

8400 JUNCTION CT

11112486

6/13/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

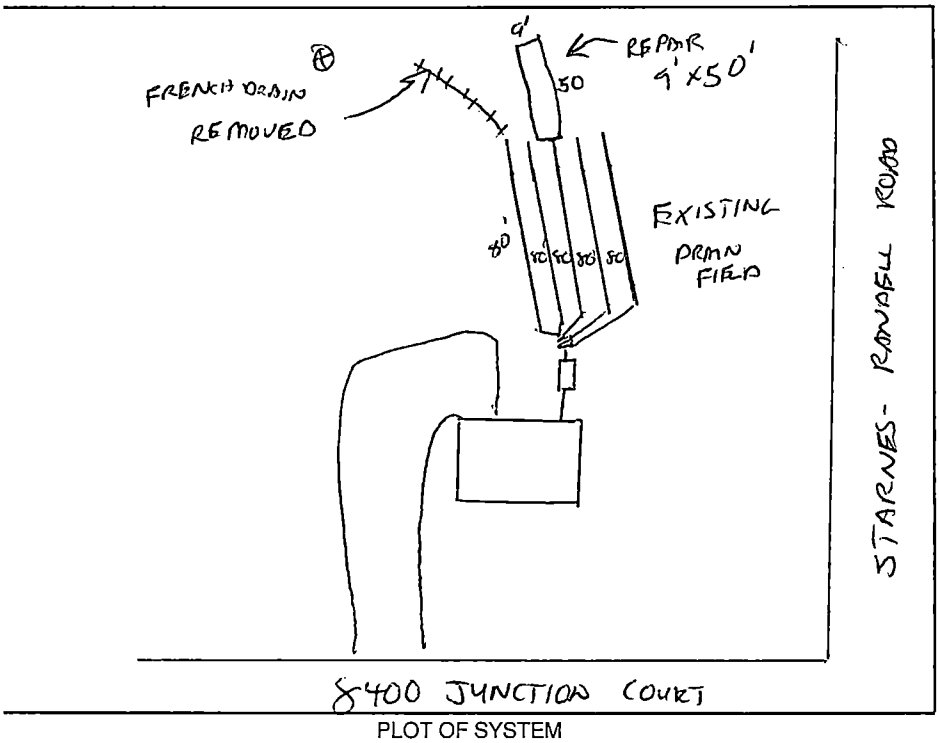
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6298 A DATE: 2-1-99

TC: 111-124-86 ☒ L

SERIAL Nº 18035

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 _____. All work shall be completed on or before _____, 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 REPAIR gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction RCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous OFS

Total Line Length 150' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 25' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER MARY JUNE NESHAT

LOCATION OF PROPERTY 8400 JUNCTION COURT

Comments: (1) ENSTMC BED 5' x 50' w/ 12" STONE

Environmental Health Specialist

AH: Jeff

NA
2/3/95

629847

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: TONY BROWN TELECOPIER # 545-6281

& CAMBRIDGE REALTY

FROM: D. Andrew Walker DATE 2-1-96

MECK CO. ENV. HEALTH RS

NUMBER OF PAGES TRANSMITTED: ____ (including cover sheet)

COMMENTS:
RE: 8400 JUNCTION CT
FAXED APPLICATION FOR SERVICE

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

☐ 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

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: George H. Bibart

ADDRESS: 5828 Adams Dr.

DESCRIPTION OF PUBLIC RECORD REQUESTED: Location of septic tank & lateral bed - copy of recorded inspection

STREET NAME (OR COUNTY ROAD: 8400 Sunchase Ct.

PARCEL NUMBER/FILE NUMBER: ----------

OWNER'S NAME: Mary Sue Neshat

REASON FOR REQUEST:

Recheck lateral bed and additional drain put in by Mr Whitley, seller.

SIGNATURE OF PERSON MAKING REQUEST: George H Bibart

SUPERVISORY PERSON: Gwendolyn Craig

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

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

Mecklenburg County
Health Department

September 30, 1997

Mr. Tony Brown
8400 Junction Court
Charlotte, NC 28215

Dear Mr. Brown:

At your request, well water samples were collected at the property located at 8400 Junction Court, Charlotte, N.C., on September 15, 1997. Water samples were collected at the kitchen tap to test for total and fecal coliform bacteria, lead, and nitrates/nitrites contaminates. In addition, a septic system investigation was conducted.

The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

The laboratory results for nitrate and nitrite samples were reported as follows:

Nitrogen, Nitrate & Nitrite	0.31 PPM	10 PPM Recommended EPA Limit
Nitrogen, Nitrate	0.31 PPM	10 PPM Recommended EPA Limit
Nitrogen, Nitrite	<0.05 PPM	1 PPM Recommended EPA Limit

Two samples were collected for lead. The first draw sample was collected by the property owner and the second sample was collected by an Environmental Health Specialist. The laboratory results for the lead samples were reported as follows:

Lead 1st draw	<5 PPB	15 PPB Recommended EPA Limit
Lead 2nd sample	<5 PPB	15 PPB Recommended EPA Limit

It appears that the well may be within fifty feet of the septic tank system. According to Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1950(b) "Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet."

At the time of the investigation there was no effluent apparent on the surface of the ground, however, it does appear that repair work has been recently conducted in the drainfield area. State sewage laws (N.C. General Statue 130A-336(b)) require a repair permit be issued prior to construction on septic nitrification field lines, and further that a final inspection be made prior to final cover. After researching our records, this office does not have any record of a repair permit for this property; and, therefore, I am unable to determine if the system will be impacted as a result of this construction. This installation appears to be within fifty feet of the neighbor's well.

At a September 25, 1997 meeting at the site, the property owner, Mr. Whitley, indicated that he did not install a repair to the system but rather installed a french drain to aid in surface water drainage. French drains customarily have a discharge point but this was not located. This 'drain' is within three feet of the original septic tank system and according to Rule .1950(a) "Every sanitary Sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: 15(A) Interceptor drains, foundation drains and stormwater diversions (ii) sideslope ... fifteen feet." To prevent any impact of the neighbor's well, the proper separation must be maintained between the original septic system and the 'drainline' Mr. Whitley installed.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R. S.
Individual Water and Wastewater Systems

SMB/db

cc: Chuck Pippin, Division of Water Quality
John Whitley

Enclosure

§ 130A-336. **Improvement permit and authorization for wastewater system construction required.**

(a) Any proposed site for a residence, place of business, or place of public assembly in an area not served by an approved wastewater system shall be evaluated by the local health department in accordance with rules adopted pursuant to this Article. An improvement permit shall be issued in compliance with the rules adopted pursuant to this Article. An improvement permit shall include:

(1) For permits that are valid without expiration, a plat or, for permits that are valid for five years, a site plan.
(2) A description of the facility the proposed site is to serve.
(3) The proposed wastewater system and its location.
(4) The design wastewater flow and characteristics.
(5) The conditions for any site modifications.
(6) Any other information required by the rules of the Commission.

The improvement permit shall not be affected by change in ownership of the site for the wastewater system provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility. No person shall commence or assist in the construction, location or relocation of a residence, place of business or place of public assembly in an area not served by an approved wastewater system unless an improvement permit and an authorization for wastewater system construction are obtained from the local health department. This requirement shall not apply to a manufactured residence exhibited for sale or stored for later sale and intended to be located at another site after sale.

(b) The local health department shall issue an authorization for wastewater system construction authorizing work to proceed and the installation or repair of a wastewater system when it has determined after a field investigation that the system can be installed and operated in compliance with this Article and Rules adopted pursuant to this Article. This authorization for wastewater system construction shall be valid for a period equal to the period of validity of the improvement permit, not to exceed five years, and may be issued at the same time the improvement permit is issued. No person shall commence or assist in the installation, construction, or repair of a wastewater system unless an improvement permit and an authorization for wastewater system construction have been obtained from the Department or the local health department. No improvement permit or authorization for wastewater system construction shall be required for maintenance of a wastewater system. The Department and the local health department may impose conditions on the issuance of an improvement permit and an authorization for wastewater system construction.

(c) Unless the Commission otherwise provides by rule, plans, and specifications for all wastewater systems designed for the collection, treatment, and disposal of industrial process wastewater shall be reviewed and approved by the Department prior to issuance of an authorization for wastewater system construction by the local health department.

(d) If a local health department repeatedly fails to issue or deny improvement permits for conventional septic tank systems within 60 days of receiving completed applications for the permits, then the Department of Environment, Health, and Natural Resources may withhold public

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6298 A DATE: 4/26/90

TC: 111-124-86 ☒ L ☐ CRT

SERIAL № 13300

Name of Owner Whitley, William Juris.:

Address of Property 8400 Junction Court

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 18"

Water Supply Source Well

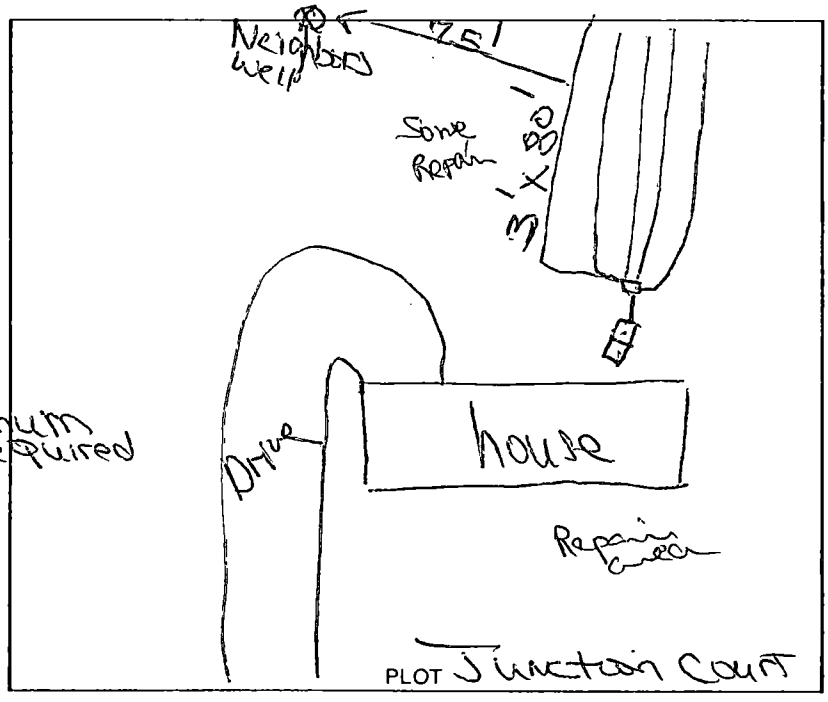
Distance to Water Source Not Installed — 50' Minimum distance required

Excavation Inspected

Tank(s) Inspected 4/26/90

Wash Line Inspected

High Water Alarm Inspected



Design: 1990, 1500 SF Con, 1200 SF, 12" G, Cecil CTR# RCS

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: System designed for 3 bedroom home
Lift pump will be required TO REPAIR AREA

Judy J. Kain R.S.
Environmentalist

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

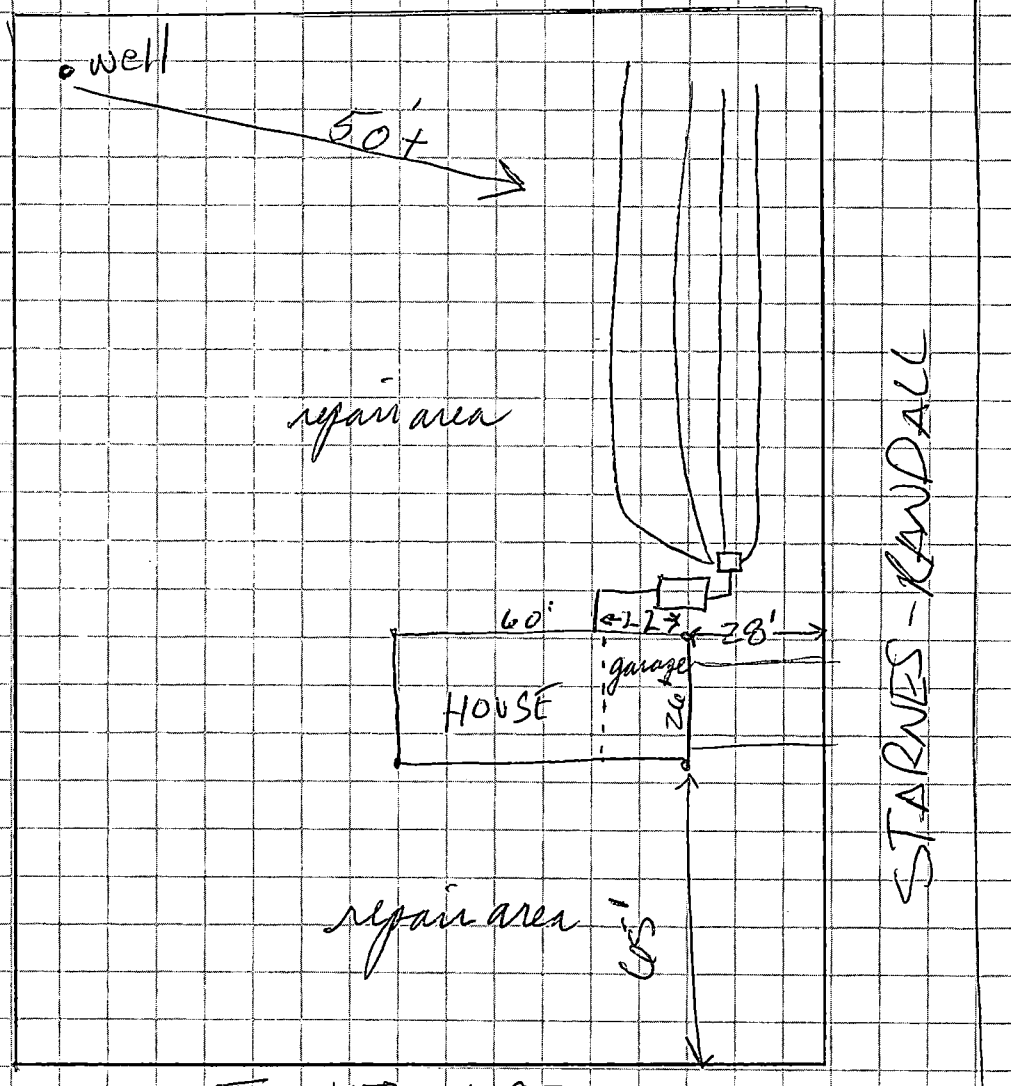
PROPOSED PLOT PLAN

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

FILE: 6298-A

TC: _____

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.



Signed: Bill Wells

Date: 1/3/90

Mecklenburg County
Health Department

November 20th, 1989

William Whitley
5919 Delta Rd.
Charlotte, NC 28212

RE: Property located at 8400 Junction Ct. #1
FILE: 6298A
PARCEL: 11112486

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12235) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12235

File: 6298A

Action 1

Parcel: 111-124-06

☐ PC

Location: 8400 Junction Ct. #1

Subdivision: First Run

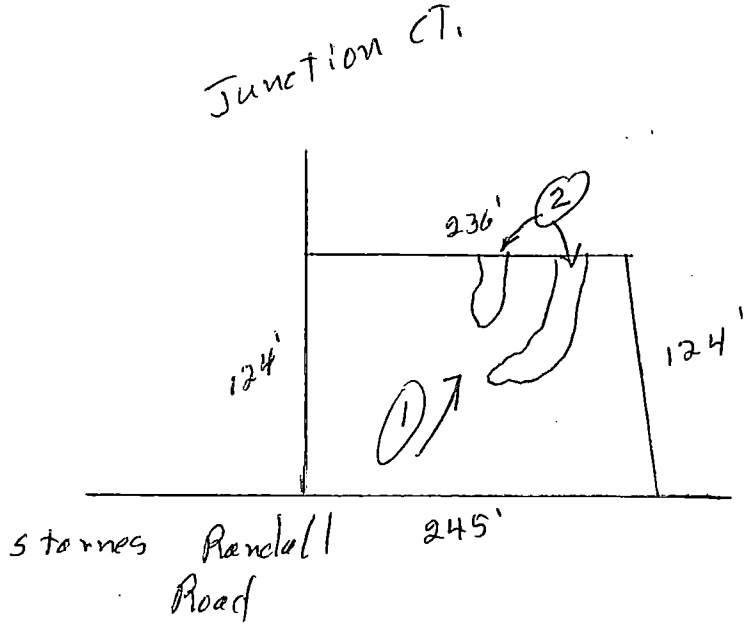
Lot: #1 Block: Acres: .60

Owner: William Whitley
Address: 5919 Delta Rd.
Charlotte, NC 28212

Comments: _____

Described by: William R. Marks

Date: 11-20-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" TO WATER	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lilly	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

CK. 480.00 Pd. 11-3-89
mid. S/T

Sue Fultz
6298A

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: 6298 A
TC: _____
SERIAL: № 19459 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8400 JUNCTION CT (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 111-124-86
⑤ SUBDIVISION: FIRST RW ⑥ LOT: 1 ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) — (MIDDLE) WHITLEY (LAST)
⑨ MAILING ADDRESS: 5919 Delta Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 567-1700 ⑭ (HOME) 563-7474

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? 5 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: _____
Date: 11/3/89

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.

B. R. Ferguson, Environmentalist — 1-3-90 (Date)
_____, Director or Authorized Section Head — 1-4-90 (Date)

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

DATE 11-3-89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

#111-124-86
PARCEL NUMBER

8400 JUNCTION CT
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	✓ APPROVED		NOT APPROVED
2.	FLOODWAY REGULATIONS	✓ APPROVED		NOT APPROVED
3.	EROSION CONTROL REGULATIONS	✓ APPROVED		NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	✓ APPROVED		NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	✓ NO
7.	DRIVEWAY PERMIT REQUIRED		YES	✓ NO

REMARKS: S.F. HOUSE

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. M. E. Comis

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-3-89

Name/Company: William M. Lutty

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: 2 - Soil Investigation @ 90.00 -
2 - Applic for Improvement @ 100.00

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 3 1989

File # 6298 A
6299 A

Fee: $ 480.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

BILLING — WHITE [redacted]

480.00 Pd. 11-3-89 cml 2p

APPLICATION FOR SOIL INVESTIGATION

See File # 6299A

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

(OFFICE USE ONLY)

FILE: 6298A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8400 JUNCTION CT

② SUBDIVISION: FIRST RUN ③ LOT: #1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 111-124-86 PAGE NO.: _____

OWNER

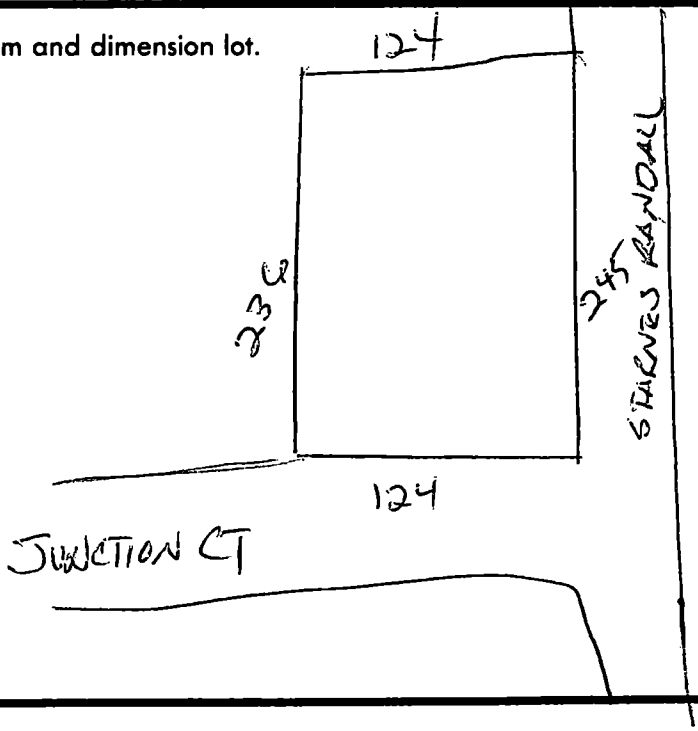
⑦ NAME: WILLIAM (FIRST) _____ (MIDDLE) WHITLEY (LAST)

⑧ MAILING ADDRESS: 5919 DELTA RD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 567 1700 (HOME) 563 7474

⑬ Accurately diagram and dimension lot.



⑭ 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: _____

Date: 11/3/89

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

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

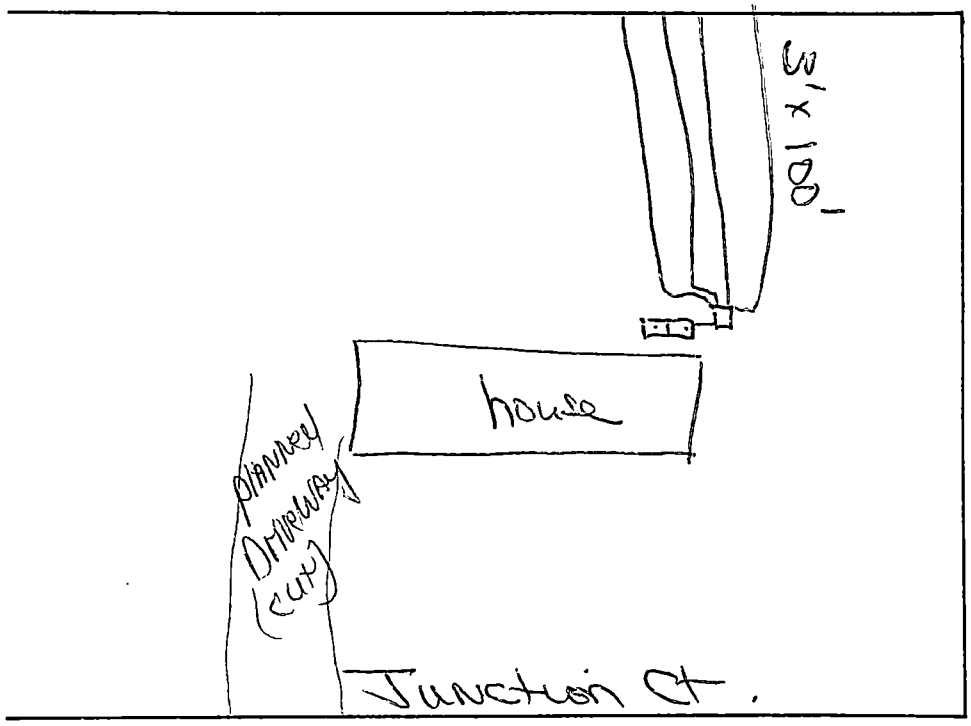
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6298 A DATE: 4/3/90

TC: 111-124-86 L

SERIAL Nº 13158

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 11/29/89. All work shall be completed on or before 5/3/90, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet
Not Installed yet

NAME OF OWNER Whitley William

LOCATION OF PROPERTY 8400 Junction Ct,

Comments: Install 4 Trenches 3' x 100' 12" Stone
Straw Cover.

Division or Section Head

Environmentalist Judy J. Kuss R.S.

* 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.