

5715 MINGUS RD

03705106

1/2/2008

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: 33943 DATE: 2-8-95

TC: 037-051-06 L X CRT

SERIAL Nº 16130

Name of Owner Priscilla Smith Juris.:

Address of Property 5715 Mingus Rd

Inspection Data:

Tank Material —

Total Length of Drainfield 80' (9-10' x 40')

Number of Lines 2 @ 40'

Cover Depth 16"

Water Supply Source well

Distance to Water Source 50'-52'

Excavation Inspected 2-8-95

Tank(s) Inspected — washer box installed 2-8-95

Wash Line Inspected 2-8-95

High Water Alarm Inspected —

PLOT

Design 1995 Repair, 14" stone, 9'-10' wide x 40' long CTR# Lefler-Strait 68

The undersigned has inspected the Septic Tank System described above, and certifies it has been

installed or constructed X altered or repaired

X 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

X 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: washing machine wastewater treatment & disposal system installed 2-8-95, washer location to be moved inside house to new proposed addition. Washer not connected to system as of this date but must be done ASAP.

J Burney for L David Susan Salerno

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

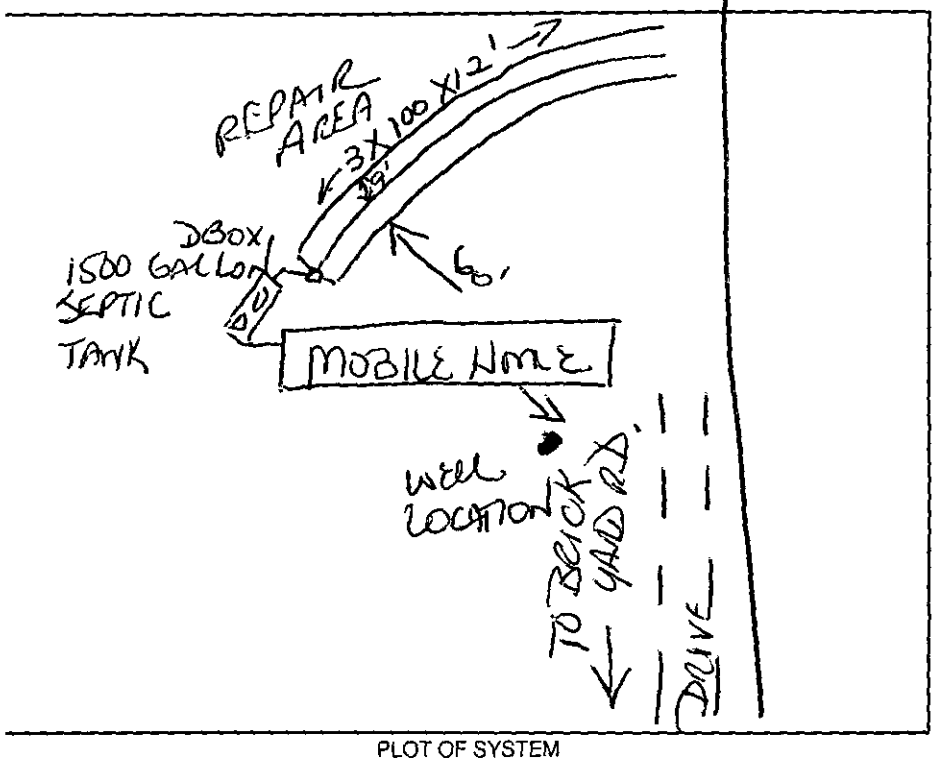
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3407B DATE: 2/8/95

TC: 113-051-06 L

SERIAL Nº 16081

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 1-4-95. All work shall be completed on or before 3-8-95, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous NO

Total Line Length 300' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10 feet

Distance from Well 60' feet

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

NAME OF OWNER Marshall J. Rodden

LOCATION OF PROPERTY 4113 Brickyard Rd.

Comments: 3 trenches @ 3 x 100 x 12", 1500 SEPTIC TANK
Keep trenches on contour —

Joni Higgins Bunny

Joni H. Bunny, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

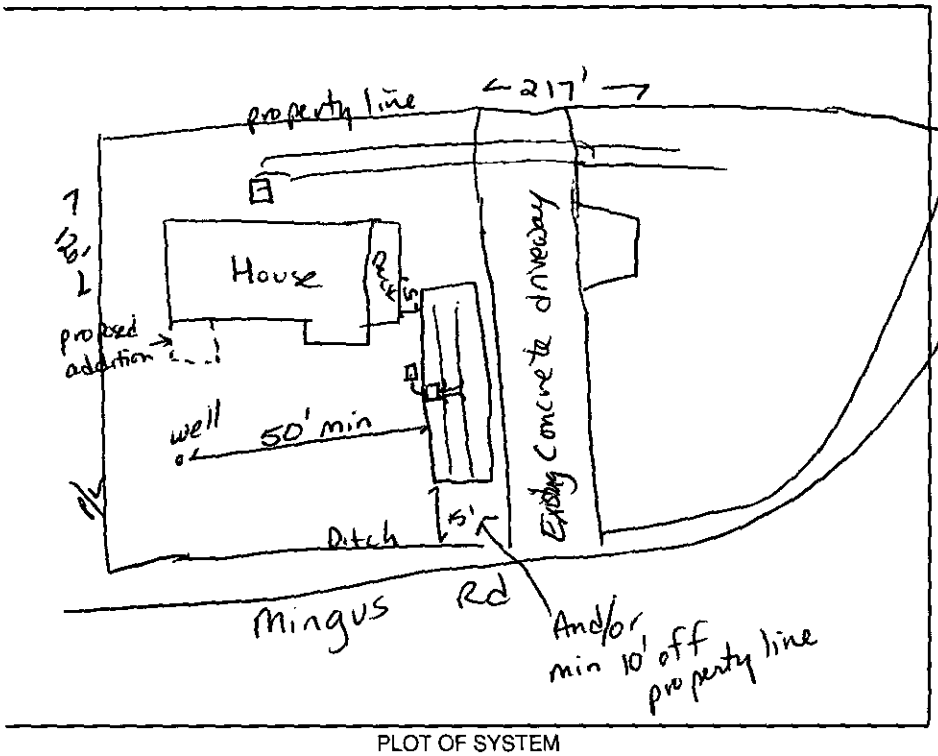
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3394 B DATE: 1-6-95

TC: 037-051-06 L

SERIAL Nº 16172

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 12-14-94. All work shall be completed on or before 2-6-95, 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: Recommend washer box w/sanitary tee to feed into equal distribution box gallons

Liquid Capacity of Dosing Tank: — gallons

Tank Construction: —

Trench Depth: 24" (12" soil cover)

Absorption and/or Nitrification Lines:

Trench Width: 10' feet

Trench Walls Scored and Porous: yes

Total Line Length: 80' feet

Number of Lines: 2 at 40' each

Depth of Stone: 12" inches

Distance from House: 5' min feet

Distance from Property Line: 10' min feet

Distance from Well: 50' min feet

Keep min 5' off deck also.

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

NAME OF OWNER: Priscilla Smith

LOCATION OF PROPERTY: 5715 Mingus Rd.

Comments: Repair for washing machine wastewater only. Keep min 50' off well and min 15' off ditch and min 10' off property line with any part of wastewater treatment and disposal system.

Barney Myers Daniel

Susan Bateman
Environmental Health Specialist

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

SB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #50 cash 12-14-94

☐ CRT

3394B

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: Smith (last) Priscilla (first) J (mi)
ADDRESS: 5715 Mingus Rd. PHONE: (704) 392-1707
CITY: Charlotte STATE: N.C ZIPCODE: 28216

Date: 12-14-94

PROPERTY OWNER:
NAME: Smith (last) Priscilla (first) J (mi)
ADDRESS: 5715 Mingus Rd. PHONE: (704) 392-1707
CITY: Charlotte STATE: N.C ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-051-06
STREET ADDRESS: 5715 Mingus Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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) Bathroom
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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)
☒ 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: X Priscilla J. Smith Date: X 12-14-94

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.

...Repair permit issued for washer

Chamfield 1-6-95 (SB)

☐ 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 : 1227

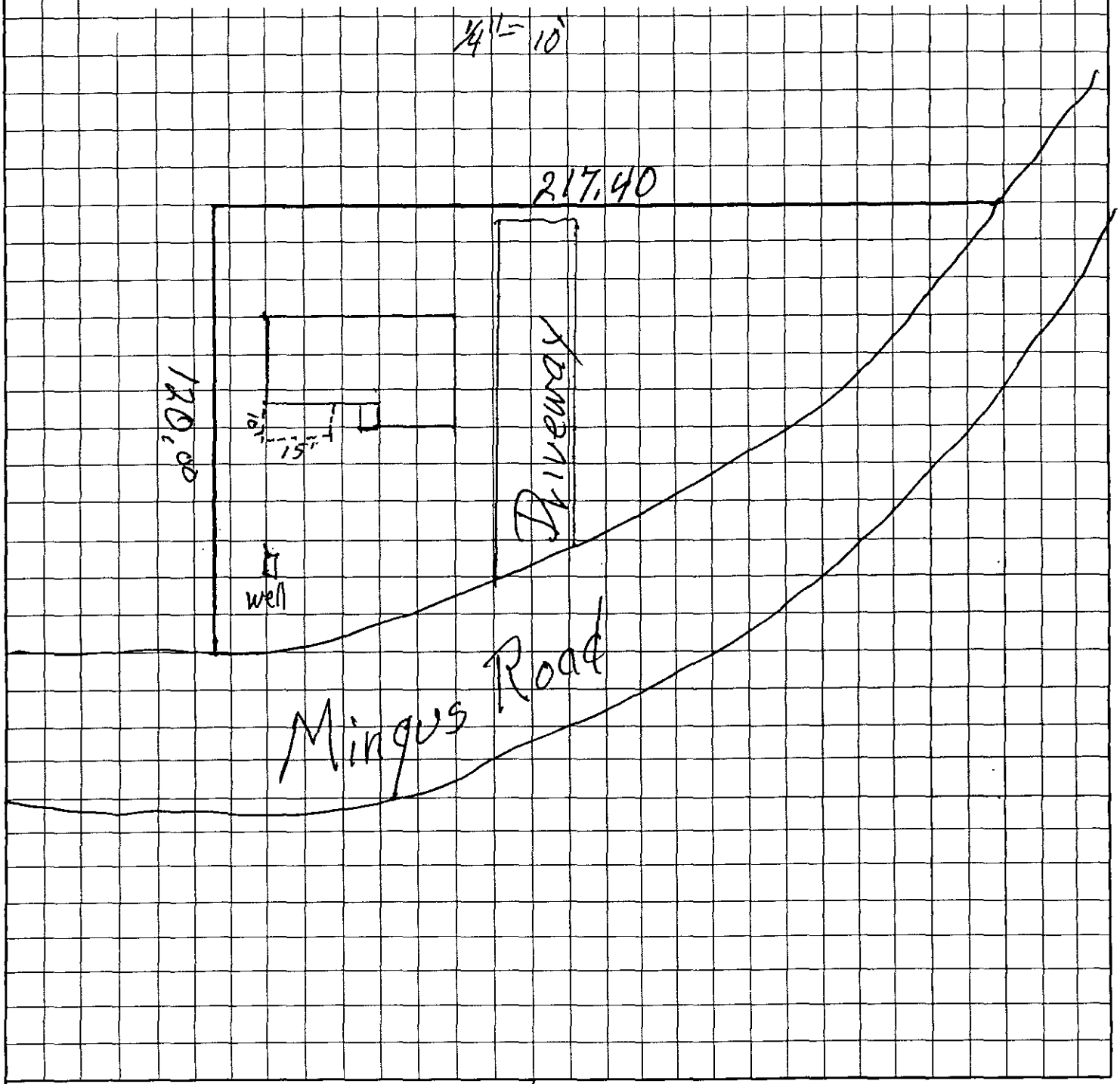
PROPOSED PLOT PLAN

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

FILE: 3394B

TC: 037-051-06

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.



OWNER/AGENT SIGNATURE Priscilla D. Smith

DATE 12-14-94

APPROVAL DATE _____

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