

15115 ALBEMARLE RD

11125116

12/27/2007

duponbj

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

2203B

SERVICE REQUEST/WORK ORDER

400 ✓ 400 closed

Log No.: _____ Section: IWS Hazard? [ ] Yes [ ] No

Date: 4-11-97 Parcel: 111-251-16 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Malinda LaRoche Phone 545-4538

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Ruth Belk Parnell 423 396 2000

Address 15115 ALBEMARLE Rd City Char Zip 28227

SERVICE REQUESTED: Kitchen sink / Washing machine. Running into yard

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
4/23/97 NOV mailed	Owner Jack Parnell, Icarus Inc P.O. Box 2004 Collegedale, TN 37315
4/21/97	OSV conducted with Mrs. Laroche. Observed straightpipe from Kitchen Sink and washer being discharged on the ground surface on the back left side of the lot. Malinda LaRoche (Tenant) stated that septic tank had backed up into basement before straightpipe was installed. No effluent ~~was~~ apparent located at drainfield area.
5/8/97	Mrs Parnell called and stated she would have plumber repair straightpipes.
5/14/97	Plumber T. W McPherson called to inform me that plumbing was complete & ready for inspection
5/22/97	OSV conducted. No effluent was located on the ground surface. Left card for tenant to contact me.
5/23/97	Informed Mrs Laroche's that inspection had been complete thru her daughter.
5/23/97	Closed

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicable

COMPLETED BY: Thelma L Walker R.S. , 5/23/97

REVIEWED BY: Wally Rumbold , 6-2-97

SERVICE REQUEST/WORK ORDER

File # 2203B

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/20/97 Parcel: 111-25-16 <60 Days? [ ] Yes [ ] No

Phone: 617-1864

REQUESTING PERSON: Tim Taylor / Housing Phone X4376 8-9AM.

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 5115 Albemarle Rd City _____ Zip _____

SERVICE REQUESTED: S.E.P.T.I.C M.A.L.F.U.N.C.T.I.O.N. . . . .

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
8/22/97	OSV conducted w/ Tim Taylor (Housing) and new tenant. Tenant stated that the septic tank was backing up into the bathroom on the basement floor and there was evidence of flooding during my visit. Owner: Segrest International, P.O. Box 30563, Char NC 28230 David Segrest Kim OA 535-9908
8/27/97	Repair Approval issued to Reed Eidy (Septic contractor)
9/2/97	Operation Permit complete and system final inspection complete. File # 2203B
9/2/97	Closed

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicab

COMPLETED BY: Phebe A. Walker R.S. 9/2/97

REVIEWED BY: _____

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Jack Parnell Mailing Address P.O. Box 2004 Collegedale, TN 37315

Occupant Malinda LaRoche (tenant) Location 15115 Albemarle Rd. Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other tax parcel # 111-251-16

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 336-5570/336-5102.

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

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

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) Plumb kitchen sink and washer line into septic tank.

If the wastewater violation is not brought into compliance by May 27, 1997, appropriate legal action will be taken.

Notice Issued April 23, 1997 (Date) Signed Philo S. Walker, R.S. (Division of Environmental Health) Agent

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

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

SERVICE REQUEST/WORK ORDER

400 Y 400 closed

Log No.: _____ Section: IWS Hazard? [ ] Yes [ ] No

Date: 4-11-97 Parcel: 111-251-16 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Malinda LaRoche Phone 545-4538

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Ruth Belk Parnell 423 396 2000

Address 15115 ALBEMARLE Rd City Char Zip 28227

SERVICE REQUESTED: Kitchen sink / Washing machine. Running into yard

ASSIGNED TO: _____ TAKEN BY: EJ

DATE	ACTIVITY REPORT
4/23/97 NOV mailed	Owner Jack Parnell, Icarus Inc P.O. Box 2004 Collegedale, TN 37315
4/21/97	OSV conducted with Mrs. Laroche. Observed straightpipe from Kitchen Sink and washer being discharged on the Ground surface on the back left side of the lot. Malinda LaRoche (Tenant) stated that septic tank had backed up into basement before straightpipe was installed. No effluent ~~was~~ apparent located at drainfield area.
5/[illegible]/97	Mrs Parnell called and stated she would have plumber repair straightpipes.
5/14/97	Plumber T. W McPherson called to inform me that plumbing was complete & ready for inspection
5/22/97	OSV conducted. No effluent was located on the ground surface. Left card for tenant to contact me.
5/23/97	Informed Mrs Laroches that inspection had been complete thru her daughter.
5/23/97	Closed

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicable

COMPLETED BY: [signature] R.S. , 5/23/97

REVIEWED BY: [signature] , 6-2-97

SERVICE REQUEST/WORK ORDER

File # 2203B

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/20/97 Parcel: 111-25-16 <60 Days? [ ] Yes [ ] No

Phone: 617-1864

REQUESTING PERSON: Tim Taylor / Housing Phone X4376 8-9AM,

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 5115 Albemarle Rd City _____ Zip _____

SERVICE REQUESTED: S.E.P.T.I.C M.A.L.F.U.N.C.T.I.O.N. . . . .

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
8/22/97	OSV conducted w/ Tim Taylor (Housing) and new tenant. Tenant stated that the septic tank was backing up into the bathroom on the basement floor and there was evidence of flooding during my visit. Owner: Segrest International, P.O. Box 30563, Char NC 28230 David Segrest Kim OA 535-9908
8/27/97	Repair Approval issued to Reed Eidy (septic contractor)
9/2/97	Operation Permit complete and system final inspection complete. File # 2203B
9/2/97	Closed

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicab

COMPLETED BY: Fluke A. Walker R.S. 9/2/97

REVIEWED BY: _____

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Jack Parnell

Mailing Address P.O. Box 2004 Collegedale, TN 37315

Occupant Malinda LaRoche (tenant)

Location 15115 Albemarle Rd. Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other tax parcel # 111-251-16

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 336-5570/336-5102.

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

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

☐ Pit Privy must be repaired/constructed.

☐ *Other Repairs (specify)* _____

☒ Perform Maintenance (*specify*) Plumb kitchen sink and washer line into septic tank.

If the wastewater violation is not brought into compliance by May 27, 1997, appropriate legal action will be taken.

Notice Issued April 23, 1997 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

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

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

FEE: _____

DATE: _____

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

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 9203B

PROPERTY INFORMATION FROM ENGINEERING FORMS FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-251-26

STREET ADDRESS: 15115 Albemarle Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

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)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

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
EASEMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO
Unknown

PROPERTY OWNER:

NAME: SEGREST (LAST) DAVID (FIRST) S. (MI)

ADDRESS: P.O. Box 30563

CITY: Charlotte STATE: NC ZIP: 28230

DAYTIME PHONE: 704 331-0433

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNKNOWN

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: [signature] DATE: 8-21-97

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

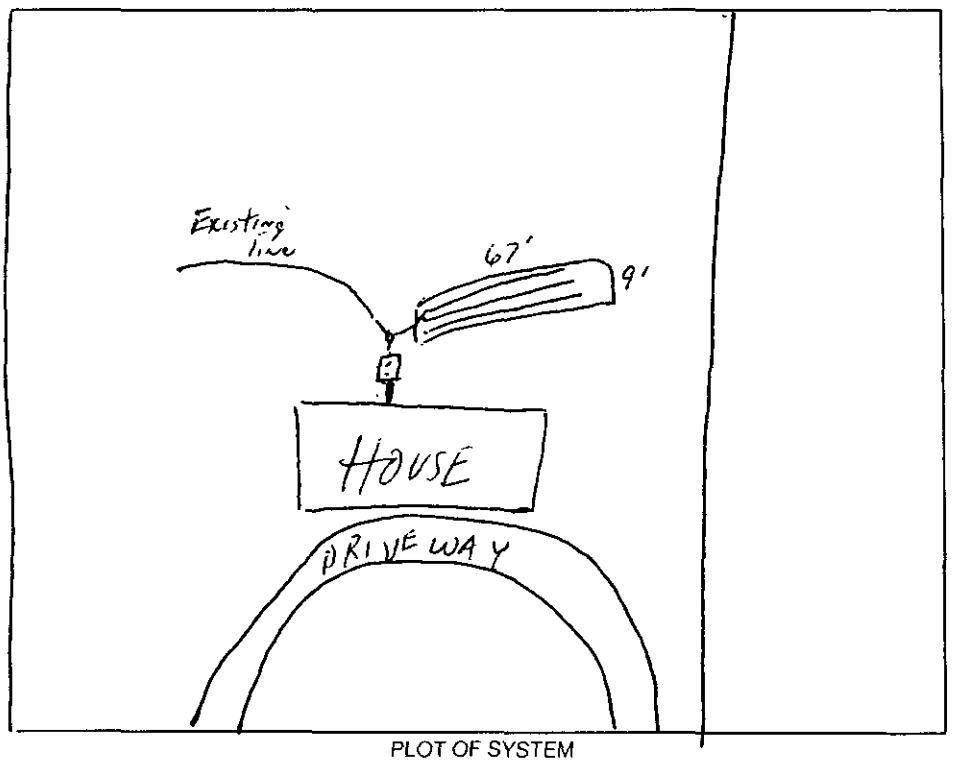
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2203B DATE: 8/27/97

TC: 111 251 16 L

SERIAL Nº 17295

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 8/21/97. All work shall be completed on or before 9/27/97, 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 NA gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed
Trench Width 9' feet

Trench Walls Scored and Porous yes

Bed
Total Line Length 200' feet

Number of Lines 3 (67')

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 David S. Segrest

LOCATION OF PROPERTY 15115 Albemarle Rd

Comments: Bed system 9'wd x 67'long x 18" stone x 6" sand
Use speed levels to overflow to old system

Phila S. Walker R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2203 B DATE: 9/2/97

TC: 111251 16 ☒ L ☐ CRT

SERIAL Nº 17173

Name of Owner David S. Segrest Juris.: _____

Address of Property 15115 Albemarle Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield 200'

Number of Beds Lines 3 @ 67'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9/2/97

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1997, Repair, 600SFB, 18"stone, 6"stand CTR# Reed Eudy

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: Repair to Existing System | Speed levels overflow to existing line

Phillip S. Walker R.S.
Environmental Health Specialist

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

STATE OF NORTH CAROLINA

File No. 97-CVD-8139 (97-CVM-13392)

Mecklenburg County

In The General Court Of Justice

[X] District [ ] Superior Court Division

JACK PARNELL

VERSUS

DAN LaROCHE and MALINDA LaROCHE

SUBPOENA

(WILL CALL WHEN NEEDED)

[X] TO APPEAR IN PERSON

[ ] TO PRODUCE DOCUMENT

G.S. 1A-1, Rule 45

Party Requesting Subpoena:
[ ] State/Plaintiff [X] Defendant [ ] Other (specify)

TO

Name Of Person Subpoenaed
Mr. Philo S. Walker

Name Of Second Person Subpoenaed

Name Of Third Person Subpoenaed

(**Note:** *A single subpoena may be used for as many as three persons if all have the same address. If documents are subpoenaed, only one person may be named.*)

Address Mecklenburg County Health Dept.
700 North Tryon Street, Suite 211

Alternate Address

City, State, Zip Charlotte, NC 28202

Telephone 336-5570

City, State, Zip

Telephone

YOU ARE COMMANDED TO:
(check all that apply)

[X] appear and testify, in the above entitled action, before the court at the place, date and time indicated below.

[ ] produce for the court the following items, at the place, date and time indicated below.

Name And Location Of Court
Mecklenburg County District Courtroom 304
Civil Courts Building, 800 East Fourth Street
Charlotte, NC 28202

Date To Appear/Produce
Monday, September 22, 1997

Time To Appear/Produce
2:00 [ ] AM [X] PM

Name And Address Of Applicant's Attorney
Ellis M. Bragg, Attorney at Law
Suite 210, 500 East Morehead Street
Charlotte, NC 28202

Date 9-9-97

Signature Ellis M. Bragg

Telephone No.
(704)334-0888

[ ] Deputy CSC [ ] Assistant CSC [ ] Clerk Of Superior Court
[ ] Magistrate [X] Attorney [ ] Party

sent - M 9-12-97 Sfw a~

AOC-G-100
Rev. 12/86

(Please See Reverse Side)

RETURN OF SERVICE

I certify that this subpoena was received and served as follows:

Date Received

For First Person Named On Front:

☐ by delivering a copy of the subpoena to the first person named on the front

☐ this subpoena WAS NOT served for the following reasons:

☐ by telephone communication with the first person named on the front (use only with subpoena to appear in person)

☐ by registered or certified mail return receipt requested on the first party named on the front

Service Fee	☐ *Paid* ☐ *Due*	*Date Served*	*Signature Of Sheriff Or Other Officer*
$			

For The Second Person Named on Front:

☐ by delivering a copy of the subpoena to the second person named on the front

☐ this subpoena WAS NOT served for the following reasons:

☐ by telephone communication with the second person named on the front (use only with subpoena to appear in person)

☐ by registered or certified mail return receipt requested on the second party named on the front

Service Fee	☐ *Paid* ☐ *Due*	*Date Served*	*Signature Of Sheriff Or Other Officer*
$			

For The Third Person Named On Front:

☐ by delivering a copy of the subpoena to the third person named on the front

☐ this subpoena WAS NOT served for the following reasons:

☐ by telephone communication with the third person named on the front (use only with subpoena to appear in person)

☐ by registered or certified mail return receipt requested on the third party named on the front

Service Fee	☐ *Paid* ☐ *Due*	*Date Served*	*Signature Of Sheriff Or Other Officer*
$			

INFORMATION FOR WITNESS

The Subpoena

The subpoena is a court order requiring you to appear in court on the day and at the time stated. You have been called (subpoenaed) to court to be a witness in a case.

Duties Of A Witness

- You must attend court on the day and at the time stated in the subpoena.
- Unless otherwise directed by the presiding judge, you must answer all questions asked when you are on the stand giving testimony.
- Your answers to questions must be truthful.

If you have any questions about being subpoenaed as a witness, you should contact the attorney or official who had the subpoena issued. The name of that person is on the other side of this subpoena form.

Understand The Question And Speak Out

When you are on the witness stand, listen carefully to any question, and make sure that you understand the question before you try to answer it. If necessary, ask that the question be repeated.

In answering questions, speak out clearly and loudly enough to be heard. If you are testifying before a jury, speak out so that all of the jurors can hear you.

Bribing Or Threatening A Witness

It is a violation of state law for anyone to attempt to bribe, threaten, harass, or intimidate a witness. If anyone attempts to do any of these things concerning your involvement as a witness in a case, you should promptly report that to the district attorney or the presiding judge.

Witness Fee

A witness is entitled to a small daily fee, and to travel expense reimbursement if it is necessary to travel from outside the county in order to testify. (The fee for an "expert witness" will be set by the presiding judge.) After you have been discharged as a witness, if you desire to collect the statutory fee, you should immediately contact the clerk's office and certify to your attendance as a witness so that you will be paid any amount due you.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2203B DATE: 9/2/97
TC: 111251/6 ☒ L ☐ CRT
SERIAL Nº 17173

Name of Owner David S. Segrest Juris.: _____

Address of Property 15115 Albemarle Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield 200'

Number of Beds Lines 3 @ 67'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9/2/97

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1997, Repair, 600SFB, 18"stone, 6"stand CTR# Reed Eudy

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: Repair to Existing System / Speed levels overflow to existing line

Phillip S. Walker 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

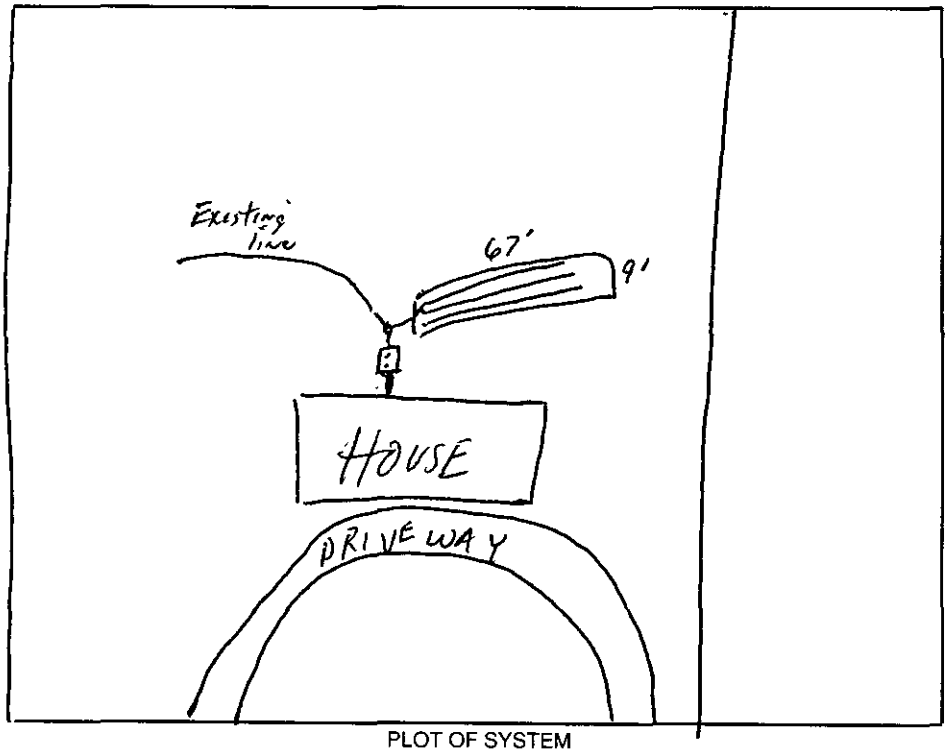
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2203B DATE: 8/27/97

TC: 111 251 16 L

SERIAL Nº 17295

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 8/21/97. All work shall be completed on or before 9/27/97, 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 Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Trench Walls Scored and Porous yes

Total Line Length Bed 208' feet

Number of Lines 3 (67')

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 David S. Segrest

LOCATION OF PROPERTY 15115 Albemarle Rd

Comments: Bed system 9'wd x 67'long x 18" stone x 6" sand
Use speed levels to overflow to old system

Phila S. Walker R.S.
Environmental Health Specialist

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

MECK CO HLTH DEPT MAR

FEE: _____

DATE: _____

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

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 2203B

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 177-251-16

STREET ADDRESS: 15115 Albemarle Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

__ ALL/PART 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
EASEMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

Unknown

PROPERTY OWNER:

NAME: SEGREST (LAST) DAVID (FIRST) S. (MI)

ADDRESS: P.O. Box 30563

CITY: Charlotte STATE: NC ZIP 28230

DAYTIME PHONE: 704 331-0433

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

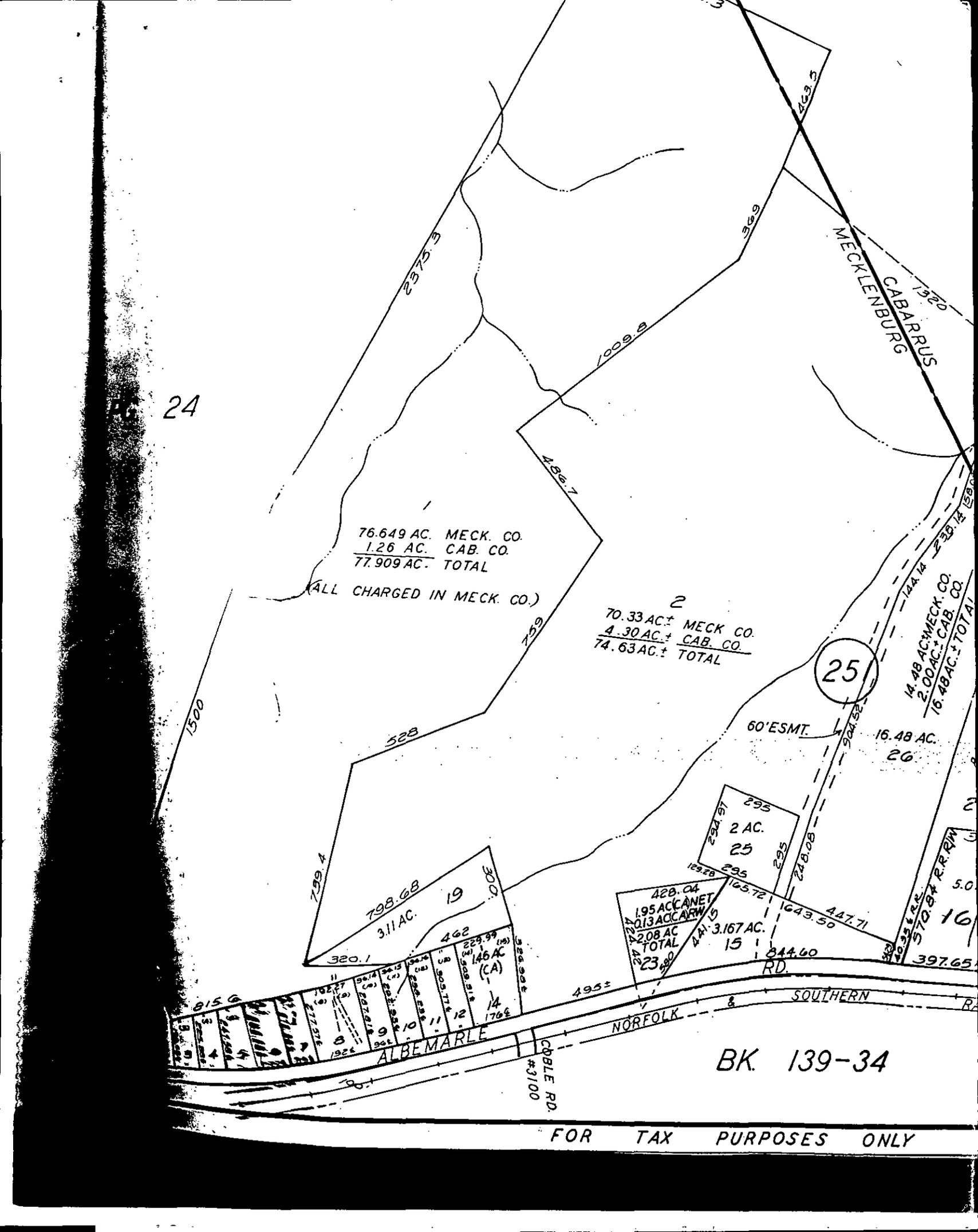
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unknown

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information in building 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: 8-21-97

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

"Basement 1957"


24
MECKLENBURG
CABARRUS
76.649 AC. MECK. CO.
1.26 AC. CAB. CO.
77.909 AC. TOTAL
(ALL CHARGED IN MECK. CO.)
2
70.33 AC.± MECK CO.
4.30 AC.± CAB. CO.
74.63 AC.± TOTAL
25
14.48 AC.± MECK. CO.
2.00 AC.± CAB. CO.
16.48 AC.± TOTAL
60' ESMT.
16.48 AC.
26
2 AC.
25
428.04
1.95 AC (CA) NET
4.13 AC (CA) R/W
2.08 AC
TOTAL
3.167 AC.
15
1.46 AC (CA)
14
19
3.11 AC.
798.68
739.4
1500
528
759
486.7
2375.3
1009.8
369
463.3
1320
238.14
144.14
904.52
218.08
294.97
295
129.28
165.72
1643.50
447.71
844.60
397.65
570.84 R.R.R/W
320.1
462
300
326.92
495±
615
ALBEMARLE
NORFOLK & SOUTHERN
RD.
COBLE RD. #3100
BK. 139-34
FOR TAX PURPOSES ONLY

185.23
185.23
31.50
651.
177.69
539.62
2121.45 ℄ R.R.
1979.63
1399.87
1390
440±
1199.40 ℄ R.R.
MECK. CO.
CAB. CO.
TOTAL
6.8AC±P
4.9AC±P
13.5AC±
200
1990±
COUNTY
264.99
264.99
99.70
5.2AC±P
17
AC.
S64.47 RR R/W
S73E 2.4
(ALL CHGD. MECK. CO.)
380
S64.47
166.18
1.264 AC
22
3.4 AC.
20
200± R/W
238.35±
450± R/W
N.C. 24 & 27
ILROAD
R/W
ALVIN HOUGH RD.
#1133
TAX LINE MAP BOOK 111 PAGE 25
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 1-13-95 FN
SCALE 1" = 400'
113
115
Black
MADE IN MEXICO
Wilson Jones Company, Chicago, 60648

FEE: _____

DATE: _____

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

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 9203

PROPERTY INFORMATION FROM ENGINEERING FORM/ FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-231-16

STREET ADDRESS: 15115 Albemarle Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

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
Unknown

PROPERTY OWNER: (1)

NAME: SEGREST (LAST) DAVID (FIRST) S. (MI)

ADDRESS: P.O. Box 30563

CITY: Charlotte STATE: NC ZIP: 28230

DAYTIME PHONE: 704 331-0433

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unknown

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: 8-21-97

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