

15501 HUBBARD RD

01314114

5/16/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

September 19, 2005

Jeffrey Jackson
15501 Hubbard Road
Hunt[illegible], NC 28078

Dear Mr. Jackson:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 15501 Hubbard Road on September 14, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for Total Coliform and E. COLI-PA bacteria. It is recommended that you perform an annual bacteriological analysis for your private well.

I am also including a copy of the septic system inspection report for your review. Please review the report carefully and address any items that require attention.

Thanks again for your cooperation with the septic inspection and well sampling programs. If you have questions or need assistance with your septic system or private well please contact our office at (704) 336-5103.

Sincerely,

Trevor Thomason, R.S.I.
Sr. Environmental Hygienist

Enclosures (2):

700 North Tryon Street • Suite 211• Charlotte, North Carolina 28202 • (704) 336-5103 • Fax (704) 336-6894

http://groundwater.charmeck.org

CHARLOTTE

Laboratory Analysis Report
Report Date: 9/16/2005 02:16 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-4127A
LOC ID: G-GWS
SAMPLE DATE-TIME: 9/14/2005 10:45
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB48556
CHAIN OF CUSTODY #: 05090197

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB48556	E. COLI-PA	absent	P/A		SM 9223B	9/15/2005 8:35	KEK
AB48556	Total Coliform	absent	P/A		SM 9223B	9/15/2005 8:35	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (MPE)

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water) - Jackson Residence

LOCATION / ADDRESS: 15501 Hubbard Rd., Huntersville NC 28078

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05090197

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semi, EPA 8270
485556 GWS-4127A	TAT	9/14/05 10:45		N						X	100 ml		1						X		X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		09-15-05	0800
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Jackson Residence	4127A
Health Department	**Name of Establishment**	**Permit/Project No.**
15501 Hubbard Rd., Huntersville 28078	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Jeffrey Jackson	Same as location address	
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IIIb	9/14/2005	September 2010
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	1.a. Trickle of water entering dosing tank. Check toilet/s for leaks.
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good condition?	☒	☐	☐	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured >6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Check plumbing fixtures (toilets) inside house for leaks and repair as needed.

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

1. Have both tanks (septic & dosing) pumped out at this time to remove excess solids. Failure to pump the tanks may cause damage to the drain field.

DATE: 9/15/2005

SIGNED: _____, RSS AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	09/07/05	**Amount:**	85.00
Receipt #:	36803	**Tendered:**	85.00
Check / Auth #:	CHECK 6908	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	JACKSON CAROLYN O
Attn:	
Address:	15501 HUBBARD RD
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 4127A		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	09/07/05	**Amount:**	85.00
Receipt #:	36803	**Tendered:**	85.00
Check / Auth #:	CHECK 6908	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: JACKSON CAROLYN O
Attn:
Address: 15501 HUBBARD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 4127A		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

February 11, 2003

MECKLENBURG COUNTY
Health Department

Jeffery W. Jackson
15501 Hubbard Rd.
Huntersville, NC 28078

Dear Mr. Jackson:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 15501 Hubbard Rd., Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by March 1, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Jeffery W. Jackson
15501 Hubbard Rd.
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Jeffery W. Jackson	15501 Hubbard Rd.	01314114	4127A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 2/11//03

Payment Due Date: 3/11/03

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 11, 2002

Dean and Rhonda Jones
15501 Hubbard Road
Huntersville, NC 28078

Dear Mr. and Mrs. Jones:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 15501 Hubbard Rd., Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 25, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Dean and Rhonda Jones
15501 Hubbard Road
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Dean and Rhonda Jones	15501 Hubbard Road	01314114	4127A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/11/02

Payment Due Date: 5/11/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4127 A DATE: 9-8-95

TC: 013-141-14 ☐ L ☐ CRT

SERIAL № 16404

Name of Owner Dean + Rhonda Jones Juris.:

Address of Property 15501 Hubbard Rd.

Inspection Data:

Tank Material PLC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 10" - 20"

Water Supply Source well

Distance to Water Source >50' to any well

Excavation Inspected 4-27-95

Tank(s) Inspected 4-27-95

Wash Line Inspected —

High Water Alarm Inspected 9-8-95

PLOT

Design 2 stepdowns installed 1500gal, 1000gal, 1200 sq ft drainfield, 12" stone CTR# Claudius Morrison 80
Cecil Hite
Meyers Pump

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: 5 bedroom design Alarm in garage

Type III

Susan Johnson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

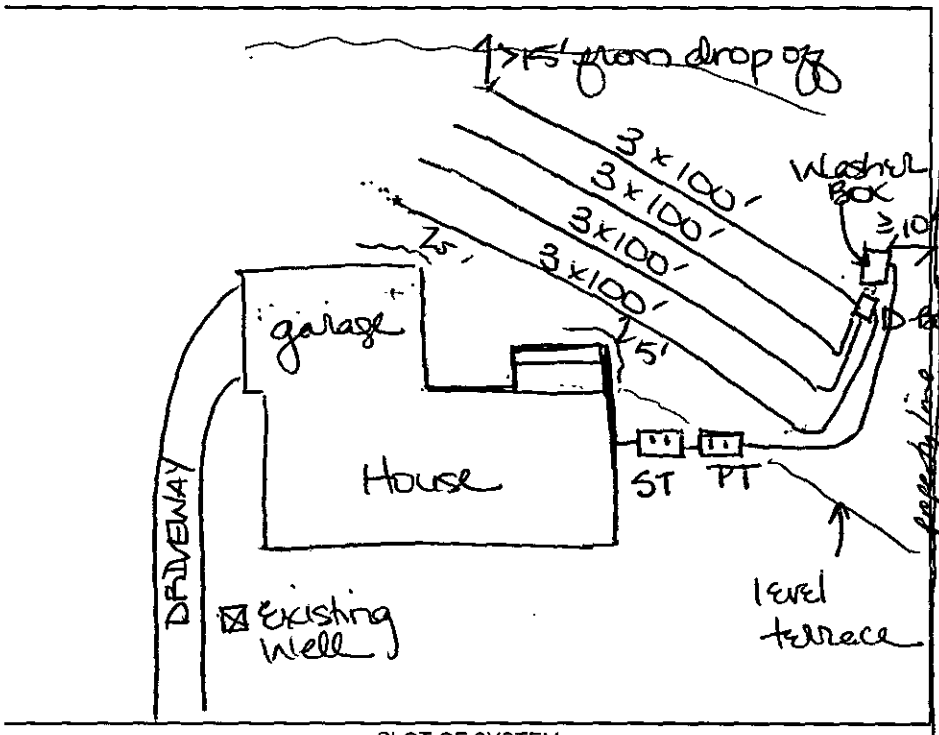
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4127A DATE: 3/1/95

TC: 013-141-14 ☐ L

SERIAL Nº 16192

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 9/23/94. All work shall be completed on or before 4/1/95, 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
House fronts Hubbard Road

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 22" to 32"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 4 @ 100' each

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ~~100~~ >50 feet

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

NAME OF OWNER Michael H. Stewart / Dean Jones

LOCATION OF PROPERTY 15501 Hubbard Road

Comments: 3 bedroom design. Install pump, controls & alarm to current State Regulations. One (1) step down ~~D-Box~~ may be necessary on each line. Install large washer box to feed into D-Box. Level terrace. Keep lines ≥15' from drop off in woods.

Yba B. Mialik, RS 3/1/95
Environmental Health Specialist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20505

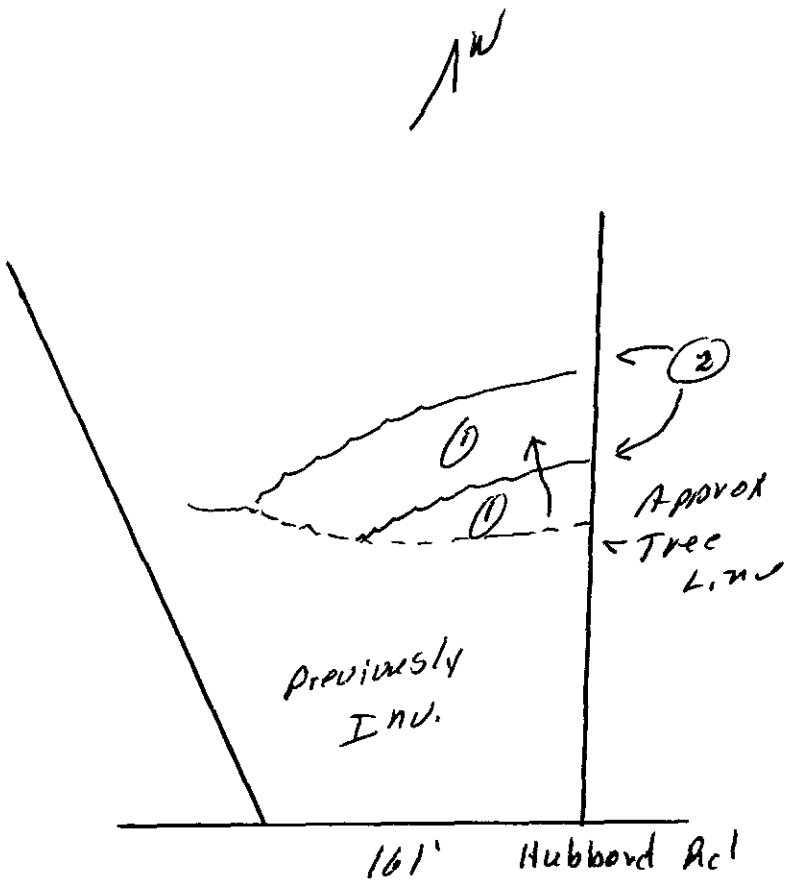
File: 4127A Action 1
Parcel: PO 013-141-14
☐ PC

Location: 15501 Hubbard Road
Subdivision:
Lot: Block: Acres: Approx .25 ± AC.

Owner: Dean & Rhonda Jones
Address: Huntersville General Rd
Huntersville, N.C.

Comments: 100% Repair, .3 gal/sq ft/day LTAR

Described by: William R. Marlin
Date: 10-3-94



***** 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 2-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure sub	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 746" TO water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-46"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 746"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IIE Cecil-Urban	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4/127A

Pd. #150 9/23/94 Ck. #4401 $100 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

Date:

PERSON FILING APPLICATION:
NAME: Stewart (last) Michael (first) H (mi)
ADDRESS: P.O Box 252 PHONE: (704) 875-1513
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 013-141-14
STREET ADDRESS: 15501 Hubbard Rd
ZONING:

PROPERTY OWNER:
NAME: Jones (last) Dean & Rhonda (first) (mi)
ADDRESS: Huntersville Concord Rd PHONE: (__) _____
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] 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: W/ BASEMENT
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: Michael H. Stewart Date: Sept. 23 1994

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.

Improvement Permit Approved for 3 bedroom home utilizing Conventional System with Lift Pump design

[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

Judy J Kuss RS 10/6/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122

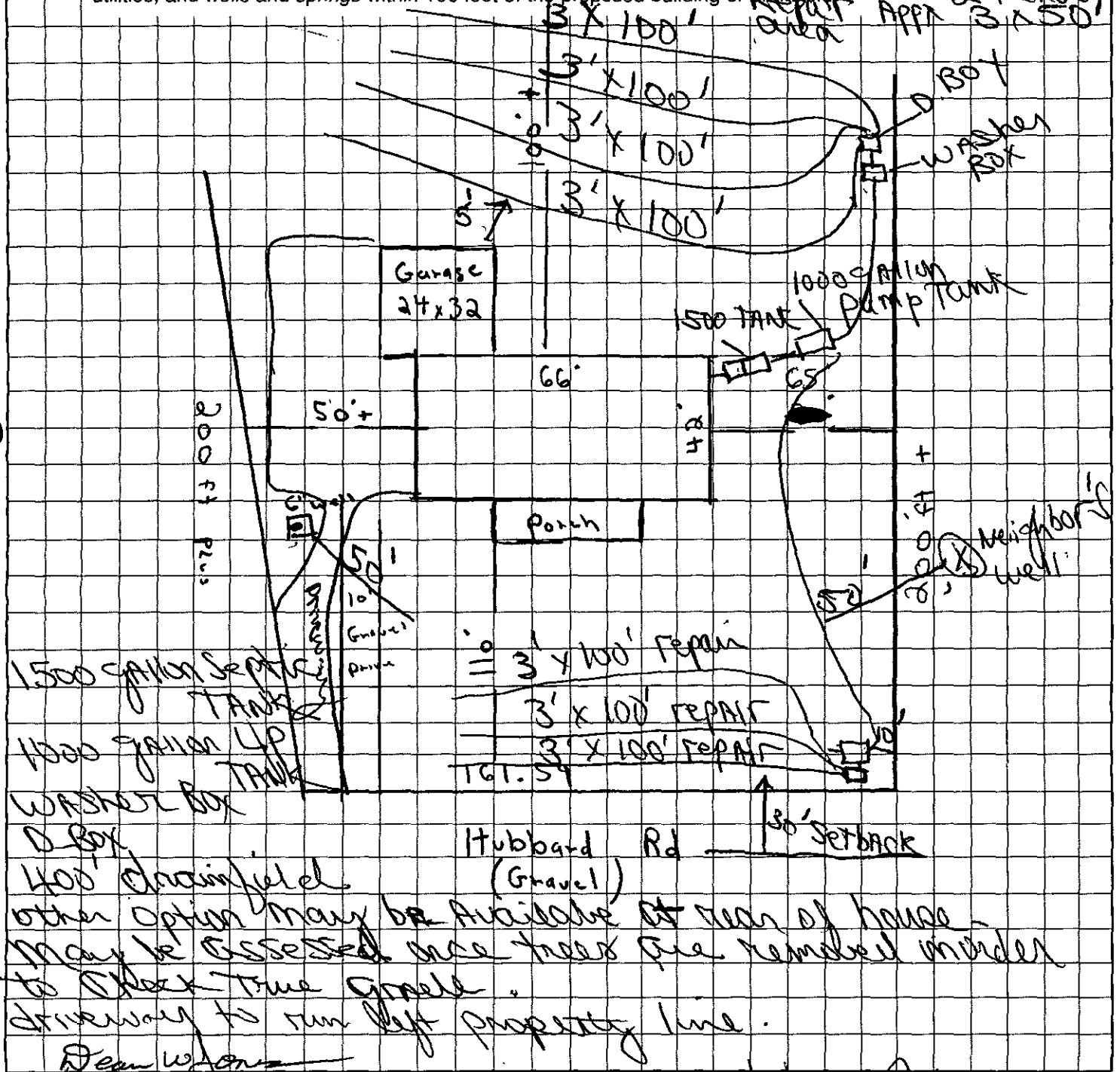
PROPOSED PLOT PLAN

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

FILE: 4127A

TC: 013-141-14

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.



Michael H. Stewart
OWNER/AGENT SIGNATURE

DATE Sept. 23, 1994

APPROVAL DATE 10/6/94 J Rich

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

MECKLENBURG COUNTY

Department of Environmental Health

February 10th, 1988

John H. Hubbard Heirs
P. O. Box 4
Davidson, NC 28036

RE: Property located at Hubbard Road 7
FILE: 4127A
PARCEL: 01313112,13PO

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. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14998) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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 to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14998

File: 4127-A Action: 1

Parcel: PO 013-141-01 ☐ PC

Location: Hubbard Road

Subdivision:

Lot: 7 Block: Acres: Approx 1.0

Owner: John H. Hubbard, Heirs
Address: P. O. Box 4
Davidson, N. C. 28036

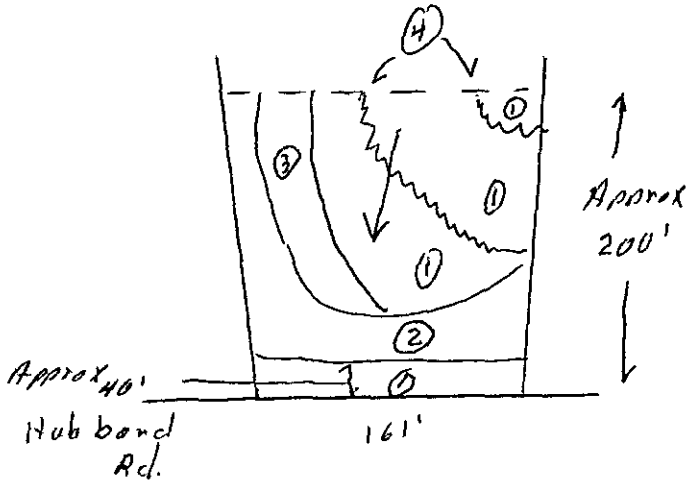
Comments: _____

Described by: William R. Mauldin

Date: 2-10-88

***** 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 2-8%	S PS (U) Depression	(S) PS U 2-8%	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S (PS) U Clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S (PS) U >36" To water	S PS U —	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS (U) 24-36"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	S PS U —	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS (U) Restricted	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	IVA Cecil-Lloyd	Depression	IVA Pacolet-Cecil	Complex Slopes		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

December 16th, 1987

John H. Hubbard Heirs
P. O. Box 4
Davidson, NC 28036

RE: Property located at Hubbard Road 7
FILE: 4127A
PARCEL: 01313112,13PO

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. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 14801) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14801

File: 4127A Action 2

Parcel: 01313112, 13PO ☐ PC

Location: Hubbard Road

Subdivision:

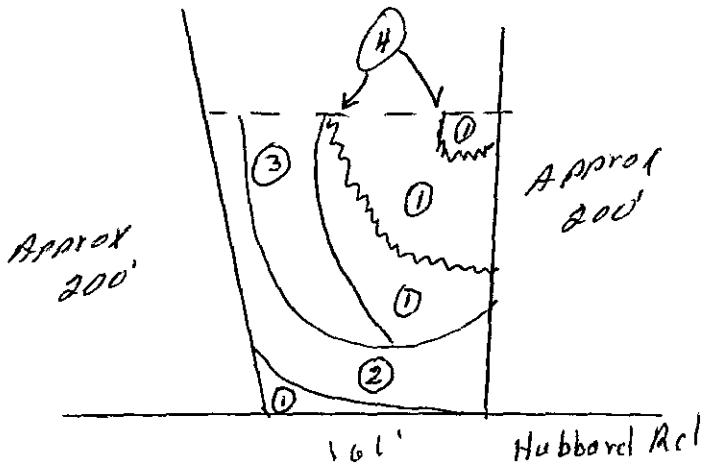
Lot: 7 Block: Acres: Approx. 1.0

Owner: John H. Hubbard Heirs
Address: P. O. Box 4
Davidson, NC 28036

Comments: _____

Described by: William A. Mullis

Date: 12-16-87



***** 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 2-8%	S PS (U) Depression	(S) PS U 2-8%	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S (PS) U clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U 736" To water	S PS U —	S (PS) U 736" To water	S PS U —	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS (U) 436"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S (PS) U 736"	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS (U) Restricted	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	IUA Cecil-like	Depression	IUA Parolet-Like	complex slopes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

#30.00 Paid 11-16-87 Ew

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4127A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: _____

② SUBDIVISION: Hubbard Farms ③ LOT: 7 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 13 PAGE NO.: 14 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 1229 PAGE NO.: 496

OWNER

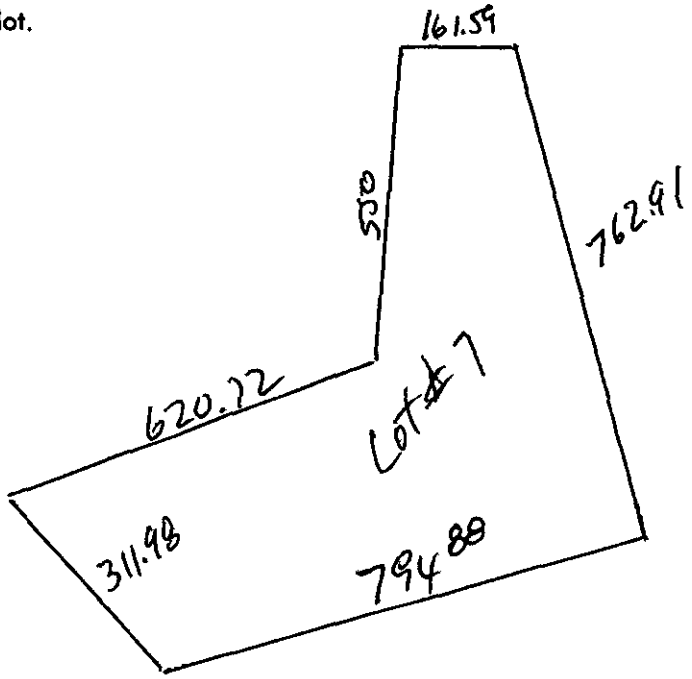
⑦ NAME: John (FIRST) H (MIDDLE) Hubbard Heirs (LAST)

⑧ MAILING ADDRESS: PO Box 4

⑨ CITY: Davidson ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-0196 Bob Knox (HOME) 892-0248

⑬ Accurately diagram and dimension lot.



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: J. D. Hubbard

Date: _____

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

J. Niles
4127A

N. 21-03-04 E.

DUKE POWER CO. R/W

I.P.F.

POND

TOWER

TOWER

TOWER

620.77

S. 32-12-25 W.

I.P.F.

N. 61-58-42 W.

FENCE

DITCH

ORAN C. DAVIS
DEED: 6299-48

762.91

WOODS

S 34-18-30 E.

550.09

THOMAS SILWISKI
DEED: 5833-175

JEFFREY R. HAYES
DEED: 6240-811

ROBERT E. MUNDY
DEED: 5985-366

EXISTING HOUSE #15509

ADRESS ASSIGNED #15501

I.P.S.

161.59

S. 55-32-19 W.

I.P.F.

I.P.F.

185.00

N. 55-32-19 E.

I.P.F.

24.81

HUBBARD ROAD (S.R.#2134)
(GRAVEL)

50' R/W

S. 85-31-13 E. 232.56

EXIST. BARN

GATE

I.P.F.

R/W

R/W MARKER

15' ACCESS EASMT.

SILBERBERGER
DEED: 6044-208

I.P.F. = IRON PIN FOUND
I.P.S. = IRON PIN SET
R/W = RIGHT OF WAY
= FENCE (BARBED WIRE)
= WOODED AREA

AREA = 11.541 ACRES
TAX PARCEL = 013-141-14

NORTH CAROLINA
MECKLENBURG COUNTY

I JOHN D. CAMPBELL CERTIFY THAT THIS MAP WAS DRAWN
FROM AN ACTUAL SURVEY BY ME (DEED DESCRIPTION

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Jackson Residence	4127A
Health Department	**Name of Establishment**	**Permit/Project No.**
15501 Hubbard Road	Residence	360
Location	**Type of Establishment**	**Design Flow**
Jeffrey Jackson	15501 Hubbard Road	
Owner/Agent	**Address**	**Phone**
Operator	**Address**	**Phone**
IIIb	10/27/10	10/27/15
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	Tank riser under a well house.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

System looks good. The pump tank riser is under a well house, which is a little confusing.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 10/28/10

SIGNED: Jeremy Michelone, R.S. AGENT

Division of Environmental Health

Printed Name: Jeremy Michelone, R.S.

Phone #: (704)336-5572