


15633 N OLD STATESVILLE RD

00925411

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: 3224B DATE: 2-22-95

TC: 009-103-09 ☐ L ☐ CRT

SERIAL Nº 16132

Name of Owner Jo Ellen Stephens Juris.:

Address of Property 15633 old Statesville Rd

**Inspection Data:**

Tank Material PCC - existing

Total Length of Drainfield 190'-200' total added

Number of Lines 4 @ 40'-50' each

Cover Depth 16"-24"

Water Supply Source well

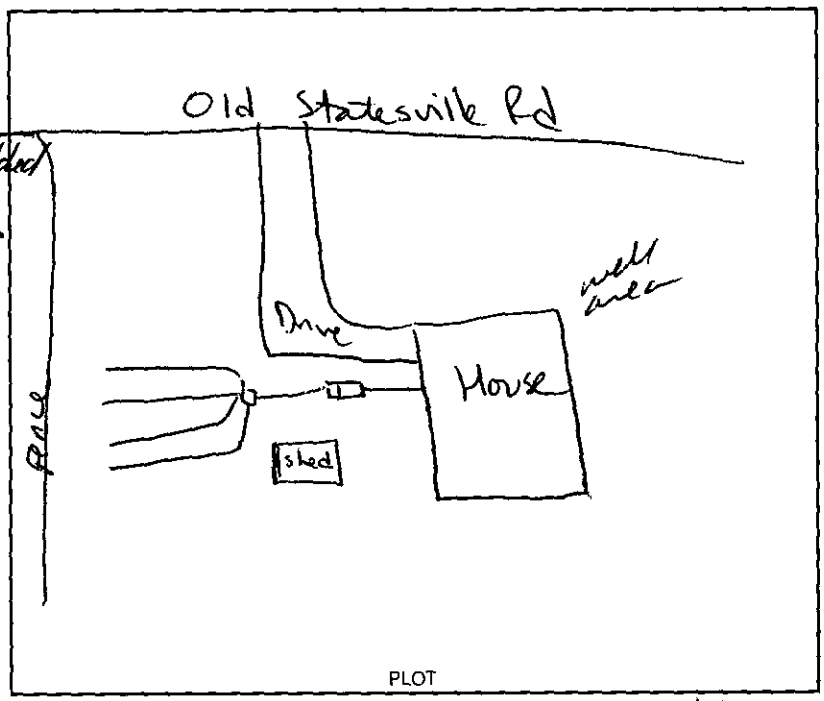
Distance to Water Source >50'

Excavation Inspected 2-22-95

Tank(s) Inspected — Existing

Wash Line Inspected —

High Water Alarm Inspected —




Design 1995 Repair, conv. existing tank, 3' wide trench, 12" stone CTR# Bud Lee 67

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: Property owner chose to have only 200' of drainline added instead of recommend amount.

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR ~~REPAIR~~ Approval PERMIT

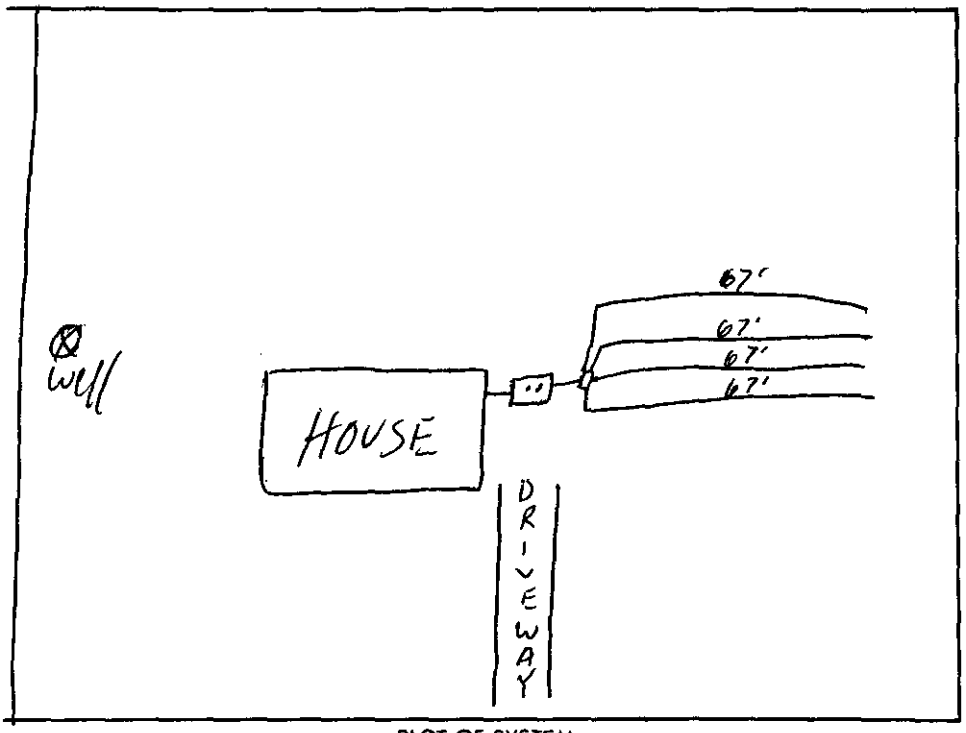
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3224B DATE: 7/1/94

TC: 009-103-00 ☐ L

SERIAL Nº 15782

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 7/1/94. All work shall be completed on or before 8/1/94, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 4 (67')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 100'+ feet

NAME OF OWNER Barry Crump ( Jo Ellen owner Stevens )

LOCATION OF PROPERTY 15633 Old Statesville Rd

Comments: 4 lines x 67' long x 3' wd x 12" stone / Keep lines ON contour of land / Keep septic system >50' from well.

Division or Section Head

Phila S. Walker
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

Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3224B

[] 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: CRUMP (last) BARRY (first) L (mi)

ADDRESS: 15633 Old Statesville Rd PHONE: 704 875-9455

CITY: HUNTERSVILLE STATE: N.C. ZIPCODE: 28078

Date: 7-1-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 009-103-06

STREET ADDRESS: 15633 Old Statesville Rd

ZONING:

PROPERTY OWNER:

NAME: STEVENS (last) JOELLEN (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: CHARLOTTE N.C. STATE: N.C ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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 [X] 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: Date:

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

[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

Phillip L. Walker 7/1/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

2nd notice sent 11-23-94

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

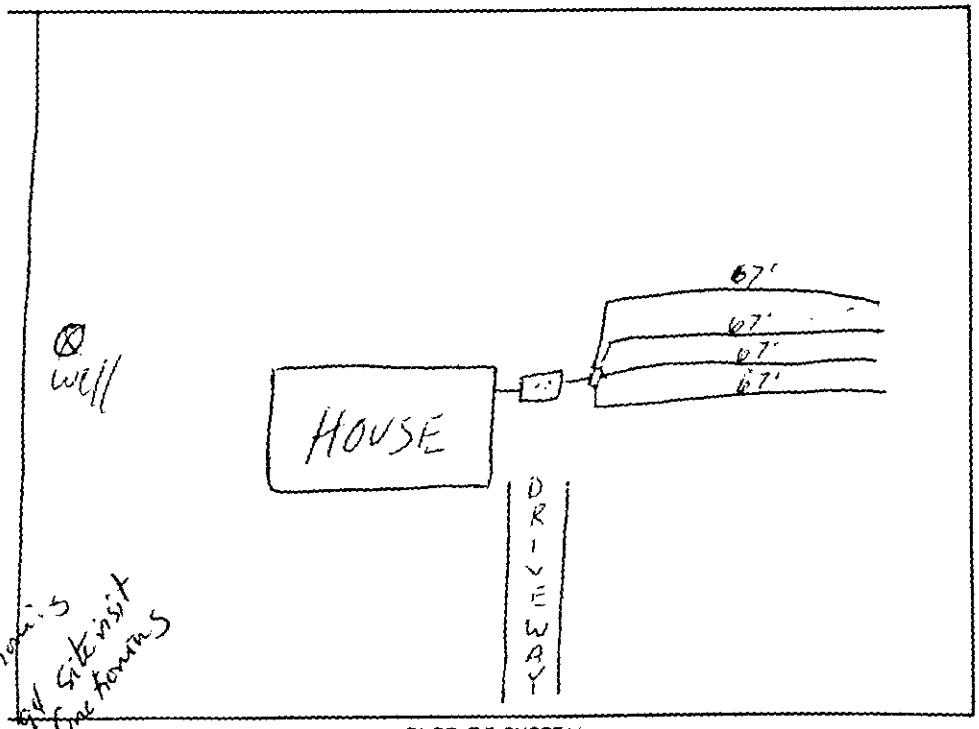
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3224B DATE: 7/1/94

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SERIAL Nº 15782

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 7/1/94. All work shall be completed on or before 8/1/94, 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 4 (67')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 100'+ feet

11-22-94 malfunctions
12-19-94 site visit
mail out forms

NAME OF OWNER Barry Crump (Jo Ellen owner Stevens)

LOCATION OF PROPERTY 15633 Old Statesville Rd

Comments: 4 lines x 67' long x 3' wd x 12" stone / Keep lines ON contour of land / Keep septic system >50' from well.

| Post-it® Fax Note 7671 | Date 10-10-94 | # of pages ▶ 1 |
|---|---|---|
| To Bud Lee | From S Bateman | |
| Co./Dept. | Co. | |
| Phone # | Phone # 336-5576 | |
| Fax # 392-1001 | Fax # 336-6894 | |

Philip S. Walker
Environmentalist

stem, it must be signed by the division or a section head of the the signature of the Environmentalist is required where an existing

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

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

# ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Jo Ellen Stephens MAILING ADDRESS 2432 Westfield Road, Charlotte 28207

OCCUPANT Tenant LOCATION 15633 Statesville Road, Huntersville

☒ 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by October 1, 1994, appropriate legal action will be taken.

Notice Issued August 30, 1994 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

333-5510
Jo Ellen Stevens

says Morrison did repair on system.

392-1001 FAX

C of A (s) No 10912

Serial No. 2427

T R89-103-09

Date Issued 3-29-79

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Stephens (LAST) John (FIRST) M (MIDDLE)

Location of Property Hwy 115 near Statesville

Application Number 10912 Permit Number 10912

**Inspection Data:**

Liquid Capacity of Tank N.A. Tank Material N.A

Total Length of Drain Tile 125' Number of Lines 3

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 3-29-79 (DATE) Tank Inspected N.A. (DATE)

Nitrification Field Inspected 3-29-79 (DATE)

Washing Machine Line Inspected, If Applicable 3-29-79 (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: 9'x42'x17' Stone

Hwy 115

Environmentalist

Environmental Health Department's Copy

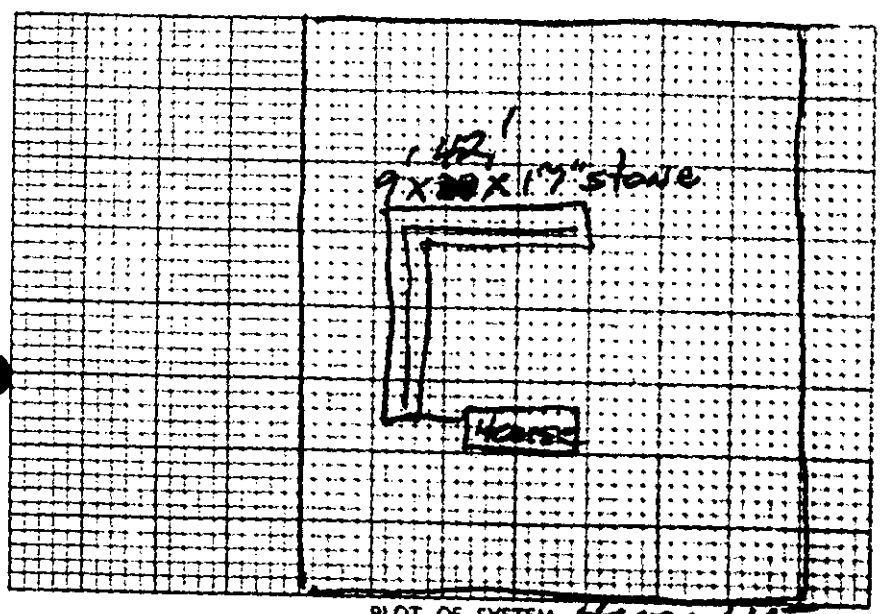
Date Issued 9-28-78 Serial No. 2016 ICARIS Permit No. 10912

T C069-103-09

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 10912 dated 9-12-78 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 10-28-78, after which date this permit shall be null and void.




PLOT OF SYSTEM Hwy 115

Permeability Rate Ps

Liquid Capacity of Tank Existing

Tank Construction P/C

Absorption and or Nitrification Lines

Total Line Length 125'

Number of Lines 3

Distance from House 16'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER John M Stephens

LOCATION OF PROPERTY Hwy 115 near Stumptown

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:

**Comments:**

Division or Section Head

Environmentalist W Marshall Edwards

* 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**

RECEIVED

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 10512

T. C. No. C[illegible]-1032-Y

Map Date 5-23-7[illegible]

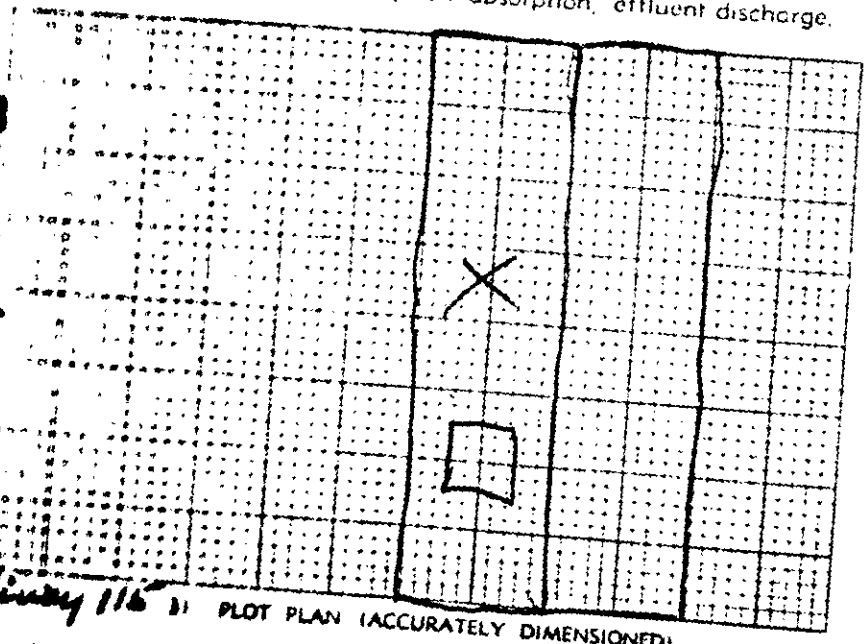
# MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge**

The undersigned, described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

Sharpstown Rd



Tinsley Rd

3) PLOT PLAN (ACCURATELY DIMENSIONED)

| | | |
|---|---|---|
| | Mobile Home | Yes ___ No ___ |
| | Residence | Yes ✓ No ___ |
| 4) | No. of Bedrooms | 3 |
| 5) | Business Use – Max. No. Employees | ___ |
| 6) | Washing Machine | Yes ✓ No ___ |
| 7) | Garbage Disposal | Yes ___ No ✓ |
| 8) | Dishwasher | Yes ___ No ✓ |
| 9) | Water Supply | |
| | A) Individual well | ✓ |
| | B) Governmental system | ___ |
| | C) Community system | |
| | 1 Well source | ___ |
| | 2 Governmental source | ___ |
| 10) | Sewage System | |
| | House located within 200 feet of public sewer | Yes ___ No ✓ |
| | House located within 200 feet of community sewer | Yes ___ No ✓ |
| 11) | FHA Case No. | No |
| 12) | VA Case No. | No |

13) NAME OF OWNER Stephens (LAST) John (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 2432 Westfield Rd. Charlotte

15) PHONE NO. Home 3235510 Office 375-6071

16) LOCATION OF SYSTEM Hwy 115 near Stumptown Rd (STREET OR COUNTY ROAD) – Huntersville

17) SUBDIVISION ___ Lot No. 35+36 Block No. ___

18) Block No. ___ Page No. ___

19) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

20) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN about 1930

21) PERMIT NUMBER (See Instructions) ___

The undersigned applicant hereby agrees that he has read the foregoing application and that the contents thereof are understood that any permit applied for herein shall be void and of no effect if any of the above statements are not true.

7-11-78

OWNER John Stephens

Environmental Health Department's Copy

"FINAL NOTICE"

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

# ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Jo Ellen Stephens

MAILING ADDRESS 2432 Westfield Rd., Charlotte 28207

OCCUPANT tenant

LOCATION 15633 Statesville Rd., Huntersville

☒ RESIDENCE ☐ BUSINESS ☐ OTHER File # 3224B

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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5569/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by December 12, 1994, appropriate legal action will be taken.

Notice Issued November 28, 1994 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

LOG NO: [ ][ ][ ]

## REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: [1][2] / [1][9] / [9][4]
MONTH / DAY / YEAR

SECTION: [I][W][W][S]
(AQ, WQ, FOOD, DC, MILK, POOL, S&HW, OPWD, VC)

TO: **DIRECTOR**

Request approval for initiation of (circle one): (CS) CW, AI, CV, OTHER: _____

Against: Joellen Stevens

Violation: MALFUNCTIONING SEPTIC TANK SYSTEM

Circumstances: (Outline Briefly) Requested to issue repair permit for malfunctioning septic tank system. Phil Walker, R.S. handled case and sent property owner 1st violation notice. Final violation notice sent 11-28-94 w/ compliance date of 12-12-94. Property owner has not taken action but has apparently spoken with a few septic tank contractors concerning this case. Rental property.

Susan Gatemann
ENVIRONMENTALIST

Violation Notices (Date & Results):

Repair permit issued 7/1/94
1st violation notice sent 8/30/94 - no response
Final violation notice sent 11/28/94 - property owner has called asking questions no action taken

Other Contacts: Bud Lee, Septic Tank Contractor, requested copy of repair permit on 10-10-94. Property owner and I spoke 2 or 3 times in reference to repair permit.

Approved for proceeding with action:

Supervisor: _____

_____ DATE: _____

Division Manager: _____

_____ DATE: _____

Director: _____

_____

_____

_____ DATE: _____

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.