

9228 MOUNT HOLLY RD

03141129

5/22/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4771A DATE: 10/5/88

TC: _____ ☐ L ☐ CRT

SERIAL № 11479

Name of Owner Longshore Jerold & Kelly Juris.: _____

Address of Property 9228 Mt. Holly Rd

Inspection Data:

Tank Material _____

Total Length of Drainfield 100'

Number of Lines 3 @ 33'

Cover Depth 18" - 24"

Water Supply Source Well

Distance to Water Source > 50

Excavation Inspected 10/5/88

Tank(s) Inspected _____

Wash Line Inspected 10/5/88

High Water Alarm Inspected _____

PLOT

Design: 1988 Repair CTR# Owner

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: _____

Jerry J. Kuser R.S.
Environmentalist

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

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: 4771A
TC: 031-048-16
SERIAL: № 16493 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9228 Mt. Holly Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JEROLD E. & Kelly C. Longshore (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 9228 Mt. Holly Rd.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 399-4417 ⑭ (HOME) 393-7642

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? 2 ㉕ Type?
㉓ Maximum occupancy? 4 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 on the property for the purpose of processing this request.

Signed: Kelly Longshore
Date: 7-15-88

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.

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

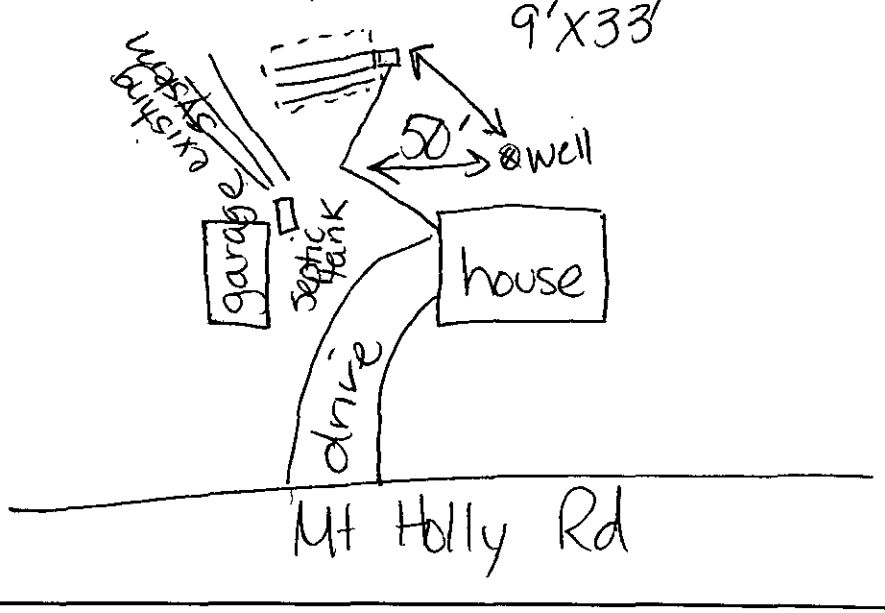
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4771A DATE: 7/15/88

TC: _____ ☐ L

SERIAL № 12057

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 7/15/88. All work shall be completed on or before 7/30/88, 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 Department of Environmental Health 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

Repair washing machine!

Liquid Capacity of Septic Tank _____ ga

Liquid Capacity of Dosing Tank _____ gallo.

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Total Line Length 99 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Jerold & Kelly Longshore

LOCATION OF PROPERTY 9228 Mt Holly Rd

Comments: 1 bed 9' X 33' X 12" stone; straw cover

Division or Section Head

Karla W Johnson RS
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

171653

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL LABORATORY

Field I.D. #

Site Sampled Longshore

Address 9228 Mt Holly Rd

Source Sampled Well

Sampled By K Johnson

Date Sampled 7/15/88 Time 3:15 AM PM

Delivered to Lab On: Date 7/15/88 Time 3:20 AM PM

Delivered By

Lab I.D.# 763

Rec'd By Wood

Date Rec'd JUL 15 1988

Time 1610 AM PM

I PHYSICAL PROPERTIES

Color ☐ ____ units
Conductivity ☐ ____ umho/cm
Dissolved Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Suspended Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Total Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Temperature ☐ ____ °C
Turbidity ☐ ____ JTU
Hardness ☐ ____ ppm
____ ☐ ____

II NON-METAL INORGANICS

Acidity ☐ ____ ppm
Alkalinity ☐ ____ ppm
pH ☐ ____ units
Chloride ☐ ____ ppm
Chlorine, Residual ☐ ____ ppm
Dissolved Oxygen ☐ ____ ppm
Fluoride ☐
spadns ____ ppm
electrode ____ ppm
Nitrate, NO_3-N ☐
UV spec ____ ppm
chromotrophic acid ____ ppm
Ammonia Nitrogen, NH_3-N ☐
titrimetric ____ ppm
nesslerization ____ ppm
Kjeldahl Nitrogen ☐ ____ ppm
Bromide ☐ ____ ppm
Total Phosphorus, P ☐ ____ ppm
Orthophosphorus, PO_4-P ☐ ____ ppm
Sulfate, SO_4-S ☐
gravimetric ____ ppm
turbidimetric ____ ppm
Sulfide ☐ ____ ppm

III ORGANICS

GC/MS Scan ☐ ____ ppm
Oil & Grease ☐ ____ ppm
Organic Acids ☐ ____ ppm
Phenol ☐
direct photometric ____ ppm
chloroform extraction ____ ppb
PCB ☐ ____ ppb
BOD ☐ ____ ppm
COD ☐ ____ ppm
Surfactants ☐ ____ ppm

IV MINERAL METALS

Cu ☐ ____ ppm
Fe ☐ ____ ppm
Mn ☐ ____ ppm
Zn ☐ ____ ppm
Mg ☐ ____ ppm
Ca ☐ ____ ppm
Ni ☐ ____ ppm
K ☐ ____ ppm
Na ☐ ____ ppm

V TOXIC METALS

Ag ☐ ____ ppb
As ☐ ____ ppb
Ba ☐ ____ ppb
Cd ☐ ____ ppb
Cr ☐ ____ ppb
Hg ☐ ____ ppb
Pb ☐ ____ ppb
Se ☐ ____ ppb

VI CHEMICAL COMPOSITION

Organic ☐ ____ %
Inorganic ☐ ____ %
Moisture ☐ ____ %

VII RADIOACTIVITY

Water
Gross Alpha ☐ ____ pCi/l
Gross Beta ☐ ____ pCi/l
Air
Gross Alpha ☐ ____ pCi/m^3
Gross Beta ☐ ____ pCi/m^3

VIII BACTERIOLOGICALS

Fecal Coliform ☐ ____ /100ml
Total Coliform ☒ <1 /100ml
Non-Coliform ☐ 5 /100ml
Fecal Strep ☐ ____ /100ml
____ ☐ ____ /100ml

REMARKS:

SW/DB
Analyst
JUL 18 1988
Date

DATE COMPLETED: ____ LAB DIRECTOR ____