

8430 VIOLA DR

10909233

6/5/08

marliwr

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

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: C.A. Austin

Mailing Address: PO Box 18722
Charlotte, NC 28218

Occupant:

Location: 2927 Milton Rd.
Charlotte, NC 28215

☒ 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.

On September 19, 2007 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

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

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **October 22, 2007** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact David Cornelius at 704-336-5571.

Notice Issued: 9/19/07 (Date) _____ DENR/DEH Authorized Agent

Compliance: _____ (Date) _____ DENR/DEH Authorized Agent

Mecklenburg County – Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Daniel and Kelly Tyler

Mailing Address: PO Box 78485
Charlotte, NC 28271

Occupant:

Location: 6511 Louglen Drive
Charlotte, NC 28212

☒ 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.

On September 10, 2007 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

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

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **October 22, 2007** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact David Cornelius at 704-336-5571.

Notice Issued: 9/11/07
Date

DENR/DEH Authorized Agent

Compliance: _____
Date

DENR/DEH Authorized Agent

Mecklenburg County – Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 8896 WASPS App #: 2331

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☒ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☒	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☐	No ☒	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☐	No ☒	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☒	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☒
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☒
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☒
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☒
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☒
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☒
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☒
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☒
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☒	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☒
.130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☒	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☒	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☒
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☒	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☒	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☒	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☒	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☒	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☒	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: Repair to existing system

IA issued date: 4/10/07

OP issued date: 5/10/07

Review performed by: [signature] Date performed: 5/24/07

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8896 Permit #: 2331 Tax Parcel #: 109-09-233

Property Owner: MARLENE R. SMITH

Job Location Address: 8430 VIOLA DR.

City: CHARLOTTE State: NC Zip Code: 28215

Operation Permit Issuance Date: 5/10/07 Contractor Name: STEVE AUTRY

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☑ N/A

Trench Depth: N/A inches

Trench Width: N/A feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: 5/10/07

Excavation Inspected: 5/10/07

Pump & Controls Inspected: N/A

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 24 inches INNOVATIVE

Bed Width: 9 feet

Total line length: _____ feet

# of Lines: 3 @ 50 feet

Depth of Media: 12 inches (Type) 1119

Depth of Cover: 12 inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

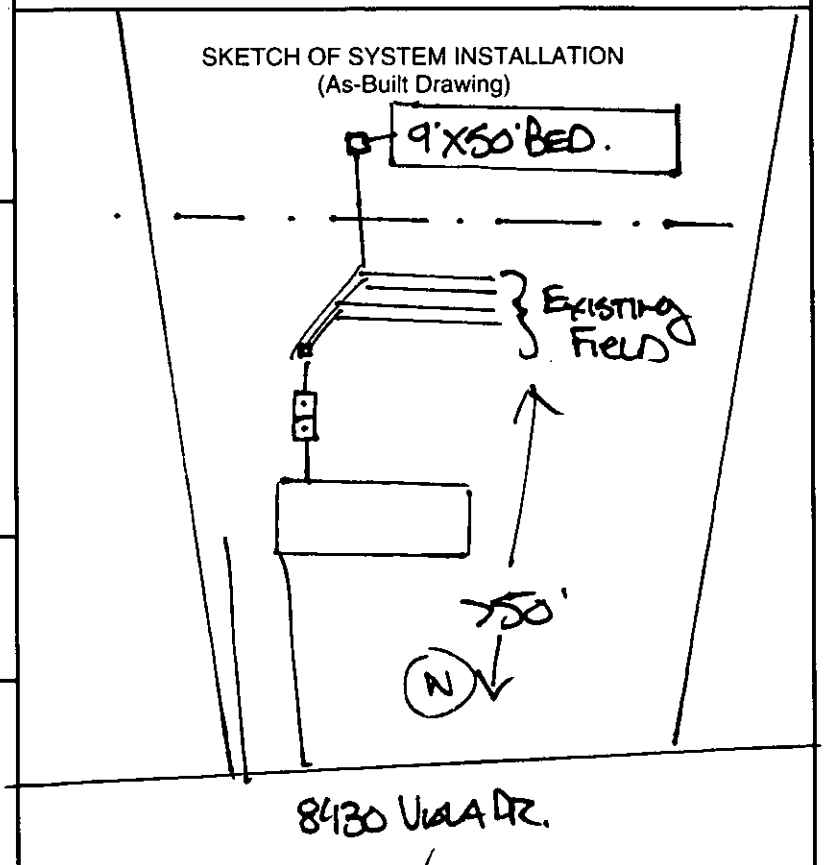
System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: 1119, REPAIR. INSTALLED: 9'X 50' BED, E-ZFLOW. TIE INTO LAST EXISTING LATERAL, OVERFLOW. 750' FROM WELL.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8896 Permit #: 2331 Tax Parcel #: 109-09-233

Property Owner: MARLENE R. SMITH

Job Location Address: 8430 VIOLA DR.

City: CHARLOTTE State: NC Zip Code: 28215

Installation Approval Issuance Date: 4/10/07

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/20/07, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD

Site LTAR: N/A GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 30 inches 9'X50' BED

Bed Width: 9 feet

Total line length: 150 feet

# of Lines: 3 @ 50 feet

Depth of Media: N/A inches (Type) II

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

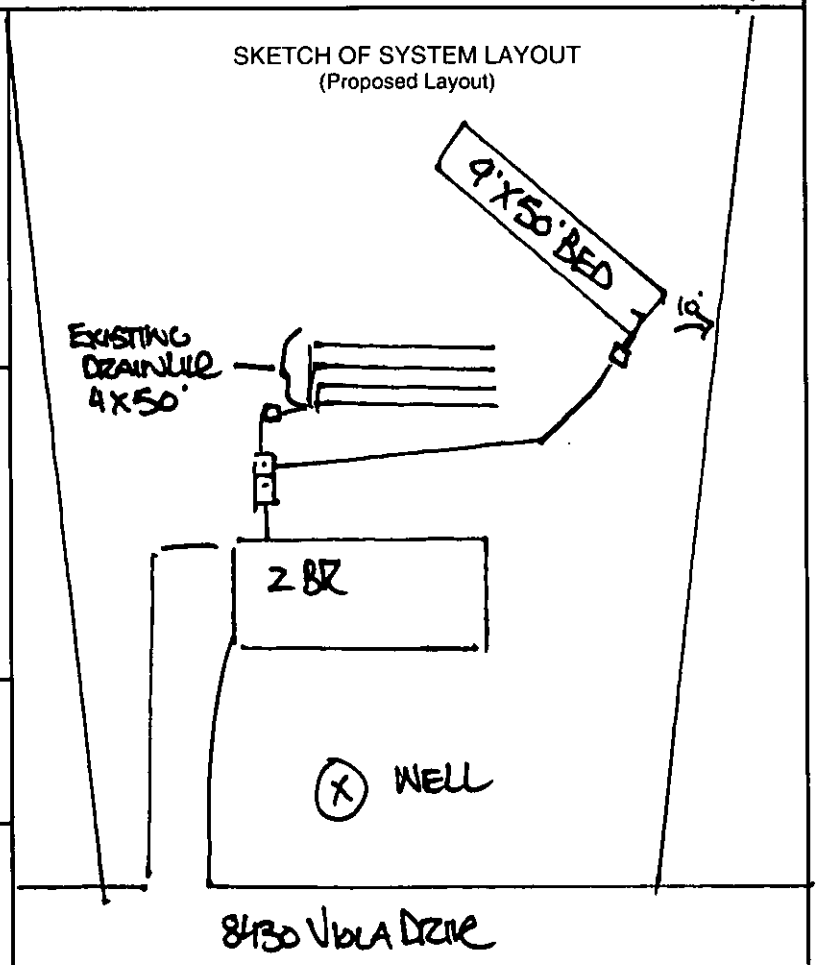
Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II, REPAIR. INSTALL 9'X50' BED WITH 12" GRAVEL. >10' FROM PROPERTY LINE, >5' FROM HOUSE

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____

FILE NUMBER: 8896

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007

APPLICATION NUMBER: 2331

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 109-09-233
STREET ADDRESS: 8430 VIOLA DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28215
SUBDIVISION NAME:
LOT #: 16 LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. PROPERTY OWNER:

NAME: MARLENE R. SMITH
ADDRESS: 8430 VIOLA DR
CITY: CHARLOTTE
STATE: NC ZIP: 28215
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Marlene R. Smith 4/10/07

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

File # Well / Septic File #8896

Microbiological Analyses

109-101-08

Owner, System or Establishment: Louise Meering

Address: 8430 Viola Drive

Charlotte, NC Zip: 28215

Collected By: Jeff Knight

Date Collected: 8/4/98 Time: 1:50 AM (PM)

Sample Source: Outside Spigot

Date Delvd. to Lab: (SAME) 8/4/98 Time: 2:55 AM (PM)

Delivered By: J. Knight ☒ Delivered on Ice Initials JAK

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community 11883

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ Chlorinated ☐ Nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☒ Other (specify) NCD

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (specify)

Analysis Requested: ☒ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments:

8/4/98 - On site visit. No one present. No apparent signs.

Laboratory Analysis Report

1883 11283

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform	Absent / 100 ml.	Non-Coliform	/ 100 ml.
Fecal Coliform	Absent / 100 ml.	Plate Count	/ gm. or ml.
Fecal Strep	/ 100 ml.	Coliform Count	/ gm. or ml.
Enterococcus	/ 100 ml.	Pseudomonas aeruginosa	/ 100 ml.

Laboratory Comments:

Date Received: 8-4-98 Date Reported: 8-5-98

Received By: MW Analyst: MW Lab #: 661

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

Pd. 85.00
Ck # 1446
VLW
7-29-98

COLDWELL BANKER

TX # 109-101-08

FLOUHOUSE, REALTORS®

COPY

6633 FAIRVIEW ROAD
CHARLOTTE, NC 28210
BUS: (704) 364-3300
FAX (704) 364-1092

Date 7/23/98

Department of Environmental Health

Well and Septic Tank Division
700 North Tryon Street
Charlotte, North Carolina 28202
(704) 336-5102

REQUEST FOR WELL AND SEPTIC TANK INSPECTION

Property located at: 8430 Viola
Charlotte, NC 28215

Gentlemen:

Please make these inspections as soon as possible. This home has been sold and the closing is scheduled for 8/31/98.

The property is : occupied X, vacant as of _____.

If you have any questions please call Louise Merring at (phone) 364-3300.

Enclosed is a check for $85.00 to cover the inspection fee.

Please send your report to: Louise Merring
Coldwell Banker Flouhouse
6633 Fairview Road
Charlotte, NC 28210

Thank you.

An Independently Owned and Operated Member of Coldwell Banker Residential Affiliates, Inc.


House
Well
Viola

pd. 85.00
Ck# 1416
VM
7-29-98

COLDWELL BANKER

TX# 109-101-08

FLOUHOUSE,
REALTORS®

6633 FAIRVIEW ROAD
CHARLOTTE, NC 28210
BUS: (704) 364-3300
FAX (704) 364-1092

Date 7/23/98

Department of Environmental Health

Well and Septic Tank Division
700 North Tryon Street
Charlotte, North Carolina 28202
(704) 336-5102

REQUEST FOR WELL AND SEPTIC TANK INSPECTION

Property located at: 8430 Viola
Charlotte, NC 28215

Gentlemen:

Please make these inspections as soon as possible. This home has been sold and the closing is scheduled for 8/31/98.

The property is : occupied X, vacant as of _____.

If you have any questions please call Louise Merring at (phone) 364-3300.

Enclosed is a check for $85.00 to cover the inspection fee.

Please send your report to: Louise Merring
Coldwell Banker Flouhouse
6633 Fairview Road
Charlotte, NC 28210

Thank you.

Mecklenburg County
Health Department

August 12, 1998

Louise Merring
Coldwell Banker Flouhouse
6633 Fairview Road
Charlotte, NC 28210

Dear Ms. Merring:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 8430 Viola Drive, Charlotte, North Carolina, on August 4, 1998.

At the time of the investigation there was no effluent apparent on the surface of the ground.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

If you have any questions ,concerning this matter, please contact me at 336-8993.

Sincerely,

Jeff A. Knight

Jeff A. Knight, R.S.
Individual Water and Wastewater Systems