107A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

W6600

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: MELTON (last) KATHERINE (first) R (mi)
ADDRESS: 7528 OLD DAVIDSON Rd PHONE: (704) 392-5715
CITY: CHARLOTTE STATE: NC ZIPCODE: 28208

Date: 9-7-94

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-091-09
STREET ADDRESS: 7528 Old Davidson Rd.
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):
[ ] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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)
[ ] 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: X Katherine R. Melton Date: 9-7-94

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.

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

Jim Hartwell, RS 9-9-94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

RECEIVED AUG 24 1994

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

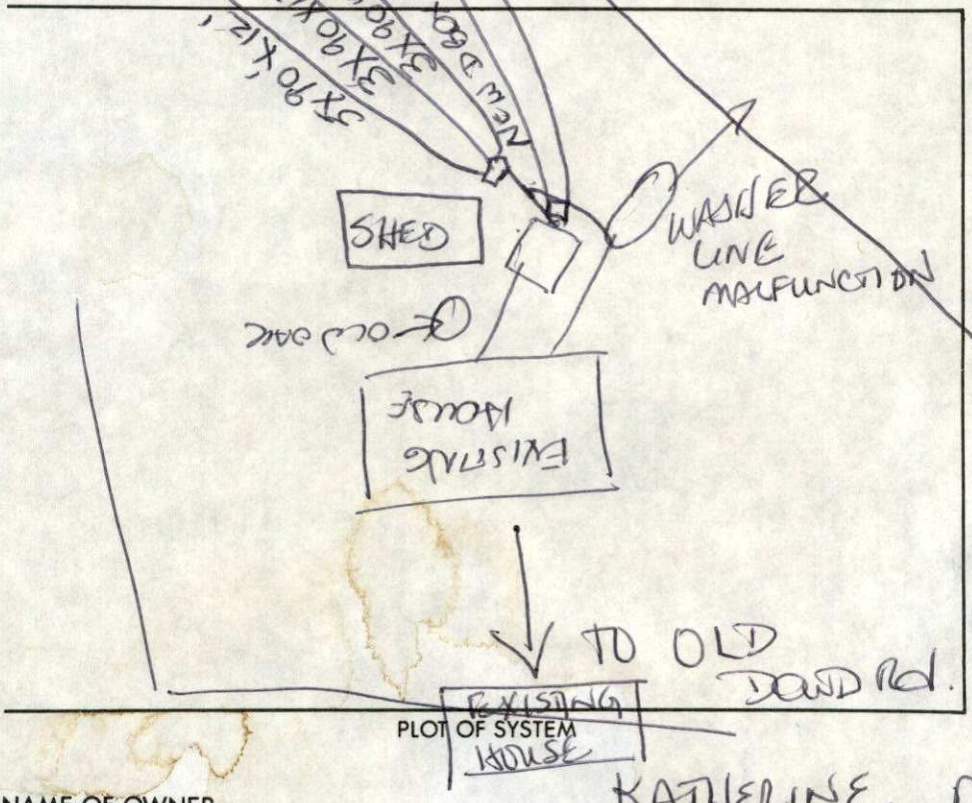
FILE 107A

~~TC~~ FILE: 113-091-09 DATE: 9-8-94

TC: _____ ☐ L

SERIAL Nº 15832

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 9-7-94. All work shall be completed on or before 9/26/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 266 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER KATHERINE MELTON

LOCATION OF PROPERTY 7528 OLD DOWD Rd

Comments: ① FILL IN EXISTING DISTRIBUTION BOX AND PACK OLD LINE TO PREVENT RUN-OFF DOWN HILL ② TEE WASHER LINE INTO SUPPLY LINE ③ INSTALL NEW DBOX @ 3 TRENCHES ON CONTOUR SMALL AS POSSIBLE 3X90X12" Tom Hewell, RS

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

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

ON-SITE WASTEWATER VIOLATION NOTICE

906

OWNER KATHERINE R. MELTON

MAILING ADDRESS 1900 RANDOLPH RD. #718, CHAR. 28207

OCCUPANT UNKNOWN

LOCATION 7528 OLD DOWD ROAD

[X] RESIDENCE [ ] BUSINESS [ ] OTHER _____

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 336-5571.

[X] 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 26, 1994, appropriate legal action will be taken.

Notice Issued 8/22/94 (Date) Signed JUDY J. KISER, R.S. (Division of Environmental Health) Agent

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

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

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

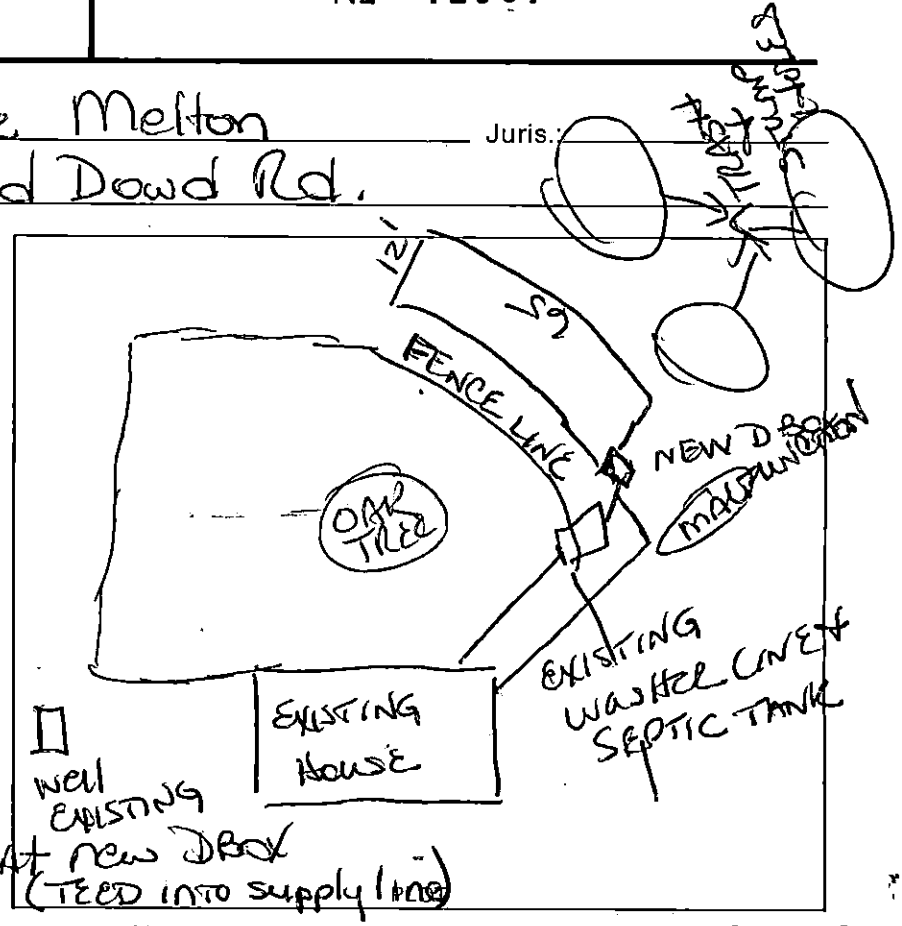
FILE: 107A DATE: 9-9-94

TC: 113-091-09 ☐ L ☐ CRT

SERIAL № 12957

Name of Owner Katherine Melton Juris.:

Address of Property 7528 Old Dowd Rd.



Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 260

Number of Lines 4 @ 65

Cover Depth 2'

Water Supply Source WELL

Distance to Water Source ≥50'

Excavation Inspected 9-9-94

Tank(s) Inspected —

Wash Line Inspected 9/9/94

High Water Alarm Inspected Connected to drainfield At new DBOX (TEED INTO supply line)

Design: 1994 REPAIR, 880' SQFT, 18"G, B, CECIL-LIKE CTR# 5

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 ~~15~~ 18 NCAC ~~15~~ 18A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 ~~15~~ 18 NCAC ~~15~~ 18A .1900 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.

COMMENTS: System prior to 1983 - System changed to beds & moved because of trash holes. There is no other area onsite for repair to this system.

J Newell, R.S.
Environmentalist

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

SERVICE REQUEST/WORK ORDER

3.5. —

E & K's completed

Log No.: _____ Section: INWS

Date: 07/28/94 Parcel: 113-091-09

Hazard? [ ] Yes [ ] No

<60 Days? [ ] Yes [ ] No

COPY

REQUESTING PERSON: Mrs. Walker Phone 399-0850

Address 7438 Old Dowd Rd City Clear Zip 28214

PROPERTY CONCERNED: Facility Name _____

Address 7528 Old Dowd Rd City Clear Zip 28214

SERVICE REQUESTED: Sewage Back up. Reported to Service Court Owner: Melton, Mr. Walker 7528 Old Dowd Rd

ASSIGNED TO: _____ TAKEN BY: E

DATE	ACTIVITY REPORT
8/11/94	Site visited Church near Service Court. System malfunction is apparently from house above in the Hill
8/12	Violation notice mailed to repair Also spoke to Mr. Walker by telephone & advised of Protocol for repairs.
9/8/94	Met Steve Century of Century's Concrete Products and Mr. Melton. Received repair application from Ms. Melton. A repair was designed and a repair permit was issued.
9/9/94	Certificate of Completion was issued on 9-9-94.
9/9/94	Called Mr. Walker. SN

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

COMPLETED BY: J Newell, RS. , 9-9-94

REVIEWED BY: _____ /