

2510 WEATHERSFORD RD

19505507

12/18/2007

duponbj

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

From: Trevor Thomason
To: rayrushing@hughesfloorcovering.com
Date: 4/3/06 9:27:02 AM
Subject: Septic Information

GWS website:
http://groundwater.charmeck.org

Septic System Use & Maintenance:
http://charmeck.org/NR/rdonlyres/eajk5fj3cgu5omfzdwynuv5eh4u3s24o4fxfhrrrumjojw4ti3scydshw6xxgo7fao6s37cxg4b34vwaoxgwxzdcwtg/SepticMaintenanceFactSheet.pdf

As we discussed this morning, I would recommend that you go ahead and have both tanks (septic & dosing) pumped out while the contractor is on site. Please contact me when the work is completed so that I can release the notice of violation.

Thanks,

Trevor Thomason, RS
Sr. Environmental Specialist
Mecklenburg County - LUESA
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Office: 704-336-5568
Mobile: 704-363-5447
Fax: 704-336-6894
http://groundwater.charmeck.org

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Ray Rushing

Mailing Address: 2510 Weathersford Rd.
Charlotte, NC 28227

Occupant: Ray Rushing

Location: 2510 Weathersford Rd.
Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other

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.

On March 13, 2006 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

1. Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]
2. High water alarm missing, improperly installed, or not functioning properly.
[G.S. 130A-335(a) 15A NCAC 18A. 1952(c)(9)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **April 4, 2006** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact Trevor Thomason at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5568 phone, (704) 336-6894 fax.

Notice Issued: 3/14/06
Date

R.S.
DENR/DEH Authorized Agent

Compliance: _____
Date

_____
DENR/DEH Authorized Agent

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Rushing Residence **Name of Establishment**	550B **Permit/Project No.**
2510 Weathersford Rd., Charlotte 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Ray Rushing **Owner/Agent**	Same as location address **Address**	(704) 573-1086 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	03/13/2006 **Date of Inspection**	February 2011 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured < 3" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. Alarm not properly
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	secured in dosing tank.
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☐	☒	☐	6.a.b. Observed sewage surfacing at the
b. Minimal ponding in subsurface trenches?	☐	☒	☐	end of drainlines #1,3,4.
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☐	☒	☐	6.g. Uncover d-box for inspection/
h. Repair area properly reserved, maintained?	☒	☐	☐	adjustment.
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. System requires repair by a registered septic contractor.

Notice of Violation being issued for system failure. Compliance date of April 4, 2006.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Make all necessary repairs to mitigate the surfacing sewage in rear yard.
2. Secure high water alarm inside dosing tank.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 03/14/2006

SIGNED: _____, R.S. AGENT

Division of Environmental Health

Trevor Thomason

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/17/2006 12:55 PM

LABORATORY SERVICES DIVISION

LOCATION: G-550B
LOC ID: G-PME
SAMPLE DATE-TIME: 3/14/2006 14:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65927
CHAIN OF CUSTODY #: 06030368

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65927	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/14/2006 8:51	KEK
AB65927	**Total Coliform**	**absent**	**P/A**		SM 9223B	3/14/2006 8:51	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)** [Rushing Residence]
ADDRESS:	2510 Weathersford Rd. Charlotte, NC 28227
LAB CODE:	REAL PRIV NEW TNC MPL (PME) AMB LM OTHER

Send Report To:
Trevor Thomason
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060303 68

Sampled By (Print Name)
Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic 100 ml	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
65927 G-550B		3/13/06 14:30	N/A N/A	N	N/A	4.0				X			2						X		X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
	Adrienne Hooker	03-14-06	0815
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

MECKLENBURG COUNTY

Land Use and Environmental Services Agency

Groundwater and Wastewater Services

Paid
$85
Ck #1469
3/14/06

January 30, 2006

FINAL NOTICE / PAYMENT PAST DUE

COPY

Rushing, Ray and Debra

2510 Weathersford Road

Charlotte NC 28227

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. You may obtain a copy of the regulations by visiting our web site at http://groundwater.charmeck.org. A copy of the regulations may also be purchased at our office.

Our records indicate that the Type **IIIb** septic system serving the property located at:

$85.00

2510 Weathersford Road
Charlotte NC 28227
MCHD File Number: 550B

is due for inspection on: **2/16/06**

An inspection notice was sent to you on January 6, 2006. At this time, no payment has been received in our office for the required inspection. The fee for this inspection is $85.00. Failure to submit payment for the required inspection may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Please include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, RS
Sr. Environmental Specialist

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

550B

Date and Time: 1/3/2006 1:50:22 PM

Parcel ID #: 19505507 GIS ID #: 19505507	
Owner Name:	RAY C RUSHING AND DEBRA RUSHING
Mailing Address:	2510 WEATHERSFORD RD CHARLOTTE, NC 28227
Property Characteristics	
Legal Desc.:	P5 BE M17-296
Land Area:	1 LT
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
08561-360 (5/2/1996) $159,000.00 07937-372 (10/7/1994) $19,500.00	
Situs Addresses Tied to This Parcel	
2510 WEATHERSFORD RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.13	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390231E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	
Watershed Class:	

Building Photography

PHOTO #1
Location: 2510 WEATHERSFORD RD



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

704-573-1086
MSG. ON 3/14/06 @ 1:20 PM

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

3-13-06
2PM

① HW ALARM FLOAT NOT SECURED

② MELTED WIRES INSIDE CONTROL PANEL

③ RLA EFF PUMP = 19.6 AMPS (HIGH)

④ SEWAGE SURFACING AT END OF LINES # 1, 3, 4
(NOV)
(<6" SOIL COVER AT END OF LINES.)

#346
5/30/81
190' T.D.
73' C.D.
20' S.W.L.
20 GPM

3-13-06
14:30

REGISTERED

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment
550B — Permit/Project No.
2510 WEATHERSFORD RD. — Location
Type of Establishment
360 GPD — Design Flow
RAY C. & DEBRA RUSHING 2510 WEATHERSFORD RD. CHARLOTTE, NC 28227 — Owner/Agent / Address / Phone
N/A — Operator / Address / Phone
Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	SECOND DRAWLINE FROM REAR OF FIELD MAY NOT BE RECEIVING EFFLUENT. THIS CAN SOMETIMES HAPPEN IF THE DISTRIBUTION BOX IS NOT SITTING LEVEL. A SEPTIC CONTRACTOR CAN CHECK & REPAIR IF THIS IS THE CASE.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7/3/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

July 5, 2002

Ray C. and Debra Rushing
2510 Weathersford Rd.
Charlotte, NC 28227

Dear Mr. and Mrs. Rushing:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 20348 Christofle Drive, Cornelius, North Carolina, was completed on 6/24/02. The results of this inspection are enclosed.

The Health Department will be testing your well in the next week. The results of the water analysis will be mailed to you within two to three weeks.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Septic System Owner's Guide
Septic Tank Contractors List
Operation Permit (copy)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 550 B DATE: 2-16-96
TC: 195-055-07 ☐ L ☒ GRT
SERIAL № 16321

pd $150.00 2/22/96 CK.#3657

Name of Owner James O. Ingold Juris.:
Address of Property 2510 Weathersford Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400
Number of Lines 5 @ 80'
Cover Depth 12"
Water Supply Source priv. well
Distance to Water Source >100' drainfield -45'-90' tanks
Excavation Inspected 2-16
Tank(s) Inspected 2-16
Wash Line Inspected N/A
High Water Alarm Inspected 2-16

* Pump tank was moved closer to left property line at homeowners request.. Tank is >10' off property line.

PLOT

Design 1996 1500ST, 1000PT, CON, 1200SF, T, 12G, Cecil-like CTR# 90

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: Type III b for a new 3 bedroom residence
(5) 3'W x 80'L x 12" stone

WED 3116 Goulds

Ronny B. Thompson, Jr., L.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

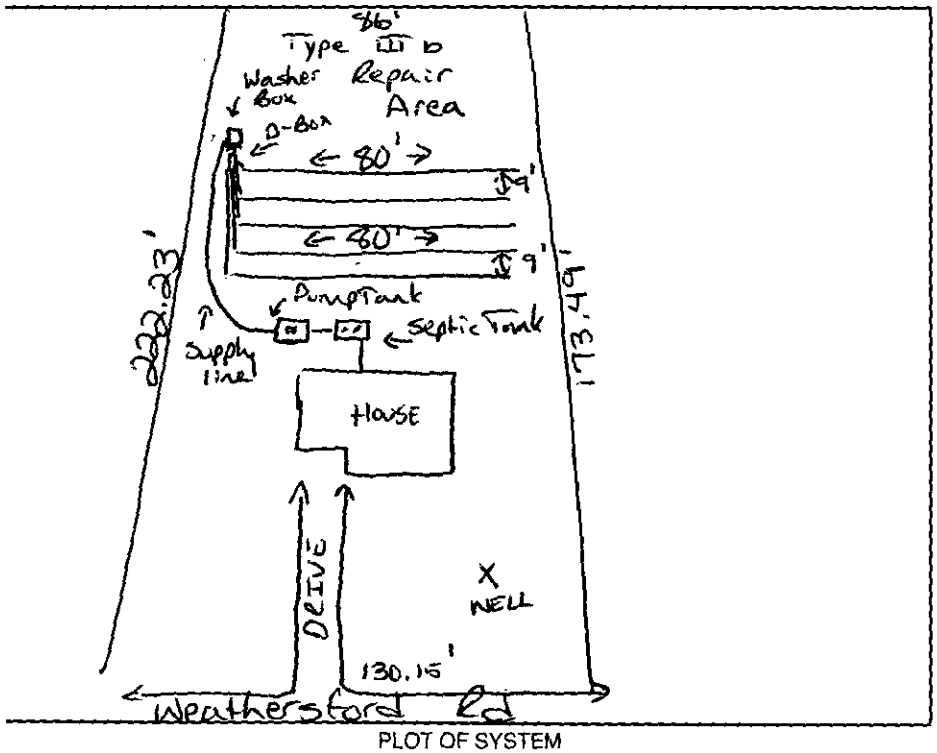
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 550 B DATE: 1-30-96

TC: 195-055-07 ☐ L

SERIAL Nº 16286

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 9-22-94. All work shall be completed on or before 2-30-96, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5 @ 80'

Depth of Stone 12 inches

Distance from House 5 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.

NAME OF OWNER James D. Ingold

LOCATION OF PROPERTY 2510 Weathersford Road

Comments: Type III b for a new 3 bedroom house
(5) 3'W x 80'L x 12" stone

Katherine M. Daniel, Program Chief 1-30-96

Larry B. Thompson, J., L.S.
Environmental Health Specialist

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

From: Trevor Thomason
To: rayrushing@hughesfloorcovering.com
Date: 3/15/06 11:10:31 AM
Subject: Registered Septic Contractors List

See attached links for list and our website.

GWS Website:
http://groundwater.charmeck.org

Contractors List:
http://charmeck.org/NR/rdonlyres/e47qwmdr2lapeepay365il2u2bj2amwgxaqk7bqltpzfykfhc34jezdx5u26s232cwhsg6lpmp4sggv3d24pexawwvc/RegisteredSepticContractorsList.pdf

Once you select a contractor have them contact me to set up a time to meet at the site to discuss repair options.

Thanks.

Trevor Thomason, RS
Sr. Environmental Specialist
Mecklenburg County - LUESA
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Office: 704-336-5568
Mobile: 704-363-5447
Fax: 704-336-6894
http://groundwater.charmeck.org

CC: Trevor Thomason

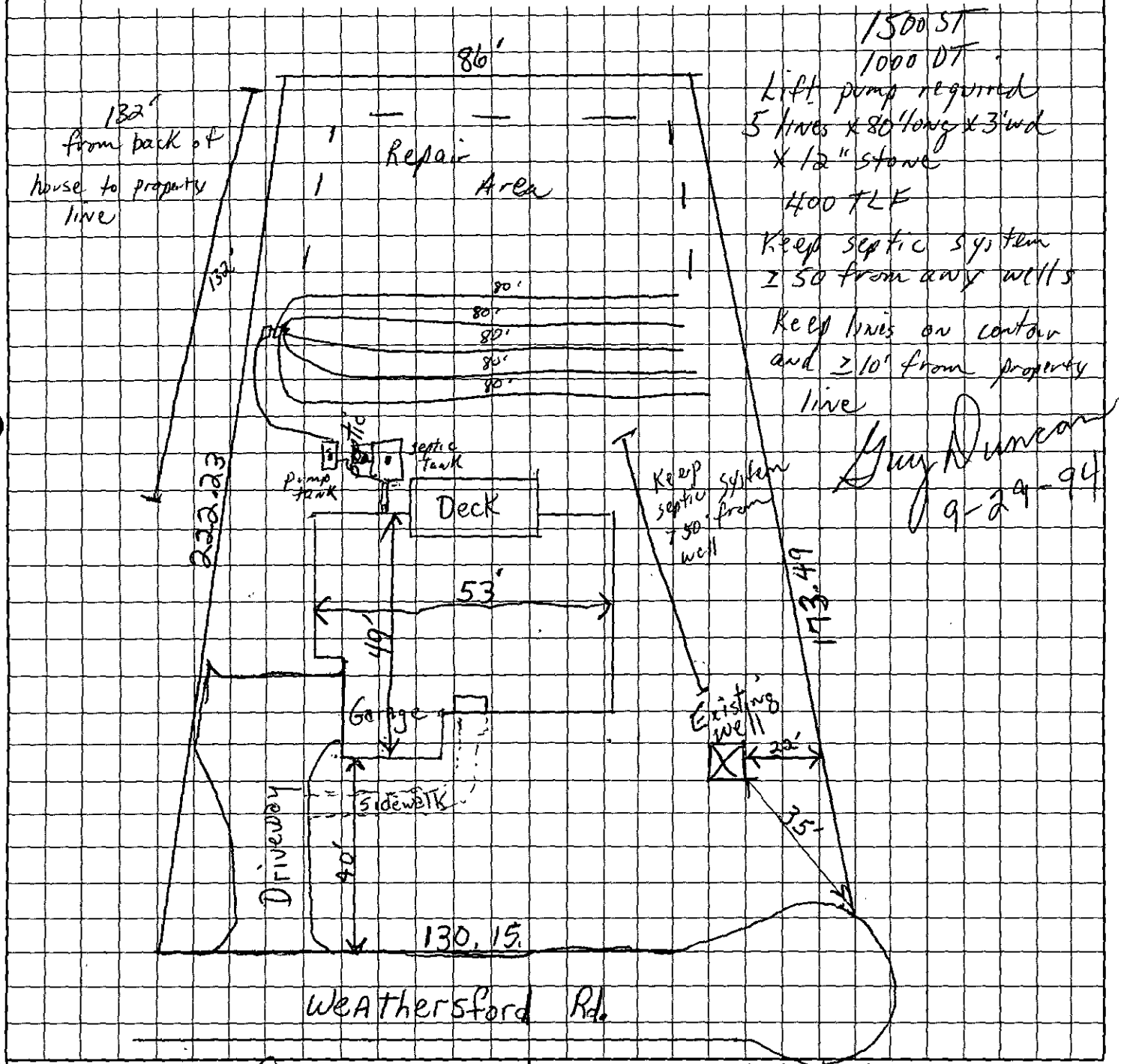
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 550B

TC: 195-055-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



R. Guy Duncan
OWNER/AGENT SIGNATURE

DATE 9-23-94

APPROVAL DATE PDW 9/27/94

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20480

File: 550B (2400) Action 2

Parcel: 195-055-07 ☐ PC

Location: 2510 Weatherford Road

Subdivision:

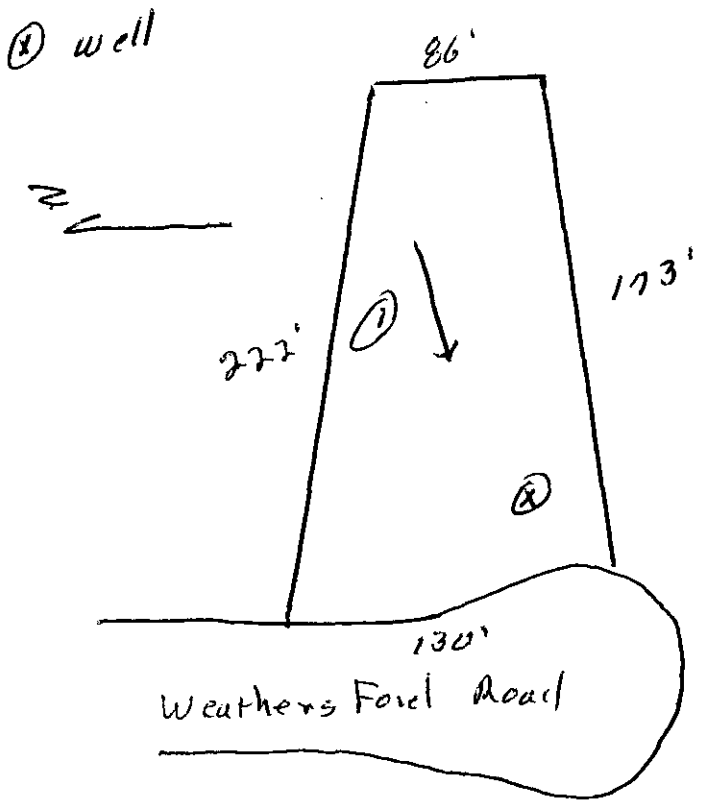
Lot: 5 Block: B Acres: .5

Owner: Robert D. Duncan
Address: 201 Rampart Street
Charlotte, N.C. 28203

Comments: .3 gall/ft²/day LTAR, does not require 100% Repair may need pump

Described by: William B. Marks

Date: 7-28-94



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky Subsoil	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U To >48" soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U ≥40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PI # 150 9/23/94 Ck # 1510 $ CRT

5508

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: Duncan (last) Robert (first) Guy (mi)
ADDRESS: 201 Rampart St PHONE: (704) 333 8025
CITY: Charlotte STATE: N.C. ZIPCODE: 28203

Date: 9-22-94

PROPERTY OWNER:
NAME: Ingold (last) James (first) D (mi)
ADDRESS: 2910 Twilight Dr. PHONE: (__) _____
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-055-07 001
STREET ADDRESS: 2510 Weathersford Rd
ZONING: R-20

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

SUBDIVISION OR MOBILE HOME PARK NAME: Shell Burne

LOT NUMBER: 7 LOT SIZE (in acres): 5

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[X] 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)
[ ] 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: 2
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: Robert Guy Duncan Date: 9-22-94

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.

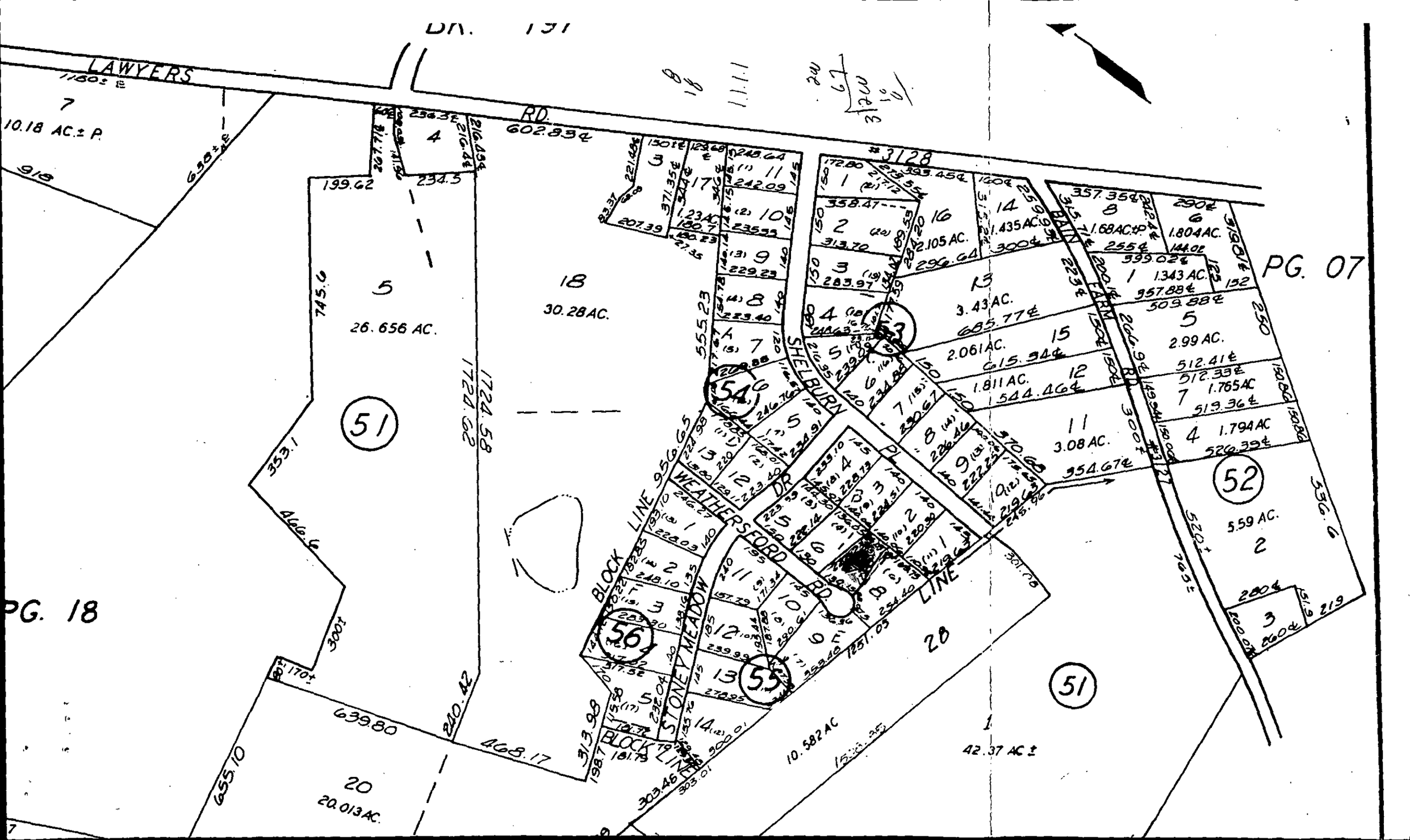
... lift pump required

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

Phyllis A Walker 9/29/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791


LAWYERS RD.
602.83±
PG. 07
PG. 18
#3128
#3127
SHELBURN PL.
WEATHERSFORD DR.
STONEY MEADOW RD.
BLOCK LINE 956.65
BLOCK LINE
BAIN FARM RD.
51
52
53
54
55
56
18
30.28 AC.
26.656 AC.
20
20.013 AC.
10.582 AC
42.37 AC ±
5.59 AC.
3.43 AC.
3.08 AC.
2.99 AC.
2.105 AC.
2.061 AC.
1.811 AC.
1.794 AC
1.765 AC
1.804 AC.
1.435 AC.
1.343 AC.
1.68 AC.±
1724.58
745.6
555.23
639.80
655.10
468.17
240.42
313.98
303.46
725.03
554.67¢
544.46¢
685.77¢
615.34¢
512.41¢
512.33¢
519.36¢
529.39¢
509.88¢
957.88¢
999.02¢
398¢

TAX PARCEL INFORMATION

PARCEL # 195-055-07 001 ADDRESS 2510 WEATHERSFORD RD
OWNERS NAME INGOLD JAMES D &WF DRUSILLA S
MAILING ADDR 12910 TWILIGHT DRIVE CHARLOTTE, N.C. 28227
LEGAL DESC PTL5BE M17-296 WEATHERSFORD RD

TAX LAND VALUE	29,500	ACRES	0.5	YEAR BUILT	0000
TAX BLDG VALUE	0	HEAT SF	0	ZONING	R20
TAX OBLDG VALUE	0	AUX SF	0	PRES USE	SINGLE FAMILY R
TAX TOTAL VALUE	29,500	TOT SF	0	FARM HISTORIC	0

	CURRENT SALE	PREVIOUS SALE	PREVIOUS SALE
SALE DATE	07/76	/	/
SALE PRICE	0	0	0
SOURCE	WD		
DEED BOOK/PAGE	3858 0806		

MUNICIPALITY	MINT HILL	RES BATH	0	A/C	RESTROOMS 0
TOWNSHIP	CLEAR CREEK	RES HBATH		HEAT	FLOORS
SPECIAL TAX		RES BDRM	0	FUEL	APT UNITS
FIRE DISTRICT	MINT HILL	FIRE PLACE			

TAX PARCEL INFORMATION

PARCEL # 195-055-07 001 ADDRESS 2510 WEATHERSFORD RD

BLDG SF	BLDG SF	STRUCTURAL ELEMENTS
0	0	STYLE
0	0	EXTERIOR WALL
0	0	EXTERIOR WALL
0	0	ROOFING STRUCTURE
0	0	ROOFING COVER
0	0	INTERIOR WALL
0	0	INTERIOR WALL
0	* DENOTES HTAR	FLOORING
		FLOORING

THIS INFORMATION MAY BE SUBJECT TO ERRORS AND SHOULD BE VERIFIED BY THE USER.

Topography
2-8%
Available space
R

Alternate or modified
Sewage treatment
System
August 20, 92

File 5503/8421A

August 20, 1992

Mr. James D. Ingold
12910 Twilight Drive
Charlotte, NC 28227

Re: Property located at 2510 Weathersford Road, Lot 5, Block B
File: 550B/8421A
Parcel: 195-055-07

Dear Mr. Ingold:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12789) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5573.

Sincerely,

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12789

File: 550B/8421A Action 2

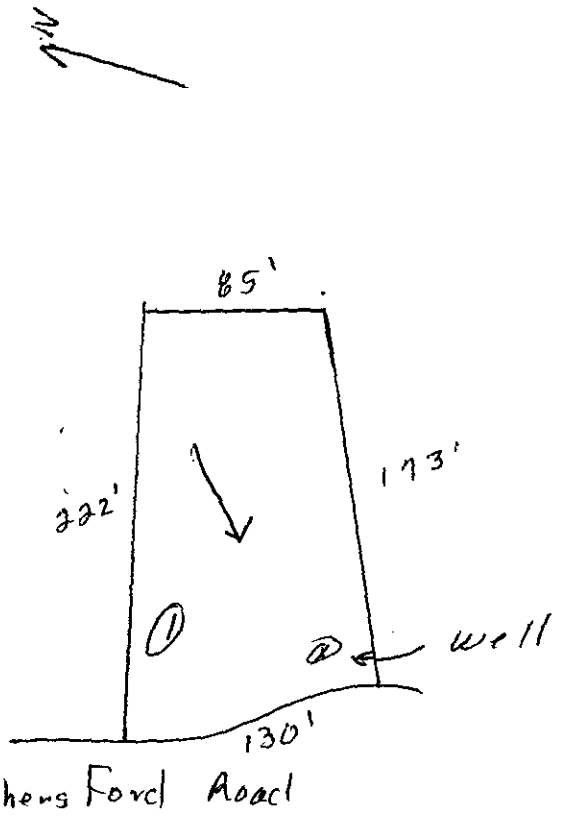
Parcel: 145-055-07 ☐ PC

Location: 2510 Weatherford Rd.
Subdivision: Shelburne
Lot: 5 Block: B Acres: .49

Owner: James D. Engold
Address: 12910 Twilight Dr.
Charlotte, N.C. 28227

Comments: System would probably need pump - restricted area due to well and narrow rear portion of lot

Described by: William R. Martini
Date: 8-19-92



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub ∠ Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U TO >48" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >43"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

400 D

File 550B/842A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

paid 50 8-3-92 CK# 808

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: Ingold (last) James (first) D (mi)

ADDRESS: 12910 Twilight Dr PHONE: (__) 545-9454

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 8-3-92

PROPERTY OWNER:

NAME: Ingold (last) James (first) D (mi)

ADDRESS: 12910 Twilight D PHONE: (__) 545-9454

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 195-055-07

STREET ADDRESS: 2510 Wendlewood Rd (lot flagged)

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] 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)
[] 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: NUMBER OCCUPANTS:

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: James D Ingold Date: 8-3-92

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

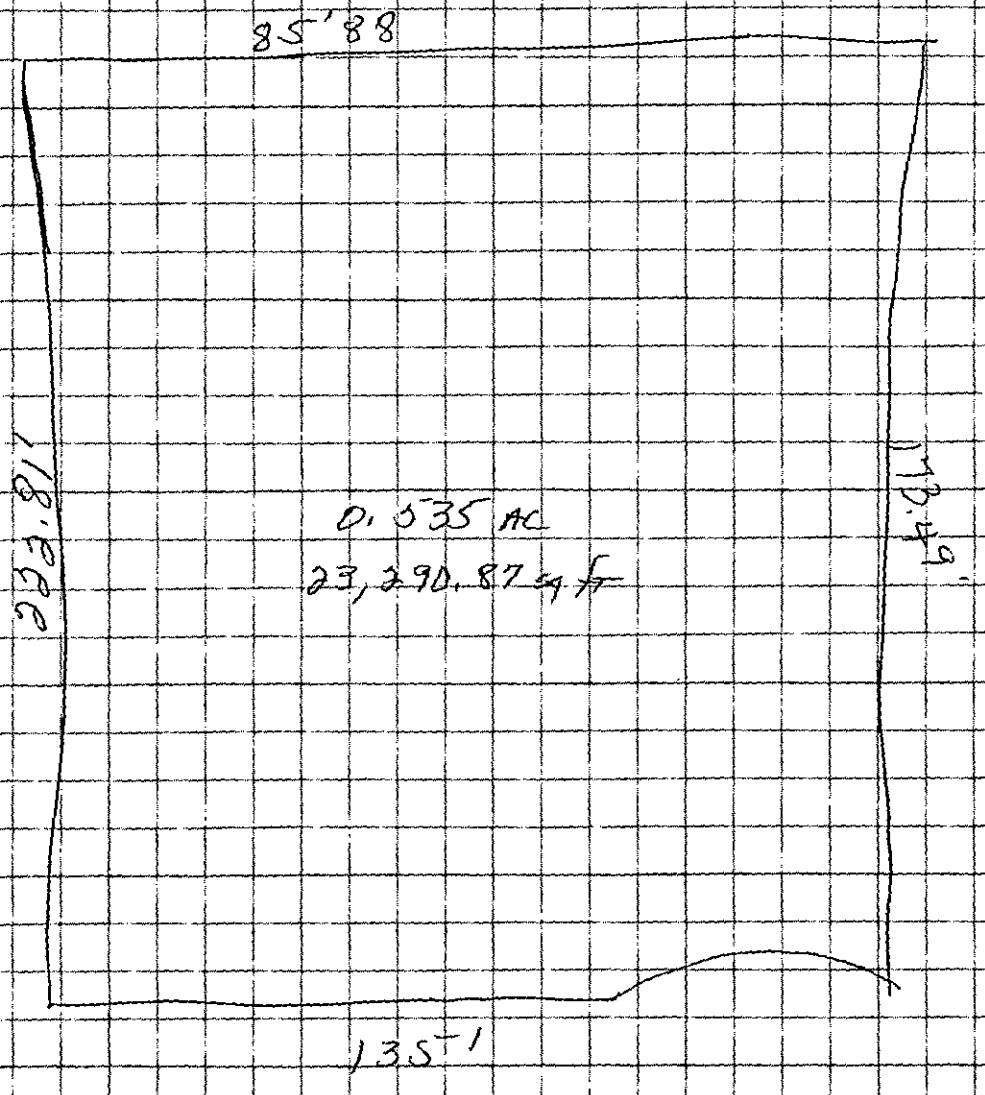
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 550B/8421A

TC: 195-055-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy