

517 HIGHLAND FOREST DR

21303329

8/12/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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Direct
Marketing
Resources

Dan Sullivan
President

PO Box 13382
Charlotte, NC 28270-6993

Phone 704/365-5890
Fax 704/365-5892

Mecklenburg County
Health Department

October 12, 1998

Mr. Daniel Joseph Sullivan
517 Highland Forest Drive
Charlotte, NC 28270

Dear Mr. Sullivan:

We have received a copy of the receipt for the Charlotte Mecklenburg Utility Department 'sewer tap-on fee for '517 Highland Forest Drive. Your prompt response was appreciated. Payment of this fee is considered a step toward compliance with the State sewage regulations.

You must take all necessary measures to ensure that sewage does not surface on top of the ground while waiting for construction of the sewer line and/or sewer tap.

Some of these measures include:

- Practicing water conservation methods by using water saving devices in the shower head and commode; taking quick showers; and spreading clothes washing out over the course of a week instead of washing in sequence. In addition, fix any dripping/leaking water fixtures and water closets, etc.
- Checking and pumping the septic tank as necessary. Contact a septage management hauler for this service.
- Not watering the lawn in the area of the septic system.

Enclosed is a brochure which explains the proper abandonment of the septic tank system.

Please contact me at 336-5571 as soon as the connection from the house to the sewer tap is completed. If you have any questions, please do not hesitate to contact me.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

3/17/99 Confirmed Cmpd TAP Please Close out
our file 16833 Judy Kiser

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 10-9-98 Nº 47164

RECEIVED FROM: Direct Marketing Resources

one thousand six hundred twenty & no/100 $ 1620.00

FOR: 4" sewer

517 Highland Forest Dr

Verene Johnson
RECEIVED BY:

CASH ☐

CHECK ☑ # 1729

Hm. 814-4079 - David Sullivan

May tap at rear if can get easement.

3/17/99 Per Vee Johnson - CMUD - They obtained an easement to TAP M at rear of property

3/17/99 - Phone Call to Mr. Sullivan, owner - Mr. Sullivan obtained A 2' easement from Ms. Spurlin/Tax parcel #213-161-17 - Conestoga Dr. - Subdivision BACKS up to him (They have City Sewer)

3/17/99 Advised Mr. Sullivan Abandonment of tank

10-09-98 05:56PM

213-033 29
16833file

DMR DIRECT MARKETING RESOURCES

P.O. Box 15353 • Charlotte,NC 28211-0601 • Phone 704/ 365-5890 • Fax 704/ 365-5892

WWW.DMRESOURCES.COM

Fax Cover Sheet

DATE: 10/05/98

TO: ~~Steve Autry~~

CO: Autry Concrete & Septic

FAX: ~~357-3075~~

CC Judy Kaiser Meck County Health

FROM: Daniel J. Sullivan

PHONE: 704-365-5890

FAX: ~~704-365-5892~~

FAX: 336-6894

Number of pages including cover sheet: 1

Message/Comments:

Steve

I wanted to update you on my septic system (517 Highland Forest Dr.). This weekend I pumped out effluent from a hole I dug on the outlet side of the septic tank and found that the discharge pipe is not sealed where it exists the tank. Appears to be about a 2" gap around the circumference of the of the discharge pipe. Effluent flowing out around discharge pipe at this point and accumulating in hole. I also noticed that effluent can build up in the hole and rise above and totally conceal the discharge pipe.

I need to have this repaired as soon as possible. I first reported this problem to you on 9/17 and it appears to be caused by faulty installation. Also, I have recently landscaped the area and would like to keep heavy equipment out to minimize further damage. Please advise when you can repair. Judy Kaiser from Meck County Health Dept also asked to be contacted to inspect repair. You can call me at work 365-5890 or home 814-4079 to discuss.

Thanks

Signed: *Daniel J. Sullivan*
704-365-5890

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16833 DATE: 10-16-97

TC 213-033-29 ☒ L ☐ CRT

SERIAL № 17403

Name of Owner DAN SULLIVAN Juris.: _____

Address of Property 517 HIGHLAND FOREST DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield UNKNOWN

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

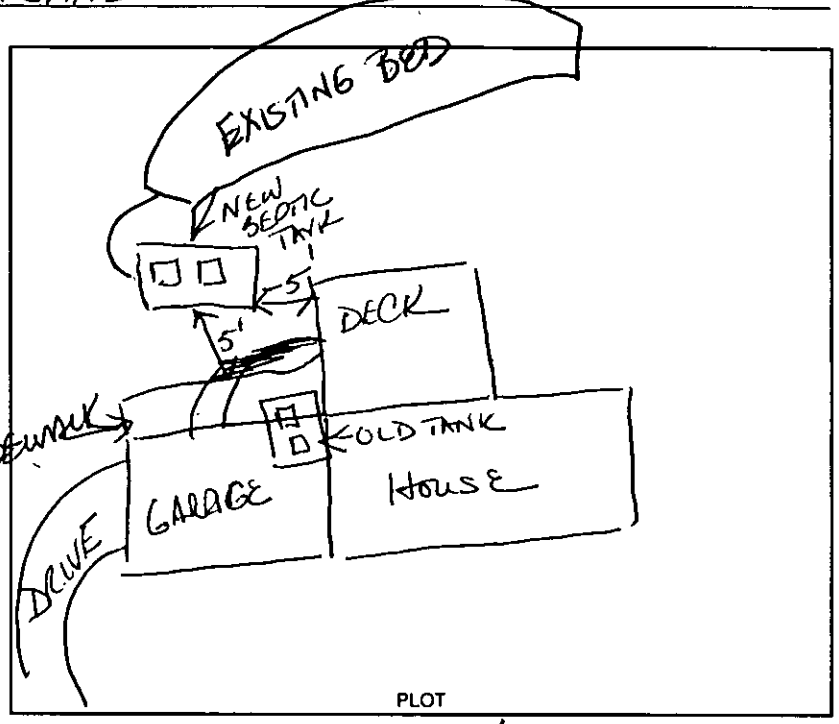
Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected 10/16/97

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design 1500 SEPTIC TANK WAS MOVED TO MAINTAIN 5' OFF OF BUILDING FOUNDATION CTR# 5

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

☐ 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: TANK WAS INSTALLED W/OUT PRIOR INSTALATION APPROVAL. OR APPLICATION UNTIL 10/28/97. FOR IMPROVEMENT PERMIT

Dawn Higgins Burney R.S.
Environmental Health Specialist

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

File 16833

SEWAGE DISPOSAL RECORD

Mech County Health Department

Name of Occupant _____ W ___ C ___ Location of Building Lot 12 Highland Forest

Name of Owner Steve Sessoms W ✓ C ___ Date of Installation 2-28-58

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank Pre Cast Conc (R) (Material and Shape) Date Inspected 2-28-58 Permit No. 21075

Capacity 1000 gal F.H.A. Case Yes _____ No ✓

Number of Bedrooms 3 Br. Type Secondary Treatment 300 Feet 15'x50'

Source of Water Supply Drilled well Distance From Nearest Pollution 55 Ft.

Contractor or Plumber D L Thompson Address _____

Approved by J R Joyner

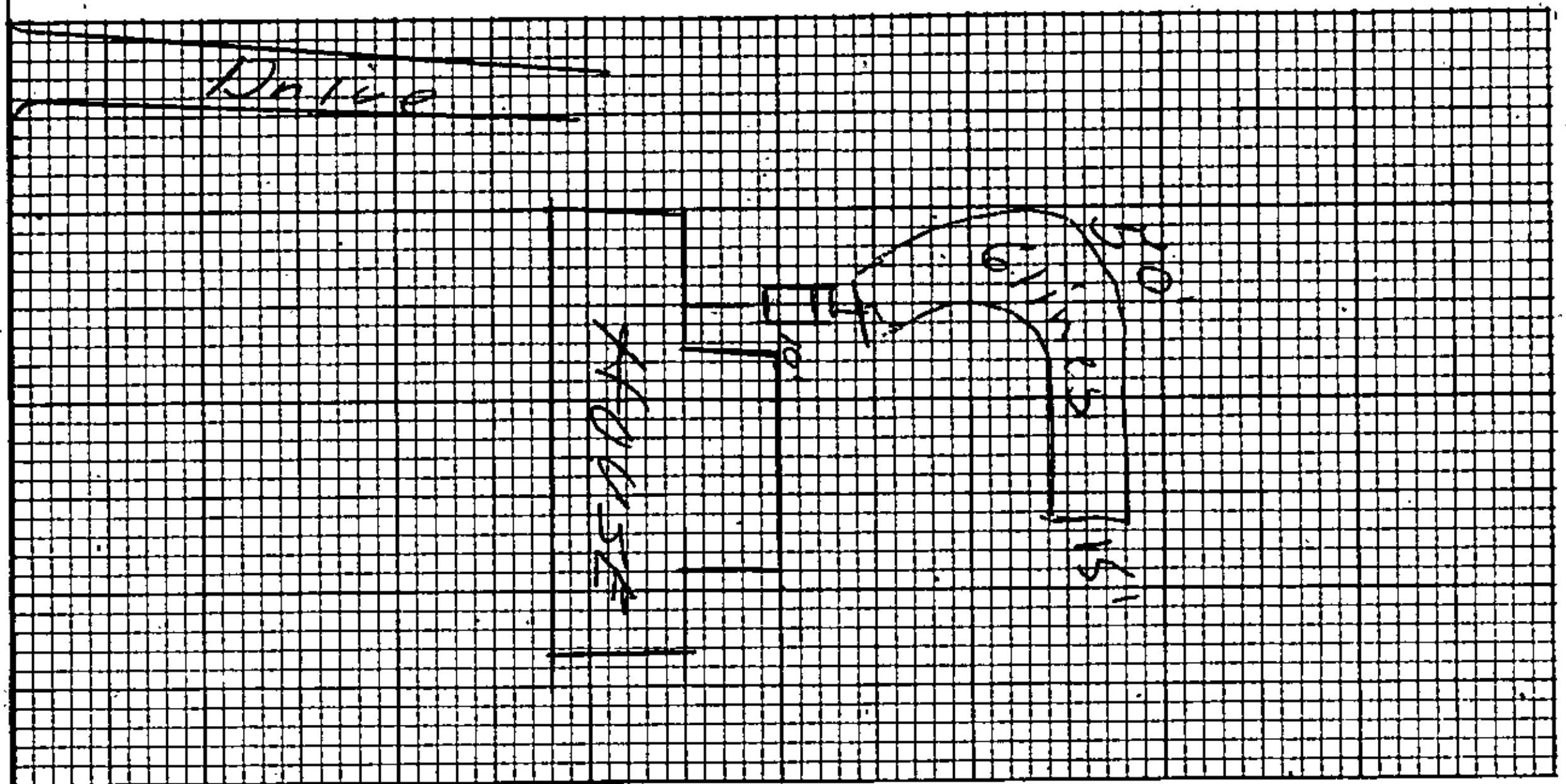
Remarks Rat 43 map

(Over)

N. C. STATE BOARD OF HEALTH

Form No. 473 Rev. 4/57

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



Highland Forest

FEE: #200 Chk#3375 DATE: 10/28/97 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 16833

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 213-033-29

STREET ADDRESS: 517 Highland Forest Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
X HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2800

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

RELOCATE SEPTIC TANK TO A DISTANCE OF +5FT FROM HOUSE FOUNDATION

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) X MUNICIPAL (M) __ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: SULLIVAN DAMEL J. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 517 HIGHLAND FOREST DR.	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: N.C. ZIP: 28270	
DAYTIME PHONE: (704 365-5890	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

X SIGNED: Daniel J. Sullivan DATE: 10/22/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Serial 3859

Date Issued 5-5-10

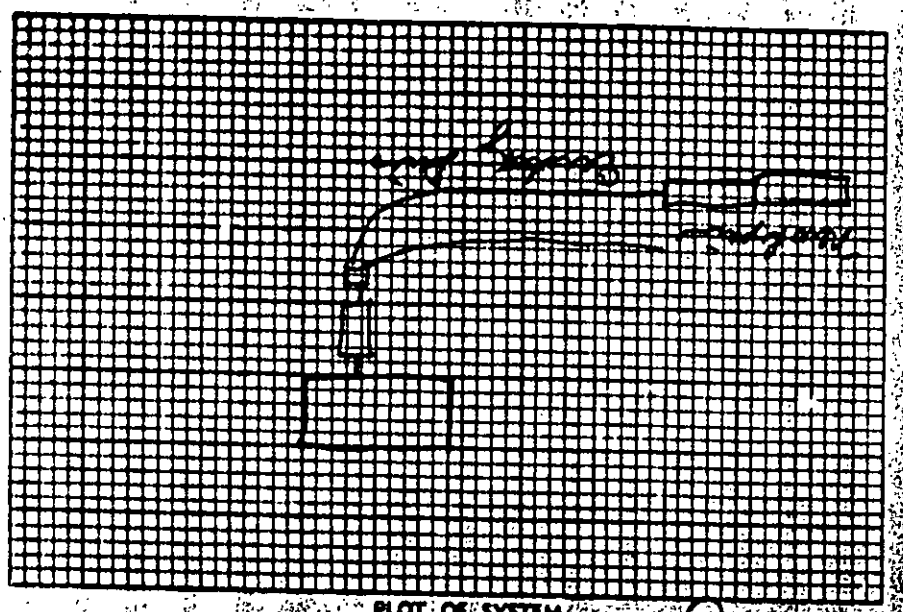
ICAR (S) Permit No. 16833

T C No 213 033

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ____ Install or Construct, X 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 application _____ dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank 1000 gal

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Length 200' Repair

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER Eugene A Dunn

LOCATION OF PROPERTY 517 Highland Forest Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Tuse: 30" X 16' + 10' Stone - Septic Tank

Division or Section Head

* 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. Otherwise, only the signature of the Environmentalist is required when the permit is issued or renewed.

Environmentalist