

8007 MARSHALL ACRES DR

11333115

1/3/2008

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: 3502B DATE: 3-22-95

TC: 113-03310 ☐ L ☐ CRT

SERIAL Nº 15973

Name of Owner Vickie Woods Juris.:

Address of Property 8007 Marshall Acres Drive

Inspection Data:

Tank Material +

Total Length of Drainfield 100' SEPTIC 100' WASHER

Number of Lines 2 @ 50 in each

Cover Depth 12 or greater

Water Supply Source well

Distance to Water Source ≥50' UNDERGROUND

Excavation Inspected 3/22/95

Tank(s) Inspected —

Wash Line Inspected 3/22/95

High Water Alarm Inspected —

PLOT

Design: 300 SQFT, B, 18"G, CERILLITE OVERFLOW BED TR# JOYCE
300 SQFT. B, 18"G, " " WASHER LINE ENTERPRISES

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 18A .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 18A .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 27 years old

Joni Higgins-Bunny, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

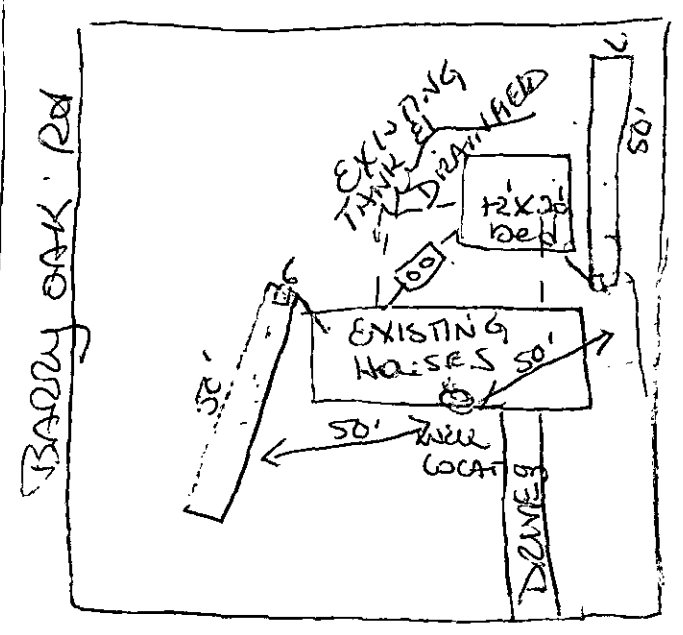
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3502B DATE: 3/20/95

TC: 113-033-10 L

SERIAL Nº 16213

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 _____. All work shall be completed on or before 3/31/95, 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. (X) NEIGHBOR'S well



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth 6'

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 1 WASHER LINE = 100' / 1 overflow bed = 100' feet

Number of Lines (1) in each bed

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER ~~Virginia~~ Vickie Woods

LOCATION OF PROPERTY 8007 Marshall Acres Rd.

Comments: System built at or around 1968. Disconnect washing machine and plumb into bed. 6x50x18". Divert all gutter drains (1) washer box

Joni Higgins-Bunny, RS
for S.D.

Joni Higgins Bunny, RS
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3502B 3502B

☐ 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: Woods (last) Vicki J James (first) (mi)
ADDRESS: 8007 Marshall Acres PHONE: 704 394-9373
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date: 3/22/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-033-10
STREET ADDRESS: 8007 Marshall Acres Dr
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 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): 1/2 C. Lot

☐ 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 N)
☐ 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) ☒ 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)
☒ 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: Vicki L. Woods Date: 3/22/95

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

Jeri Higgins Bunny Rd 3-30-95
Environmentalist Date

Jeri Higgins Bunny for S Davis
Director or Authorized Section Head Date

WATER : '22 '91

Mecklenburg County
Health Department

March 18, 1998

Ms. Susan Zongher
ERA Mathers Realty
6701 Carmel Road, Suite 100
Charlotte, NC 28226

Dear Ms. Zongher:

This is in reference to the letter written to you on March 10, 1998, concerning the well and septic system at 8007 Marshall Acres Drive, Charlotte, North Carolina.

At the time of the investigation it could not be determined if the washing machine line was connected to the washer drainfield that had been installed in 1995. On March 18, 1998, I met with Dennis Joye of Joye Enterprises. He had installed the 1995 septic repairs to that system. At this time, it was determined that the washing machine plumbing was properly connected to the repair done in 1995.

Mr. Joye and I also investigated the original septic system and the overflow bed that was installed in 1995. Mr. Joye stated that the repair was designed to feed and keep the original bed full and overflow to the new bed because of limited space. This is how this repair was installed on that lot. It appears that it is functioning as it was designed, however, at the time of this investigation it is my understanding the house has been vacated and you my desire to have a re-inspection in 60 days after reoccupancy.

If you have any questions, please feel free to contact me. I am enclosing a copy of the Certificate of Completion/Operation Permit.

Sincerely,

Toni E. Bunney, R.S.

Toni E. Bunney, R.S.
Individual Water and Wastewater Systems

TB:vw