

7319 GILEAD RD

00903206

6/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5666A DATE: 6/27/91

TC: 009-032-06 ☐ L ☑ CRT

SERIAL № 15427

Name of Owner John M Gambino Juris.:

Address of Property 7319 Gilead Rd

Inspection Data:

Tank Material PVC

Total Length of Drainfield 533'

Number of Lines 5 @ 133'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 6/27/91 TW

Tank(s) Inspected 6/27/91 TW

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1991, 1500ST, conv, 1600SFT, 12"stone ceil CTR# 74

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 designed for 4 bedroom house

Phila S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

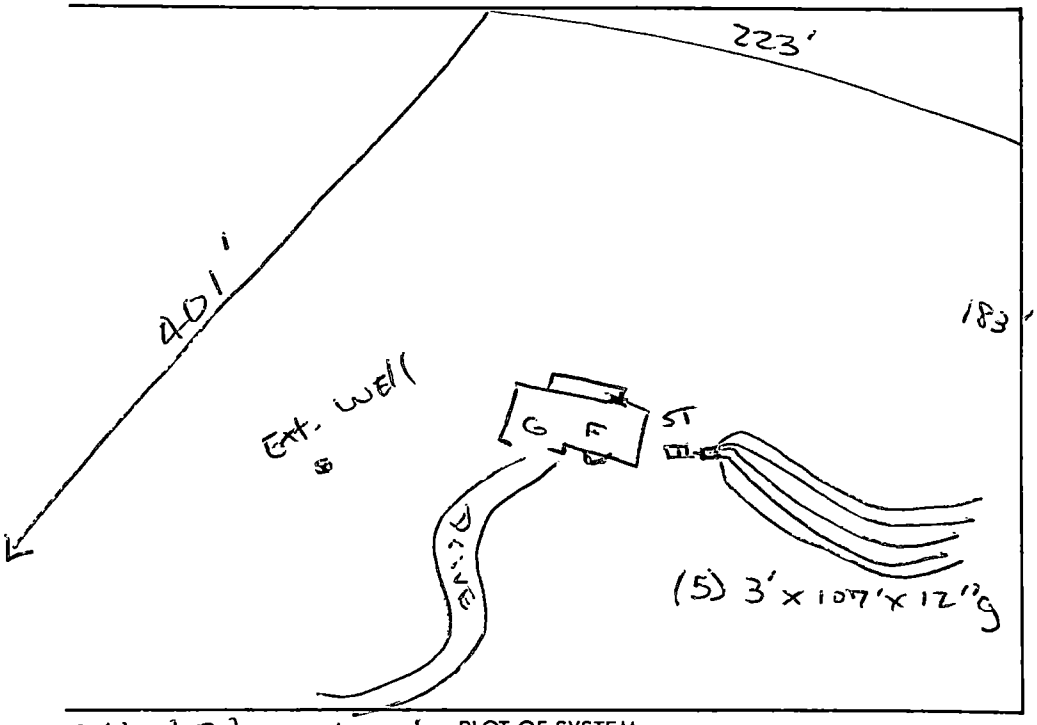
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5666A DATE: 6/7/91

TC: 009-032-06 ☐ L

SERIAL Nº 15034

Permission is hereby given to I (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 9/26/90. All work shall be completed on or before 7/6/91, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

#174

NAME OF OWNER John M. Gambino

LOCATION OF PROPERTY 7319 Gilead Rd. (Lot 10)

Comments: 4 bedrm. (5) 3'x107'x12"g. Septic 545. location pending rock formations.

Division or Section Head

Tim Whittaker, R.S.
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

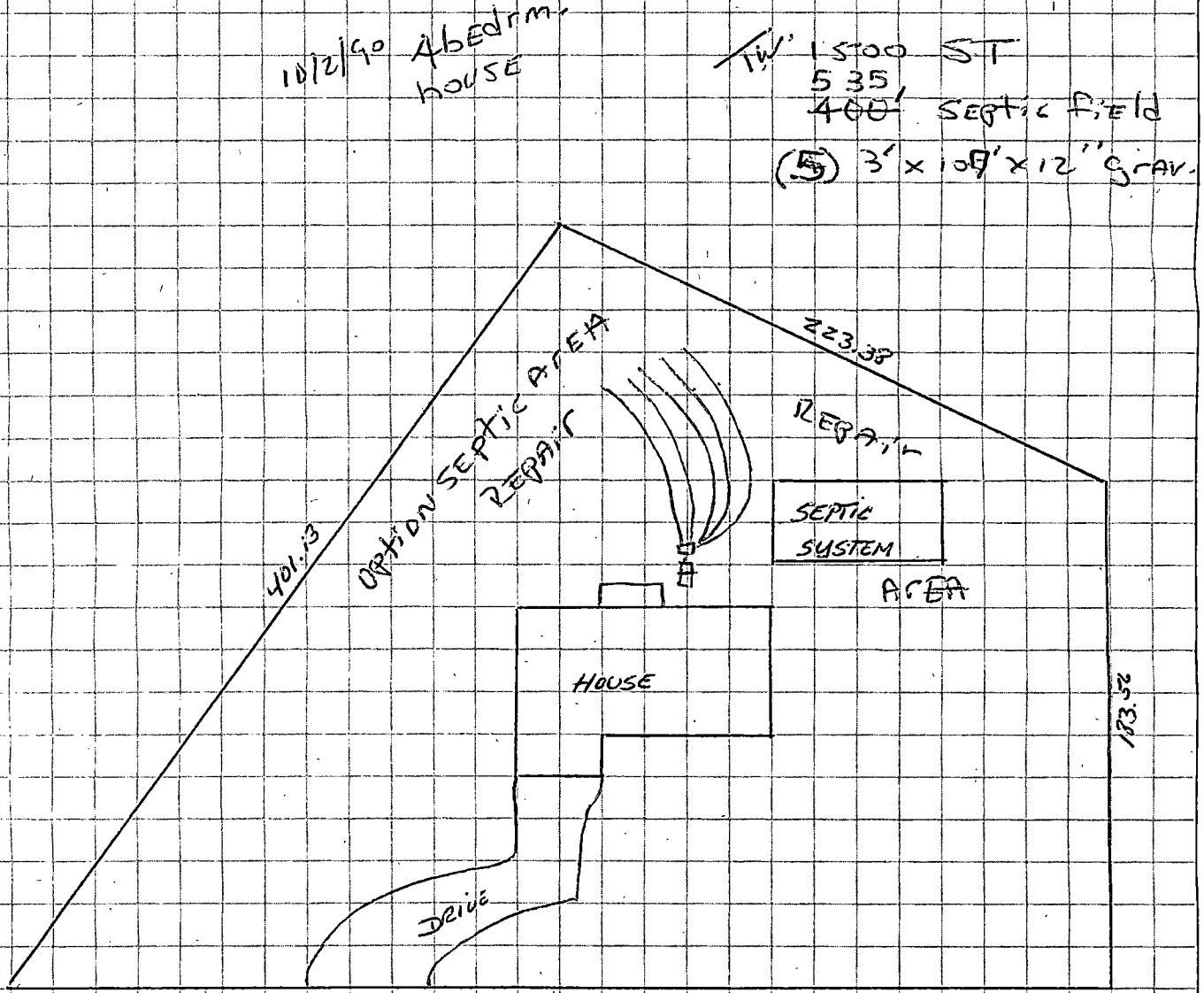
PROPOSED PLOT PLAN

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

FILE: 5666A

TC: 009-032-06

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 T.W. 10/2/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-26-90

Name/Company: John Michael Hawkins

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Camp Permit - New
7319 Mead Rd.
Tile # 5666A
Tax # 009-032-06

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 26 1990

Ck #0231

Fee: $ 200.00

T 200.00

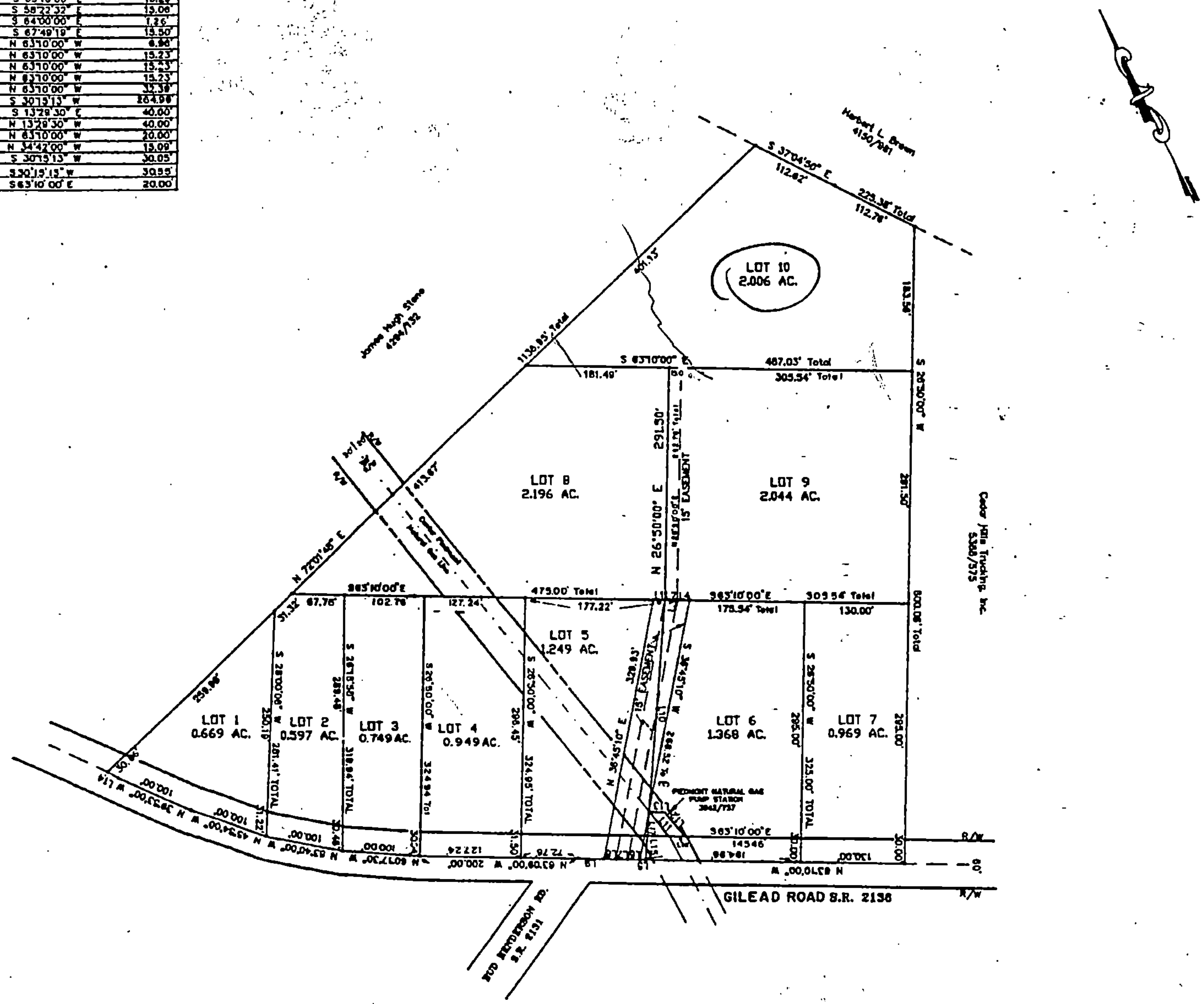
NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W Thompson — Completed by

E Jackson — Collected by

LINE	DIRECTION	DISTANCE
L1	S 63°10'00" E	15.23'
L2	S 58°22'32" E	13.06'
L3	S 64°00'00" E	1.26'
L4	S 67°49'19" E	15.50'
L5	N 63°10'00" W	6.96'
L6	N 63°10'00" W	15.23'
L7	N 63°10'00" W	15.23'
L8	N 63°10'00" W	15.23'
L9	N 63°10'00" W	32.39'
L10	S 30°15'13" W	264.98'
L11	S 13°29'30" E	40.00'
L12	N 13°29'30" W	40.00'
L13	N 63°10'00" W	20.00'
L14	N 34°42'00" W	15.09'
L15	S 30°15'13" W	30.05'
L17	S 30°15'13" W	30.55'
L18	S 63°10'00" E	20.00'



UNRECORDED PLAT

OF

PHILLIP E. JANSEN PROPERTY

HUNTERSVILLE TWSP., MECKLENBURG CO., N.C.

SCALE: 1"=100'   DATE: APRIL 19, 1989

GRAPHIC SCALE

(IN FEET)

1 inch = 100 ft.

DAS

DON ALLEN SURVEYORS, INC.

Rt. 7 [illegible] • [illegible], N.C. [illegible] • (704) [illegible]

TAX MAP NO:

FILE NAME: DRAW\JANSEN

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

April 27th, 1989

Ronald J. Stephens, Sr.
Rt. 1, Box 410
Iron Station, NC 28080

RE: Property located at Gilead Road 10
FILE: 5666A
PARCEL: 00903206

Dear Sir:

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 12073) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12073

File: 5666A Action 4

Parcel: PO 009-032-06 ☐ PC

Location: Gilead Road

Subdivision:

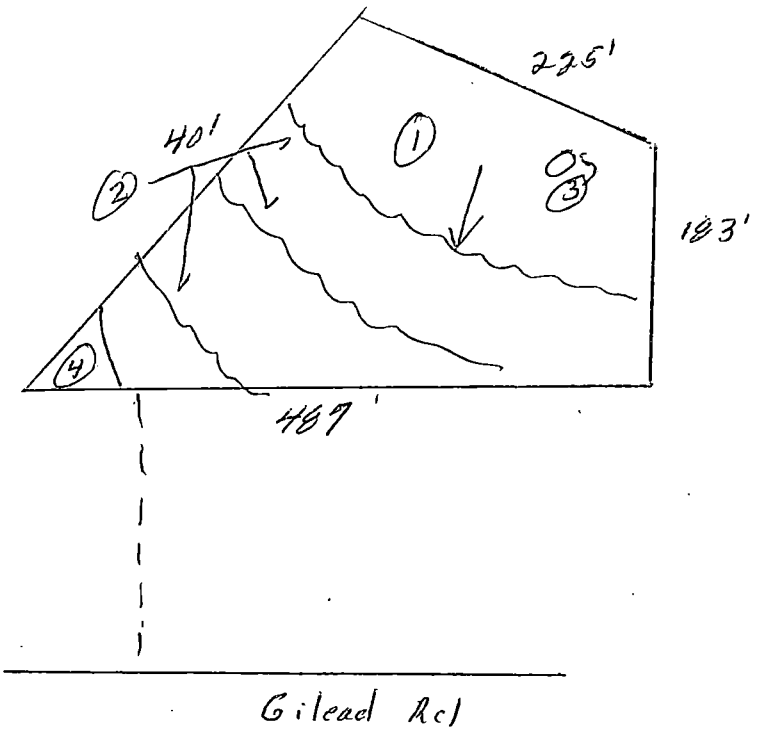
Lot: 10 Block: Acres: 2.0

Owner: Ronald J. Stephens, Sr.
Address: Rt. 1, Box 410
Iron Station, N. C. 28080

Comments: Terrace location
top profiles

Described by: William A. Mills

Date: 4-27-89



***** 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 6-20%	S PS (U) Terraces	S PS (U) Pit	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	WA Cec.1-1.Ho	Terraces	Pit	Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5666A

TC: _____

☐ PC ☐ REPT

See file 5657A for chang

JOB LOCATION

① ADDRESS: Gilead Road at Bud Henderson Road

② SUBDIVISION: Phillip E. Jansen ③ LOT: 10 ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 009-032-06

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Ronald (FIRST) J. (MIDDLE) Stephens (LAST) Sr.

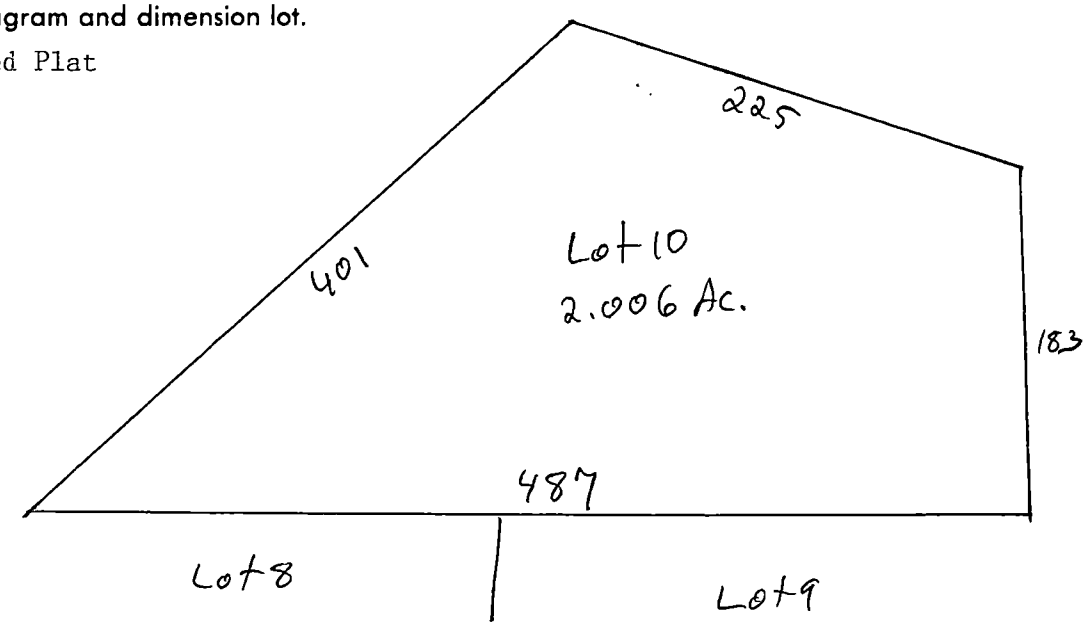
⑧ MAILING ADDRESS: Rt. 1 Box 410

⑨ CITY: Iron Station ⑩ STATE: NC ⑪ ZIP: 28080

⑫ PHONE: (WORK) 598-7890 (HOME) 732-6181

⑬ Accurately diagram and dimension lot.

See Attached Plat



⑭ The undersigned, 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: Ronald J. Stephens Sr.

Date: 4-20-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5666A
TC: 009-032-06
SERIAL: № 21237
☑ L ☒ CRT

JOB LOCATION

(1) ADDRESS: 7319 GILEAD RD (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 009-032-06
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: JOHN (FIRST) MICHAEL (MIDDLE) GAMBINO (LAST)
(9) MAILING ADDRESS: 2325-C KEATON AVE
(10) CITY: CHARLOTTE (11) STATE: N.C. (12) ZIP: 28213
(13) PHONE: (WORK) (14) (HOME) 549-0926

REQUEST

This request is for a(n):

(15) ☒ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☐ Other (specify)

DESIGN CRITERIA

System will serve:

T.W. 10/2/90

(19) ☒ Residence (20) ☐ Mobile home MH 10-2-90
(21) ☐ Business or place of public assembly
(22) Number of bedrooms? ~~3~~ 4
(25) Type?
(23) Maximum occupancy? 3
(26) Maximum number of employees?
(24) Basement? ☐ yes ☒ no
(27) Maximum number of seats?

WATER SUPPLY

(28) Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

(29) The undersigned, 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: John M Gambino

Date: 9-26-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Tim Wheatley — Environmentalist — 10/2/90 Date

Director or Authorized Section Head — 10-2-90 Date

* This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.