

11525 ASBURY CHAPEL RD

01935110

5/10/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

April 4, 2005

Ronald Sciranko
11525 Asbury Chapel Rd.
Huntersville, NC 28078

Dear Mr. Sciranko:

Re: Bacteriological Well Sample Results / Septic Inspection Report

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 11525 Asbury Chapel Road on March 29, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for total coliform bacteria.

Enclosed you should also find a copy of the report for the septic system inspection that was conducted on March 29, 2005.

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

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures: (2)

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 4/1/2005 01:23 PM
LOCATION: 3809A
LOC ID: G-GWS
SAMPLE DATE-TIME: 3/29/2005 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB31635
CHAIN OF CUSTODY #: 05030509

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB31635	E. COLI-PA	Absent	P/A		SM 9223B	3/30/2005 9:26	RDW
AB31635	Total Coliform	Absent	P/A		SM 9223B	3/30/2005 9:26	RDW

Comment:

Laboratory Supervisor: _____

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

OTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUS

PAGE

MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

GROUNDWATER (Potable Water)

ADDRESS: 11525 Asbury Chapel Rd., Huntersville NC 28078

(circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To:
Trevor Thomason
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 050305

Sampled By (Print Name)
Trevor Thomason

Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
TCT	12:00	3/29/2005	N		8.2				X	100 ml		1						X		X											
			N																												
			N																												
			N																												
			N																												

omplete yellow shaded sections; each "X" needs to be circled.

quested Metals here:

TS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date
		3/3
Relinquished By: (Signature)	Received By: (Signature)	Date
Relinquished By: (Signature)	Received By: (Signature)	Date
Relinquished By: (Signature)	Received By: (Signature)	Date

sion 05; effective 03/15/2005

AL=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Sciranko Residence **Name of Establishment**	3809A **Permit/Project No.**
11525 Asbury Chapel Rd., Huntersville NC **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Ronald & Patricia Sciranko **Owner/Agent**	Same as location address **Address**	(704) 948-9822 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	3/14/2010 **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?	☐	☒	☐	3.a. Surface water ponding around tanks.
b. Tanks and access manholes structurally sound, watertight?	☐	☒	☐	3.b. Surface water entering pump tank.
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?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Seal control panel and conduit.
e. Elapsed time readings: _____ _____ _____ _____				
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?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
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?	☐	☒	☐	6.e. Keep drain field clear of large vegetation.
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:

1. Surface water ponding at right side of house around tanks.
2. Observed surface water entering pump tank at bottom of riser.
3. No problems detected with drain field at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Improve drainage at right side of house to prevent surface water entry into tanks.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Clear drain field of large vegetation.
2. Rework electrical wiring and contol panel to bring up to current installation requirements.

DATE: 3/30/2005

SIGNED: _____ AGENT
Division of Environmental Health

COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

rec'd
$85
chk # 1127
3/1/05
gc

February 4, 2005

Sciranko, Ronald and Patricia
11525 Ashbury Chapel Road
Huntersville NC 28078

704-948-9822

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

11525 Ashbury Chapel Road
Huntersville NC 28078
MCHD File Number: 3809A

is due for inspection on: **3/14/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than February 25, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

0743

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 3809A — Permit/Project No.

11525 Asbury Chapel Road — Location | residence — Type of Establishment | 360gpd — Design Flow

Ronald J. Sciranko, 11525 Asbury Chapel Road, Huntersville 28078 — Owner/Agent | Address | 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):			- Pump tank had water running into it during entire inspection — check for leaks (toilets, faucets, etc.).
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☒	☐	
Tanks pumped, cleaned out as needed?	☑	☐	- Riser lid not bolted down - just for your info - use stainless steel bolts and nuts to prevent rusting
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:			- Pump tank has an average of 2" of suspended solids - should not have any present. May need to consider pumping tanks out more. We recommend that tanks be pumped out every 3-5 years.
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
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?	☑	☐	
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:			- Sewage surfacing at washer D-Box area. This could be the result of a root bound box or broken supply line. Boxes need to be uncovered for inspection - have a septic tank contractor contact me for an appointment.
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: Needs some maintenance.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Uncover Washer/D-Box for inspection/repairs	30
Check for and repair leaks within house	

DATE: 3-15-00 SIGNED: JB Thompson Jr. R.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)

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Ronald J. and Patricia A. Sciranko
11525 Asbury Chapel Road
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Ronald & Patricia Sciranko	11525 Asbury Chapel Road	019-351-10	3809 A	IIIb
			Total Amount Due: $85.00	

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2-7-00	3-10-00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

OWNER:
Ronald J. and Patricia A. Sciranko
9831 Beatties Ford Road
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type	# of Bedrooms
Ronald J. Sciranko	11525 Beatties Ford Road	019-351-10	3809 A	IIIb	3

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
1-12-00	2-14-00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

February 7, 2000

Ronald J. and Patricia A. Sciranko
11525 Asbury Chapel Road
Huntersville, NC 28078

Dear Mr. and Mrs. Sciranko:

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, bacterial and inorganic samples 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,

LB Thompson, Jr., L.S.

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

Enclosure

cc: Fiscal Services Manager, HMHCS

Mecklenburg County
Health Department

March 20, 2000

Ronald J. and Patricia A. Sciranko
11525 Asbury Chapel Road
Huntersville, NC 28078

Re: Water Sample Results/Septic Inspection

Dear Mr. and Mrs. Sciranko:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on March 15, 2000 in addition to the subsurface wastewater system inspection results.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Your prompt attention to the suggested improvements to your septic system is appreciated. The recommendations that have been made are intended to protect your investment and minimize the possibility of a more severe system malfunction.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

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

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

Enclosures

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Sciranko, Ronald J.
Address: 11525 Asbury Ch. Rd.
Huntersville, NC **Zip:** 28078
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: L. Thompson
(704) 336-5101

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 03/15/2000 **Time:** 11:50:00 AM
Location of sampling point: outside tap
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	03/16/2000
Nitrate as N	<1.0	mg/l	03/16/2000

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 03/16/2000 **Report Date:** 03/16/2000 **Reported By:**
Today's Date: 03/17/2000 **Reference:** 4025 **Sample Number:** AA32682

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Scirarko, Ronald J.
Address: 11525 Asbury Ch. Rd.
Huntersville, NC **Zip:** 28078

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: L. Thompson
(704) 336-5101

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis PRIVATE

Collected By: L. THOMPSON **Date:** 03/15/2000 **Time:** 11:50:00 AM

Location of sampling point: outside tap

Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	90	mg/l	03/16/2000
Arsenic	<0.001	mg/l	03/16/2000
Calcium	19.6	mg/l	03/16/2000
Chloride	<5	mg/l	03/16/2000
Copper	<0.05	mg/l	03/16/2000
Fluoride	0.12	mg/l	03/16/2000
Iron	<0.05	mg/l	03/16/2000
Hardness as CaCO3 (Ca,Mg)	76	mg/l	03/16/2000
Magnesium	6.6	mg/l	03/16/2000
Manganese	<0.03	mg/l	03/16/2000
Lead	<0.005	mg/l	03/16/2000
pH	6.9	Std. unit	03/16/2000
Zinc	<0.05	mg/l	03/16/2000

Date Received: 03/16/2000
Today's Date: 03/25/2000

Report Date: 03/25/2000
Ref: 4006

Reported By: _____
Sample Number: AA32653

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

1116

Microbiological Analyses

Owner, System or Establishment: Ronald J. Sciranko

Address: 11525 Asbury Chapel Rd

Huntersville, NC Zip: 28078

Collected By: L. Thompson

Date Collected: 3-15-00 Time: 11:50 AM PM

Sample Source: Outside tap

Date Delvd. to Lab: 3-15-00 Time: 2:25 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 Absent /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: 3/15/00 Date Reported: 3/16/00

Received By: MG Analyst: MG Lab #: 408

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

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 3809-A

TC: 019-172-10

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Rt 1, Asbury Chapel Rd

② SUBDIVISION: N/a ③ LOT: N/a ④ BLOCK: N/a

⑤ PARCEL REFERENCE: BOOK NO.: 19 PAGE NO.: 172 (Block #) PARCEL NO.: 10

⑥ DEED REFERENCE: BOOK NO.: 4865 PAGE NO.: 426

OWNER

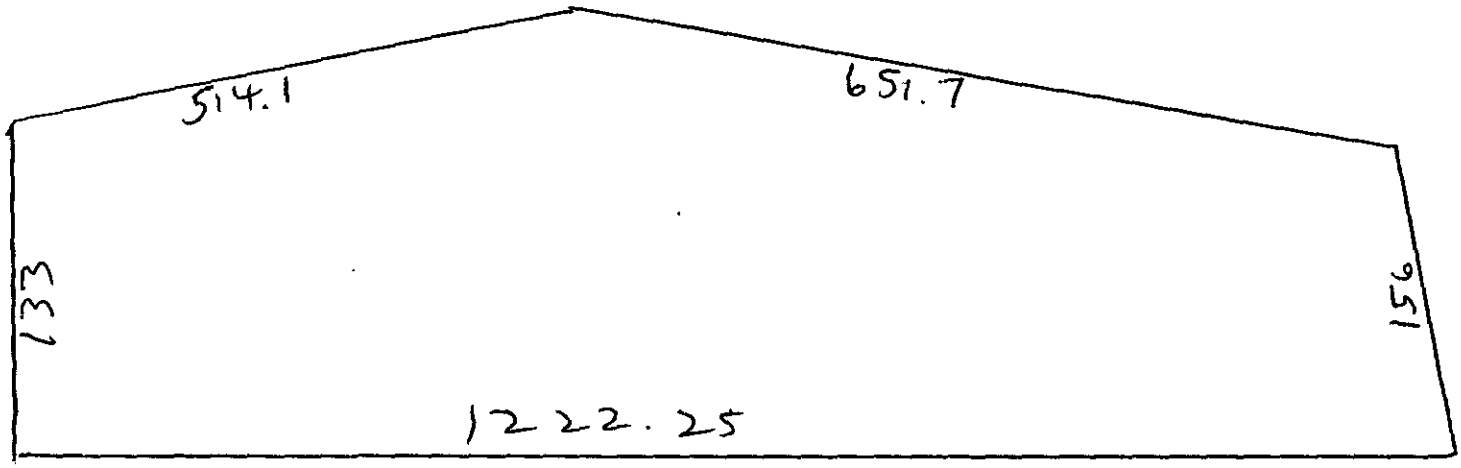
⑦ NAME: FRANCIS (FIRST) M. (MIDDLE) MECKEL (LAST)

⑧ MAILING ADDRESS: 5804 NW 19TH COURT

⑨ CITY: MARGATE ⑩ STATE: FLORIDA ⑪ ZIP: 33063

⑫ PHONE: (WORK) _____ (HOME) (305) 972-6235

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: X Francis M Meckel

Date: 8/3/87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY

Department of Environmental Health

August 18, 1987

Francis M. Meckel
5804 NW 19th Court
Margate, Florida 33063

Dear Ms. Meckel:

A pre-preliminary investigation of soils and topography was conducted on the tracts (parcel numbers 019-172-08, 019-172-02, 019-172-09, and 019-172-10) located on Asbury Chapel Road. The purpose of the investigation was to determine soil suitability for septic tank system installation. Soils maps of the tracts were prepared and a copy is enclosed.

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. These areas include mixed soils and drainageway-depression areas.

The mixed soils have several conditions that make them dominantly unacceptable for septic tank system installation. These soils range from approximately eight to twenty-four inches in depth to saprolite. The subsoil horizons (where developed) contain expanding clay minerals that swell upon becoming wet, reducing soil pore space. The mixed soils also have extensive areas of complex slopes. These areas of the landscape have been severely eroded in places, with gullies three feet deep or more in places. Slopes in the uneroded areas reach thirty percent or more in places. Depth to ground water appears to be greater than thirty-six inches.

The drainageway-depression areas collect and channel surface runoff from surrounding areas. Some of these areas have complex slopes present and have some slopes greater than thirty percent.

The unshaded areas appear to be dominantly acceptable for the installation of septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. Slopes range to approximately fifteen percent. Depth to ground water is greater than thirty-six inches. Saprolite depth appears to be greater than thirty-six inches.

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

Based on this investigation, there are some areas that appear to be dominantly acceptable for the installation of septic tank systems. Please note that this report does not express or imply individual lot approval. Individual lot approval is based in part on the satisfactory completion of an investigation of each lot with lot lines and corners established. As of August 17, 1987, no lots were designated on any of the tracts. Note also that soil delineations may be subject to change pending additional investigation with established reference points.

There are some points that need to be considered if the property is developed. First, all lots would require areas of acceptable soils large enough to accommodate the initial system plus a complete replacement system if needed. No part of a system can be closer than ten feet to any property line. Wells should be located one hundred feet away from any part of a septic tank where possible. In no case can wells be located closer than fifty feet to septic tank systems. Please feel free to contact me if there are any questions with regard to this report.

Sincerely,

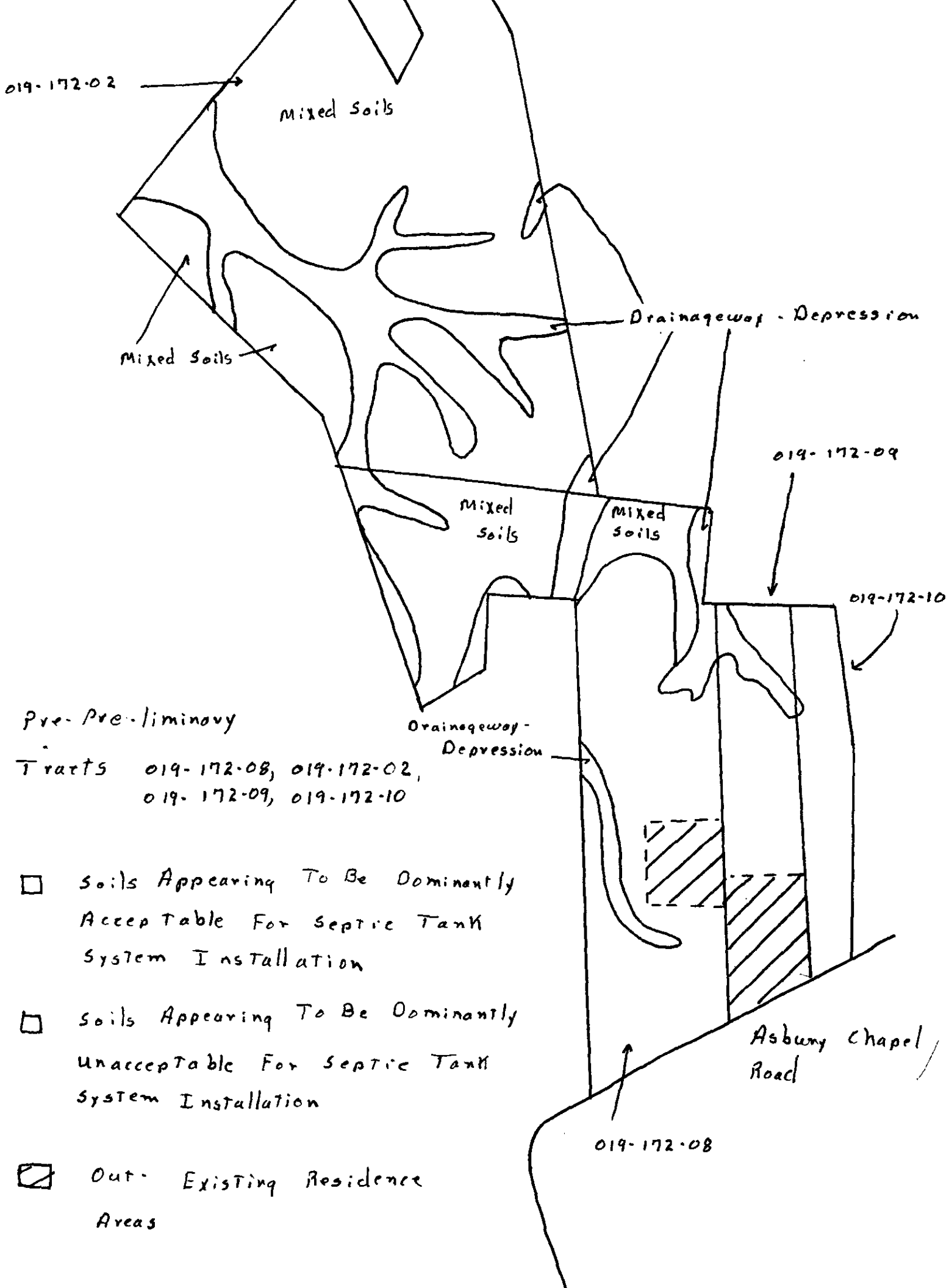
William R. Marlin

William R. Marlin
Soil Scientist

WRM/cg

Enclosure

cc: File 3774A, 3782A, 3809A, and 3775A



Pre-Pre-liminary

Tracts 019-172-08, 019-172-02, 019-172-09, 019-172-10

☐ Soils Appearing To Be Dominantly Acceptable For Septic Tank System Installation

☐ Soils Appearing To Be Dominantly Unacceptable For Septic Tank System Installation

☒ Out-Areas Existing Residence

THIS PLAT, WHICH WAS NOT VISIBLE AT THE TIME OF OUR INSPECTION.

NOTE: MAP NOT FOR RECORDATION.

BEARINGS BASED ON RECORD PLAT NOTED BELOW.

" I CERTIFY THAT ON THE DATE SPECIFIED HEREON, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT; ALL OF WHICH WAS DONE UNDER MY SUPERVISION."

TIM E. WILLIAMS NCRLS

REGISTERED SEAL L-3591 LAND SURVEYOR TIM E. WILLIAMS

S 84°41'57" E 128.09'

IRON FOUND

NOW OR FORMER GREG L. MULLIS 3952-225

S 06°47'30" E 512.08'

NOW OR FORMERLY ALTON A. KIRKMAN 3819-737

NOW OR FORMERLY RUSSELL W. PECK 6130-801

4.246 ACRES NET
0.113 ACRES R\W
4.359 ACRES TOTAL

N 00°05'41" W 1184.99'

NOW OR FORMERLY CHERYL R. WILSON 5094-962

IRON FOUND

S 03°48'04" W 592.75'

NOW OR FORMERLY MARSHALL PARKS 5542-831

628.11'

NOW OR FORMERLY ROBERT F. SPARROW 5403-76

BROWNE RD.
SITE
ASBURY CHAPEL RD.
EASTFIELD RD.
PROSPERITY CH. RD.

VICINITY MAP

0 50 100 200 300

GRAPHIC SCALE 1 inch = 100 ft.

IRON FOUND
IRON FOUND
34.0'
S 63°29'54" W 164.09'
35.36'
S 63°29'54" W 161.24'
PK NAIL FOUND

MAP FOR RON SCIRANKO

SCALE	TOWNSHIP	COUNTY	STATE	DATE

2nd Site Pd 50.00 Ck# 486 8-25-93 g

File # 3809A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 560 8/6/93 CK 1199 VA

[] 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: SCIRANKO (last) RONALD (first) c/o *John W. Rhodes (mi) (REALTOR)

ADDRESS: *19901 Hwy 73 W Suite 1 PHONE: (704) 393-7988 *(704) 892-3321

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

Date: 08-09-93

PROPERTY OWNER:

NAME: Meckel (last) FRANCIS (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 019-172-10

STREET ADDRESS: 11525 ASBURY Chapel Rd

ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 4.420

TYPE APPLICATION (check one):

[X] 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)
[] 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: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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: John W. Rhodes Date: August 08-1993

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.

...

[] 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 Date

_____ Director or Authorized Section Head Date

WWATER : 122791

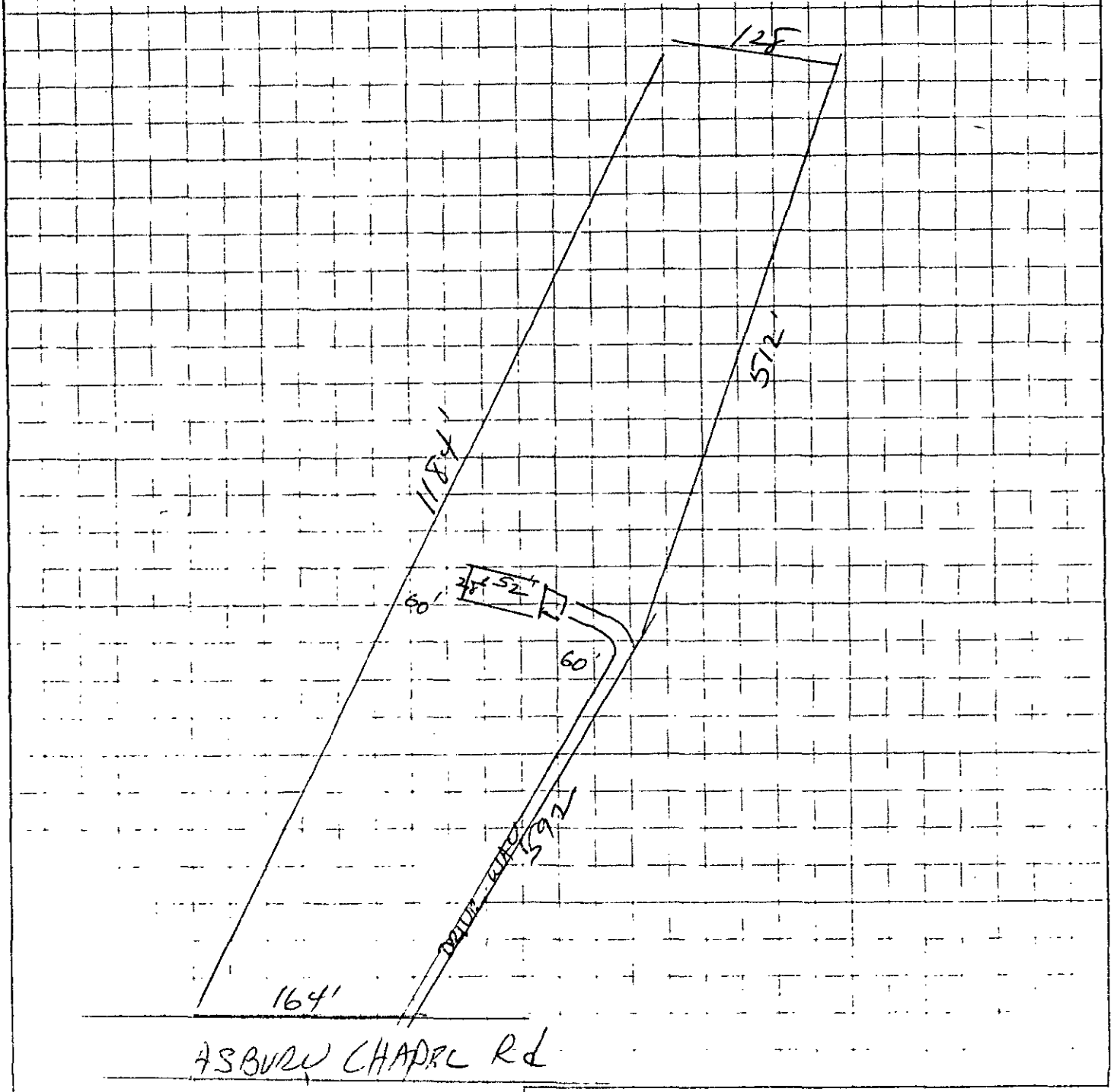
PROPOSED PLOT PLAN

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

FILE: 3809 A

TC: 019-172-10PO

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 _____

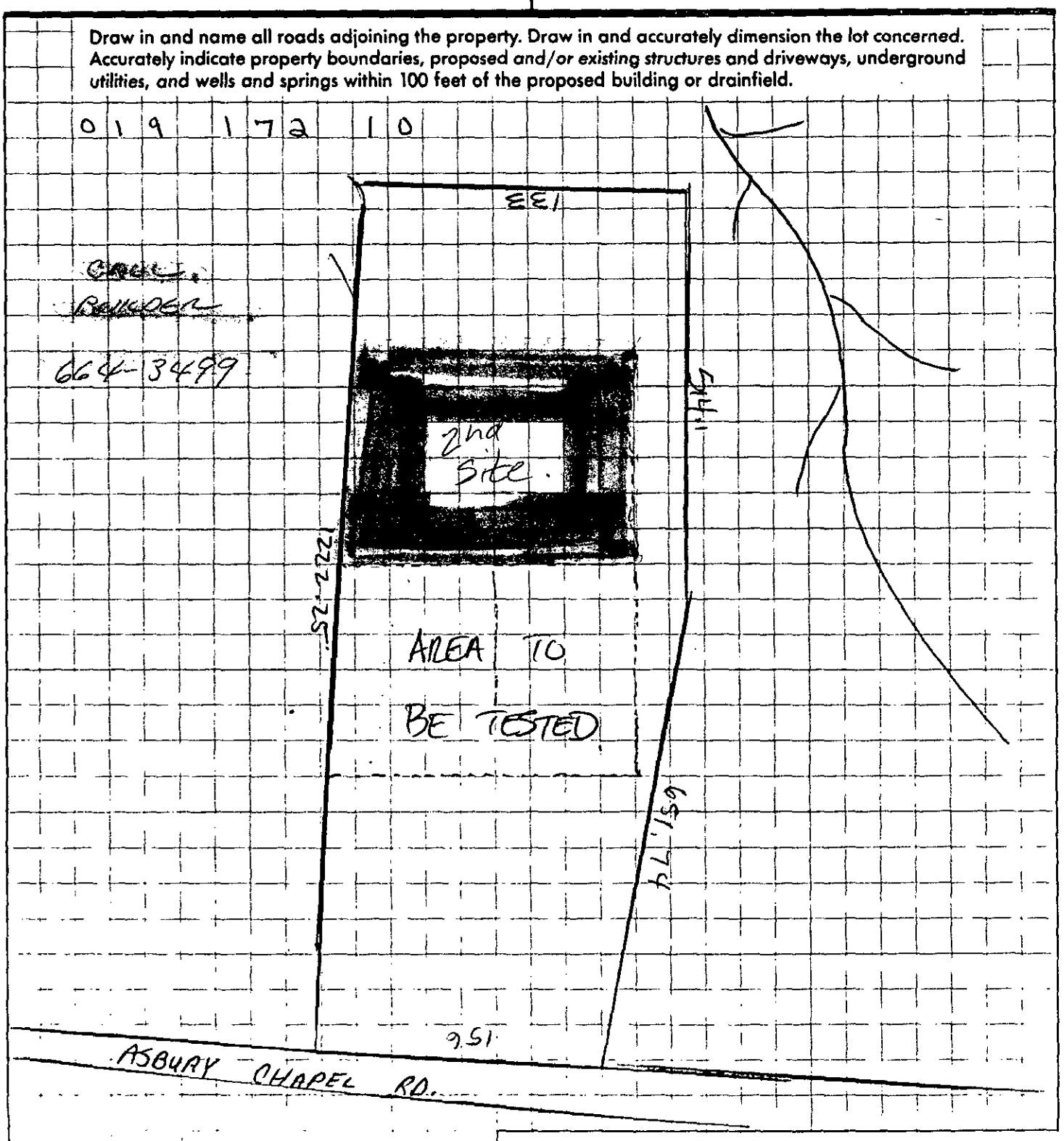
PROPOSED PLOT PLAN

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

FILE: 3809A.

TC: 019-172-10

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 _____

Mecklenburg County

Health Department

2400

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

August 18, 1993

Mr. Francis Meckel
c/o Mr. John Rhodes
19501 Highway 73 West
Suite #1
Davidson NC 18036

RE: Property located on 11525 Asbury Chapel Road
FILE: 3809A
PARCEL: 019-172-10PO

Dear Mr. Meckel:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19442) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19442

File: 3809A Action 1

Parcel: PO 019-172-10 ~~PC~~

Location: 11525 Asbury Chapel Rd

Subdivision:

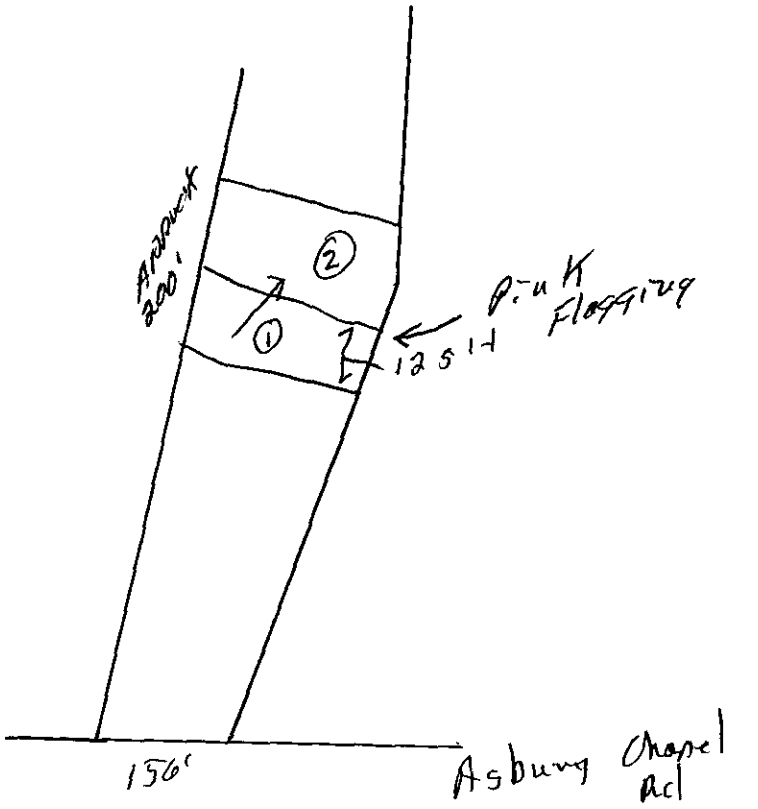
Lot: Block: Acres: Approx 1.0

Owner: Francis Mechel
Address:

Comments: 4 bedroom 1,300 gall ST 7/day LTAR- system owned need left pump

Described by: William R. Marlin

Date: 8-12-93



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S (PS) U 7-36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S PS (U) 18-24"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Mecklenburg-Urban				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

October 12, 1993

Francis Meckel
Attn: John Rhodes
19501 Highway 73 West, Suite #11
Davidson, NC 28078

RE: Property located at 11525 Asbury Chapel Road
FILE: 3809A
PARCEL: 019-172-10

Dear Mr. Meckel:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19473) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19473

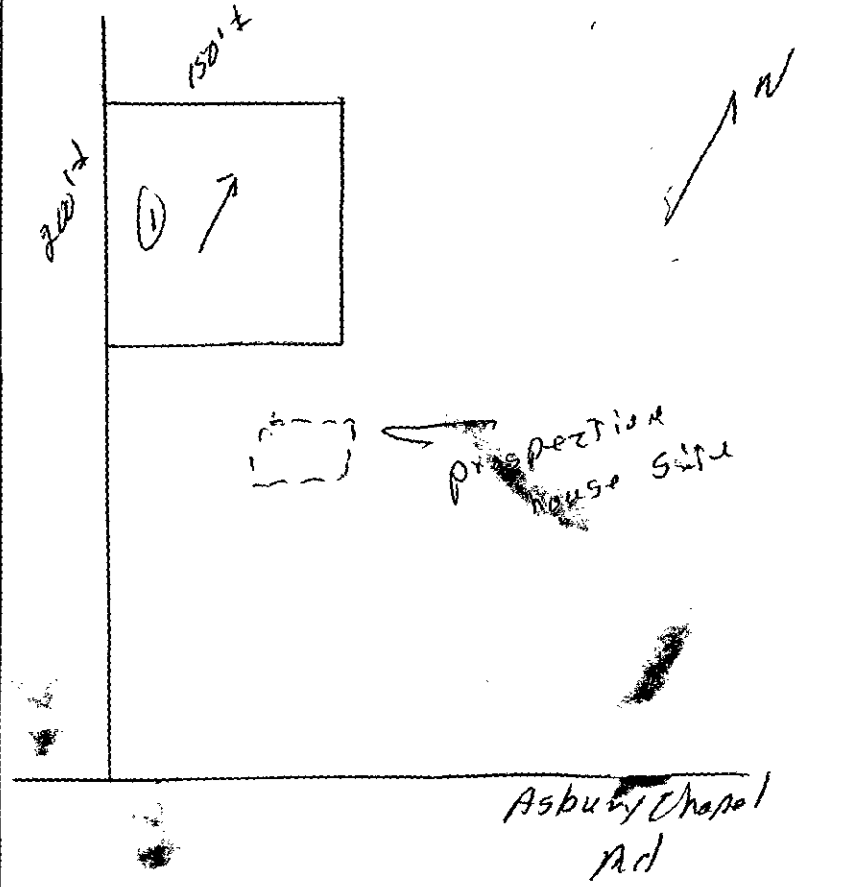
File: 3809 A
Parcel: PO 014-172-10
Action 3
☐ PC

Location: 11525 Asbury Chapel Road
Subdivision:
Lot: Block: Acres: Approx 1.25± ac.

Owner: Francis Meckel
Address: c/o John Schaefer
19501 Highway 73 W, Suite #1
Davidson

Comments: _____

Described by: William A. Mulis
Date: 10-1-93



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Lt Sub+Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-20"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Mecklenburg Wilkes					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

19400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10/12/93 CK# 1732 $200.00 CK [ ] CRT

3809A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 282[illegible]

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: ~~ROBERT~~ BROLIN ROBERT
(last) (first) (mi)
ADDRESS: Rt 7 Box 214 D PHONE: 704/ 664 2766
CITY: HOOKERSVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-172-10 PO
STREET ADDRESS: 1625 ASBURY CHAPEL ROAD
ZONING:

PROPERTY OWNER:
NAME: SCIRANKO RON
(last) (first) (mi)
ADDRESS: 9831 BEATTIES FORD PHONE: 704/ 331 6613 W
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

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): 4.359

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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
[X] 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: John P. Brolin Date: Oct 12 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.

...Lift pump required

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

Philo L. Walker 10/15/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D400

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

FILE: 3809 A DATE: 11/28/94

TC: 819 172 10 PO ☐ L ☐ CRT

SERIAL № 15298

Name of Owner Ron Scirankо Juris.:

Address of Property 11525 Asbury Chapel Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12" - 20"

Water Supply Source Well

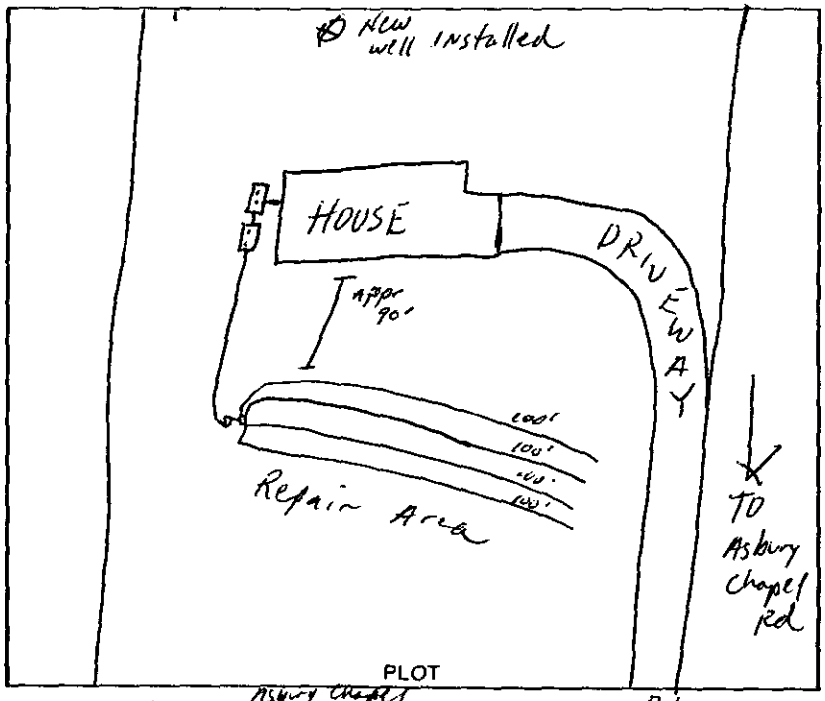
Distance to Water Source > 50'

Excavation Inspected 12/9/93

Tank(s) Inspected 12/9/93

Wash Line Inspected –

High Water Alarm Inspected



Design: 1993, 1500ST, 1000DT, PI, CON, 12"Stone Cecil CTR# McLeod

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: Septic System designed for 3 bedroom residence
Type II

P. Walker R.S. for A. Daniel
1/28/94

Philip A. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

400 A

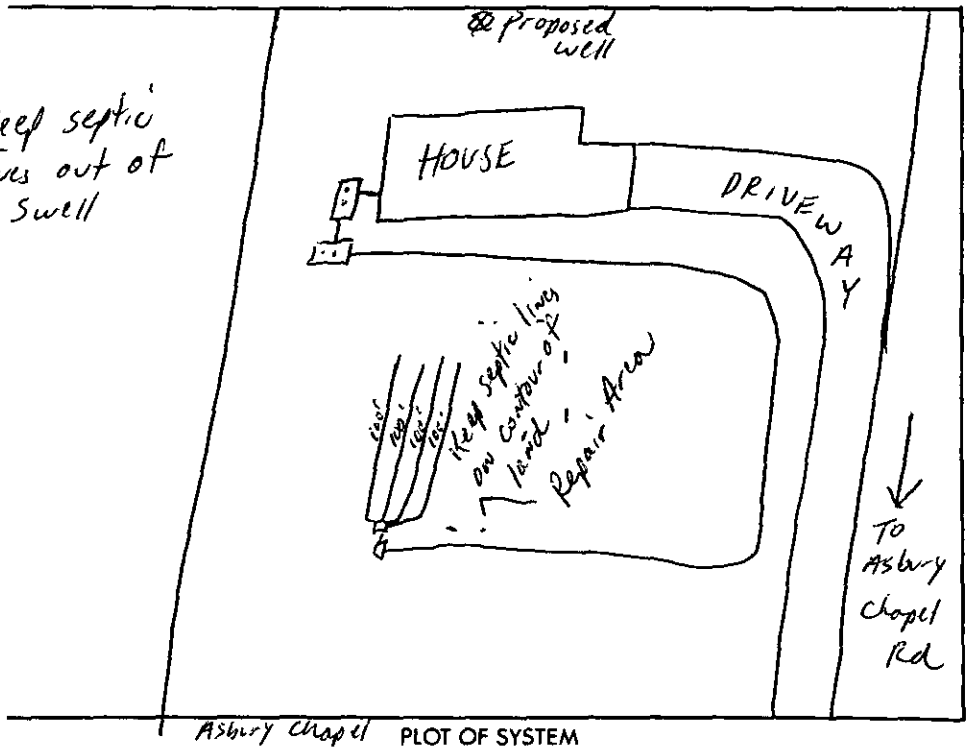
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3809A DATE: 12/7/93

TC: 019 172 10 PO ☐ L

SERIAL Nº 15205

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 10/15/93. All work shall be completed on or before 1/7/94, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Robert Brolin

LOCATION OF PROPERTY 11525 Asbury Chapel Dr

Comments: 1500ST, 1000 DT, 4 lines X 100'long X 3'wd X 12"stone Keep septic lines on contour of land / Keep proposed well >50 from any part of the septic system.

Division or Section Head

Philo S. Walker 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

Mecklenburg County
Health Department

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

January 4, 1994

Robert Brolin
Route 7, Box 2140
Mooresville, NC 28115

Re: 4525 Asbury Chapel Road
File: 3089A
Tax Parcel: 019-172-10PO

Dear Mr. Brolin:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

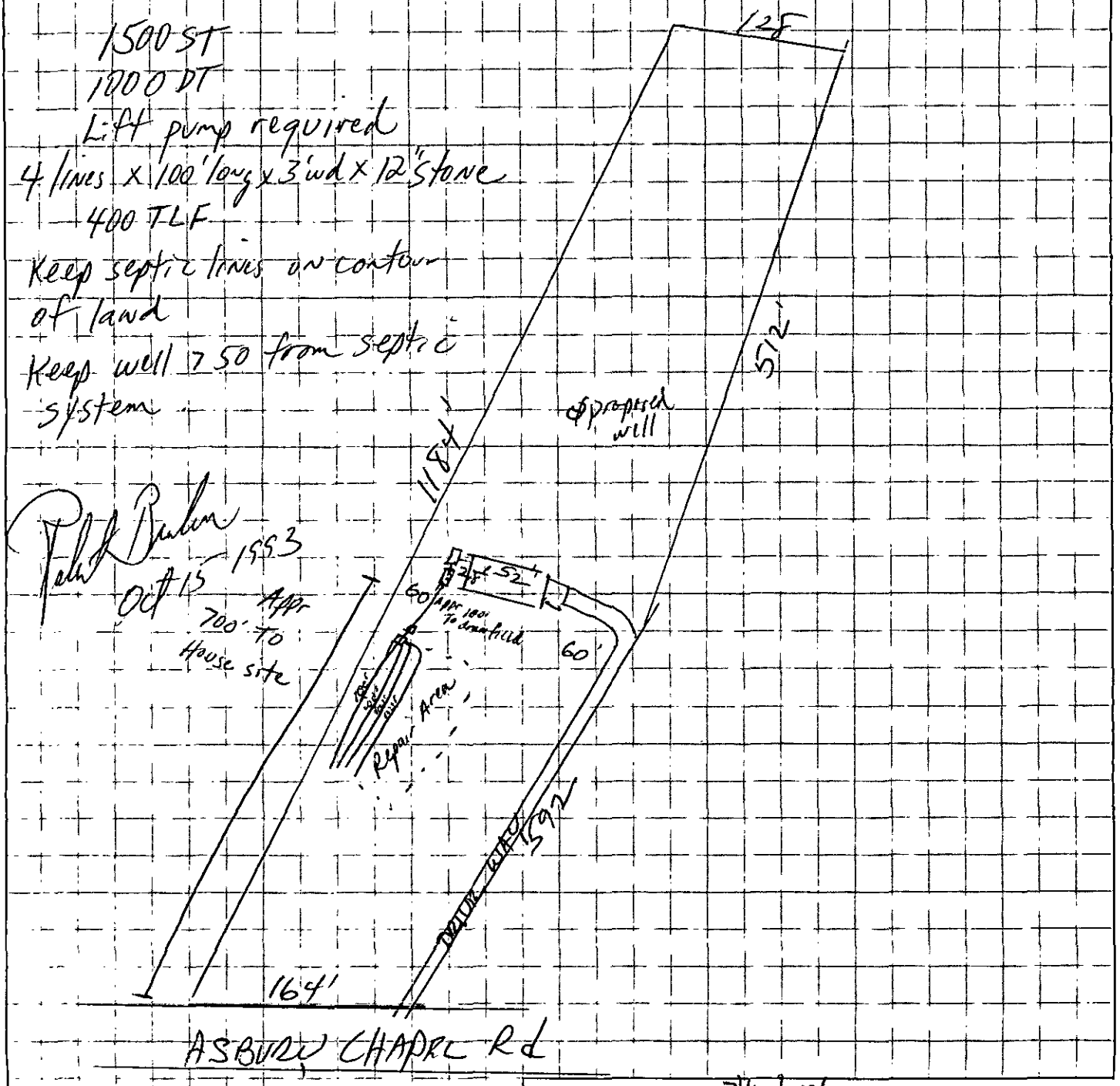
PROPOSED PLOT PLAN

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

FILE: 3809 A

TC: 019-172-10PO

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 PSW 10/15/93

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