

1816 STONEYRIDGE DR

03130188

6/27/2007

duponbj

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

Sewer

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Robert E. Kunkleman
P.O. Box 10
Cornelius, NC 28031-0010

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
Robert E. Kunkleman	1816 Stoney Ridge Road	031-051-17	7295A	4	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

WE HAVE C.M.U.D SEWER AT THIS LOCATION
R.E. Kunkleman

BILL INFORMATION

Billing Date	Payment Due Date
4/19/99	5/19/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

4-28-99
CMUD confirms
sewer tap. or

DO NOT SEND CASH

Mecklenburg County
Health Department

April 19, 1999

Robert E. Kunkleman
P.O. Box 10
Cornelius, NC 28031-0010

RE: 1816 Stoney Ridge Road

Dear Mr. Kunkleman:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~7295~~ 7295A DATE: 5/17/91

TO: 031-051-17 ☑ L ☐ CRT

SERIAL № 12355

Name of Owner Robert Kuntleman Juris.:

Address of Property 1816 Stoneybridge Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 315'

Number of Lines 9 @35'

Cover Depth 4" + 6" added = 12"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 5/17/91

Tank(s) Inspected 5/17/91

Wash Line Inspected

High Water Alarm Inspected 5/17/91

PLOT

Design: 1991 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: LPP System with 6" Sand 6" Added Cover

Judy C. Kiser R.S.
Environmentalist

Mecl nty services are available without regard to ethnic origin, sex, or disability.

Called Keith Haynes
Dept of Env. Management
re: Sand filter System -
Referred to:
Michael Parker
Kim COLSM
ALAN Hanly
Gave Above Contacts to Mr Kunklemans
SM to PAU in — on 4/7/92 2:10 PM

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: ~~7295~~ 7295A DATE: 5/10/91

TC 031-051-17 ☐ L

SERIAL Nº 14963

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 3/11/91. All work shall be completed on or before 6/8/91, 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.

Install Per Approved Plan LPP System

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length 315+' feet

Number of Lines 9 - 10

Depth of Stone 8 inches

Distance from House 15' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

PLOT OF SYSTEM

NAME OF OWNER Robert Funkhouser

LOCATION OF PROPERTY 1816 Stoney Ridge Rd

Comments: See plan for Information

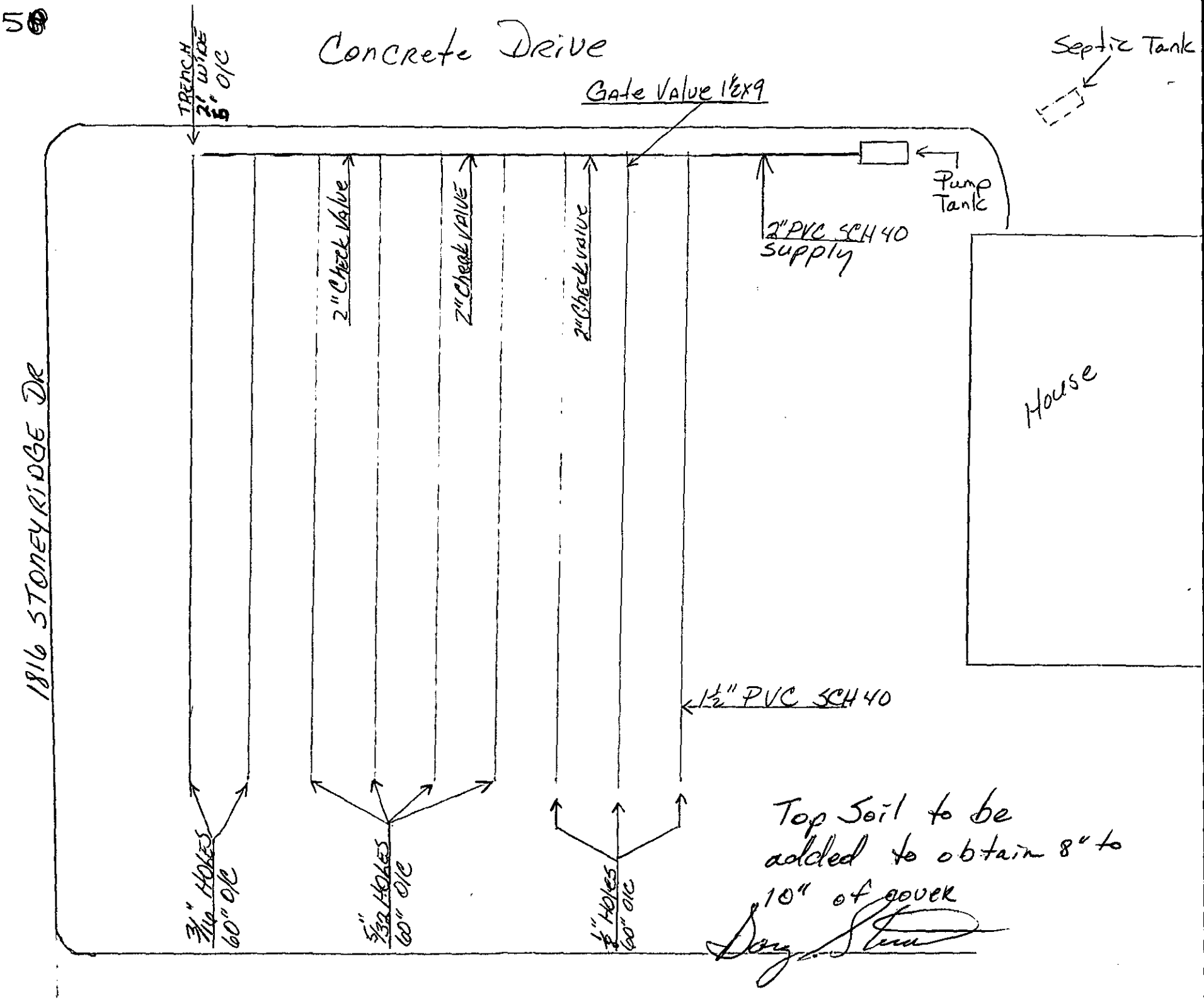
Division or Section Head

Environmentalist Judy J. Kuss R.S.

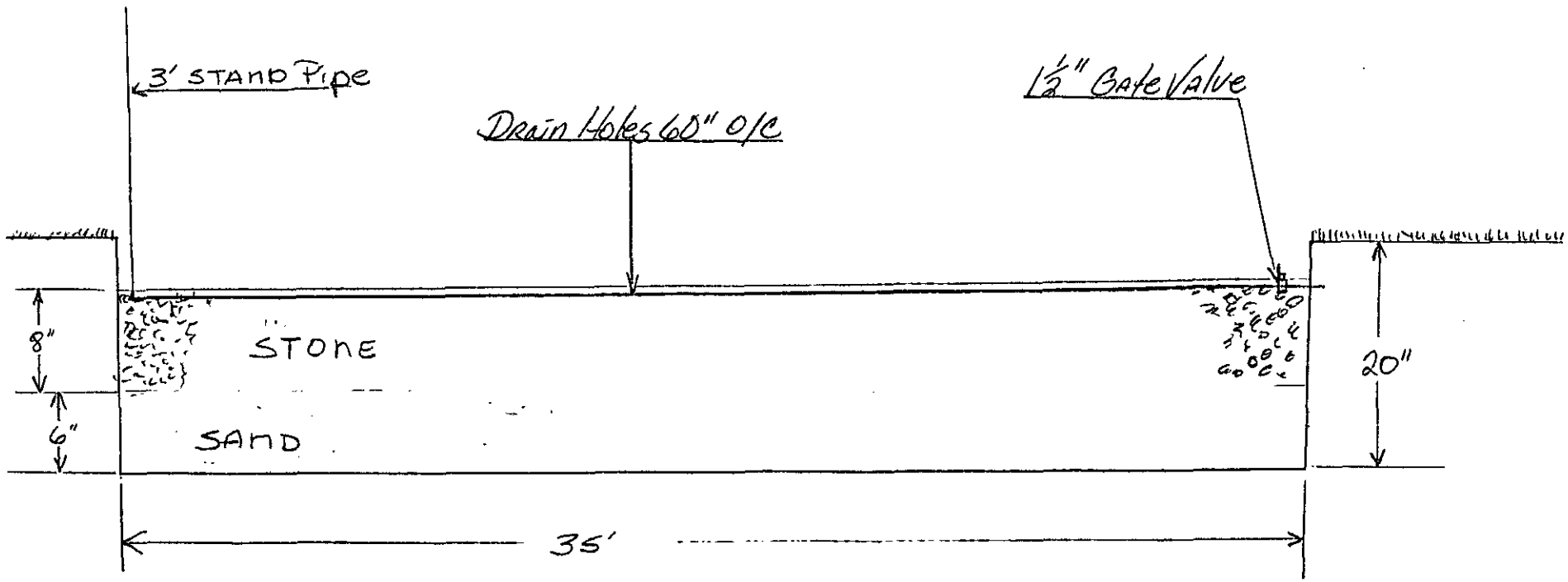
* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

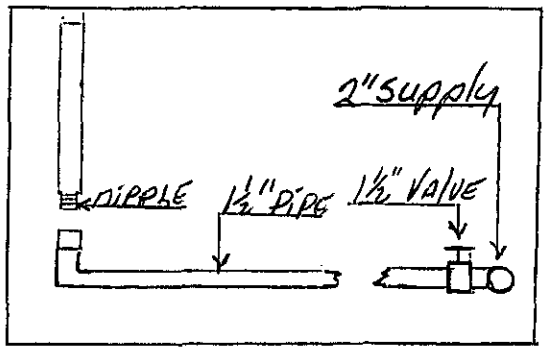
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

9295


Concrete Drive
Septic Tank
TRENCH 2' WIDE 5' O/C
Gate Valve 1½x9
Pump Tank
2" PVC SCH 40 supply
2" Check Valve
2" Check Valve
2" Check valve
House
1816 STONEYRIDGE DR
1½" PVC SCH 40
3/16" HOLES 60" O/C
5/32 HOLES 60" O/C
¼" HOLES 60" O/C
Top Soil to be added to obtain 8" to 10" of cover

92950





Top Soil to be added
to obtain 8 to 10 " cover

Doug Stern

9295A

SEPTIC SYSTEM REPAIR
1816 STONEYRIDGE DRIVE

Addition of 1,000 gal septic pump tank
Pump SP-40 2in. sewer pump, 120 gal at 28 ft. head Pump HP 4/10
Control panel and alarm set to dose 156 gal per cycle
2 inch supply line to leach field

Septic leach field to be;
Low Pressure Design
9 trenches 2 feet by 35 feet, 630 sq. feet of surface area
Trenches to be 20 in. deep with 6 in. sand 8 in. wash stone
Water distribution thru 1½ in. pipe
3 lines with 3/16 holes 60 in. on center
4 lines with 5/32 holes 60 in. on center
2 lines with 3/16 holes 60 in. on center

Jack Stuart
9349 Reamer Rd
28216

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No. 7295A

MAR 4 1991 T. C. No. 031-05L-17

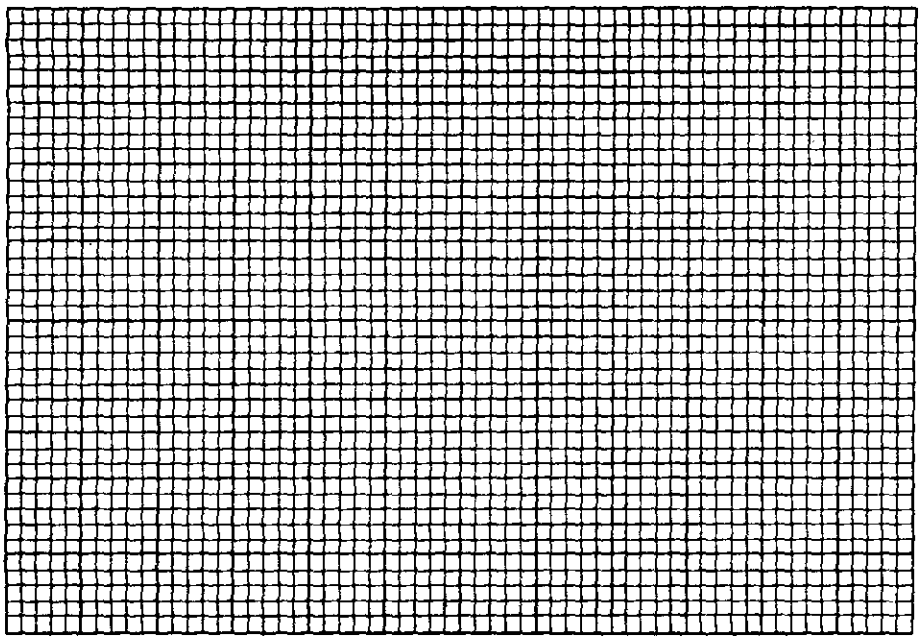
Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) [redacted] Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence X Yes ____ No

4) No. of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher X Yes ____ No
9) Water Supply:
A) Individual Well X
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER KOWKIEMAN (LAST) ROBERT (FIRST) ELSWORTH (MIDDLE)

14) ADDRESS OF OWNER 19811 HWY 73 WEST. DAVIDSON NC. 28036

15) PHONE NO. Home 892-7996 Office 892-6606

16) LOCATION OF SYSTEM 1816 STONEY RIDGE DRIVE CHARLOTTE NC (STREET OR COUNTY ROAD)

17) SUBDIVISION PINE ISLAND Lot No. 27 Block No. 1

Map Book No. 12 Page No. 367

18) DEED REFERENCE — DEED BOOK 6080 AT PAGE 129

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3/4/91
DATE OF APPLICATION

Robert E. Kowkiemann
OWNER

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 03/08/91

Name/Company: ROBERT Kuebbeman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Permit to Drill Fee # 7395A

Fee: $ 25.00 Chg 91 25.00

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

SEE INSTRUCTIONS ON BACK

Date Received_____ ICAR(S) Application No. 1-1-54

T. C. No. 1-1-54-7

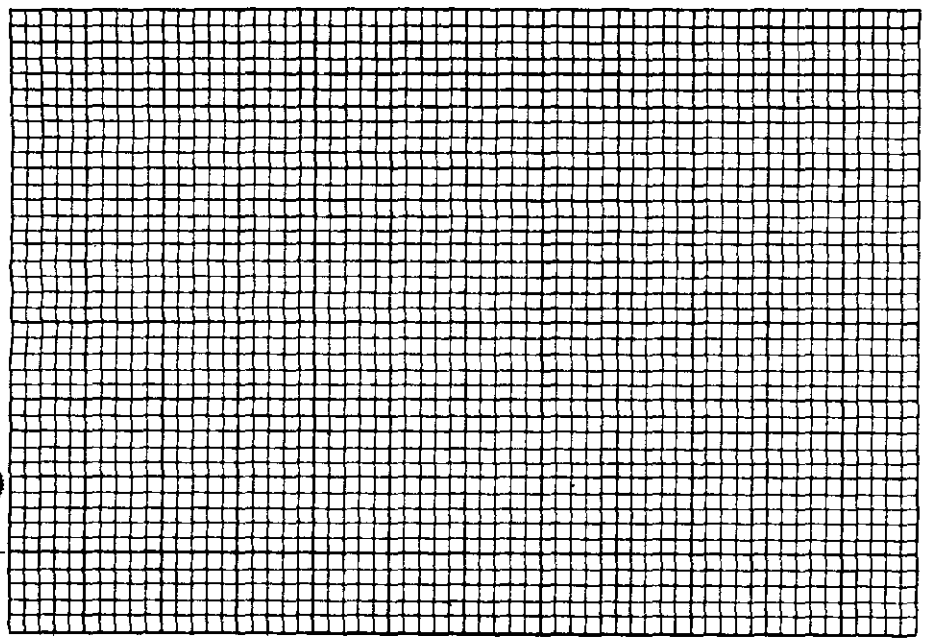
Map Date_____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes____No
Residence ____Yes____No

4) No. of Bedrooms _____
5) Business Use — Max No Employees _____
6) Washing Machine ____Yes ____No
7) Garbage Disposal ____Yes ____No
8) Dishwasher ____Yes ____No
9) Water Supply:
   A) Individual Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ____Yes ____No
   House located within 200 feet of community sewer ____Yes ____No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER _____
LAST FIRST MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

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_____ _____
DATE OF APPLICATION OWNER

EHD-5-76

Environmentalist's Copy