

14717 BECKENHAM DR

13934408

8/19/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

@ 4:00

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

FILE: 18703 DATE: 10/10/95

TC: 139 122 26 ☐ L ☐ CRT

SERIAL № 15943

Name of Owner Betty Taylor Juris.:

Address of Property 14717 Beckenham Dr

Inspection Data:

Tank Material –

Total Length of Bed Drainfield 150'

Number of Lines 3 @ 50

Cover Depth 30"

Water Supply Source well

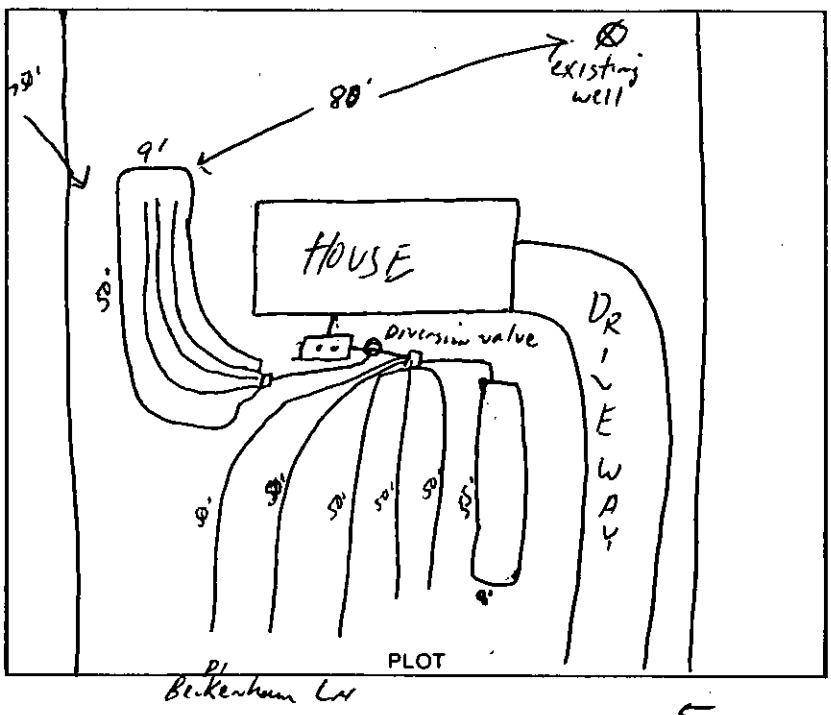
Distance to Water Source 80'

Excavation Inspected 10/10/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



Design: 1995, Repair CTR# 5

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: Diversion valve installed. Diversion valve to be switched every 6 months or 3 months as needed. Upper portion of soil showed saturation.

Phila S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

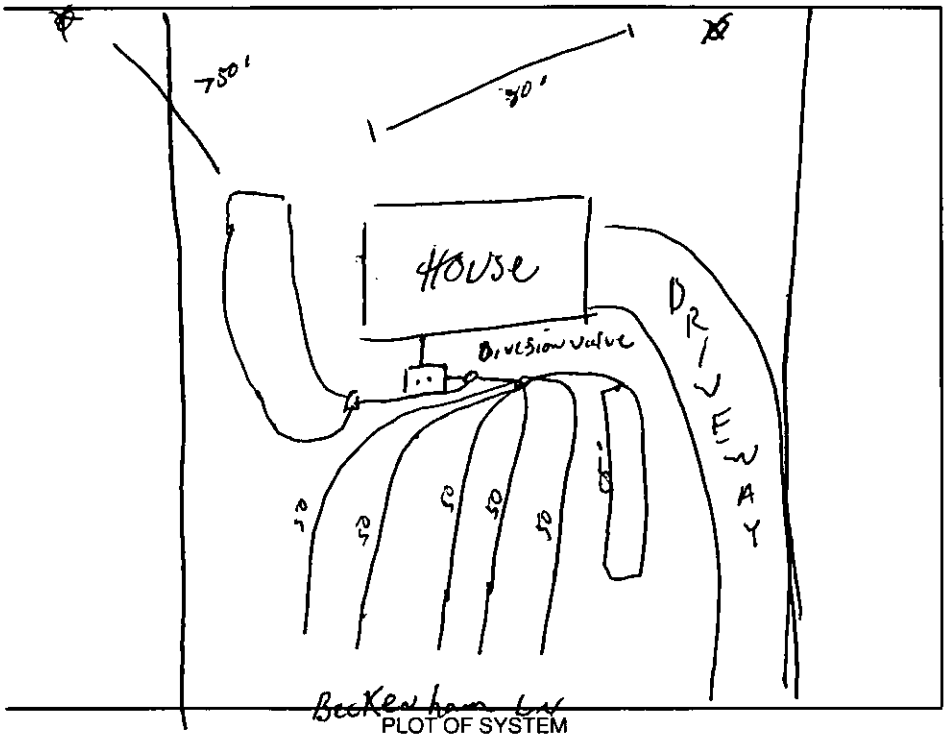
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18703 DATE: 10/9/95

TC: 139 122 26 ☐ L

SERIAL Nº 16254

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 10/9/95. All work shall be completed on or before 11/9/95, 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 3.5

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous ✓

Total Line Length 150' feet

Number of Lines 3 (50')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

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

NAME OF OWNER Betty Taylor

LOCATION OF PROPERTY 14717 Beckenham Dr

Comments: Bed system addition with diversion valve, Bed system 9'wd x 50'long x 18"stone / Diversion valve / Keep septic system >50' from any wells. Keep drainfield out of saturated upper portion of soil.

Philip S. Walker R.S.
Environmental Health Specialist

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

from regional supervisor worked into schedule like any other application

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

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

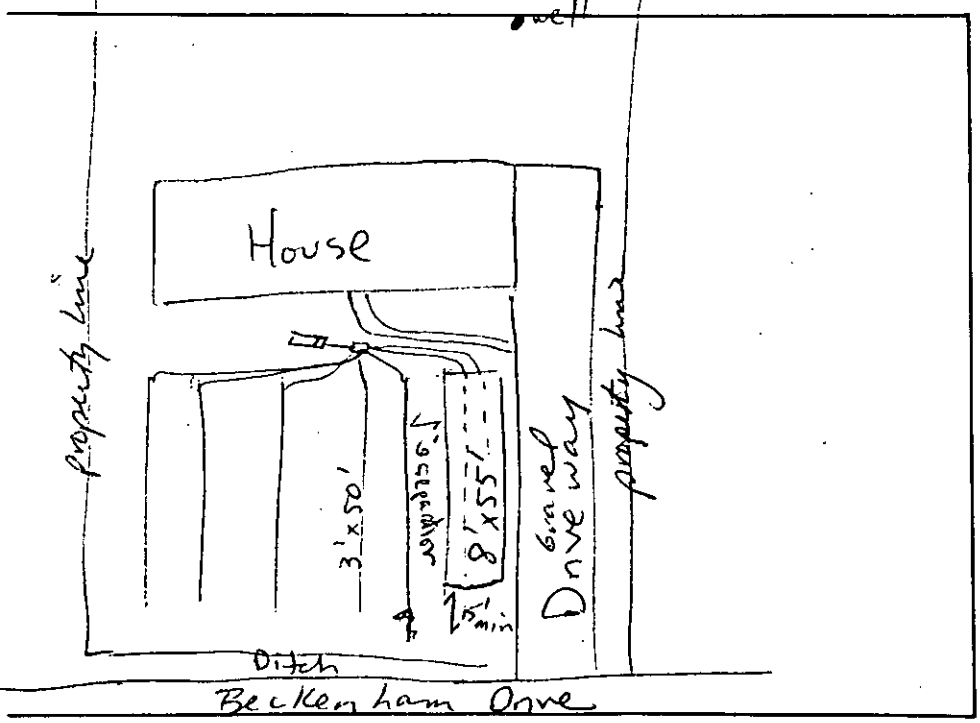
FILE: 18703 DATE: 4-19-94

TC: 139-122-26 ☐ L

SERIAL Nº 15934

system supersaturated at time of visit

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 3-21-94. All work shall be completed on or before 5-14-94, 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 Exist gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 8' feet

Total Line Length 55' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50'+ feet

NAME OF OWNER Betty Taylor

LOCATION OF PROPERTY 14717 Beckenham Dr.

Comments: 2 pipes to be placed in 8'x55' bed. Bottom of trench to be level (according to NC State Regs). Keep min 6' off existing trench as shown

* Check to make sure no plumbing leaks from house!

Phillip J Guild # 5/3/94
Division or Section Head

Susan Bateman
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

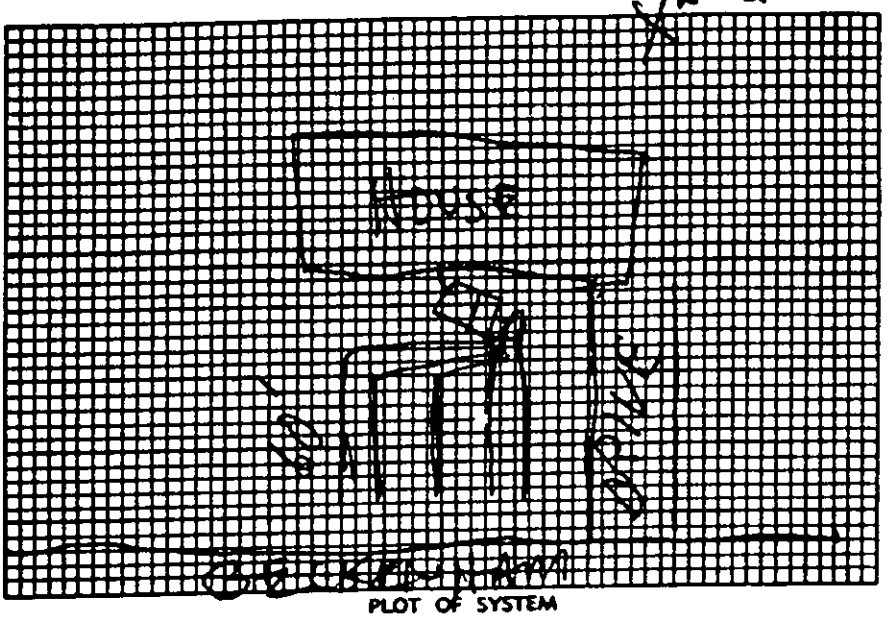
Date Issued 2-22-84 Serial No. 07003 ICARIS Permit No. 18703

T. C. No. 139-122-06

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 18703 dated 1-23-83 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 3-22-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. CONCRETE

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 5 x 60'

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER HOOD, NANCY

LOCATION OF PROPERTY 14717 BECKENHAM DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: 5 lines x 60' x 12" stone x 3' wide w/ grade boards & straw or hay cover

B. Hardister
Division or Section Head

Kelly Randall
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT



SUSAN BATEMAN, R.S.
Environmental Health Specialist

Telephone: (704) 336-5569
FAX: (704) 336-6894

700 North Tryon Street
Suite 211
Charlotte, NC 28202

"REPAIR"

18703

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION: my daughter

NAME: Taylor (last) Betty (first) Brenda Taylor (mi)

ADDRESS: 14717 Beckenham Dr PHONE: (704) 573-9772

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3/21/94 Mailed

PROPERTY OWNER: Betty Taylor

NAME: HARRISON (last) ANN (first) (Daughter) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-122-86

STREET ADDRESS: 14717 BECKENHAM DR

ADDRESS: 14717 BECKENHAM Dr PHONE: (__) _____

CITY: Char STATE: NC ZIPCODE: 28227

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 177 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): ✓ Daniel
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: ✓ 3 NUMBER OCCUPANTS: 2

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: ✓ Betty Taylor Brenda Date: ✓ 3/21/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Repair permit issued

[X] 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 4-14-94 Date

Director or Authorized Section Head Date

WATER : 122791

Have Bond - 1994

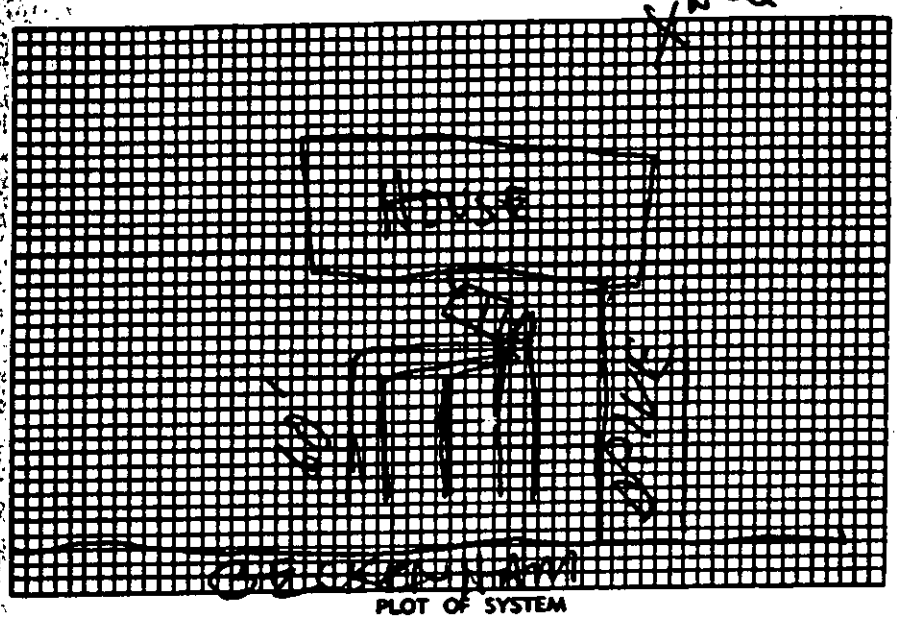
Date Issued 2-22-84 Serial No. 07003 ICAR(S) Permit No. 18703

T. C. No. 139-122-06

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 18703 dated 11-23-83 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 3-22-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. CONCRETE

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 5 x 60'

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER HOOD, NANCY

LOCATION OF PROPERTY 14717 BECKENHAM DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: 5 lines x 60' x 12" stone x 3' wide w/ grade boards & straw or hay cover

B. Landrum
Division or Section Head

Kelly Randall
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

From Repair application - worked into schedule like any other application

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

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

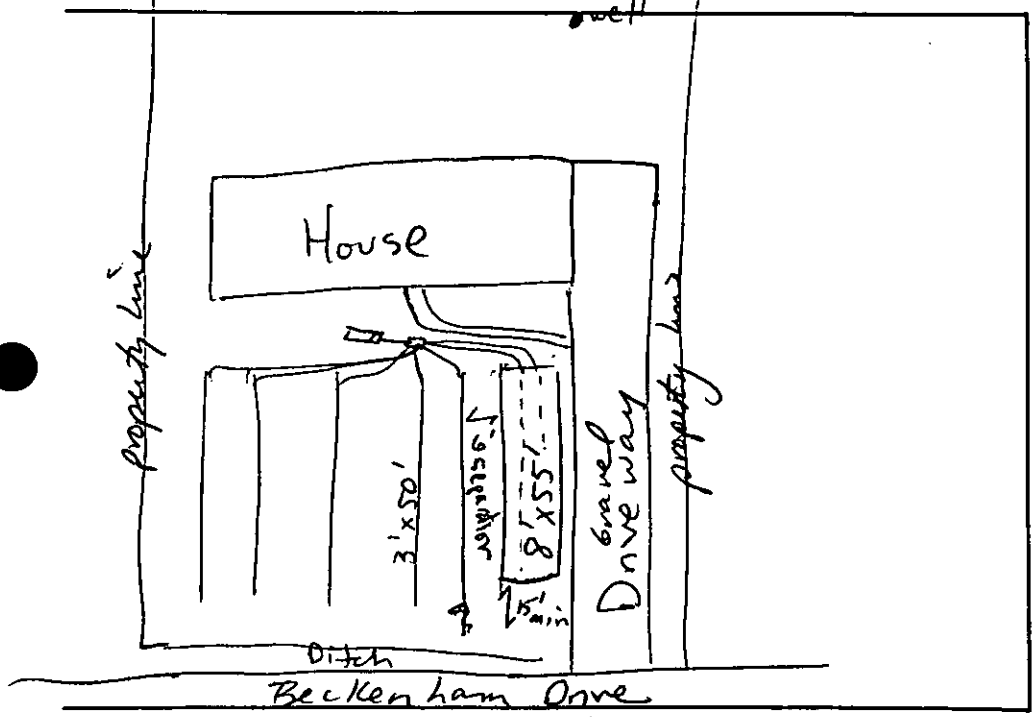
FILE: 18703 DATE: 4-14-94

TC: 139-122-26 ☐ L

SERIAL № 15934

System Supersaturated at time of visit

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 3-21-94. All work shall be completed on or before 5-14-94, 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 Exist gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 8' feet

Total Line Length 55' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50'+ feet

NAME OF OWNER Betty Taylor

LOCATION OF PROPERTY 14717 Beckenham Dr.

Comments: 2 pipes to be placed in 8'x55' bed. Bottom of trench to be level (according to NC State Regs). Keep min 6' off existing trench as shown.

* Check to make sure no plumbing leaks from house!

Phillip J Quill 5/3/94
Division or Section Head

Susan Bateman
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

Well

Ann Harrison 541-6100 — can't be reached 9-1 on Friday but afterwards or at 847-1690

8703

House 84
14717 Beckingham Dr.
Arlington Forest

Bought 2 yrs ago.

Sewage standing in front yard →

Sly,

Attached is fee for 14717 Beckenham Dr.

I spoke to Ann Harrison, daughter of owner. She said the house is her mother (she's a realtor) She had $2,100 escrowed to fix because it was leaking when it sold. Sue did a repair and Bobby says still leaking — She says they have no leaks. She called Phil 2 months ago to come back out but she can't get a response. She wants it resolved before the $$ are returned to Seller (escrowed for 3 years she stated)

- Doesn't look like we ever verified "no leaks" Ask Sue
- Says they have water softner that discharges to tank, they took this off for 2 wks, didn't make a difference.
- Says only 2 people in home (Senior Citizen → her mom & handicapped sister — "They don't use overabundance of water due to handicap"

- I pulled file after I spoke with her & it noticed no seperate washer - - - maybe they wash a lot.

- She says only 1 person lived in house when it was sold & they worked 2 jobs & it was failing → Really maybe a leak in spring, I'm sure she discussed all of these — (surface water?)

- 300' installed in '84 was at .4 App. rate - (In some cases that has not been enough drainfield -

I bet there is a leak — they are on a well so the sure way is @ the tank increased & Chart -
Maybe Kelly will remember this / if not the Area & if Springs are a problem.

7-12-95

To: File
From: Kelly Randall
Re: 19717 Beckenham Dr.

On 7-11-95 I had P.C. w/ Ann Harrison re. Septic Problems @ above address. She stated problems were ongoing and chronic and had been occuring for since she bought house ≈ 2 years ago.

On 7-12-95 Phil Walker and I visited site to look @ supposed problem. On day of my visit there was no effluent on ground. There were no visible signs of spurring where lines were supposed to have leaked. I advised A. Harrison of possible consequences of H_2O softner and maple tree planted over drainfield. We advised A. Harrison to select contractor and we would meet them to discuss repair if she so desired.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18703 DATE: 8-10-94

TC: 139-122-216 ☐ L ☐ CRT

SERIAL Nº 14305

Name of Owner Betty Taylor Juris.:

Address of Property 14717 Beckenham Dr.

Inspection Data:

Tank Material ICC

Total Length of Drainfield 120' added

Number of Lines 2 @ 60'

Cover Depth 6"-20"

Water Supply Source well

Distance to Water Source

Excavation Inspected 8-10-94

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994 Repair, 8' x 60' x 12" stone bed installed, ceil-like CTR# RCS 90

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: ≈ 10 yrs. old D-box adjusted to feed properly 10-21-94

Type II

Janice Newell, R.S.

Environmentalist

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

NORTH CAROLINA
DEPARTMENT OF HUMAN
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. NO. 18705
T.C. NO. 139-122-86

OWNER: Harold D. Vickers
ADDRESS: 412 Valhalla Dr.
COUNTY: Harrisburg 28075
LOCATION OF SITE: Beckenham Drive to Arlington Square

DATE REQUESTED: 5-7-82
PLAT NO:
LOT SIZE: 23756 sq ft

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10	S (PS) U	S (PS) U	S (PS) U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U Clayey	S (PS) U	S (PS) U	S (PS) U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U	S (PS) U	S (PS) U
4. SOIL DEPTH (inches)	S (PS) U 48	S (PS) U	S (PS) U	S (PS) U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S (PS) U	S (PS) U	S (PS) U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S (PS) U	S (PS) U	S (PS) U
7. SOIL PERMEABILITY (Percolation rate)	S (PS) U Moderate	S (PS) U	S (PS) U	S (PS) U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P Suitable			

10. SOIL SERIES Cecil Undisturbed

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments:

Described By: W. B. Lamm
Title: Soil Scientist
Date: 5-10-82

DHS Form 2601
Sanitation
DHD 539 (3/82)

C of A (s) No. 18703

Date Issued 3-2-84 Serial 6480 T. C. No. 139-1220

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner HOOD (LAST) NANCY (FIRST) (MIDDLE)

Location of Property 14717 BECKENHAM DR

Application Number 18703 Permit Number 18703

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C. CONCRETE

Total Length of Drain Tile 300 Number of Lines 60' x 5

Depth of Filter Material 12" Cover Depth 2"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 3-2-84 (DATE) Tank Inspected 3-2-84 (DATE)

Nitrification Field Inspected 3-2-84 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: JOHN BARNHARDT JOB

Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 4543

PTR No. 18703

T. C. No. 139-122-06

Date Issued 5-11-82

Map Date

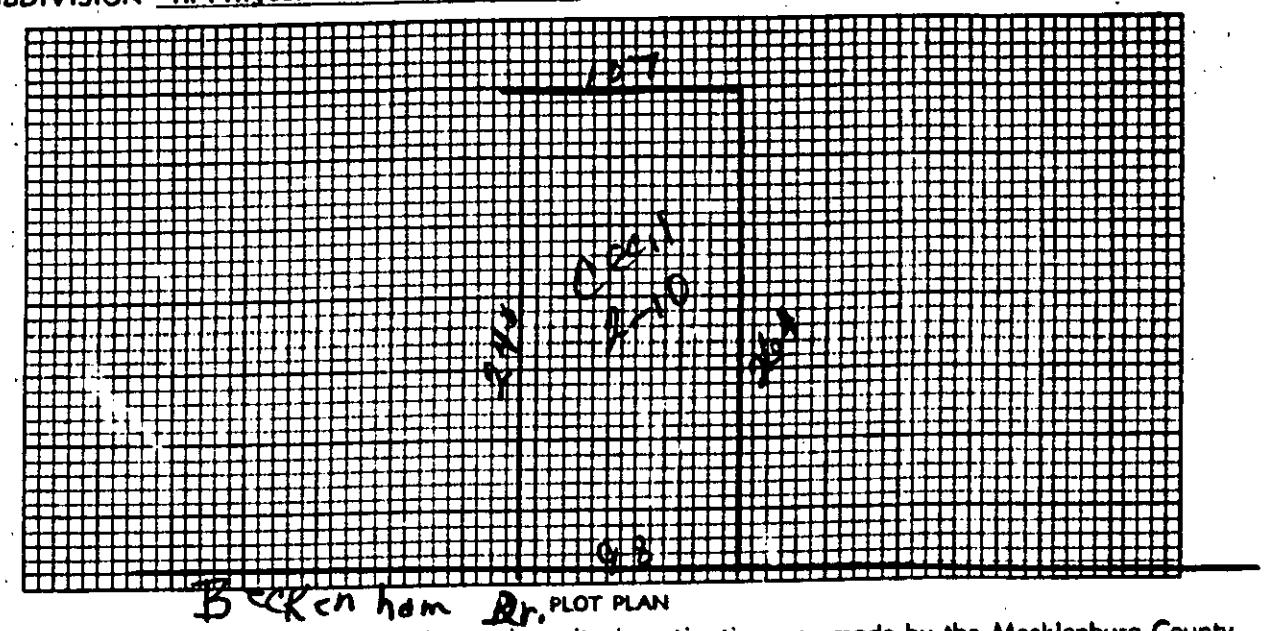
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Vickers, (LAST) Harold (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 413 Valhalla Dr., Harrisburg, NC ZIP 28075

LOCATION OF PROPERTY 14717 Beckenham Drive (STREET OR COUNTY ROAD)

SUBDIVISION Arlington Forest LOT NO. 177 BLOCK NO. 122



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was **Provisionally Suitable**. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy