

3209 OSCAR DR

19332213

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10096 / 8881A

[] CRT

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: Autry (last) Steve (first) (mi)

ADDRESS: 8918 Byrum Dr. PHONE: (704) 357-1250

CITY: Charlotte STATE: NC ZIPCODE: 28217

Date: 5/7/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 193-322-13

STREET ADDRESS: 3209 Oscar Dr

ZONING: Charlotte, N.C.

PROPERTY OWNER:

NAME: Welch (last) Orville (first) H. (mi)

ADDRESS: 6428 Candlewood Dr. PHONE: 704 552-2524

CITY: Charlotte STATE: NC ZIPCODE: 28210

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
[X] 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: 3

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: Steve Autry Date: 5/7/93

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.

...Repair permit issued

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

Joni H Newell, R.S. 5/18/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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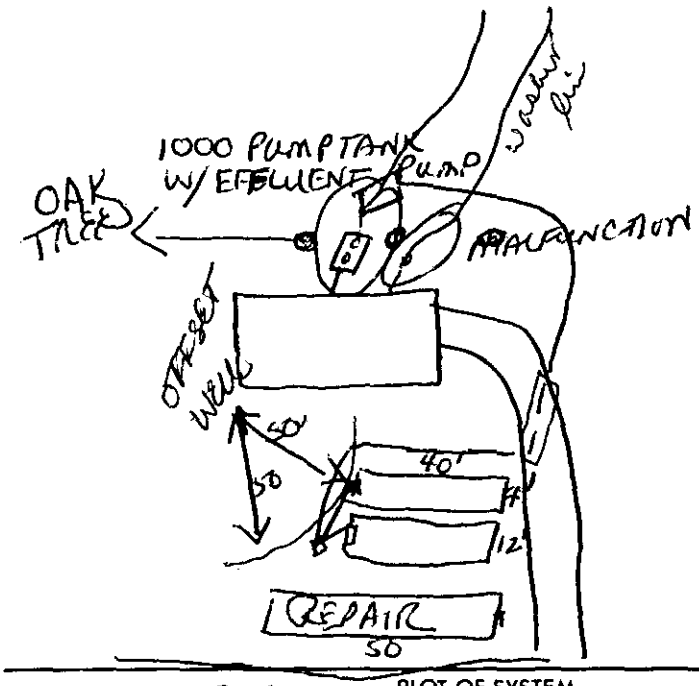
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1009B/8881A DATE: 5/18/93

TC: 193-322-13 ☐ L

SERIAL Nº 15400

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 5/18/93. All work shall be completed on or before 6/18/93, 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

OSCAR DRIVE

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width ② 40'x9'x12" feet

Total Line Length 280 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 OFFSET

NAME OF OWNER Ormur U. Wells

LOCATION OF PROPERTY ~~6428 Candlewood Dr.~~ 3209 OSCAR DR.

Comments: ① PUMP TANK W/ RISER AND ALARM ② SLEEVES UNDER DRIVE ③ 1 bed 40'x9'x12" and bed ±40'x12'x12" PRIOR 1983 - 25 yrs. Soils unsuitable in back yard LIMITED AREAS OF 20" SOILS IN FRONT

Division or Section Head

Tom L Newell 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400D

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

FILE: 10096/888/A DATE: 6/3/93

TC: 193-322-13 ☐ L ☐ CRT

SERIAL Nº 15264

Name of Owner Orville A. Welch Juris.:

Address of Property 3209 Cecil Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280/40

Number of Lines 3/4 @ 40

Cover Depth 12

Water Supply Source —

Distance to Water Source —

Excavation Inspected 5/21/93

Tank(s) Inspected 5/21/93

Wash Line Inspected —

High Water Alarm Inspected 6/3/93

PLOT

Design: 1000 PT, PI, 1080 SQ FT, ■ 12"G, CON, B, CECIL — LIRE CTR# STEVE DUTTY

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: 1993 repair Type III

Dan Howell, RS
Environmentalist

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

C of A (s) No. 15-A

Date Issued 5-9-86 **Serial** 8493 T. C. No. 193-322-13

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ray (LAST) James (FIRST) (MIDDLE)

Location of Property 3209 Ozark Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank repair/wash Tank Material

Total Length of Drain Tile 120' Number of Lines 4

Depth of Filter Material 17" Cover Depth 21"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 5-9-86 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-9-86 (DATE)

Washing Machine Line Inspected, If Applicable 5-9-86 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1986 repair - wash drain

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 5-8-86

Serial No. 09225

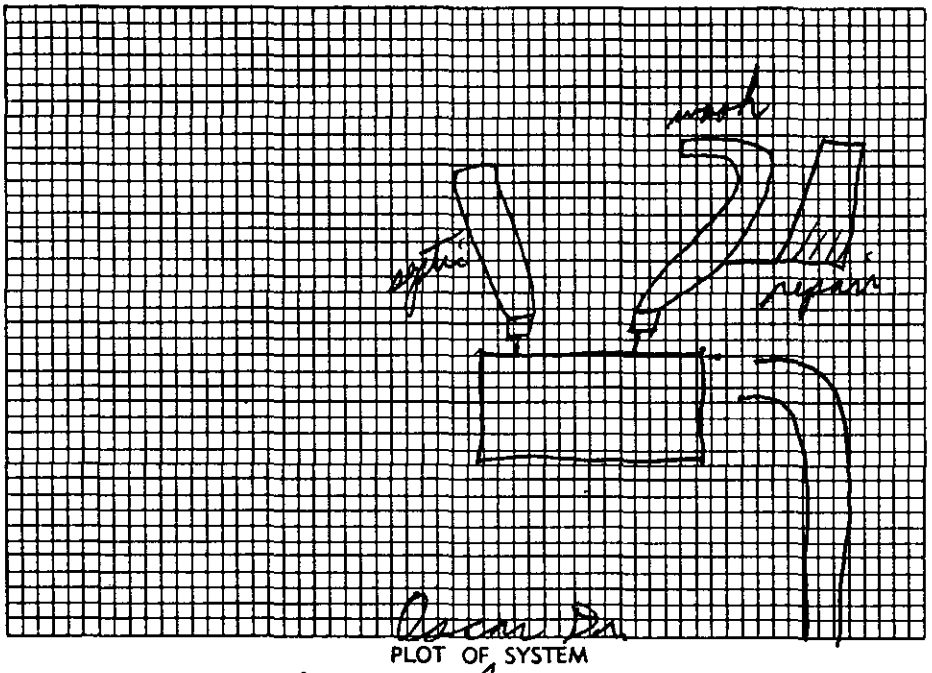
ICAR (S) Permit No. 15-A

T. C. No. 193-322-13

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, ✓ 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 15-A, dated 5-5-86 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 6-8-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate repair/wash

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines:

Total Line Length 120'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well >50'

NAME OF OWNER James Ray

LOCATION OF PROPERTY 3209 Oscar 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.

Comments: Shed 12'X30'X17" stone. Cut off wash drain below new repair drain.

Division or Section Head

B. R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy