

16408 MCAULEY RD

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 2/4/27

Date:

PERSON FILING APPLICATION:
NAME: FOUNTAIN (last) ERIN (first) IC (mi)
ADDRESS: 16408 McAULEY RD PHONE: (704) 895-1757 WK 895-9350
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY OWNER:
NAME: FOUNTAIN (last) MARK/ERIN (first) (mi)
ADDRESS: 16408 McAULEY RD PHONE: 704 895-1757
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 01109309001
STREET ADDRESS: 16408 McAuley Rd. Huntersville
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (In acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: E Fountain Date: April 30, 1999

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.

... O.K. to use existing system

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

Jeff A. Knight 5/6/99
Environmentalist Date

WATER : 122791

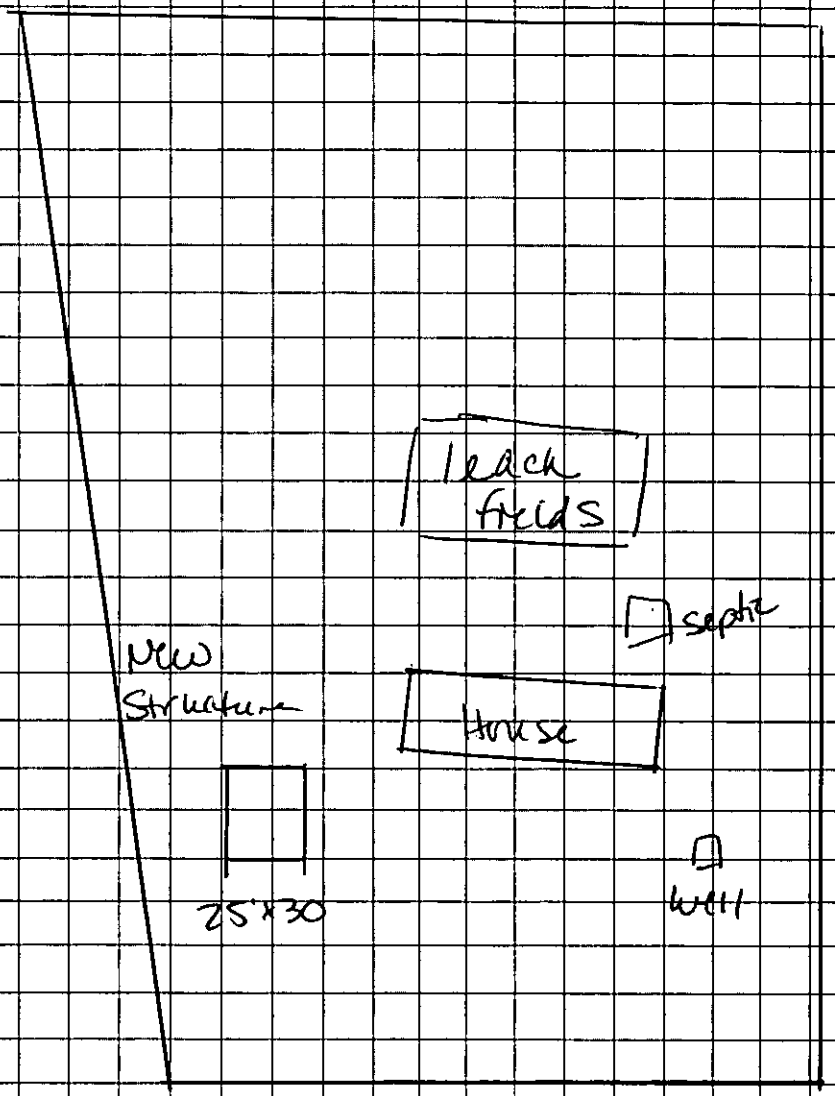
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21427

TC: 011-093-09

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



E. Fruchtl
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

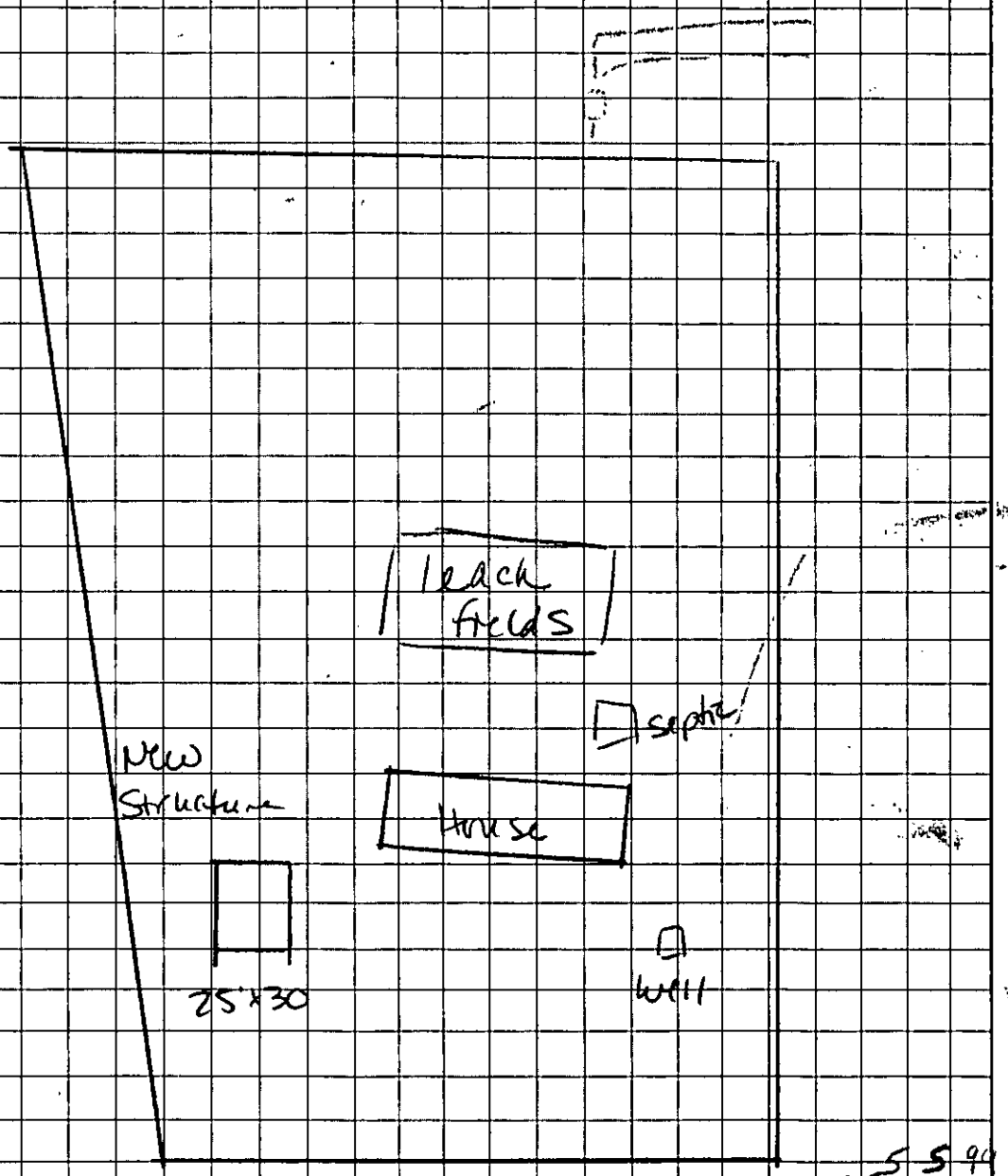
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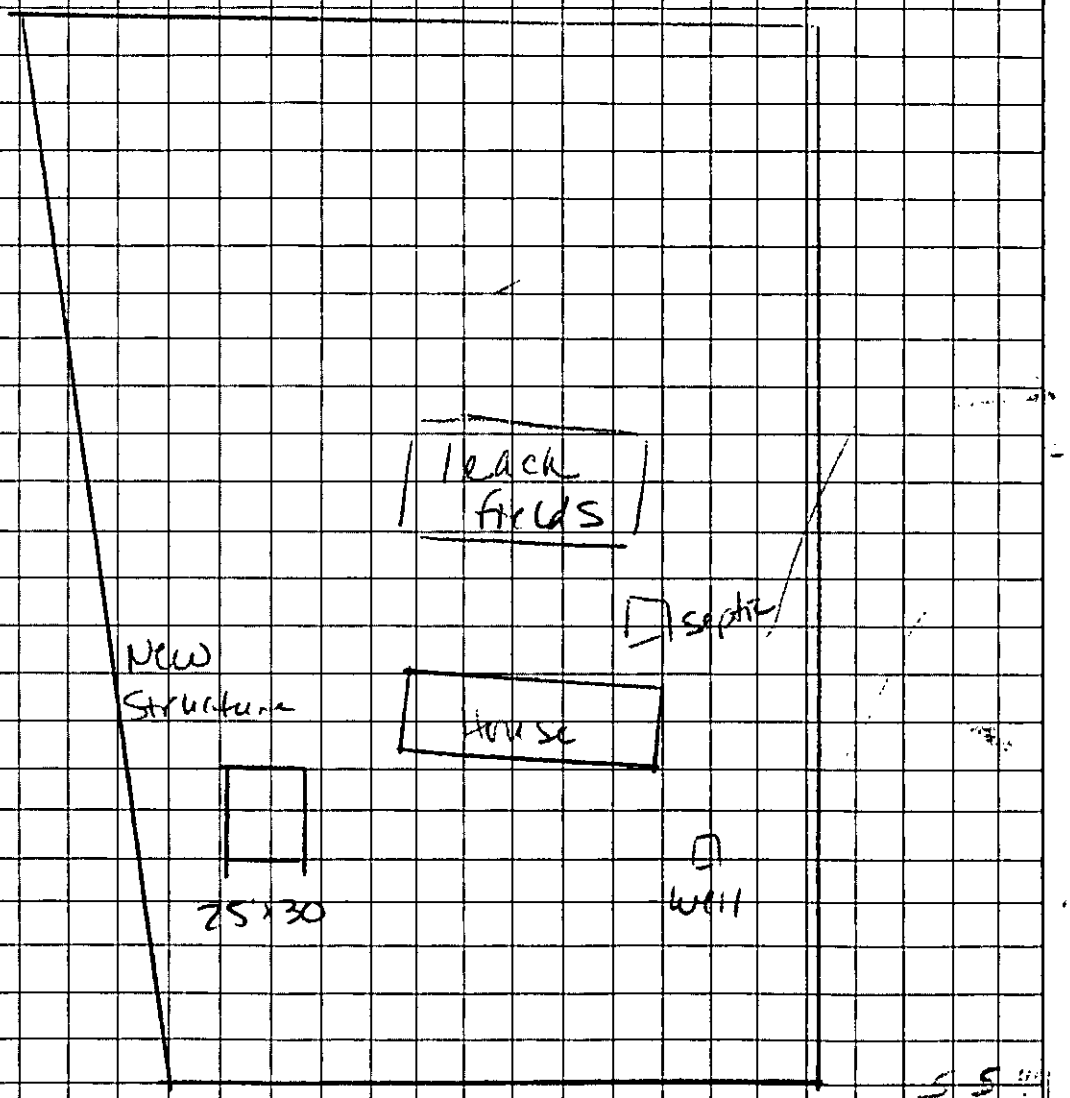
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E Thurlkill
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner'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: 21427 DATE: 11-28-95

TC: 011-093-09 ☐ L ☐ CRT

SERIAL № 16504

Name of Owner ERIN FOUNTAIN Juris.: _____

Address of Property 16408 McAULEY RD

Inspection Data:

Tank Material PCC EXISTING

Total Length of Drainfield 300

Number of Lines 4 @ 75

Cover Depth 2'

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 11-28-95

Tank(s) Inspected 11-28-95

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1995 REPAIR IN WS 93-2-R TANK PUMPED CTR# 80737 MATTHEW

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: _____

_____

_____

_____ Environmental Health Specialist

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

DECD

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

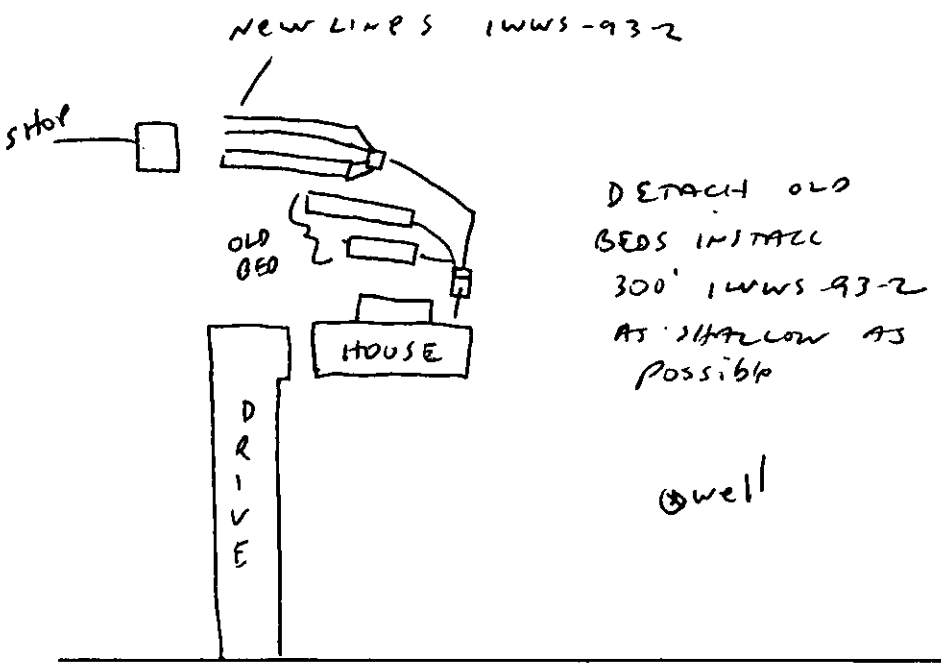
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21427 DATE: 11-9-95

TC: 011-093-09L

SERIAL Nº 16613

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 11-5-95. All work shall be completed on or before 12-9-95, 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 _____ gallons

Tank Construction PCC

Trench Depth repair Shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 4 x 75

~~Depth of Stone~~ IWWS 93-2 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 MARK FOUNTAIN

LOCATION OF PROPERTY 1608 McAuley Rd

Comments: _____

Environmental Health Specialist

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

$400

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-9-95 PERMIT NO: 21427

PARCEL NO: 011-093-09

PROPERTY OWNER: MARC FOUNTAIN

BUILDING CONTRACTOR: _____

JOB LOCATION ADDRESS: 16408 McAULEY RD

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: _____

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: 1995 REPAIR

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 21427

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-093-09

- 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
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: REPAIR 1995			
Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1
900' Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9 Trench spacing (min. on centers)	95 S.A.P. Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

Erin Fountain (h) 895-1757
(w) 875-2929

11-13-95 called her at 4:10 pm.

Background: Well + Septic letter done / Repair permit issued.
VA loan - just bought house
- repair needs to be done on septic system
- her Contractor says whole new system (exc. tank) needs to be replaced - says on brink of failure
- well pump stopped working shortly after moving in house. Didn't have water. Problem with well pump not identified in letter. She said one of the connections with well pump was backwards causing failure.

Her Concern:
- what is the procedure for well + septic inspection done by this department? She requested a written copy of procedure if we have one.
- If there are items that are not addressed in our inspections that it be disclosed what is/what's not being inspected so there is better protection/understanding of inspection.
- Felt the inspection letter from our dept. was unclear on what needed to be done, what problems may exist
- She would like to write to V.A. to advise them on what is/is not inspected to help better protect VA/home buyer.

Told her S.D. or I would get back with her concerning her concerns.

11-14-95

Mecklenburg County
Health Department

October 20, 1995

Diane B. Stallings
16408 McAuley Road
Huntersville, NC 28078

Re: 16408 McAuley Road
Parcel: 011-093-09

Dear Ms. Stallings:

At the request of Mark & Erin Fountain, an investigation was made of the septic tank system on October 11, 1995 and on October 18, 1995, and a well water sample was collected on October 11, 1995 on the property located at 16408 McAuley Road, Huntersville, North Carolina.

At the time of the investigations there was no effluent apparent on the surface of the ground; however, the septic system nitrification field appears to be supersaturated. It is recommended that a reinvestigation be made approximately sixty (60) days after occupancy of the new owner, if you desire.

A pipe that appears partially crushed was located near the septic system drainfield area. I was unable to confirm the origin of this pipe. All sewage pipes including washing machine lines, dishwashers, etc. must be connected to the sewage disposal system which serves the residence in accordance with the Laws and Rules For Sewage Treatment and Disposal Systems 15A NCAC 18A .1900. If this pipe is conveying sewage/effluent directly to the surface of the ground, then this must be corrected.

In addition, please be aware that records concerning this septic system are public record.

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

I was unable to conduct an evaluation of the well structure as the well house was inaccessible at the time of my visit.

If you have any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, R.S.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Mark & Erin Fountain

21427

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Karen Arnold TELECOPIER # 543-0854

FROM: Susan Craig DATE 1/23/96

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: per request

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236