


9046 LONGVIEW DR

05315402

12/26/2007

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: 16 06 B DATE: 4/11/97

TC: 053-154-02 ☑ L ☐ CRT

SERIAL Nº 17101

Name of Owner Jessie Brown Bass Juris.: _____

Address of Property 9046 Longview Drive

**Inspection Data:**

Tank Material N/A

Total Length of Drainfield 96'

Chambered Bed
Number of Lines 2' @ 48'

Cover Depth 18"

Water Supply Source CMUD Water

Distance to Water Source > 10' W. Line

Excavation Inspected 4/11/97

Tank(s) Inspected ~

Wash Line Inspected 4/11/97

High Water Alarm Inspected _____

PLOT

Design _____ CTR# _____

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 III G Repair (Chambered Bed)

See Memo in File

Judy G. Kuss R.S.
Environmental Health Specialist

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

M E M O R A N D U M

DATE: April 14, 1997

TO: File 1606B, Property address: 9046 Longview Drive
Tax Parcel #053-154-02

FROM: Judy J. Kiser, R.S.

I completed a final inspection for a repair for a new washer nitrification field system on Friday 4/11/97. At the time of the final inspection, it was noted that a very small stream of water was flowing through the plumbing pipe to the distribution box. Lefler-Stuart Company was hired to do the repair. According to information received from them on Friday, the house is currently vacant, the owner deceased and the company was hired by a relative to install the repair.

I telephoned Jack Stuart, of Lefler-Stuart Company from the field and reported the leak to him and requested the name and telephone number for the person who had hired the company to complete the repair. I learned the relative, who is a daughter, lives in Virginia.

I telephoned Ms. Cindy Huffstetler at (540) 647-9688 on April 14, 1997 and advised her of the leak . I advised her that she should have a plumber to check out the plumbing and determine the source of the leak. I also offered to meet with her agent if they would notify me so that I might confirm the leak was resolved. I left my name, agency and local work telephone number with her.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR ~~REPAIR APPROVAL~~

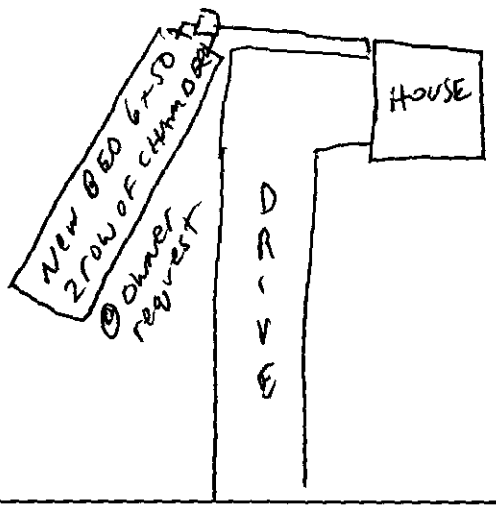
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1606-B DATE: 10-11-96

TC: 053-154-02 ☐ L

SERIAL Nº 17011

Permission is hereby given to _____ Install or Construct, ___✓___ Alter or Repair the WASHLINE 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 _____. 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 1996 WASHLINE REPAIR gallons

Tank Construction PCC D-BOX

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well CMUD H2O feet

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

NAME OF OWNER JESSIE BROWN - BASS

LOCATION OF PROPERTY 9046 LONG VIEW DR

Comments: 1 Bed 6x50 use chambers - feed from split in D-Box use speed leveler and sch40 pipe to distribute

Kelly Randall
Environmental Health Specialist

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

FEE: 510
DATE: _____

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

I 1 CRT

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 #: 1606B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-154-02

STREET ADDRESS: 9046 Longview Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot # 6

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: 3

NUMBER OF OCCUPANTS: 1

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Washing Machine Repair
(Drainfield under Concrete Dr.)

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
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

**PROPERTY OWNER:**

NAME: BASS Jessie Brown
(LAST) (FIRST) (MI)

ADDRESS: 9046 Longview Drive

CITY: Cha STATE: NC ZIP: 28214

DAYTIME PHONE: 704 391-7228

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: BASS, Charles & Cindy
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 391-7228

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: Charles Calvin Bass Jr. DATE: 10-10-96

(Built 1969)

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