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Groundwater and Wastewater Services File Imaging Project

May 2007

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3826B DATE: 7/17/96

TC: 019-212-09 ☐ L ☐ CRT

SERIAL Nº 16672

Name of Owner Kenneth S. Coley Jr. Juris.: _____

Address of Property 13854 Lawther Road

Inspection Data:

Tank Material Existing

Total Length of Drainfield 300

Number of Lines 3 @ ~100' each

Cover Depth 12-36"

Water Supply Source Well

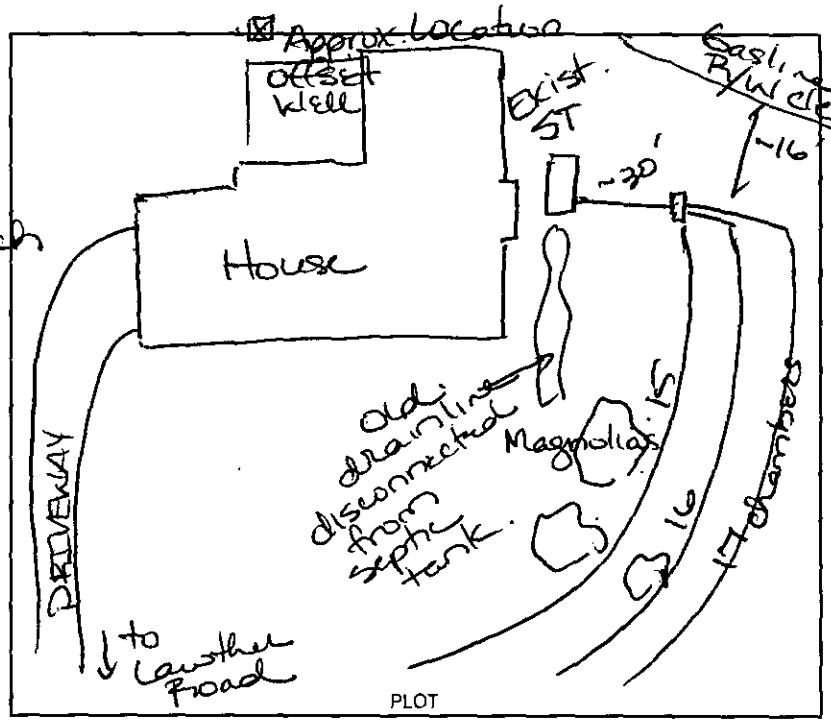
Distance to Water Source 750

Excavation Inspected 5/10/96

Tank(s) Inspected ✓

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Repair, IWWS-93-2-R1, 900ft², cecil-like CTR# 74

Bobby Mayhew

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: System repair design changed from repair approval at the request of the property owner. See letter on file.

Type III
OD < 1985

Lisa B. Mialik, RS
Environmental Health Specialist

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

File 3826B

Kenneth S. Coley, Jr.
13854 Lawther Road
Huntersville, NC 28078

May 10, 1996

Health Department
Environmental Health Division
700 North Tryon Street, Suite 211
Charlotte, North Carolina

Gentlemen:

This is to inform you of my decision to use a chambered septic drain field rather than a traditional gravel-line field.

Very truly yours,

Kenneth S. Coley

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

DATE: 1/17/96 PERMIT NO: 3826B

PARCEL NO: 019-212-09

JOB LOCATION ADDRESS: 13354 Lawther Road

PROPERTY OWNER: Kenneth S. Coley

BUILDING CONTRACTOR: NA

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS DATE: 1/17/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3826B, 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: Repair to existing system - No building additions

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.

Kenneth S. Coley 1-17-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

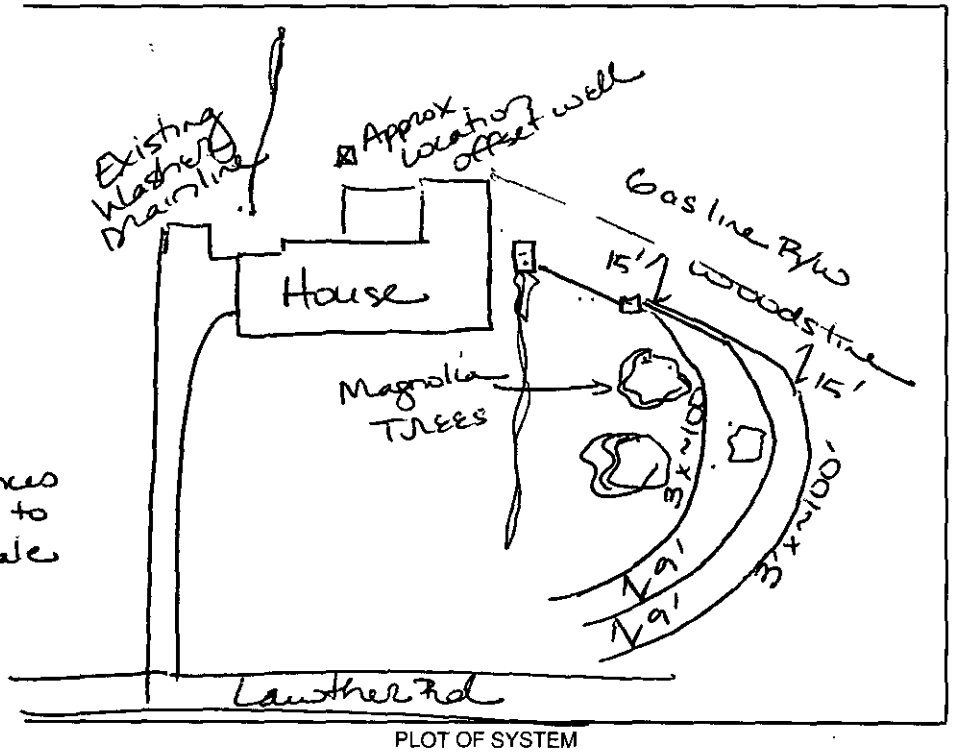
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 38268 DATE: 1/17/96

TC: 019-212-09 ☐ L $40

SERIAL Nº 16615

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 11/21/95. All work shall be completed on or before 2/17/96, 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

* Distances Not to Scale

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth ~ 21"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300 feet

Number of Lines 3 @ ~100' each

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well ~750' feet

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

NAME OF OWNER Kenneth S. Coley

LOCATION OF PROPERTY 13854 Lawther Road

Comments:

Plumb washing machine to septic tank: consult Meck. Co. Plumbing Standards Dept.

Keep installation ~15' from gas line R/W.

Eliminate use of existing drainline.

Tina B. Mialik, RS
Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3826B

Tax Number: 019-212-09

- 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 to existing system (<1985)
- Plumb washing machine to septic tank - consult Meck. Co. Building Stds.
- Keep installation >50' from well & ~15' from gasline R/W.

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	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	12" Depth of Stone Trench 3 lines @ ~100' each	9' Trench spacing (min. on centers)	~21" Maximum Trench Depth

For existing system, enter the year originally installed: ~1965

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.

Lisa B. Mialik RS 1/17/96
DEHNR Authorized Agent Date

Owner/Agent Signature 1-17-96
Date

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

IWWS:100195

File 38206 Received 7/12/96

COOPER PLUMBING COMPANY

COOPER PLUMBING COMPANY
13831 RAMAH CHURCH RD
HUNTERSVILLE, NC 28078

Phone (704) 875-9715
Fax (704) 875-9715



Billed To: Kenneth Coley
Lawther Rd
Huntersville, N.C. 28078

BILLING DATE: 7/10/96
ACCOUNT ID: K. Coley
PREVIOUS BALANCE: 0-

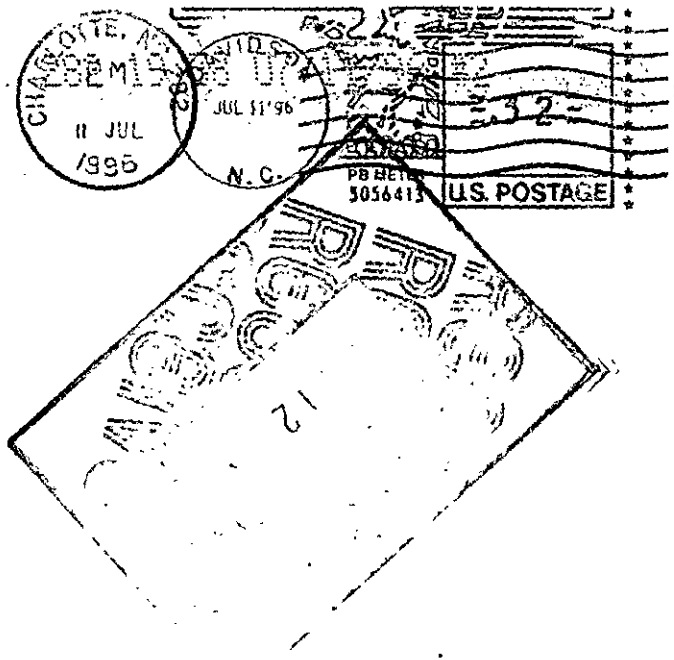
Statement

DATE	INVOICE NO.	DETAILS	CHARGES	PAYMENTS
7/10/96	01	disconnected Washing machine drain from existing drain field & reconnected to septic system		
		repaired K/S faucet & shower valve		
		materials		34.96
		labor 3hrs x 45/hr		135.00
		Totals:		
		Please pay this amount:		$169.96

Terms: 15 days
When sending payment, include the invoice number on the check. Thank you.

KENNETH S. COLE, JR.
13854 LAWTHER ROAD
HUNTERSVILLE NC 28078

CHARLOTTE N.C. 282



Health Department
Environmental Health Division
700 N Tryon St Suite 211
Charlotte NC 28202

ATTN: Lisa B. Mialik, R.S.

28202-2236 13

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

ON-SITE WASTEWATER VIOLATION NOTICE

File 3826B

OWNER Kenneth S. Coley, Jr.

MAILING ADDRESS 13854 Lawther Road, Huntersville, N.C.

OCCUPANT same

LOCATION same

Tax Parcel Number 019-212-09

[X] RESIDENCE [ ] BUSINESS [ ] OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

(704) 336-5573.

[ ] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[X] Eliminate wastewater discharge and connect to an approved wastewater system. /plumb washing machine into septic tank system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 22, 1996, appropriate legal action will be taken.

Notice Issued July 5, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik RS (Division of Environmental Health) Agent

Compliance 7/17/96 (Date) Signed Lisa B. Mialik RS (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

FOR FILE 3826B

For File # 3826 B

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER KENNETH S. COLEY MAILING ADDRESS 13854 LAWTHER ROAD, HUNTERSVILLE 28078

OCCUPANT SAME LOCATION SAME

☒ RESIDENCE ☐ BUSINESS ☐ OTHER TAX PARCEL: 019-212-09

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5573.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by January 15, 1995, appropriate legal action will be taken.

Notice Issued December 13, 1995 (Date) Signed Lisa B. Mialik, R.S. Lisa B Mialik RS (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Built 1969

FEE: NA

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 3826B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-212-09

STREET ADDRESS: 13854 Lawther Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

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: 2,710

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
x WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES x NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
x PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS x YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) Coley (FIRST) K (MI) S Jr

ADDRESS: 13854 Lawther Road

CITY: Huntersville STATE: NC ZIP 28078

DAYTIME PHONE: (704) 875-2567

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? July 9, 1965

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: Kenneth Coley DATE: November 21, 1995

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

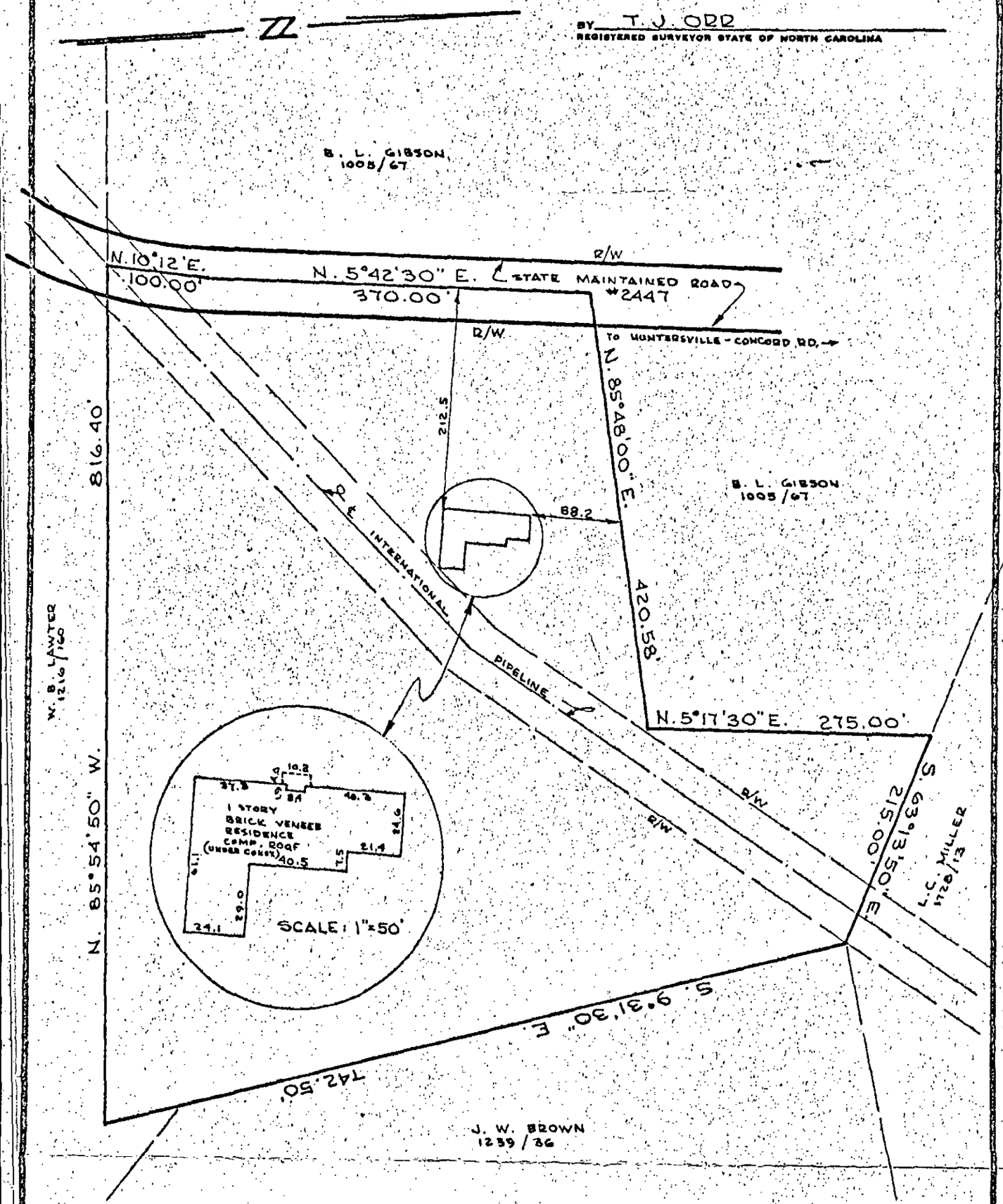
**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

File 39268

THIS IS TO CERTIFY THAT ON THE 20TH DAY OF MAY 19 69, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

OFFICES OF T. J. ORR SURVEYORS

BY T. J. ORR
REGISTERED SURVEYOR STATE OF NORTH CAROLINA



PHYSICAL SURVEY OF

LOT IN HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA, IN THE CITY OF _____ ON _____, HOUSE NO. _____ SHOWN AS LOT NO. _____ IN BLOCK NO. _____ ON MAP OF _____ MAP RECORDED IN BOOK _____ PAGE _____ DEED RECORDED IN BOOK _____ PAGE _____ OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, N. C., THE PROPERTY OF KENNETH S. COLEY, JR. & HELEN G. COLEY

SCALE - 1" = 120 FT. DATE 5-20 19 69 OFFICES OF T. J. ORR, SURVEYORS, CHARLOTTE, N. C.