

12204 EASTFIELD RD

02757107

1/8/2008

duponbj

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

I. [illegible]RT

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 #: [illegible]

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-571-07

STREET ADDRESS: 12204 EASTFIELD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1955

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

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):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ 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 WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: WILLIAMS (LAST) DELMAR (FIRST) (MI)

ADDRESS: 12204 EASTFIELD RD

CITY: CHAR STATE: NC ZIP: 2824[illegible]

DAYTIME PHONE: ( ) —

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: _____ DATE: 5-14-03

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: 52908 DATE: 6-16-03

TC: 027-571-07 ☒ L ☐ CRT

SERIAL 19205

Name of Owner OBLMAR WILLIAMS Juris.: _____

Address of Property 12304 EASTFIELD ROAD

Inspection Data:

Tank Material FIBS

Total Length of Drainfield 6' x 55'

Number of Lines 2 @ 55'

Cover Depth _____

Water Supply Source WELL

Distance to Water Source _____

Excavation Inspected 6-16-03

Tank(s) Inspected —

Wash Line Inspected 6-16-03

High Water Alarm Inspected _____

SEE REPAIR PERMIT

PLOT

Design REPAIR TO WASH LINE 6'x55' 18" STONE CTR# OL. PAGE FM

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: TYPE II

① REPAIR BROKEN PIPE IN ~~FAN~~ FROM TANK TO D-BOX, CLEANED OUT ROOTS, ADDED APPROX 12" OF ROCK TO EXISTING DRAIN FIELD, ADDED WASH LINE 6'x55', 18" STONE

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

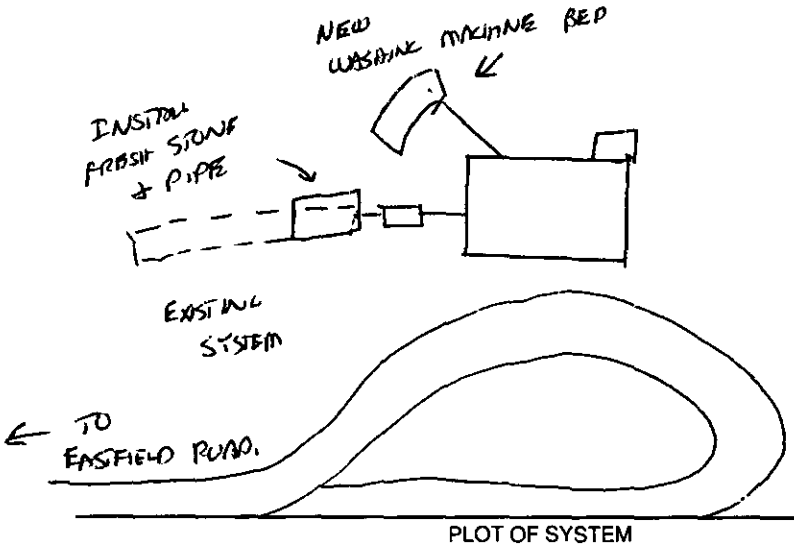
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5258B DATE: 5-14-03

TC: 027-571-07 L

SERIAL 19349

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 5-14-03. 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction _____

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 6' X 50' feet

Trench Walls Scored and Porous _____

Total Line Length 150 feet

Number of Lines 1

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 DELMAR WILLIAMS

LOCATION OF PROPERTY 12204 EASTFIELD ROAD.

Comments: (1) INSTALL A NEW "T" IN SEPTIC TANK. INSTALL NEW PERFORATED PIPE FROM A NEW D-BOX TO EXISTING PIPE FOR APPROX 25' INTO EXISTING BED THAT HAD BEEN CLOGGED W/ ROOTS AND SLUDGE. REPLACE/ADD 12" NEW STONE.

(2) INSTALL NEW WASH LINE, 6' X 50', 18" STONE

Environmental Health Specialist

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

O.L. Parker & Son Grading Co.

2742 Miranda Rd.
Charlotte, N.C. 28216
Phone 399-3416
Fax 398-3272

DATE _____ 19____

CUSTOMER'S NAME _____

_____

JOB LOCATION _____

EQUIPMENT	TIME
TRACTOR	
DOZER	
LOADER	
TRACKHOE	
BACKHOE	
SCRAPER	
MOTOR GRADER	
ROLLER	
LABOR	
MISC.	
TRUCK	
TRUCK	
TRUCK	

CUSTOMER'S SIGNATURE _____

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

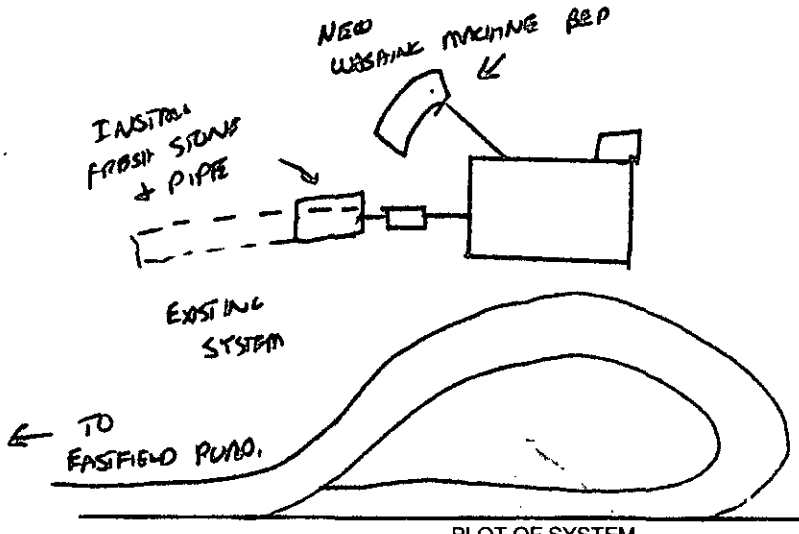
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5258B DATE: 5-14-03

TC: 027-571-08 ☒ L

SERIAL 19349

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 5-14-03. 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 I5A 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 30"

Absorption and/or Nitrification Lines:

Trench Width 6' X 50' feet

Trench Walls Scored and Porous _____

Total Line Length 160 feet

Number of Lines 1

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 DELMAR WILLIAMS

LOCATION OF PROPERTY 12204 EASTFIELD ROAD.

Comments: (1) INSTALL A NEW T. INSTALL NEW PERFORATED PIPE FROM A NEW D-BOX TO EXISTING PIPE FOR APPROX 25' INTO EXISTING BED THAT HAD BEEN CLOGGED W/ ROOTS. REMOVE LID OF SEPTIC TANK AND SLUDGE. REPLACE/ADD 18" RUN STONE. (2) INSTALL NEW WASHER LINE 6' X 50', 18" STONE

Environmental Health Specialist

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

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TO: O.L. PARKER TELECOPIER # 395-3272

FROM: D. Clark DATE 5/23/02

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236