

13001 MAYES RD

00716226

5/28/08

marliwr

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: 5466 DATE: 5/27/05

TC: 007-162-26 ☑ L ☐ CRT

SERIAL 19639

Name of Owner JOHN & MARIE EDWARDS Juris.: _____

Address of Property 13001 MAYES ROAD

Inspection Data:

Tank Material existing

Total Length of Drainfield 240'

Number of Lines 4 @ 60'

Cover Depth 18"

Water Supply Source well

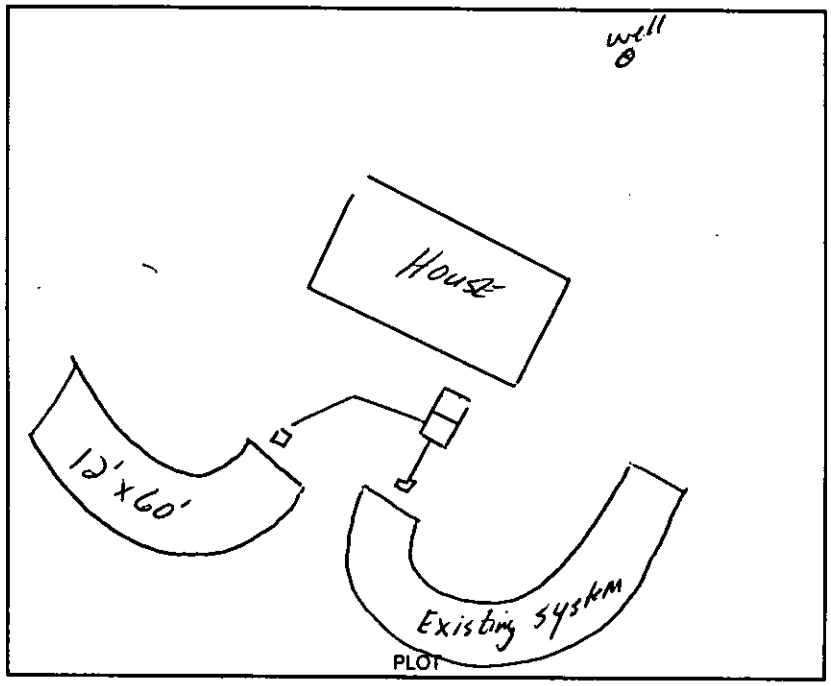
Distance to Water Source >100'

Excavation Inspected 5/27/05

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 2005 Alteration, 720 SFB, INV CTR# STANLEY

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: Alteration for a 5 Bedroom House
12' x 60' Bed
Type III g Innovative System

Tommy Mullis R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

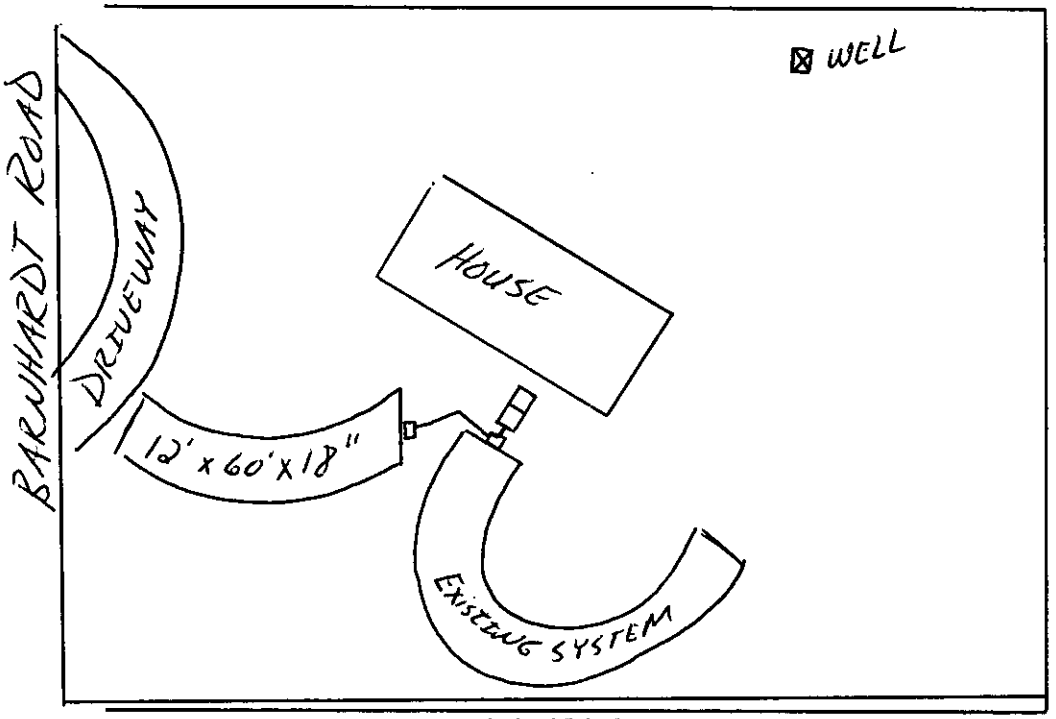
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5466 DATE: 1/14/05

TC: 007-162-26 L

SERIAL 19958

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 1-7-05. All work shall be completed on or before COMPLETION OF REMODEL, 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
MAYES ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12' x 60' feet

Trench Walls Scored and Porous YES

Total Line Length 240' feet

Number of Lines 4 x 60'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER John & MARIE EDWARDS

LOCATION OF PROPERTY 13001 MAYES ROAD

Comments: System Designed for a two Bedroom Addition
Install 12' x 60' x 18" STONE BED
Type II Conventional System

Tommy Mickle, R.S.
Environmental Health Specialist

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC
LD 119831

PERMIT NUMBER: 5466
PARCEL NUMBER: 00716226

JOB LOCATION ADDRESS: 13001 Mayes Road
PROPERTY OWNER: John & Marie Edwards
BUILDING CONTRACTOR: Ron Burford
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 01/14/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5466, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 5466 Tax Number: 00716226

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	720 Absorption Area (ft^2)	NA Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	240 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	NA Gallon pump tank	18 Depth of stone (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: **Install 12' x 60' x 18" stone bed for the two bedroom addition to existing house.**

Repair Area System

Type: ☐ 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:

2000 Absorption Area (ft^2) 667 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mackie, R.S. 1/14/05
DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

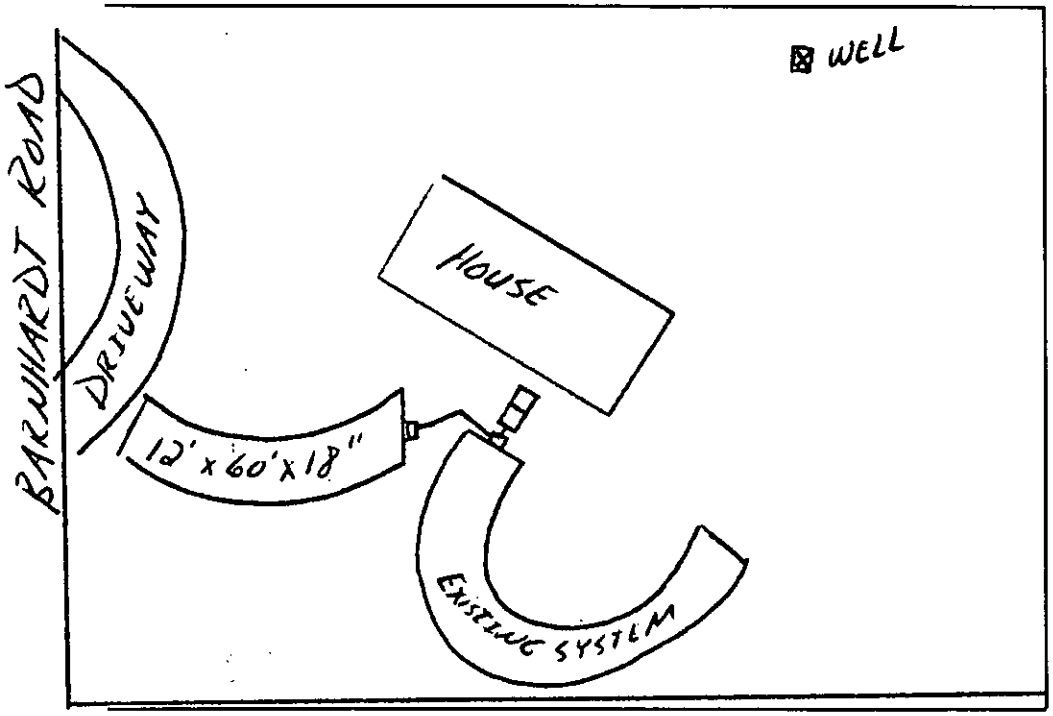
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5466 DATE: 1/14/05

TC: 007-162-26 ☐ L

SERIAL 19958

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PLOT OF SYSTEM
MAYES ROAD

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Number of Lines 4 x 60'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER John & Marie Edwards

LOCATION OF PROPERTY 13001 Mayes Road

Comments: System Designed for a two Bedroom Addition
Install 12' x 60' x 18" stone Bed
Type II Conventional System

Tommy Mack, R.S.
Environmental Health Specialist

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

0706

GWS – RES. APP 12/04

SEPTIC FEE: 300.00 chk 350
DATE: 11/7/05
CRT [ ]

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

WELL FEE:
DATE:
CRT [ ]

FILE # 5466

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM ☒ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00716226
STREET ADDRESS: 13001 MAYES Rd.
CITY: HUNTERSVILLE N.C.
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

built 1972

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 9

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1 (BABY)
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO		WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☐ NO		DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO		GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: JOHN AND MARIE EDWARDS
ADDRESS: 13001 MAYES Rd.
CITY: HUNTERSVILLE
STATE: N.C. ZIP: 28078
HOME PHONE: WORK PHONE: 704 361-0978
MOBILE PHONE: 361-0978 (704) FAX: 704 895-4059

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1972
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jon Burford 12/7/05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jon Burford 12/7/05
Owner's/Agent's Signature Date

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

File # 5466

THIS IS TO CERTIFY THAT ON THE 6th DAY OF JUNE 19 86 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

RICHARD BOYD BROOKS

SIGNED Richard Boyd Brooks

N.C. REGISTERED SURVEYOR L2689

NORTH CAROLINA REGISTERED SEAL L-2689 LAND SURVEYOR RICHARD BOYD BROOKS

STEVEN TODD BAKER
D.B. 5627-032

N 68° 15' 35" W 259.17'

Fence

N 26° 10' 15" E 248.87'

SCHNELEY, JOHN
D.B. 4167-440

211° 05' 25" W 7.55'

BARNHARDT RD. #2429

1439.72'

PROPOSED BEDROOM + TE Room

OLD SHED

N: 16001
2 STORY BRICK

109.89'

DEWEESE TWP.
HUNTERSVILLE TWP.

S 63° 58' 55" E 196.59'

MAYES RD #2433

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/07/05	**Amount:**	300.00
Receipt #:	30430	**Tendered:**	300.00
Check / Auth #:	CHECK 350	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: FINESSE CUSTOM CONTRACTING LL
Attn:
Address: P O BOX 217
Address:
City/State/Zip: MT MOURNE, NC 28123

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 13001 MAYES RD		1	300.00	300.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/07/05	**Amount:**	300.00
Receipt #:	30430	**Tendered:**	300.00
Check / Auth #:	CHECK 350	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: FINESSE CUSTOM CONTRACTING LL
Attn:
Address: P O BOX 217
Address:
City/State/Zip: MT MOURNE, NC 28123

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 13001 MAYES RD		1	300.00	300.00

Outstanding Balances

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300.00					