


1519 THOMPSON AV

03702617

1/3/2008

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 37628 DATE: 10/10/95

TC: 037-026-17 ☐ L ☐ CRT

SERIAL Nº 16388

Name of Owner Joe Watson Juris.: _____

Address of Property 1519 Thompson Avenue

**Inspection Data:**

Tank Material Existing

Total Length of Drainfield _____

Number of Lines 3 @ 25'

Cover Depth 24"

Water Supply Source Comm. Well

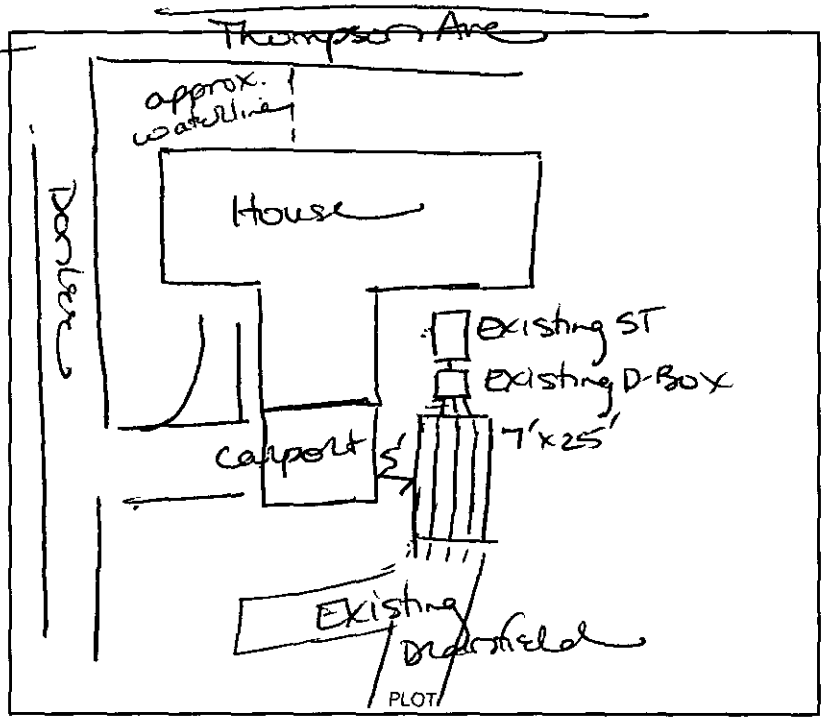
Distance to Water Source >100

Excavation Inspected 10/10/95

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA




Design 1995 Repair by Replacement ~7'x25' area, 6-28" new gravel CTR# _____

Gary Bradley

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this For Record Purposes

☐ 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 15A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair by replacement @ owner's request.

Existing concrete piping (in cinders) clogged with tree roots. Blockage removed, corrugated piping (3) installed out from existing D-Box & connected into existing piping beyond blockage area. Clean gravel added.

OD<85 ☆ Recommended that property owner pursue municipal sewer via tap on fee payment to CMUD for extension.

Lisa B. Trialik
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

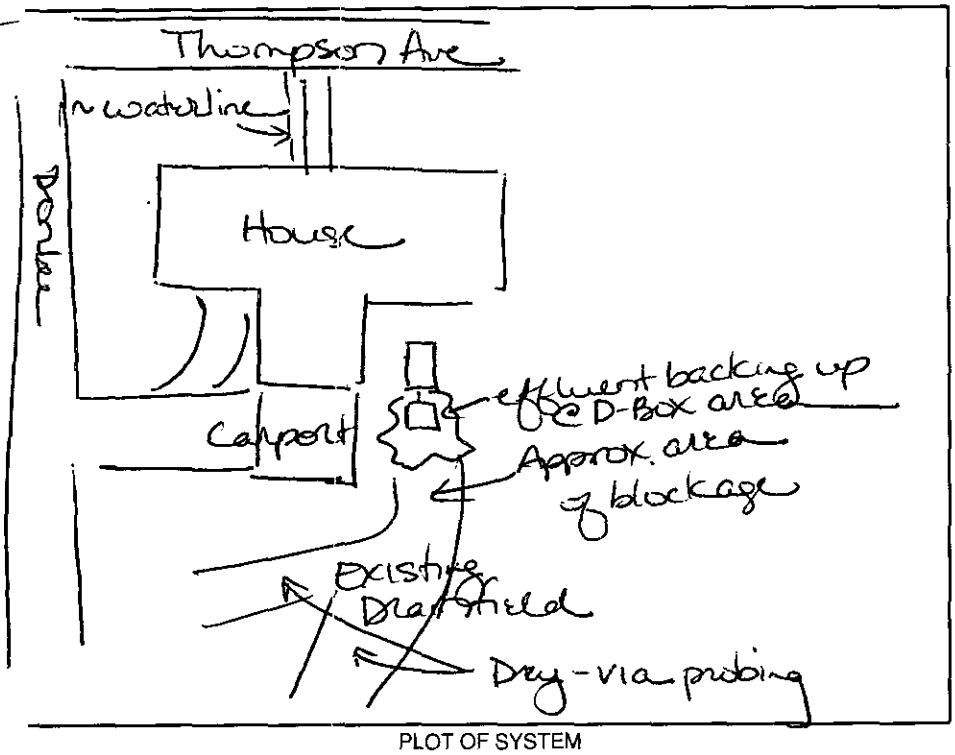
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3762B DATE: 10/9/95

TC: 037-026-17 ☐ L

SERIAL Nº 16349

Permission is hereby given to _____ Install or Construct, ✓ Alter or Replace 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 10/3/95. All work shall be completed on or before 11/9/95, 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction ✓

Trench Depth original depth

Absorption and/or Nitrification Lines:

Trench Width ~7 feet

Trench Walls Scored and Porous ✓

Total Line Length as needed to connect feet

Number of Lines 3 (as existing)

Depth of Stone as existing inches (+)

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ~~50~~ 100 feet

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

NAME OF OWNER Joe Watson

LOCATION OF PROPERTY 1519 Thompson Ave.

Comments:

Remove portion of drainfield bed clogged by tree roots; reconnect D-Box to existing lines (3) in existing bed by corrugated piping; add/replace where needed gravel

Lisa B. Mialik, RS
Environmental Health Specialist

For Record purposes

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

37628

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

DISCO

[] 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: WATSON (last) JOSEPH (first) EDWARD (mi)
ADDRESS: 1519 Thompson AVE PHONE: (704) 394-6075
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

Date: 10/3/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-026-17
STREET ADDRESS: 1519 Thompson Ave
Charlotte
ZONING:

PROPERTY OWNER:
NAME: WATSON (last) JOSEPH (first) EDWARD (mi)
ADDRESS: 1519 THOMPSON AVE PHONE: (704) 394-6075
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: OAKDALE

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

LOT NUMBER: Lot #2 / BA LOT SIZE (in acres): 3/4

TYPE APPLICATION (check one):
[] 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: 3 NUMBER OCCUPANTS: 4

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):
[x] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [x] 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: Joseph Edward Watson Date: 10-3-95

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Repair by replacement - see file

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

Ilba B. Mialik, RS 10/10/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

(No record needed)

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

# ON-SITE WASTEWATER VIOLATION NOTICE

OWNER JOSEPH E. & BARBARA J. WATSON MAILING ADDRESS 1519 THOMPSON AVE, CHARLOTTE 28216

OCCUPANT SAME AS ABOVE LOCATION SAME AS ABOVE

[X] RESIDENCE [ ] BUSINESS [ ] OTHER TAX PARCEL 037-026-17

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5573.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Pit Privy must be repaired/constructed.

[X] Other Repairs (*specify*) Submit tap on receipt from Charlotte-Meck. Utility Dept. for sewer extension.

[ ] Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by NOVEMBER 6, 1995, appropriate legal action will be taken.

Notice Issued October 6, 1995 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Division of Environmental Health) Agent

Compliance 10/10/95 (Date) Signed Lisa B. Mialik, RS (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

# SERVICE REQUEST/WORK ORDER

Log No.: 3762B Section: IWMS Hazard? [ ] Yes [ ] No

Date: 9/22/95 Parcel: 037-026-17 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Gary Bradly ST contractor Phone 263-5484

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Joe Watson 394-6075

Address 1519 Thompson Ave City Char Zip _____

SERVICE REQUESTED: . . . . . .

ASSIGNED TO: _____ TAKEN BY: _____

| DATE | ACTIVITY REPORT |
|---|---|
| 9/25/95 | OSV. Mr Watson present. Observed effluent surfacing @ end of ST & @ D-Box (uncovered). Drainfield appears dry via probing. Advised property owner to have contractor (after tank pumped, etc.) uncover D-Box, etc. while I'm present in an attempt to locate problem - if necessary, repair approval will be made. |
| 9/25/95 | PC w/V. Johnson @ CMUD - with copy of NOV from us & receipt of tap on fee. Sewer can be extended in ~9 months. |
| 9/25/95 | PC w/Mr Watson. Per Mr Watson, needs immediate solution, does not have money for tap on. JBH |
| 9/25/95 | PC rec'd from Gary Bradly. Will plan to pump tank & contact me for OSV to determine repair. JBH |
| 9/29/95 | PC to Gary Bradly. NC. LM w/wife (?) that I will not be @ work 10/2. |
| 10/3/95 | OSV. Gary Bradly & Joe Watson present. Tee broken off in ST; drainfield via probing appears to be saturated ~10' from D-Box, then dry. Per Mr. Bradly & I & MR @ Mr Watson's request, Mr Bradly to uncover system to point of blockage & install new piping; install new sanitary tee @ ST. |

NOTIFICATION TO REQUESTING PERSON: ( ✓ Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Malik, RS / 10/10/95

REVIEWED BY: _____ /

# SERVICE REQUEST/WORK ORDER



Date: 9/22/95 Log No.: 3762B

037-026-17

| DATE | ACTIVITY REPORT |
|---|---|
| 10/4/95 | Tax records indicate: owner: |
| | 037-026-17 Joseph Edward Watson |
| | 1519 Thompson Ave "w/ Barbara J. |
| | 1519 Thompson Ave |
| | Char NC 28216 |
| | |
| 10/4/95 | NOV; Due 11/6/95 jbr |
| 10/9/95 | OSV. Gary Bradley + Joe Watson present. Bradley excavated out blockage in ~~concrete~~ ~~tile~~ piping - to replace ~~stone~~ w/ corrugated piping (holes) + fresh stone jbr Repair/replacement approval. |
| 10/10/95 | "Final". Recommended that property owner pursue tap on fee for CMUD Extension as soon as he is able. See file for forms (Repair) Approval + OP - record purposes ONLY. jbr |

037-026-17

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