

2010 STONYFORD PL

03702320

6/13/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6726A
TC: _____
SERIAL: № 19109 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2010 Stoneyford Pl. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 037-023-11
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Steven (FIRST) _____ (MIDDLE) Dellinger (LAST)
⑨ MAILING ADDRESS: 2010 Stoneyford Pl.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) _____ ⑭ (HOME) 394-3671

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: R W Dellinger

Date: _____

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Repair

TBW 10/26/89
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6226 A DATE: 10/26/89

TC: _____ ☐ L ☐ CRT

SERIAL № 12235

Name of Owner Steven Dellinger Juris.: _____

Address of Property 2010 Stoneyford Pl

Inspection Data:

Tank Material X

Total Length of Drainfield 150

Number of Lines 2 @ 75'

Cover Depth 8"

Water Supply Source existing well

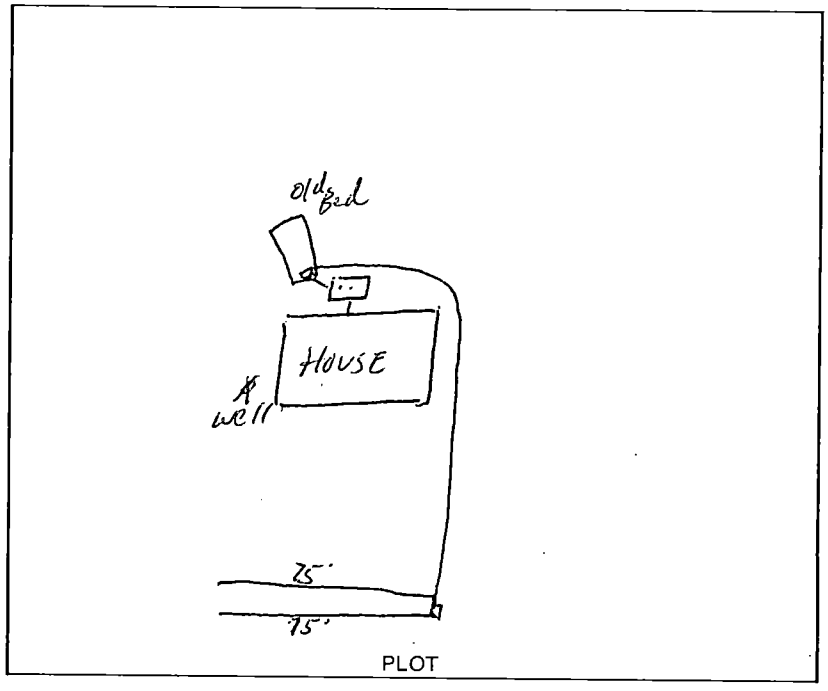
Distance to Water Source >50

Excavation Inspected 10/26/89

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected -



PLOT

Design: 1989 Repair CTR# 68

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 10 NCAC 10A .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 10 NCAC 10A .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: 2 line x 75' long x 3' x 12" stone

Philo S. Walker
Environmentalist

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 10882/6226A DATE: 3/28/90

TC: [redacted] ☐ L ☐ CRT
037-023-11

SERIAL № 13143

Name of Owner Steven Dellinger Juris.:

Address of Property 2010 Stoneyford Pl

Inspection Data:

Tank Material -

Total Length of Drainfield -

Number of Lines - @ -

Cover Depth -

Water Supply Source -

Distance to Water Source -

Excavation Inspected -

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1990 Repair CTR# 87

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 10 NCAC 10A .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

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COMMENTS: Diversion valve installed to utilize both drainfields Temporary until sewer is available. Tap on fee paid 3/22/90

See letter in file 5D

Phila S. Walker R.S.
Environmentalist

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

Mecklenburg County
Health Department

March 29, 1990

Mr. Steve Dellinger
2010 Stonyford Place
Charlotte, NC 28216

Dear Mr. Dellinger:

This correspondence is to acknowledge the receipt of proof of payment of the Charlotte Utility Department Sewer tap fee for the above address. We appreciate your prompt response to this matter, however, please be aware that payment of this fee does not constitute compliance with the State Sewage Regulations.

To date we have completed the necessary form from Charlotte Mecklenburg Utility Department (CMUD) which declares the site a public health hazard. This allows CMUD to place priority on construction of such sites. According to CMUD officials, the construction of the sewer line may take up to seven (7) months to complete. At that time the owner of the residence must assume the responsibility to have the sewer connection installed from the residence to the tap. Compliance with the State Sewage Rules will be complete when the connection has been made and the residence is placed on billing status with CMUD.

Per your request, permission was granted to attempt a temporary repair to the system in an effort to keep the sewage effluent below the ground surface. The repair appears to be effective as there is currently no effluent on the surface of the ground. However, the property owner is responsible for turning the diversion valve when necessary to prevent the problem from reoccurring. In addition to the repair, it is recommended that the following actions be taken to contain the sewage during the interim period:

* Practice water conservation methods. Use water wisely. refrain from washing large loads of clothes in sequence, check for leaking water fixtures and water closets, etc.
* Check and pump the septic tank if necessary.
* Do not water the lawn in the area of the nitrification lines.
* Do not drive or park over the nitrification lines.

Please contact me if you have any questions or comments.

Very truly yours,

Sylvia D. Daniel, R.S. Program Chief
Individual Water and Wastewater Systems

SDD

cc: Philo Walker

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

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

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(OFFICE USE ONLY)

FILE: 10882/16226A

TC: 037-023-11

SERIAL: № 20142 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2010 (STREET NO.) Stony Ford (STREET) Place ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Richard (FIRST) Steven (MIDDLE) Dellinger (LAST)

⑨ MAILING ADDRESS: 2010 Stony Ford Place

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216

⑬ PHONE: (WORK) 597-0446 ⑭ (HOME) 394-3671

REQUEST

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⑮ ☐ New permit

⑯ ☒ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

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㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Richard & Steven Dellinger

Date: 3-22-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Temporary until sewer is Available - Tap-on paid - hazard ext. applied for

Philip L. Walker R.S. / 3/28/90

Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: March 22, 1990

RECEIVED FROM: STEVE DELLINGER

Two Thousand Twelve Dollars 00/100 ——

H/F

FOR: Sewer Tap Extension For

2010 Stony Ford Place

Inside / Private Lat

CASH ☐

CHECK ☑

RECEIVED BY:

CITY OF CHARLOTTE

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: March 22, 1990

TO: Mr. Robert Cobb, Asst. Director
Mecklenburg County Health Department
Environmental Health Section
Attn: Timothy Whittaker

FROM: A. L. Carr For
Dennis D. Gwaltney
Public Service Engineer

SUBJECT:
Request for City Sewer Service.

We have a request from Steve Dellinger to construct an extension of sewer main to serve 2010 Stonyford Place. Limited funds have been appropriated for water and sewer street main extensions in unserved areas inside the City. One of the requirements of this program is evidence of a public health need, prior to any extension.

Please indicate below if a Public Health Need is evident at this location according to the following criteria.

__/__ Evidence of a Public Health need that, in the opinion of the Environmental Health Department, cannot be eliminated with repairs to the existing system.

_____ Evidence of a Public Health Need that, in the opinion of the Environmental Health Department, can be eliminated with repairs to the existing system.

Comments:

Info FYI

By: _____
Mecklenburg County Environmental
Health Department

cc: D. D. Gwaltney
File

DDG/ae

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

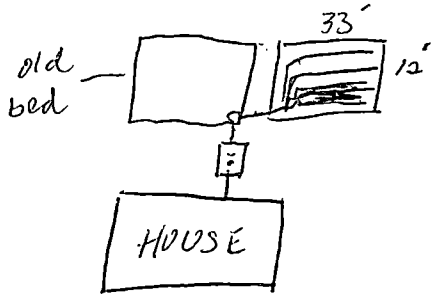
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6226A DATE: 10/13/89

TC: _____ ☐ L

SERIAL Nº 13040

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 10/13/89. All work shall be completed on or before 11/13/89, 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.



Stoneyford Pl

PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or ~~Nitrification~~ Lines: Bed System

Trench Width 12 feet

Total Line Length 33 (100') feet

Number of Lines 3

Depth of Stone 18" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Steven Dellinger

LOCATION OF PROPERTY 2010 Stoneyford Pl

Comments: 12' x 33' x 18" stone (Bed System)

Division or Section Head

Philo S. Walker

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.