John + Barbara Rocklear (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 6610 Riverview Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 392-1137 392-7205 ⑭ (HOME) 392 1137

REQUEST

This request is for a(n): Use Existing System

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

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... 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.

60

Environmentalist / Date

Director or Authorized Section Head / Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/5/91

Name/Company: John & Barbara Lockhart

Sanitation - 4/5 Spoke to owners in Robert + Benjamin will uncover & locate for

Vector Control

O.P.W.D. ✓

Service: use Existing Septic System
(Bar & Grill)
Fee 7362 A)
(4548 Freedom Dr)

MEC
HEA
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 5 1991

Fee: $ 25.00 CR # 0393 #25.00

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