

3009 BEAMAN AV

20106117

5/20/08

marliwr

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 2660

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 201-061-11

STREET ADDRESS: 3009 Beaman Ave.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
✓ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ✓ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE): Well & City

__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Fisher, James C.
(LAST) (FIRST) (MI)

ADDRESS: 3009 Beaman Ave.

CITY: Charlotte STATE: NC ZIP 28273

DAYTIME PHONE: (704 588 – 4744

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: (__) ___ – ____

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: J C Fisher DATE: 8/11/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2660 DATE: 6/30/97

TC: 201-061-17 ☐ L ☐ CRT

SERIAL № 17227

Name of Owner James Fisher Juris.: _____

Address of Property 3009 Beaman Ave

Inspection Data:

Tank Material PCC

Total Length of Drainfield ~~1 bed 9x50~~ 350' (7)

Number of Lines 1 bed @ 12x50

Cover Depth 3'

Water Supply Source Well

Distance to Water Source 100'

Excavation Inspected 7-1-97

Tank(s) Inspected 7-1-97

Wash Line Inspected —

High Water Alarm Inspected 8/7/97

PLOT

Design 25% Reduction - pump system 93-2-R1 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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: See records built around 1971-72.

Toni Higgins Burney R.S.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
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FILE: 2660 DATE: 6/30/97

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SERIAL Nº 17227

Name of Owner James Fisher Juris.: _____

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Cover Depth 3'

Water Supply Source Well

Distance to Water Source 100'

Excavation Inspected 7-1-97

Tank(s) Inspected 7-1-97

Wash Line Inspected —

High Water Alarm Inspected 8/7/97

PLOT

Design 25% Reduction - pump system 93-2-R1 CTR# 5

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☐ installed or constructed ☐ altered or repaired

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and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: See Records Dated around 1971-72.

Joni Higgins Burney R.S.
Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

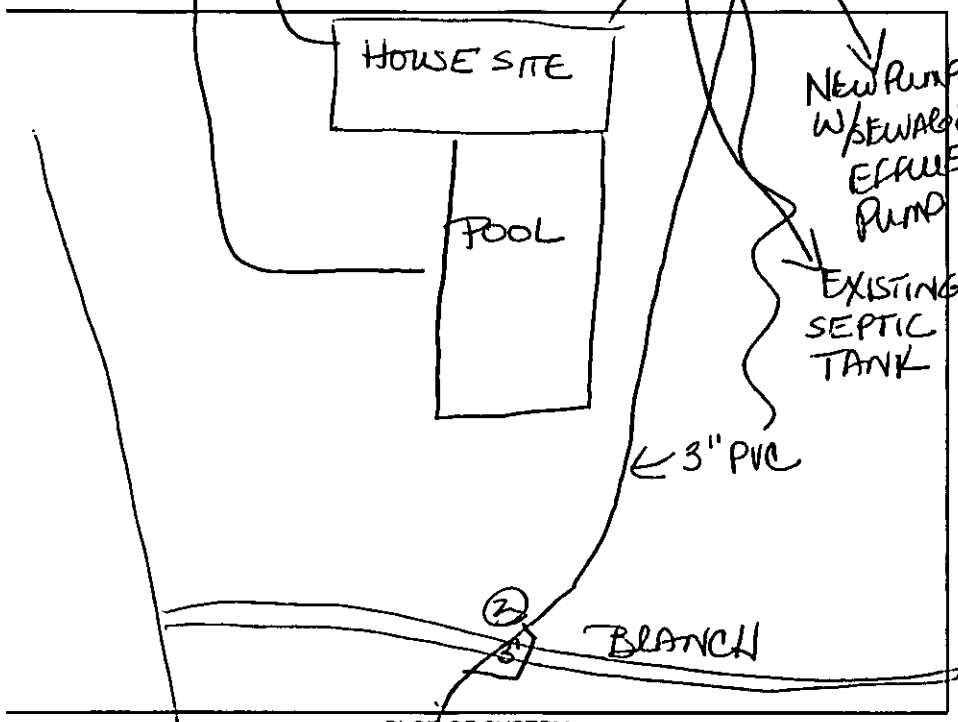
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2660 DATE: 6-1-97

TC: 201-061-17 ☐ L

SERIAL Nº 17372

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 6/1/97. All work shall be completed on or before 7/1/97 after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 48"

Absorption and/or Nitrification Lines:

Trench Width ① bid 9X50 ② bid 12X50 feet

Trench Walls Scored and Porous yes

Total Line Length 350 feet

Number of Lines 7

Depth of Stone — inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' from City Water Line feet

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

NAME OF OWNER James Fisher

LOCATION OF PROPERTY 3009 Beamon Ave

Comments: ① INSTALL PUMP & PUMP TANK W/ 3" PVC TO BRANCH. CROSS BRANCH MEETING SECTION .1950(H) AND SLEEVE WITH 4" PVC THREE FT. BELOW BRANCH. INSTALL DBOX WITH GATE VALVE. INSTALL 2 BEDS ① 9X50 AND ② 12X50' WITH 25% REDUCTION SYSTEM

Jon Wiggins Burney, RS
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

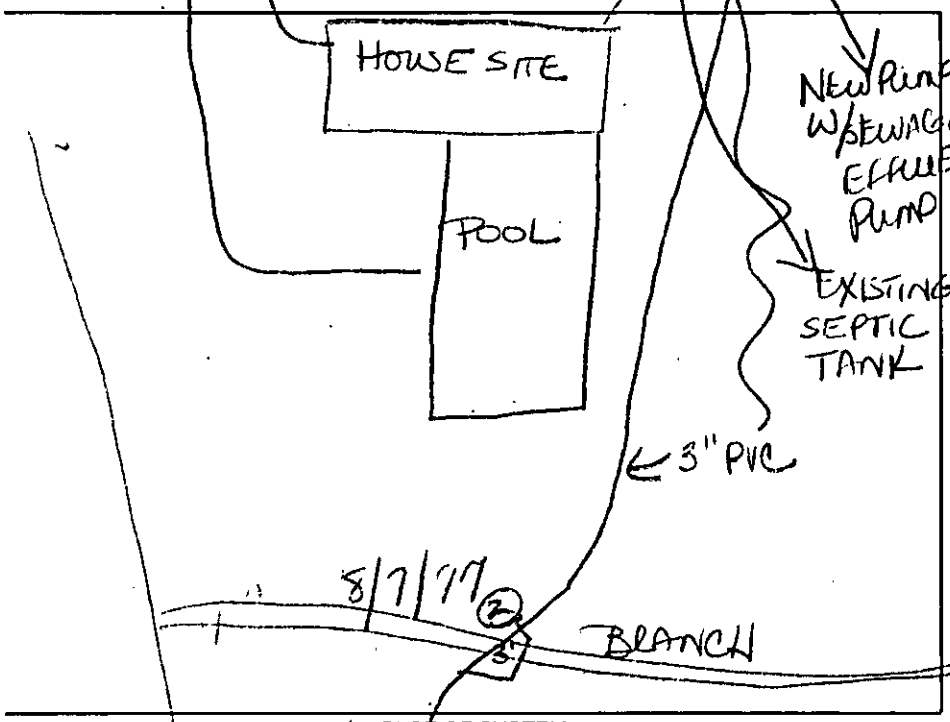
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
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Liquid Capacity of Septic Tank 1 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 48"

Absorption and/or Nitrification Lines:

Trench Width ① bed 9 X 50 ② bed 12 X 50 feet

Trench Walls Scored and Porous yes

Total Line Length 350 feet

Number of Lines 7

Depth of Stone — inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' from feet

City water line

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

GATE VALVE ← DBOX

NAME OF OWNER James. Fisher

LOCATION OF PROPERTY 3009 Beaman Ave

Comments: ① INSTALL PUMP & PUMP TANK W/ 3" PVC TO BRANCH. CROSS BRANCH MEETING SECTION .1950(H) AND SLEEVE WITH 4" PVC THREE FT. BELOW BRANCH. INSTALL DBOX WITH GATE VALVE. INSTALL 2 BEDS ① 9 X 50 AND ② 12 X 50' WITH 25% REDUCTION SYSTEM

Jane Diggs Burney, RS
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

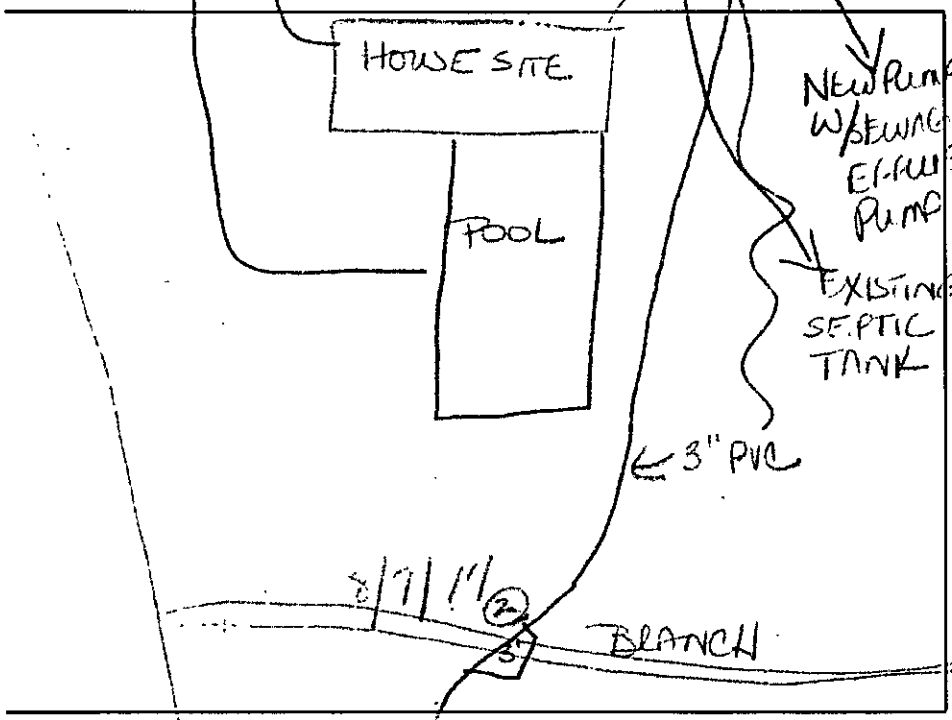
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2660 DATE: 6-1-97

TC: 201-061-17-[illegible] ☐ L

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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 6/1/97. All work shall be completed on or before 7/1/97 after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 48"

Absorption and/or Nitrification Lines:

Trench Width (4) PVC 4'x50' (1) PVC 12'x50' feet

Trench Walls Scored and Porous yes

Total Line Length 350 feet

Number of Lines 7

Depth of Stone — inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' from City Water Line feet

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

GATE VALVE

NAME OF OWNER DBOX James Fisher

LOCATION OF PROPERTY 3009 Berman Ave

Comments: (1) INSTALL PUMP & VAULT TANK IN 3" PVC. TO BRANCH. CROSS BRANCH MEETING SECTION .1950(H) AND SLEEVE WITH 4" PVC THREE FT. BELOW BRANCH. INSTALL DBOX WITH GATE VALVE. INSTALL 2 BEDS (2) 4'x50' AND (2) 12'x50' WITH 25% REDUCTION IN SIZE

Mike Burris Bumgarner, RS
Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/11/97 PERMIT NO: 2660
PARCEL NO: 20106117

JOB LOCATION ADDRESS: 3009 Beckman Ave
PROPERTY OWNER: Janus Fashion
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: 8/11/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2660, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation Repair Required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____ 8/11/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

J. J CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 2660

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 201-061-11

STREET ADDRESS: 3009 Beaman Ave.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
✓ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ✓ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE): Well + City

__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Fisher, James C.
(LAST) (FIRST) (MI)

ADDRESS: 3009 Beaman Ave.

CITY: Charlotte STATE: NC ZIP 28273

DAYTIME PHONE: (704 588 - 4744

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: J. C. Fisher DATE: 8/11/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Permit Number 2660 CONDITIONS OF IMPROVEMENT PERMIT Tax Number 201-061-17

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ 25% Reduction ___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
050 Absorption Area (Sq ft) 350' Total Trench Length (Ft)	N/A Depth of Stone Trench	Bed Trench spacing (min. on centers)	3-4' Maximum Trench Depth	
For existing system, enter the year originally installed: Prior 30 years				

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 Sewage, 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 Improvement permit is transferable.

Joni E Higgs 8/11/97
DEHNR Authorized Agent Date

Owner/Agent Signature Date 8/11/97

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

Mecklenburg County
Health Department

July 10, 1997

James Fisher
3009 Beaman Avenue
Charlotte, NC 28273

Re: 3009 Beaman Avenue
File: 2660
Parcel: 201-061-17

Dear Mr. Fisher:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, 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 tank, securely mounted at least 12 inches above the finished grade. 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 water proof, 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 336-5572 to discuss any question you may have concerning this matter.

Sincerely,

Tom Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

UPDATE COMPLETE

Complaint Number 00018725 1 Date Entered 05/14/97 Date Updated 05/14/97
Type Complaint SIB Permit Type SEW

	Street Name	Number	Dir.	Zipcode
Location/Description	BEAMAN AVENUE	3009		28273

Request By ANN County Office
Phone Number -
Address
City State Zipcode 28273
Directions:

Complaint:
OVERFLOWING AND SMELLS TERRIBLE
FILE #2660

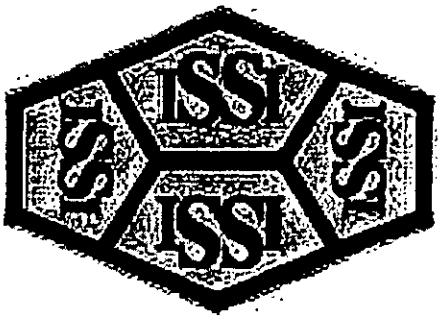
EHS Number 17017 Tax/Map Number 17035 Census
Property Name BEAMAN AVENUE
Owner Name FISHER JAMES
Owner Address 3009 BEAMAN AVENUE
Owner City CHARLOTTE State NC Zipcode 28273
Owner Phone -
Date/Time 05/14/97 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
5/14/97 14:48:43
01-03 SA MW KS IM II S1 S1037498 KB

April 1997 I have already met with Steve Autry and Mr. Fisher to design repair. Mr. Fisher has eliminated all available area for repair. We located a limited area on the backside of the creek up into the woods. We are going to utilize a pump with a pump tank and Infiltrator (chambered) system to get a cross creek. Mr. Fisher is going to locate property lines and have them marked.

6/3/97 Met with Mr. Autry for an installation/repair layout. The lot lines prohibited us more from installation of 400 - or 300 Ft. repair. We designed two repair chambered beds / with a 25% Reduction System.

6/[illegible] Steve Autry of Autry Septic Service called and I consulted with him as to Status of repair. He said pump tanks have been installed.

6/30 - 7/1 System repaired.



Imaging Solutions and Services, Inc

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

SEE INSTRUCTIONS ON BACK

Date Received 8-21-72

ICAR(S) Application No. 2660

T C No. 201-061-17

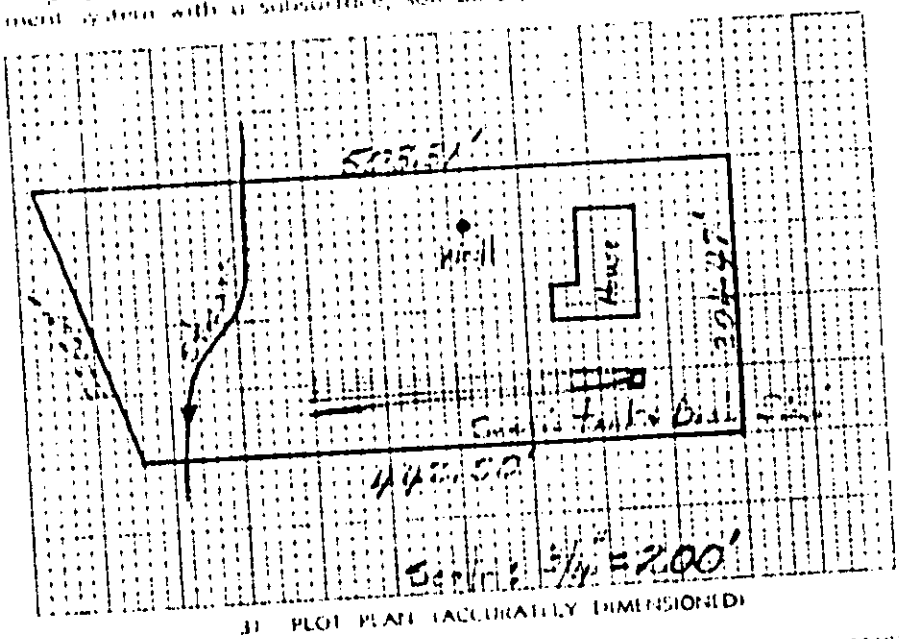
Map Date 3-25-71

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) For 4 Bedroom
Business Use Max. No
Employees
5) Washing Machine X Yes No
Garbage Disposal X Yes No
Dishwasher X Yes No
6) Water Supply
A) Individual Well X
B) Governmental System
C) Community System:
1 Well source
2 Governmental source
10) Sewage System:
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No
11) FHA Case No.
12) VA Case No.

13) NAME OF OWNER Fisher, Jr. (LAST) James (FIRST) Crowell (MIDDLE)

14) ADDRESS OF OWNER 925 Berkeley Dr., Charlotte, N. C. 28209

15) PHONE NO. Home 523-1255 Office ~~527-0017~~ 588-4144

16) LOCATION OF SYSTEM Lot 9 Beaumont Ave., RT. 3, Charlotte (STREET OR COUNTY ROAD)

17) SUBDIVISION Lebanon Heights Lot No 9 Block No

Map Book No. Page No. 503 & 505

18) DEED REFERENCE DEED BOOK 3267 AT PAGE 265

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 11-4-71

20) PTR NUMBER (See Instructions) 2660

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

OWNER J. E. Fisher Jr.

HEALTH DEPARTMENT'S COPY

Serial No. 6283

Col A 1st No

T C No

Map Date

Date Issued

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST, FIRST, MIDDLE)

Location of Property

Application Number

Permit Number

Inspection Data:

Liquid Capacity of Tank

Total Length of Drain Tile

Depth of Filter Material

Water Supply Source

Excavation Inspected (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected, If Applicable (DATE)

Tank Material

Number of Lines

Cover Depth

Distance from Water Source

Tank Inspected (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, and is approved in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval shall not be construed as any way guarantee that the system will operate properly or relieve any person of any responsibility for damages resulting, causing 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 placed on the permit or in addition to those listed below under comment. 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:

Environmentalist