

7715 TRUELIGHT CHURCH RD

13727114

1/7/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4595B DATE: 8-16-01

TC: 137-271-14 ☒ L ☒ CRT

SERIAL Nº 18646

Name of Owner GARRETT ORR Juris.: _____

Address of Property 7715 TRUELIGHT CHURCH ROAD

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 6'X80' BED

Number of Lines 2 @ 80

Cover Depth 12"

Water Supply Source EXISTING WELL

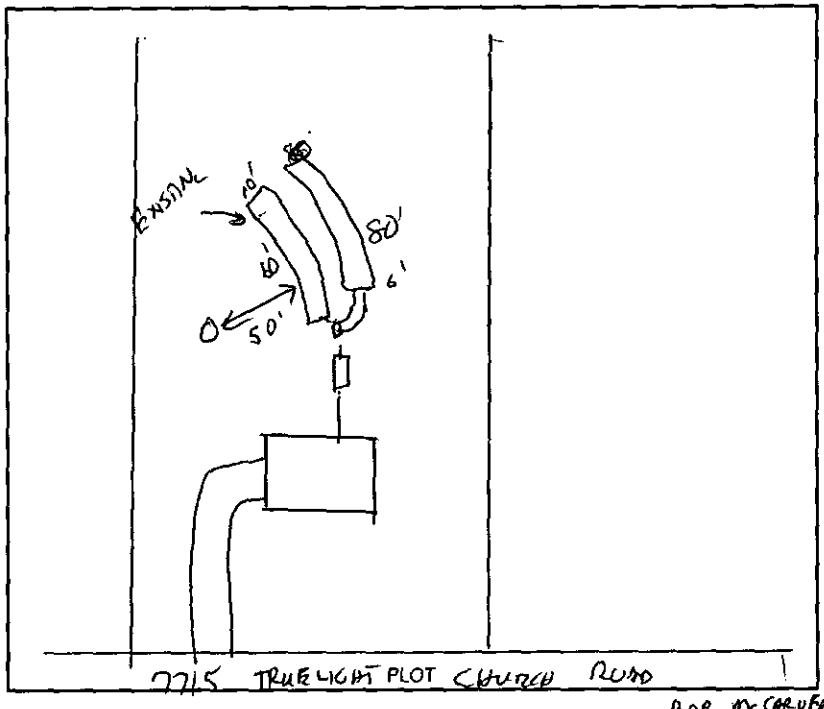
Distance to Water Source 50'

Excavation Inspected 8-16-01

Tank(s) Inspected 7-20-01

Wash Line Inspected —

High Water Alarm Inspected —



Design ALTERATION - 6'X80' CTR# BOB MCCARTER GARRETT ORR

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 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

☐ 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 I5A 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: ① 7-20-01 LID FOR TANK REPAIRED AND TANK PUMPED

② TYPE II -

8/16/01 RECORDS INDICATE INITIAL SYSTEM DESIGNED FOR 3 BEDROOM ALTERATION WILL BE ACCEPTABLE FOR SIZE HOUSE

Released for 4 bdrm use per K. Pinkston 10.1.01

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

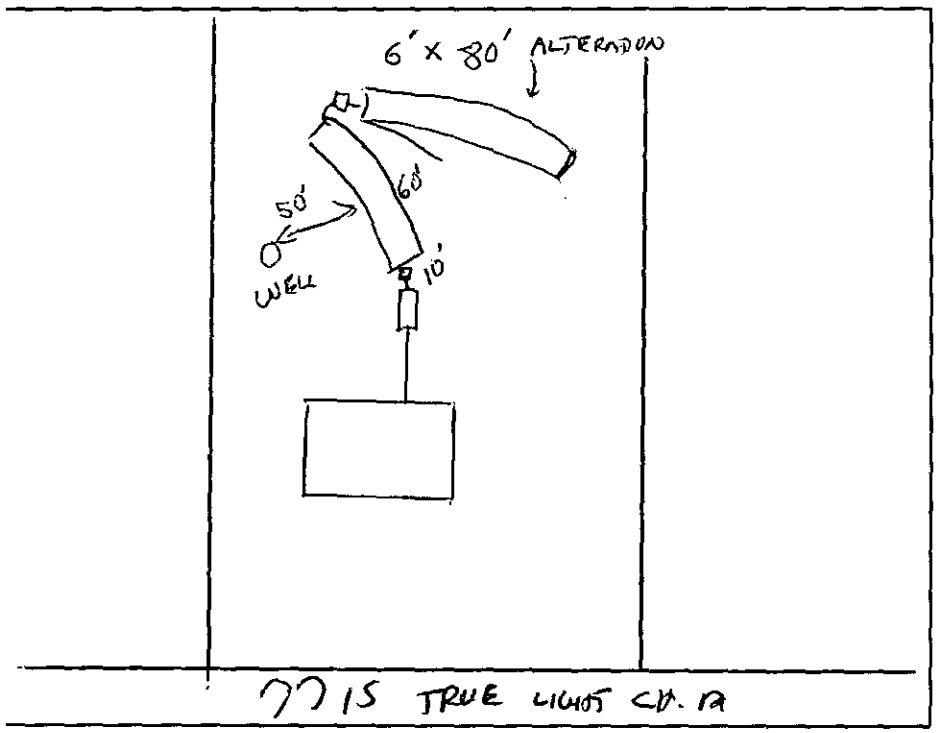
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4595B DATE: 5-9-01

TC: 137-271-14 ☐ L

SERIAL Nº 18720

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 4-21-01. All work shall be completed on or before _____, 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 EXISTING gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction 1

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 160' feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

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

NAME OF OWNER GARRETT ORR

LOCATION OF PROPERTY 7715 TRUE LIGHT CHURCH ROAD

Comments: (1) INITIAL SYSTEM APPEARS TO BE A 10'x60' BED ACCOUNTING FOR 340' OF PRIMLINE. IT WILL BE NECESSARY TO ADD 6'x80' BED W/ 18" GRAVEL TO BRING TO A TOTAL OF 400'

(2) REPAIR TANK LID AND PUMP TANK.

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** A CS X
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-8-01 PERMIT NO: 4595B
PARCEL NO: 137-271-14

JOB LOCATION ADDRESS: 7715 TRUE LIGHT CHURCH ROAD
PROPERTY OWNER: GARRETT ORR
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Andrew Clark DATE: 5-8-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4595B, 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: (1) PUMP TANK AND REPAIR "T" AND LID
(2) INSTALL 6' x 50' BED TO BRING TOTAL LINEAR FEET TO 400'

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.

X Garrett B. Orr 5-9-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4595B

Tax Number: 137-221-14

- 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	X 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	
3 Long-term acceptance rate	~~360~~ 480 Max gallons/day wastewater flow 8-16-01	~~1206~~ 1600 Absorption Area (sq ft) 8-16-01 dw	9' Trench spacing (min. on centers)	
YES Serviced by private well	EXISTING 1000 Gallon septic tank	ALTERATION Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3/4 Bedrooms in residence dw 8-16-01	___ Gallon pump tank	18" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) PUMP TANK AND REPAIR LINE (2) INSTALL 6' x 80' BED TO ACCOUNT FOR 400 TOTAL LINEAR FEET.				
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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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.

DENR Authorized Agent — 5-8-01 Date

X Garrett B. Orr — 5-9-01
Owner/Agent Signature — 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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

paid 4/24/01 600 — ck # 2005 RP [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Ha Marshall Ctr., Suite 211
700 N. Tryon St.
Charlo e, NC 28202
(704)3 -5102

4595B

D e:

P PERTY INFORMATION (FROM ENGINEERING FORM):

T /PARCE NUMBER: 137-271-14
S EET
A RESS: 7715 Truelight Church Rd
Z ING:

SU DIVISIO OR MOBILE HOME PARK NAME:

T E APPL CATION (check one):

[ ] EXCHANG MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITIO - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Orr (last) Garret (first) B (mi)
ADDRESS: 7715 Truelight PHONE: (704) 537-6055
CITY: Mint Hill STATE: N.C ZIPCODE:

PROPERTY OWNER:
NAME: Orr (last) Garret (first) B (mi)
ADDRESS: 7409 Redfern Court PHONE: (704) 537-6055
CITY: Charlotte STATE: N.C. ZIPCODE: 28212

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

LOT NUMBER: LOT SIZE (in acres): 1

1945

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

(704) Garret Orr

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # Employees ___ Per Shift ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

WATER SUPPLY (check one):
[ ] Community (C) [X] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: Garret B. Orr Date: 4-21-01

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the this Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws Ar 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:

1. No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.
2. This permit is not transferable.
3. ___
4. ___
5. ___

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

Environmentalist Date

WATER : 122791

G. Orr 563-1862
598 8971 ext 256

PROPOSED PLOT PLAN

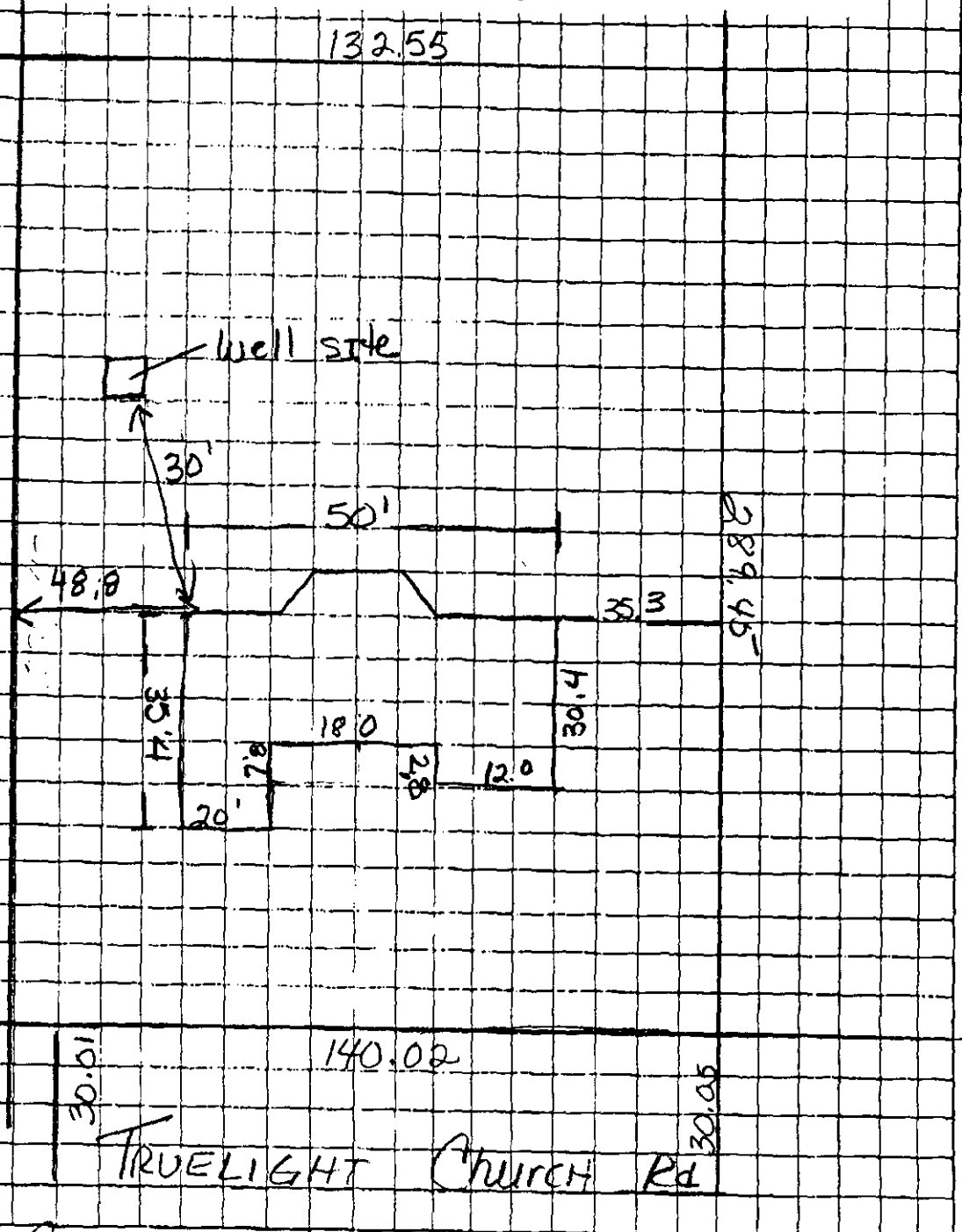
COPY

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

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE Janet B. Cox

DATE 4-24-01

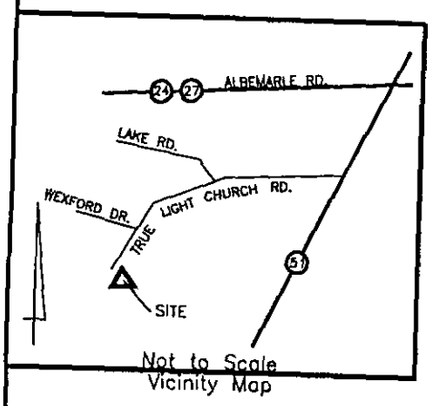
APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

THIS IS TO CERTIFY THAT ON THE 21 DAY OF March 20 01 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088

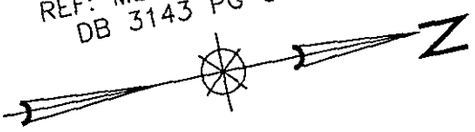


Not to Scale
Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E.	PUBLIC DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'

REF: MB 1580 PG 585
DB 3143 PG 0491



ANJAY ORR JR.
MB 1580 PG 585
DB 9010 PG 0704

6

EIP — N 13° 18' 7" E 132.55' — EIP

N 6° 59' 25" W
136.65' (TIE)
EIP

PART OF LOT 6
0.9047 Ac.

Power Pole — OVERHEAD POWER LINES

N 78° 32' 54" W 289.49'

S 80° 1' 46" E 289.45'

30' ACCESS EASEMENT

WELL SITE

Light Pole

PROPOSED RESIDENCE

0.09

35.4

30.4

18.0

12.0

20.0

7.8

48.8

35

DRIVE

83.2

5

ANJAY ORR JR.
MB 1580 PG 585
DB 3649 PG 0915

7

ANJAY ORR JR.
MB 1580 PG 585
DB 9010 PG 0704

EIP R/W — N 13° 8' 48" E 419.86' (TIE)

EIP R/W

EIP R/W — S 13° 8' 48" W 140.02' — EIP R/W

30.01'

60'-PUBLIC-R/W

30.05'

S 13° 9' 00" W 140.80'

TRUE LIGHT CHURCH RD.

See Pln.The Orr:Call Herb Before Drawing

Plot Plan SURVEY
OF
Lot P 6, Adolphus Orr Estate
Clear Creek Township, Mecklenburg County, N.C.

SCALE 1"=50'

THE PROPERTY OF The Brokerage House

MAP RECORDED IN BOOK 1580 AT PAGE 585 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: ROBERT

40537

125' x 5'

620 sq ft

60' x 10'

75' x 10'

10' x 75'

240' x 60' with

10 x 60'