

8424 FAIRVIEW RD

19703104

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

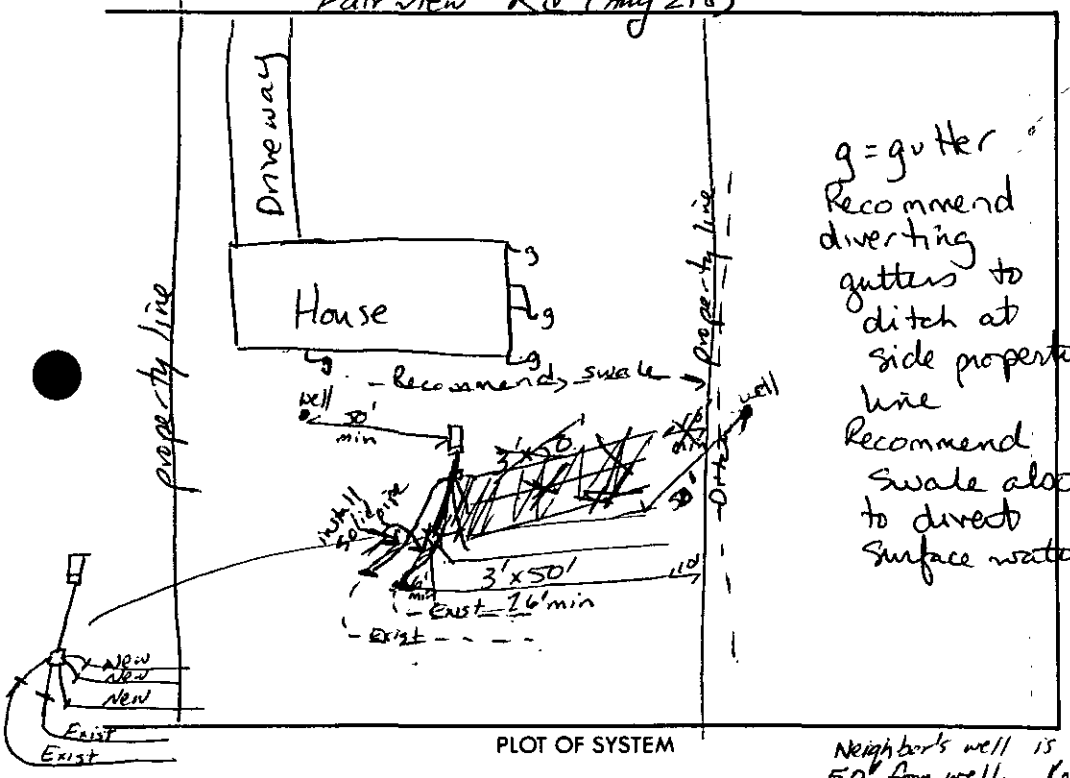
2071B/9242A

FILE: ~~7366/8607A~~ DATE: 9-8-93

TC: 197-031-04 ☐ L

SERIAL Nº 15588

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 9-8-93. All work shall be completed on or before 10-8-93, 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.



Sanitary tee in tank

Liquid Capacity of Septic Tank Exist gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction RCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length Add 150' feet

Number of Lines 3 at 50' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

Neighbor's well is underground off set well – Keep min 50' from well. Keep min 6' off existing drainfield

NAME OF OWNER Mary Allen

LOCATION OF PROPERTY 8424 Fairview Road

Comments: Feed each line 1/3 of effluent from distribution box. Utilize existing drainfield – Use solid piping to get to unclogged portion of line as shown. Keep 10' off property line (min 15' off ditch) Install as shallow as possible in relation to existing tank & dist. box.

Division or Section Head

Susan Bateman
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

Repair WPCO

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

~~7368 / 8607A~~ 2011B/9242A [] 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: John Carpenter (last) (first) (mi)
ADDRESS: _____ PHONE: (__) 536-4465
CITY: STATE: ZIPCODE:

Date: 9-3-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):
197-031-04
TAX/PARCEL NUMBER: ~~197-122-23~~
STREET ADDRESS: ~~7608 Linda Lake Dr~~ 8424 Fairview Rd (NC 218)
ZONING:

PROPERTY OWNER:
NAME: Allen Mary Betts [Worth Stilwell Estate (last) (first) (mi)
ADDRESS: 7844 McWhirter Rd PHONE: 704 545 4252
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3
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)
[X] 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 Matt L Howe Date: X Sept 3 1993

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

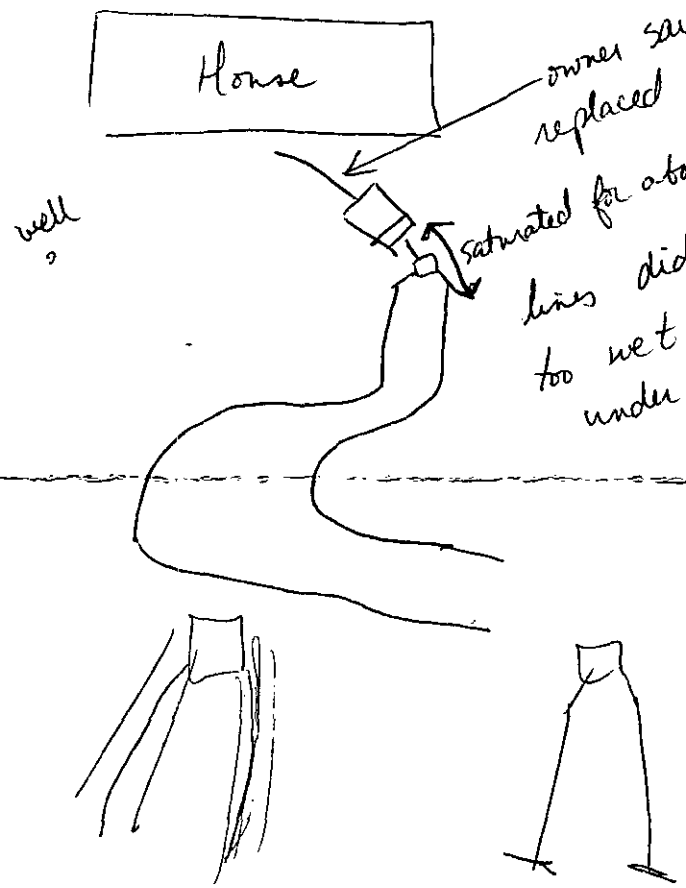
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Coleman 9-8-93
Environmentalist Date

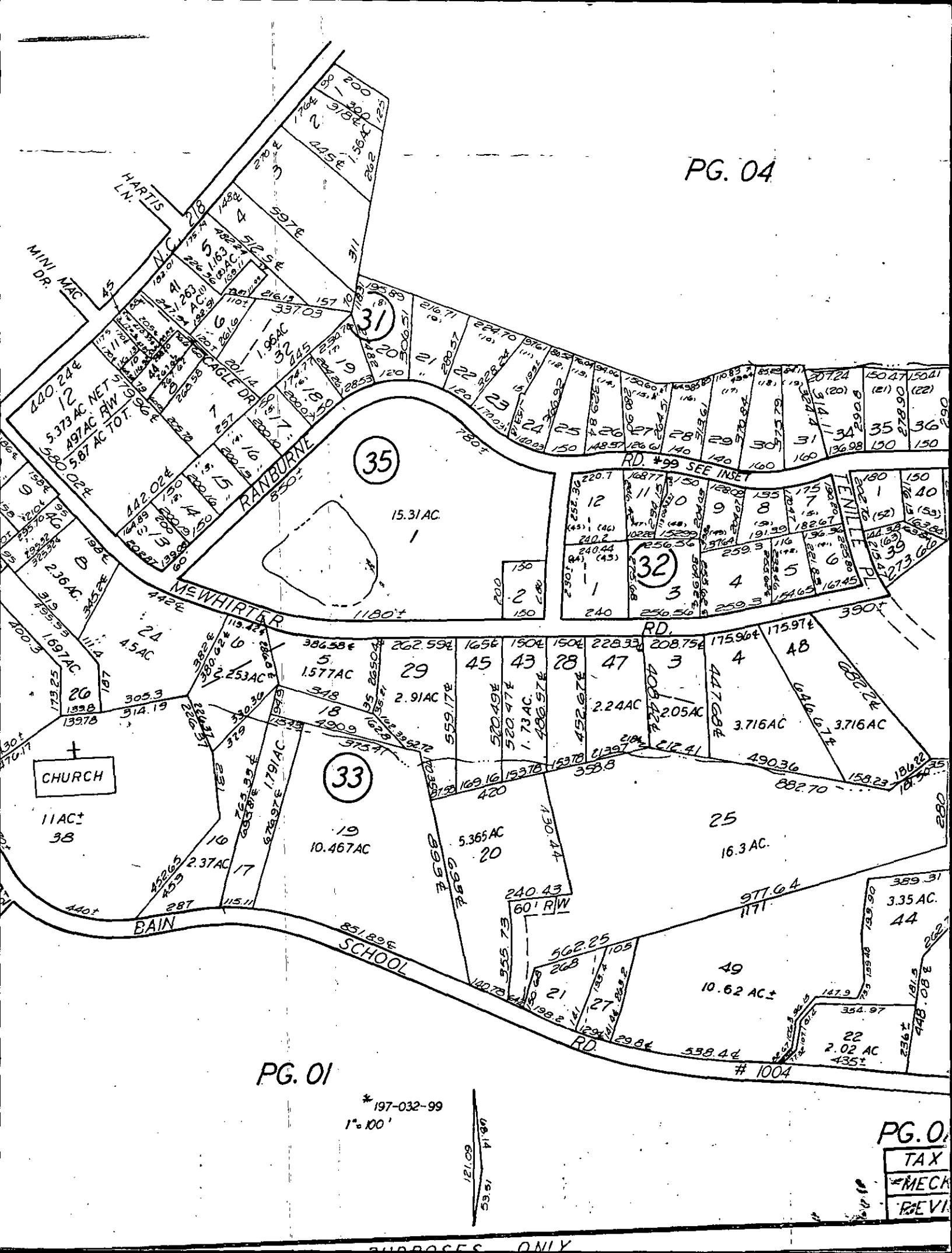
Director or Authorized Section Head Date

WWATER : 122791

nitrate sample?



9-3
visited site - toilet was leaking & it appears as though blockage / broken pipe around tank / dist box area. They preferred to check that out + fix toilet first before looking to do a repair. Will call back concerning results of this routine maintenance


PG. 04
HARTIS LN.
MINI MAC DR.
N.C. 28
EAGLE DR.
RANBURNE
McWHIRTER DR
RD. #99 SEE INSET
TENILLE PL.
RD.
CHURCH
BAIN SCHOOL RD. # 1004
60' R/W
PG. 01
* 197-032-99
1" = 100'
TAX
MECK
REVI
PURPOSES ONLY

197-031-04

8424 Fairview Rd.

John Carpenter

536-4465

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 207/BI 9242A ~~7366/8607A~~ DATE: 9-20-93

TC: 197-031-04 ☐ L ☐ CRT

SERIAL Nº 15716

Name of Owner Mary Allen Juris.:

Address of Property 824 Fairview Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 140+150' added

Number of Lines 3 @ 45-50' each

Cover Depth 6"-12"

Water Supply Source ind. well

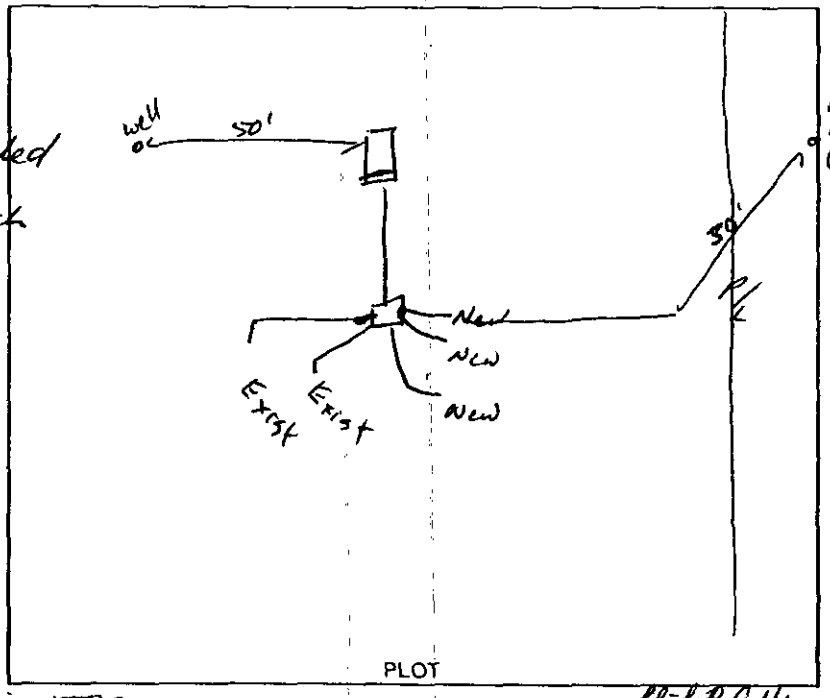
Distance to Water Source 50'

Excavation Inspected 9-20-93

Tank(s) Inspected Existing

Wash Line Inspected —

High Water Alarm Inspected —



Existing tank min 1000 g.

Design: 1993 Repair, 3 lines added at 3'x45-50'x12" stone each, new dist. box set to feed 5 lines (2 original + 3 new) each-like Chelsp Allen CTR# 217

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 min 50' from where neighbor marked where his underground offset well is located.

Repair to system >20 yrs old.

Susan Patterson
Environmentalist

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