

5200 DIXIE RIVER RD

14111121

12/26/2007

duponbj

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

Mecklenburg County
Health Department

July 23, 1997

Mrs. Virginia Palmer
5200 Dixie River Road
Charlotte, NC 28208

Re: File 1540B

Dear Mrs. Palmer:

This is to acknowledge the receipt to use the existing septic system at 5200 Dixie River Road. The Department of Transportation made the request to determine the impact of the proposed right-of-way as it extended across the septic system. The new right-of-way was not clearly marked, thus, there may need to be some minor adjustments at a later date.

At the time of the investigation, a determination was made that the right of way would extend approximately 30 feet over each drainline. A new 70' drainline would need to be installed to replace the drainfield that will be taken. The 30 foot sections of the drainfield may need to be removed and the waste should be properly disposed of by contacting the Environmental Protection Office at 336-5500. Drainlines are required to maintain 10 feet from any property line. This needs to be taken into consideration if the Department of Transportation changes your property line.

Therefore, the request to utilize the existing system is hereby denied. An alteration to the existing system will be required. Prior to any repairs to the system, all necessary permits shall be acquired from the Health Department.

If you have any questions or need any assistance please call me at 336-5572.

Sincerely,

Toni Higgins-Burney, R.S.
Individual Water and Wastewater Systems

THB:gc

FEE: $50.00 ck# 1907

DATE: 6/17/97

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

I ICRT

TYPE APPLICATION: ___ NEW SYSTEM ___ 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 #: 1540B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-111-21

STREET ADDRESS: 5200 Dixie River Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS: 2

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:

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

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- X 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	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	X YES ___ NO		

PROPERTY OWNER:

NAME: Palmer (LAST) Virginia (FIRST) J. (MI)

ADDRESS: 5200 Dixie River Road

CITY: Charlotte STATE: NC ZIP 28208

DAYTIME PHONE: (704) 588 - 8107 (Roger-son)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

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.

SIGNED: Roger E Palmer DATE: 22 Apr 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1540B DATE: 8-5-96

TC: 141-1117 ☐ L ☐ CRT

SERIAL Nº 16807

Name of Owner VIRGINIA Palmer Juris.:

Address of Property 5200 Dixie River Rd

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 28"

Water Supply Source WELL

Distance to Water Source >50'

Excavation Inspected 8/5/96

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 600 SQFT, T, 1 D BOX, CECIL-LIKE CTR# Robbie McDowell

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: Existing system 40 years old.

Type II

Toni Higgins Bunny, RS,
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

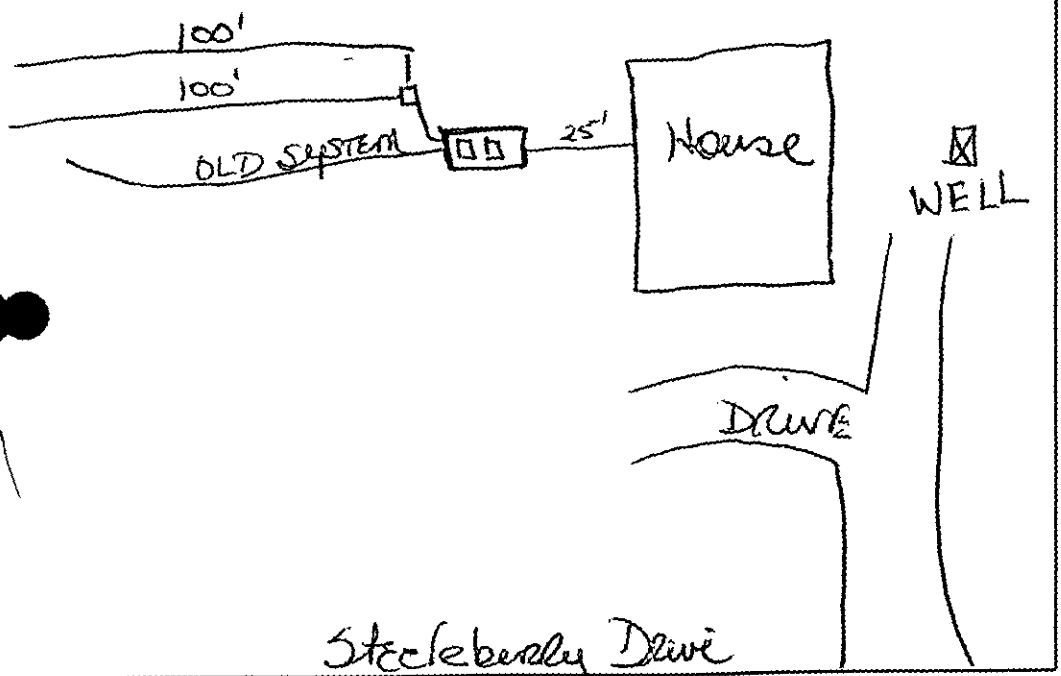
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1540B 21 DATE: 7-31-96

TC: 141-111-[redacted] ☐ L

SERIAL № 16817

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 7/31/96. All work shall be completed on or before 8/31/96, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous yes

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

POSITIVE YES

NAME OF OWNER Virginia Palmer

LOCATION OF PROPERTY 5200 ~~Steeleberry~~ PIXIE RIVER Rd.

Comments: Disconnect old line from tank install d-box and two lines @ 3 x 100 x 12". Check for tee in Septic tank. Septic tank system approximately 40 years old.

David Higgins Bumgarner R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   141-11-21

2) Provide the name of the original property owner.
   MR. C. M. ROBINSON

3) Do you have visible sewage on the surface of the ground?
   NO

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   YES- PRIOR TO BEING PUMPED OUT

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   NO

6) Has your septic tank ever been pumped out? If so, approximately when?
   MARCH '96

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   NO

8) Approximately what year was your septic system installed?
   1956

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   NO

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

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

FEE: N/A
DATE: 2/5/96

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FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

[ ] CRT

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HEATED SQUARE FOOTAGE:

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EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

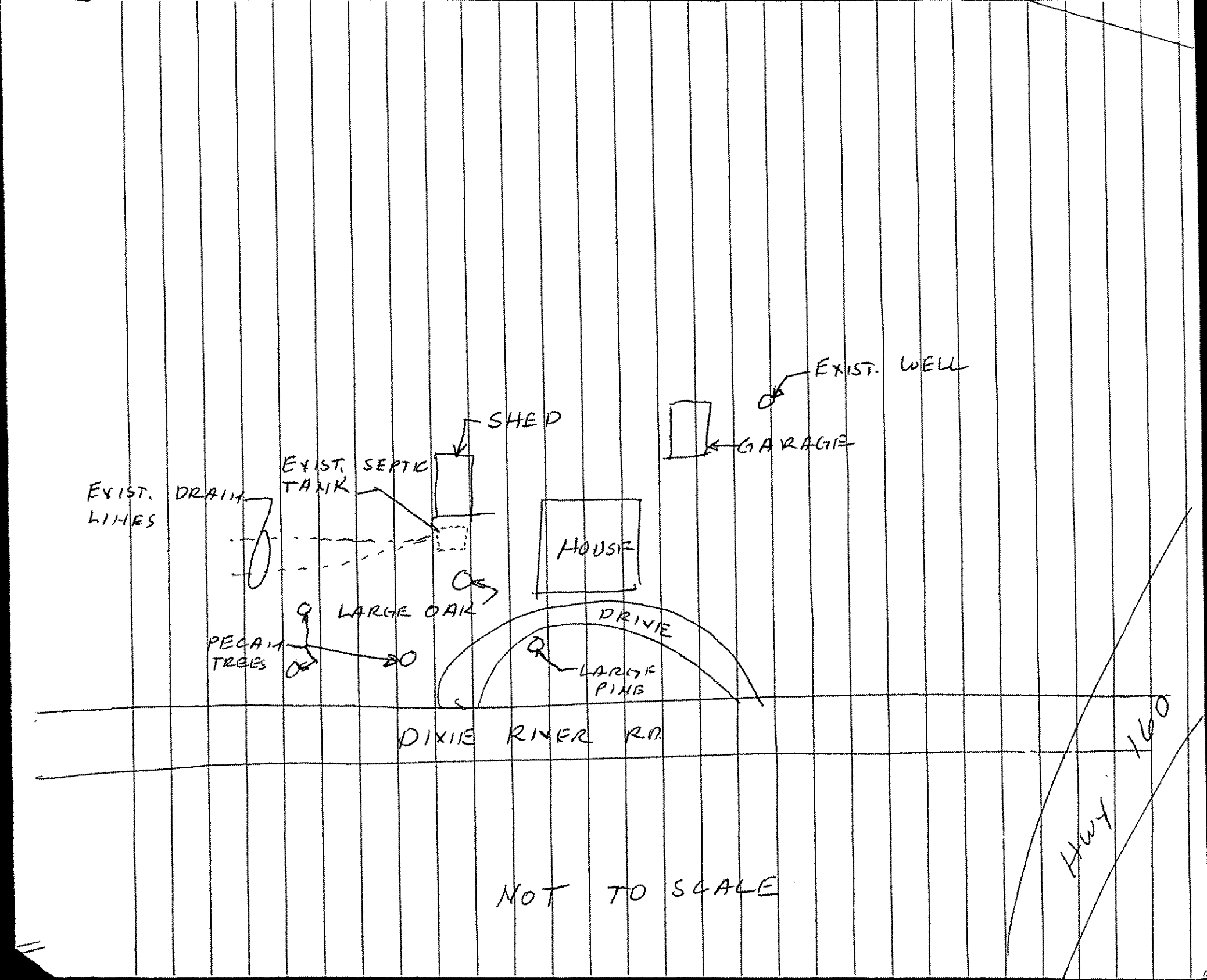
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Palmer (LAST) Virginia J. (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 5200 Dixie River Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: DATE:

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


EXIST. WELL
SHED
GARAGE
EXIST. SEPTIC TANK
EXIST. DRAIN LINES
HOUSE
LARGE OAK
DRIVE
PECAN TREES
LARGE PINE
DIXIE RIVER RD.
HWY 160
NOT TO SCALE

Sheets
10 & 24
6.678008T

- Property line
- Existing R/W
- Proposed R/W
- Back of Cut and Fill slope

ROBERT P. WILL
DB. 1685-0134
DRIVE-1 PT Sta. 0+078.
DRIVE-1 PT Sta. 0+084.15
LAND CONSTRUCTION

SARAH BELK GAMBRELL
DB. 5399-0289

PROP. R/W
POC Sta. 5+67+781.2882 -L-
POT Sta. 5+63+583.285 -Y5-

S 16° 17' 10" E

8+600

12 m

8+700 -L-

2 m
2 m
18 m

-RAMP D-
POC Sta. 8+760 -L- 117.7 m RT
PC Sta. 1+617.659 -Y5-

-RAMP D-
POT Sta. 0+050.000 -Y5-

8+500

8+400

S 87° 32' 29" E

PROP. R/W

MELT

PROP. QUADRANT

S 87° 32' 29" E

I-680

PROP. R/W

TS Sta. 1+718.160 -Y5REV-

VIRGINIA J. PALMER
DB. 5172-0783

(question as to whether the drain lines extend into R/W and/or Cut/Fill slope.)

SC Sta. 1+768.160 -Y5REV-

Septic tank
Water well
Dirt

Good Well

ROBERT L. GUY
DB. 7401-0783

DWIGHT L. PHILLIPS
DB. 2036-0001

I-680 -Y5REV-
25 m

I-900 -Y5REV-
15 m

I-940 -Y5REV-
15 m

I-980 -Y5-
15 m

I-920 -Y5-
EX. R/W

I-780 -Y5-
EX. R/W

I-780 -Y5REV-
18 m

I-820.329 -Y5REV-
15 m

PROP. R/W

N 87° 00' 24" E

SARAH BELK GAMBRELL
DB. 5399-0284

-RAMP D-
PI Sta. 0+257.381
Δ = 45° 03' 13" (LT)
L = 393.167
T = 207.381
R = 500.000
SE = .06

-L-
PI Sta. 8+442.744
Δ = 71° 08' 21.4" (RT)
L = 1,446.481
T = 833.125
R = 1,165.000
SE = .06

-RAMP D-
PINC Sta. 1+271.872 -T4-

-215 -RAMP D-

B=580 -L-
55 m (180.45')

0+200

SARAH BELK GAMBRELL
DB. 5399-0284

PROP. R/W

S 16° 17' 10" E

8+600

12 m

S 87° 32' 29" E

PROP. R/W

PT Sta. 7+80.835 -Y5-

PROP. R/W

PROP. R/W

N 87° 00' 24" E

PROP. R/W

PT Sta. 1+820.329 -Y5REV-

PC Sta. 1+920.329 -Y5REV-

PROJECT NO. CONSTRUCTION
DB. 5953-0936

I-920 -Y5-
EX. R/W

I-920 -Y5-
16 m

PROP. R/W

PT Sta. 1+920.329 -Y5REV-

PC Sta. 1+920.329 -Y5REV-

6.678008T