

13425 FOUR OAKS LN

19501534

5/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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Complaint File

File 4900

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Idlewood Partnership MAILING ADDRESS 4827 Park Road #103, Charlotte 28209

OCCUPANT LOCATION 13425 Four Oaks Lane

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel # 195-015-34

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 336-5572

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

☐ Other Repairs (specify) _____

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

☐ Perform Maintenance (specify) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by September 9, 1994, appropriate legal action will be taken.

Notice Issued August 19, 1994 (Date) Signed Toni H. Newell, R.S. Agent
Division of Environmental Health

Compliance 2/23/95 (Date) Signed Larry D. Hawkins, L.E.S. Agent
Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

C.O. issued on 2/23/95

Frank Bivens
342-6546

3-24-97

Mr. Frank Bivens (neighbor to R) called about this system malfunctioning. He is requesting an inspection.

3/26/97 PC w/ Mr Bivens - advised will investigate next week. (booked this week)

3/31/97 OSV. No answer @ door. Observed seepage @ side of property near end of driveway.

4/1/97 PC to Williams Ross @ 335-1431 Four Season. NC Unable VOICE mail.

4/2/97 M from Williams Ross. S.T. pumped 12/96. just fixed leaking toilet, run off from driveway impacting end of septic system, clogged septic line?

4/2/97 PC to Mr Ross. NI. Unable to call me again.

over →

c1 (B) Idlewild (C) Four Oaks

4/2/97 PC from Mr Ross. Per Mr Ross to divert water from gutter off drainfield w/solid corrugated pipe (not subsurface). Toilet repaired. Discussed water conservation methods (i.e. low flush toilets). Advised ① will recheck property in ~2 weeks. ② no repair work to septic w/o repair approval.

4/16/97 OSV. No answer @ door. Area damp, however, no apparent malfunction. No gutter downspout diversion.

5/22/97 OSV. No answer @ door. No gutter downspout diversion; however, no visible malfunction

5/22/97 PC w/ Frank Bivens. Advised of situation: that an NOV is not warranted (@ this time). Requested that Mr Bivens notify me if problems re-occurs. JBh

CERTIFICATE OF COMPLETION/OPERATION PERMIT

4900

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

FILE: 4900 DATE: 2-23-95

TC: 195-015-34 ☐ L ☐ CRT

SERIAL № 16090

Name of Owner William Ross / 4 season's property mgt Juris.: _____

Address of Property 13425 Four Oaks Lane

Inspection Data:

Tank Material N/A

Total Length of Drainfield 100'

Number of Lines 2 in 1 @ 100'

Cover Depth 24"

Water Supply Source Municipal

Distance to Water Source 750'

Excavation Inspected 2-23-95

Tank(s) Inspected washer box & D-box 2-23-95

Wash Line Inspected 2-23-95

High Water Alarm Inspected N/A

PLOT

Design 1995 600 WL, B, 18 G CTR# A.H. Stewart

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: 1995 washer line repair - 1 bed 6'x100'

Original system installed 1984 - 3 bedroom

J. Higgins-Burney, R.S. Larry B. Thompson, Jr., R.S.

Environmental Health Specialist

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

4900 4900 Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES ((Repair [ ] CRT

4900

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: WILLIAM ROSS (last) (first) (mi)
ADDRESS: 2501 DUNCAN PHONE: (704) 335-1431
CITY: CHARLOTTE STATE: N-C ZIPCODE: 28205

Date:

PROPERTY OWNER:
NAME: (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13425 FOUROAKS
STREET ADDRESS: 195-015-34
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [X] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: William Ross Date: 12-13-94

NOTICE:

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. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal 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 permit is not transferable.

...Repair Permit Issued 12/13/94

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Judy C. Kiser R.S. 12/13/94
Environmental Hlth Specialist Date

Director or Authorized Section Head Date

WATER : 122791

1400 ☑

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

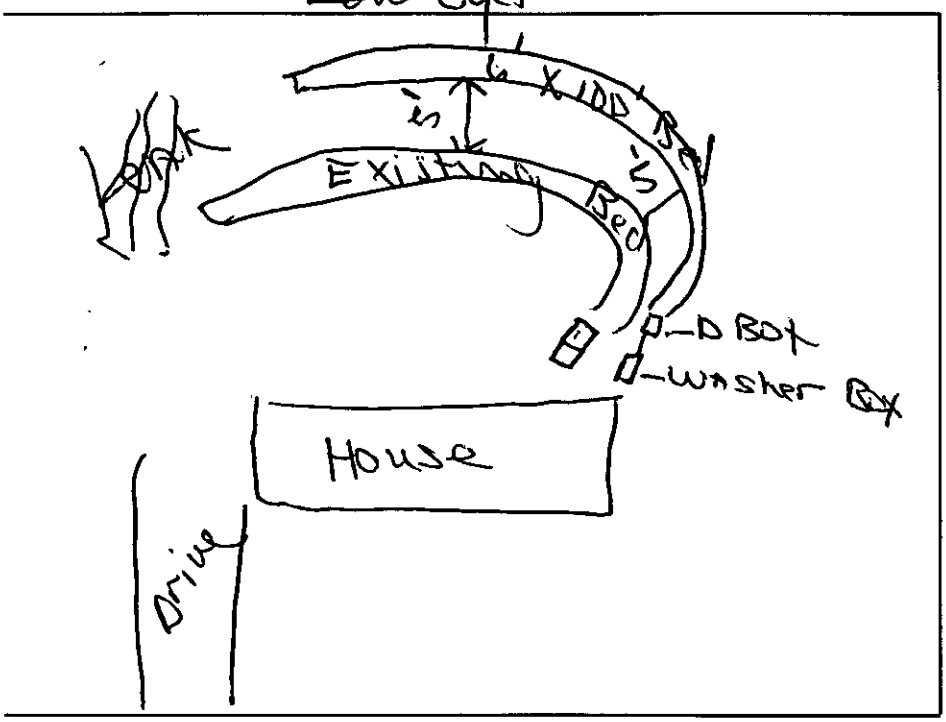
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4900 DATE: 12/13/94

TC: 195-01534 ☐ L

SERIAL № 16045

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 12/13/94. All work shall be completed on or before 12/13/95, 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 40 GALLON WASH BOX

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 6' X 100' Bed feet

Trench Walls Scored and Porous ✓

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well City Water feet

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

NAME OF OWNER William Ross/4 Seasons Property Management

LOCATION OF PROPERTY 13425 Four Oaks Ln.

Comments: Install A Bed 6' X 100' X 18" Stone for Washer, Add 40 gallon Wash Box & D-Box (4 hole) Keep Minimum of 5' from other bed. Amount of Drain Field And Installation for Washer Is Owner/Agents request.

Judy A. Kuis R.S.
Environmental Health Specialist

Newell for Sloan

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