

8932 TRUELIGHT CHURCH RD

13729104

5/20/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Q440

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

FILE: 1650 DATE: 1-7-94

TC: 137-101-05 ☐ L ☐ CRT

SERIAL № 15771

Name of Owner James Londeree Juris.:

Address of Property 8932 Twelight Ch Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 50'

Number of Lines 2 @ 50'

Cover Depth 12-16"

Water Supply Source well

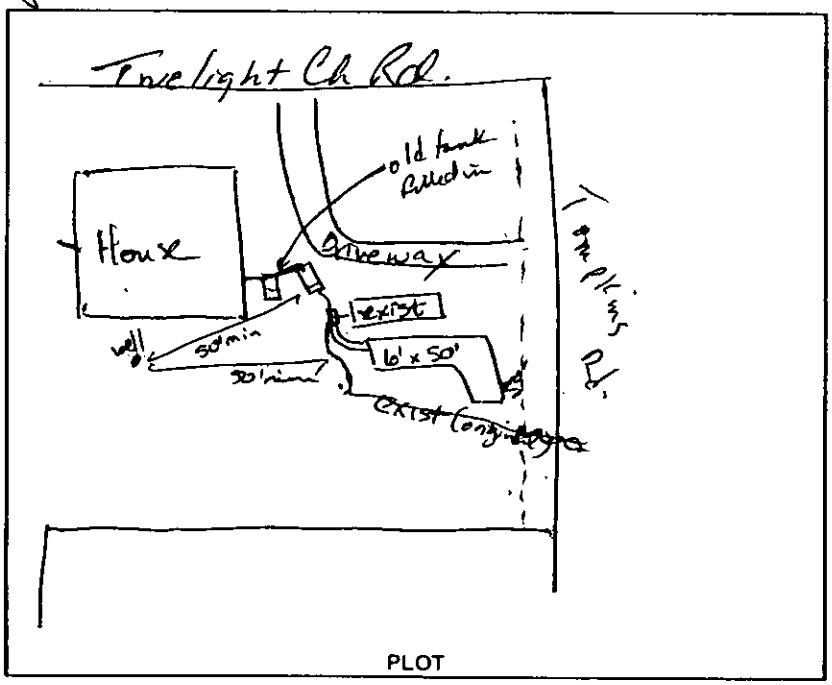
Distance to Water Source 50'

Excavation Inspected 1-7-94

Tank(s) Inspected 1-7-94

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1994 Repair, 1500 gst, old tank filled in, 300 sq ft drainfield at 6'x50'x2' stone CTR# 199 Mackey Sherrill
6" sand under gravel, Exist bed, new bed & original system all being fed from distribution box, checked from tank to end of septic system.

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: Repair

Recommend putting line on ground in area where malfunction had been.

F. Walker for S. Daniel
1/18/94

Environmentalist

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

COPY

surveillance per S.D.

137-101-05

X-3229

Owner, System or Establishment: James Londeree

Address: 8932 Twilight Ch Rd

Char Zip

Collected By: S Bateman

Date Collected: 1-7-94 Time: 1:15 AM (PM)

Sample Source: Kitchen faucet

Date Delvd. to Lab: 1-7-94 Time: 2:15 AM (PM)

Delivered By: S Bateman

Type of Sample

Potable Water

- [X] Individual Well
- [ ] Non-Community
- [ ] Community
- [ ] City
- [ ] Other (specify)

Treatment:

- [ ] chlorinated
- [ ] nonchlorinated
- [X] Initial Sample
- [ ] Recheck (chlorinated)
- [ ] Recheck (nonchlorinated)
- [ ] Other (specify)

Food (specify):

Analysis Requested:

- [X] Total Coliform
- [ ] Fecal Coliform
- [ ] Fecal Strep
- [ ] Sulfate Reducing Bacteria
- [ ] **Giardia lamblia** (contact laboratory for instructions)
- [ ] Food Quality Survey
- [ ] Other (specify)
- [ ] Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ___✓___ Colilert

Total Coliform	Absent /100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	/100 ml.	Plate Count	/gm. or ml.
Fecal Strep	/100 ml.	Coliform Count	/gm. or ml.

1-11-94 Reported results to Mr. Londeree.

Laboratory Comments:

Date Received: 1/7/94

Received By: Burris

Date Reported: 1/10/94

Analyst: TP/ [illegible] Lab #: 402

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County
Health Department

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

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: James LONDEREE TELECOPIER # 336-5712

FROM: Sylvia D. Daniel DATE 1-7-94
Program Chief, Environmental Health

NUMBER OF PAGES TRANSMITTED: 6 (including cover sheet)

COMMENTS:
Mr. LONDEREE, Driving over Nitrification Lines could have A negative impact on the proper functioning of the septic tank system. If heavy equipment was driven over the drainfield as you alleged during repairs being made to your home caused by Hugo, Crushing of the lines could have occured, However no obvious signs currently exist to validate such an occurance, See Attached rule from the State Administrative Code governing sewage systems.
If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

North Carolina Administrative Code

Title 15A
Department of Environment, Health, and Natural Resources
Division of Environmental Management

Subchapter 2C

Section .0100

Well Construction Standards

Criteria and Standards Applicable to Water Supply and Certain Other Wells

Current Through December 1, 1992
Environmental Management Commission
Raleigh, North Carolina

(8) Stanly County -- all.

(b) The roads describing the boundaries of the designated areas do not necessarily coincide with the rock unit boundaries. Therefore, any well drilled within 400 feet of a road described as a boundary of a designated area shall be cased to the same minimum depth as those within the described area.

History Note: *Statutory Authority G.S. 87-87;*
Eff. April 20, 1978.

.0118 VARIANCE

(a) The Director may grant a variance from any construction standard under the rules of this Section. Any variance will be in writing, and may be granted upon oral or written application to the Director, by the person responsible for the construction of the well for which the variance is sought, if the Director finds facts to support the following conclusions:

(1) that the use of the well will not endanger human health and welfare or the groundwater;

(2) that construction in accordance with the standards was not technically feasible in such a manner as to afford a reasonable water supply at a reasonable cost.

(b) The Director may require the variance applicant to submit such information as he deems necessary to make a decision to grant or deny the variance. The Director may impose such conditions on a variance or the use of a well for which a variance is granted as he deems necessary to protect human health and welfare and the groundwater resources. The findings of fact supporting any variance under this Rule shall be in writing and made part of the variance.

(c) A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition under G.S. 150B-23 within 60 days after receipt of the decision.

History Note: *Statutory Authority G.S. 87-87; 87-88; 150B-23;*
Eff. April 20, 1978;
Amended Eff. December 1, 1992; September 1, 1988; September 1, 1984.

.0119 DELEGATION

(a) The Director is delegated the authority to grant permission for well construction under G.S. 87-87.

(b) The Director is delegated the authority to give notices and sign orders for violations under G.S. 87-91.

(c) The Director is delegated the authority to request the Attorney General to institute civil actions under G.S. 87-95.

(d) The Director is authorized to subdelegate, to an official of the Division, the granting of a variance from any construction standard, or the approval of alternate construction methods or materials, specified under the Rules of this Section.

History Note: *Statutory Authority G.S. 143-215.3(a)(1);*
Eff. March 1, 1985;
Amended Eff. December 1, 1992.

OFFICE COPY

LAWS & RULES

FOR

SEWAGE TREATMENT AND DISPOSAL SYSTEMS

15A NCAC 18A .1900

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

EFFECTIVE JULY 1, 1982
AMENDED EFFECTIVE FEBRUARY 1, 1992

With neither cafeteria nor showers	10 gal/student
Boarding Schools	60 gal/person
Service Stations	250 gal/water closet or urinal
24-hour Service Stations	325 gal/water closet
Stores, Shopping Centers, and Malls (Exclusive of food service and meat markets)	120 gal/1000 ft^2 of retail sales area
Stadium, Auditorium, Theater, Drive-in	5 gal/seat or space
Swimming Pools, Spas, and Bathhouses	10 gal/person

(c) An adjusted design daily sewage flow may be granted by the local health department upon a showing as specified in Subparagraphs (c)(1) through (c)(2) that a sewage system is adequate to meet actual daily water consumption from a facility included in Paragraph (b) of this Rule.

(1) Documented data from that facility or a comparable facility justifying a flow rate reduction shall be submitted to the local health department and the State. The submitted data shall consist of at least 12 previous consecutive monthly total water consumption readings and at least 30 consecutive daily water consumption readings. The daily readings shall be taken during a projected normal or above normal sewage flow month. A peaking factor shall be derived by dividing the highest monthly flow as indicated from the 12 monthly readings by the sum of the 30 consecutive daily water consumption readings. The adjusted design daily sewage flow shall be determined by taking the numerical average of the greatest ten percent of the daily readings and multiplying by the peaking factor. Further adjustments shall be made in design sewage flow rate used for sizing nitrification fields and pretreatment systems when the sampled or projected wastewater characteristics exceed those of domestic sewage, such as wastewater from restaurants or meat markets.

(2) An adjusted daily sewage flow rate may be granted contingent upon use of extreme water-conserving fixtures, such as toilets which use 1.6 gallons per flush or less, spring-loaded faucets with flow rates of one gallon per minute or less, and showerheads with flow rates of two gallons per minute or less. The amount of sewage flow rate reduction shall be determined by the local health department and the State based upon the type of fixtures and documentation of the amount of flow reduction to be expected from the proposed facility. Adjusted daily flow rates based upon use of water-conserving fixtures shall apply only to design capacity requirements of dosing and distribution systems and nitrification fields. Minimum pretreatment capacities shall be determined by the design flow rate of Table I of this Rule.

History Note: Statutory Authority G.S. 130A-335(e);
Eff. July 1, 1982;
Amended Eff. January 1, 1990; January 1, 1984.

.1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source, including any well or spring	100 feet;
(2) Any public water supply source	100 feet;
(3) Streams classified as WS-I	100 feet;
(4) Waters classified as S.A.	100 feet, from mean high water mark;
(5) Other coastal waters	50 feet, from mean high water mark;
(6) Any other stream, canal, marsh, or other surface waters	50 feet;
(7) Any Class I or Class II reservoir	100 feet, from normal pool elevation;
(8) Any permanent storm water retention pond	50 feet, from flood pool elevation;
(9) Any other lake or pond	50 feet, from nor-

mal pool elevation; 5 feet;
(10) Any building foundation 15 feet;
(11) Any basement 10 feet;
(12) Any property line
(13) Top of slope of embankments or cuts of 2 feet or more vertical height 15 feet;
10 feet;
(14) Any water line
(15) Drainage Systems:
(A) Interceptor drains, foundation drains, and storm water diversions
(i) upslope 10 feet, 15 feet, and
(ii) sideslope 25 feet;
(iii) downslope 25 feet;
(B) Groundwater lowering ditches and devices 15 feet;
(16) Any swimming pool 20 feet;
(17) Any other nitrification field (except repair area)

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, as determined in Rule .1949 (a) or (b) of this Section, which include one or more nitrification fields with individual capacities of greater than 1,500 gallons per day, shall be located at least the minimum horizontal distance from the following:

(1) Any Class I or II reservoir or any public water supply source utilizing a shallow (under 50 feet) groundwater aquifer 500 feet;
(2) Any other public water supply source, unless determined to utilize a confined aquifer 200 feet;
(3) Any private water supply source, unless determined to utilize a confined aquifer 100 feet;
(4) Waters classified as SA 200 feet, from mean high water mark;
(5) Any waters classified as WS-I 200 feet;
(6) Any surface waters classified as WS-II, WS-III, B, or SB 100 feet; and
(7) Any property line 25 feet.

(e) Collection sewers, force mains, and supply lines shall be located at least the minimum horizontal distance from the following:

(1) Any public water supply source, including wells, springs, and Class I or Class II reservoirs 100 feet, unless constructed of leakproof pipe, such as ductile iron pipe with mechanical joints equi- valent to water main standards, in which case the minimum setback may be reduced to 50 feet;
(2) Any private water supply source, including wells and springs 50 feet, unless constructed of similar leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 25 feet;

"Repair"

1650

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2400

[] 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: Londeree (last), James (first) B. (mi)
ADDRESS: 8932 Truelight Ch Rd PHONE: (704) 545-0487
CITY: Mint Hill STATE: NC ZIPCODE: 28227

Date: December 29, 1993

PROPERTY OWNER:
NAME: Londeree (last), James (first) B. (mi)
ADDRESS: 8932 Truelight Ch. Rd. PHONE: (704) 545-0487
CITY: Mint Hill STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER:
STREET ADDRESS: 8932 Truelight Ch Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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: 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 [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: James B. Londeree Date: December 29, 1993

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.

... Repair permit issued

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

Lisa Eatmon 1-5-94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

D400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

400

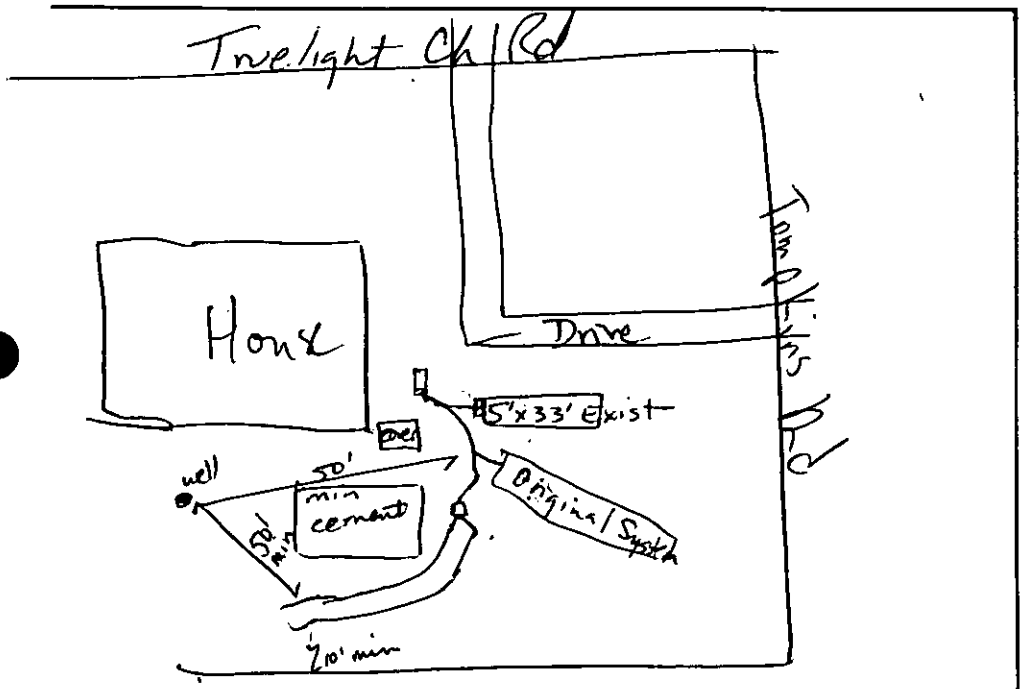
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1650 DATE: 1-5-94

TC: 137-101-05 ☐ L

SERIAL Nº 15637

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 1-5-94. All work shall be completed on or before 2-5-94, 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 ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 75'-100' feet

Number of Lines 2

Depth of Stone 12", 6" Sand inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

6"-12" soil cover.

NAME OF OWNER James Londeree

LOCATION OF PROPERTY 8932 Tru Light Ch Rd.

Comments: Put 6" sand at trench bottom. Presently septic tank is less than 50' from well, advise that septic tank system needs to be min 50' from well. Keep feeding "orginal" "existing" drainfields

Division or Section Head

Susan Gatewood
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