

19010 MARY ARDREY CR

00151122

5/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Connected to Sewer - You May want to note this on the sheet. (Thanks Jeff.)

Connected To Sewer

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: Steve Martin TELECOPIER # (704) 792-1719

FROM: Jeff Knight DATE 7/7/99
336-8993

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

FEE: 200.00 Cash
DATE: 6/30/99 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I ICRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 40867

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-511-22

STREET ADDRESS: 19010 Mary Audrey Cir

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 25 1988

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
✓ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
X ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Move Lift Station for Renovations & Additional SQ footage

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: ~~Lionel Kerrin Vickar~~
(LAST) Vickar (FIRST) Lionel (MI) Kerrin

ADDRESS: 19010 Mary Audrey Circle

CITY: Cornelius STATE: N.C ZIP: 28031

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

Contact Tim Short
201-7847 cell Phone
723-4979

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Tim Short DATE: 6/30/99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Tcpt

PROPOSED PLOT PLAN

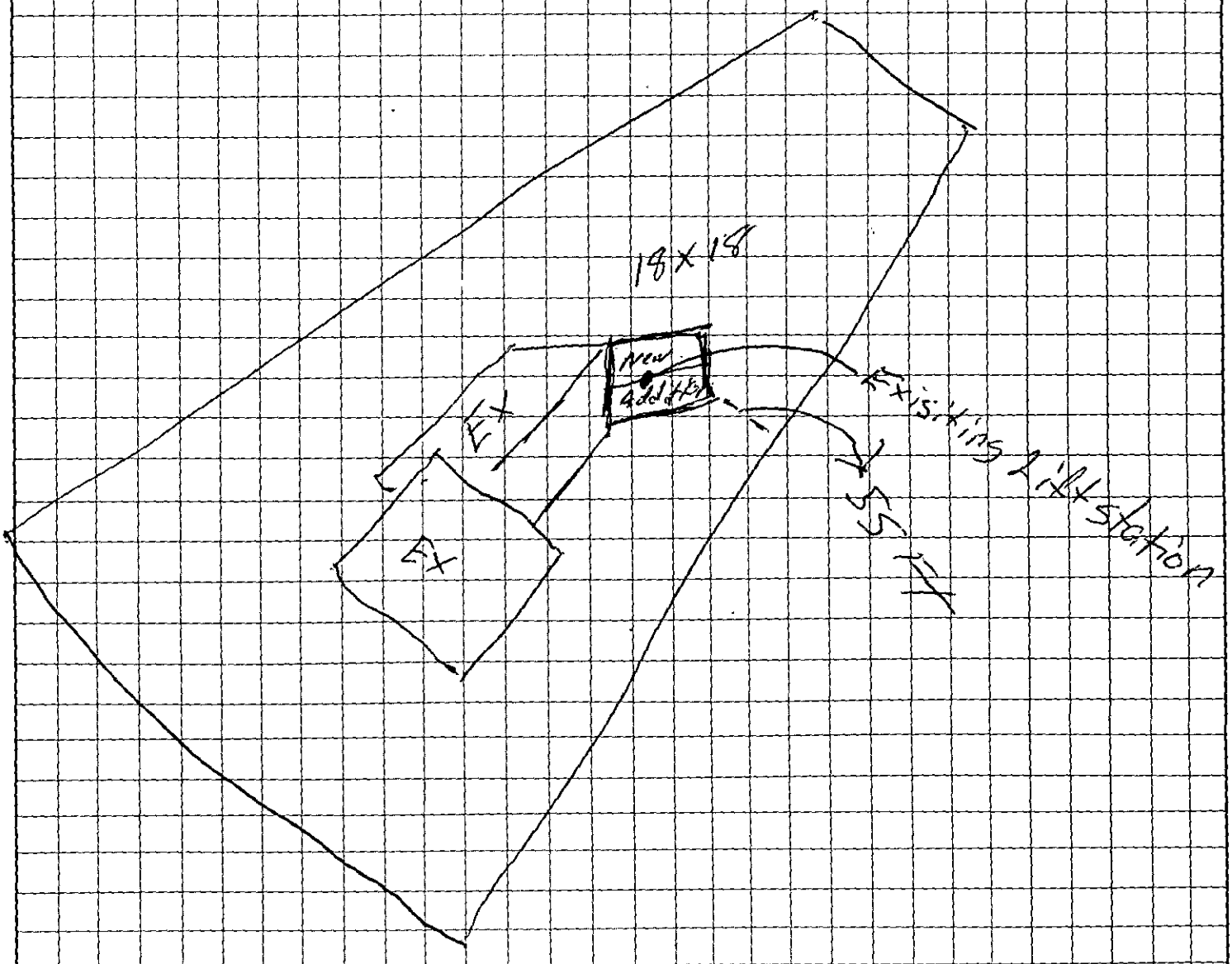
COPY

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

FILE: 4086A

TC: 001-511-22

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.



X Susan Short
OWNER/AGENT SIGNATURE

DATE 6/30/99

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4086 A DATE: 7/1/88

TC: 019-091-07 PO ☐ L ☑ GRT

SERIAL № 11242

Name of Owner Ross Jess C. Juris.:

Address of Property 1910 Mary Audrey Circle

Inspection Data:

Tank Material Precast

Total Length of Drainfield 533

Number of Lines See PLAN ON File

Cover Depth 24"

Water Supply Source Well

Distance to Water Source 2100'

Excavation Inspected 7/1/88

Tank(s) Inspected 7/1/88

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 1500 ST, 1000 DT, CM, P1, 1595SFT, 126 Lin ft CTR# 84

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: System utilizing drop Boxes. Plan with dimensions on file

Liberty Model LE71A, Serial # 13944, 3/4 H.P. 46' total Headlift Head Allowed to pump TO REPAIR AREA

Judy J. Klein R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

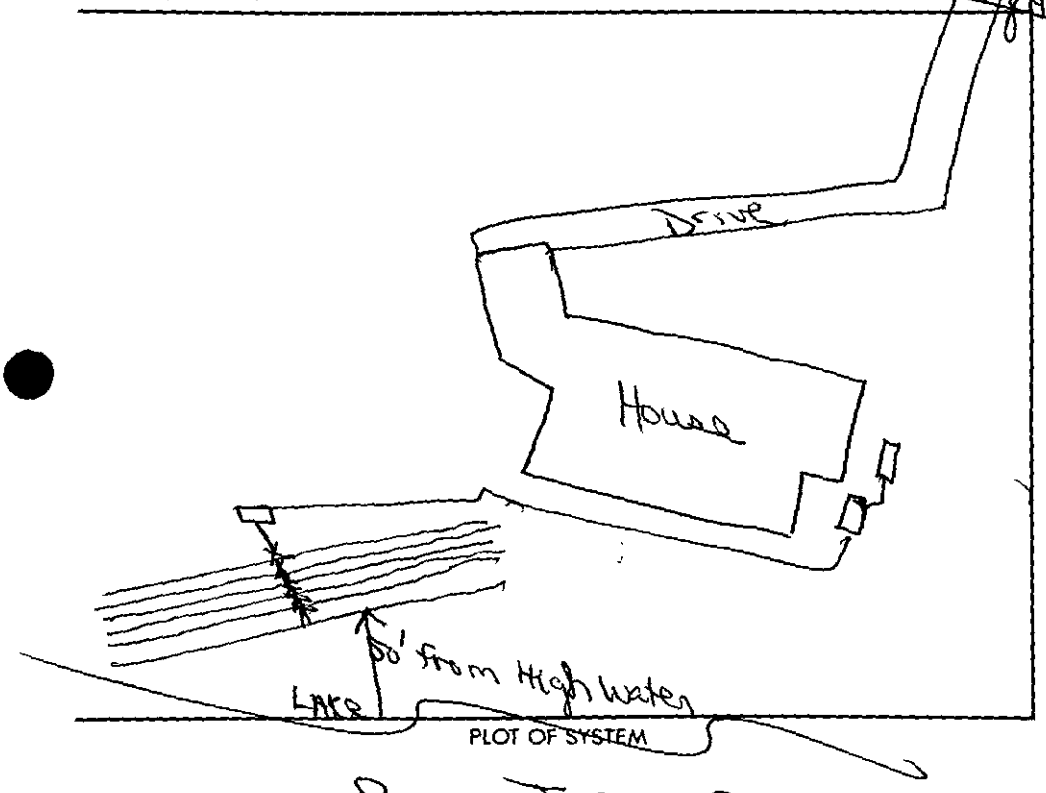
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4086A DATE: 6/27/88

TC: 019-091-07 PO ☐ L

SERIAL Nº 12005

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 11/5/87. All work shall be completed on or before 12/27/88, 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 Department of Environmental Health 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 1000 gallons

Tank Construction Pre-Cast

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 533 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well _____ feet

NAME OF OWNER Ross, Jeff C.

LOCATION OF PROPERTY 1906 Mary Audrey Circle

Comments: Install 6 trenches 533' per Approved Plan on file, utilizing drop Hoyer - 12" Stone, Straw Cover - drop hoyer to be set in cement.

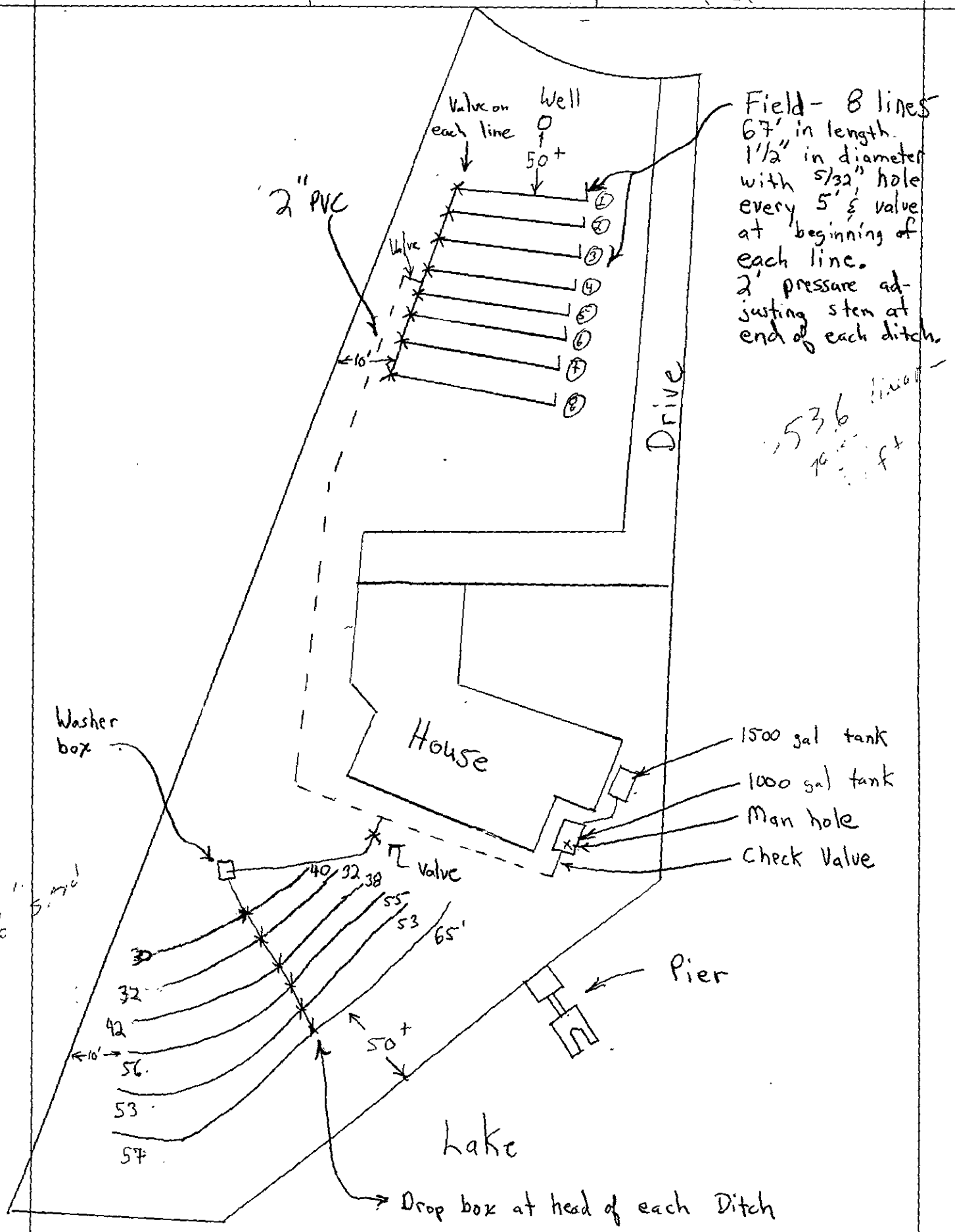
Division or Section Head

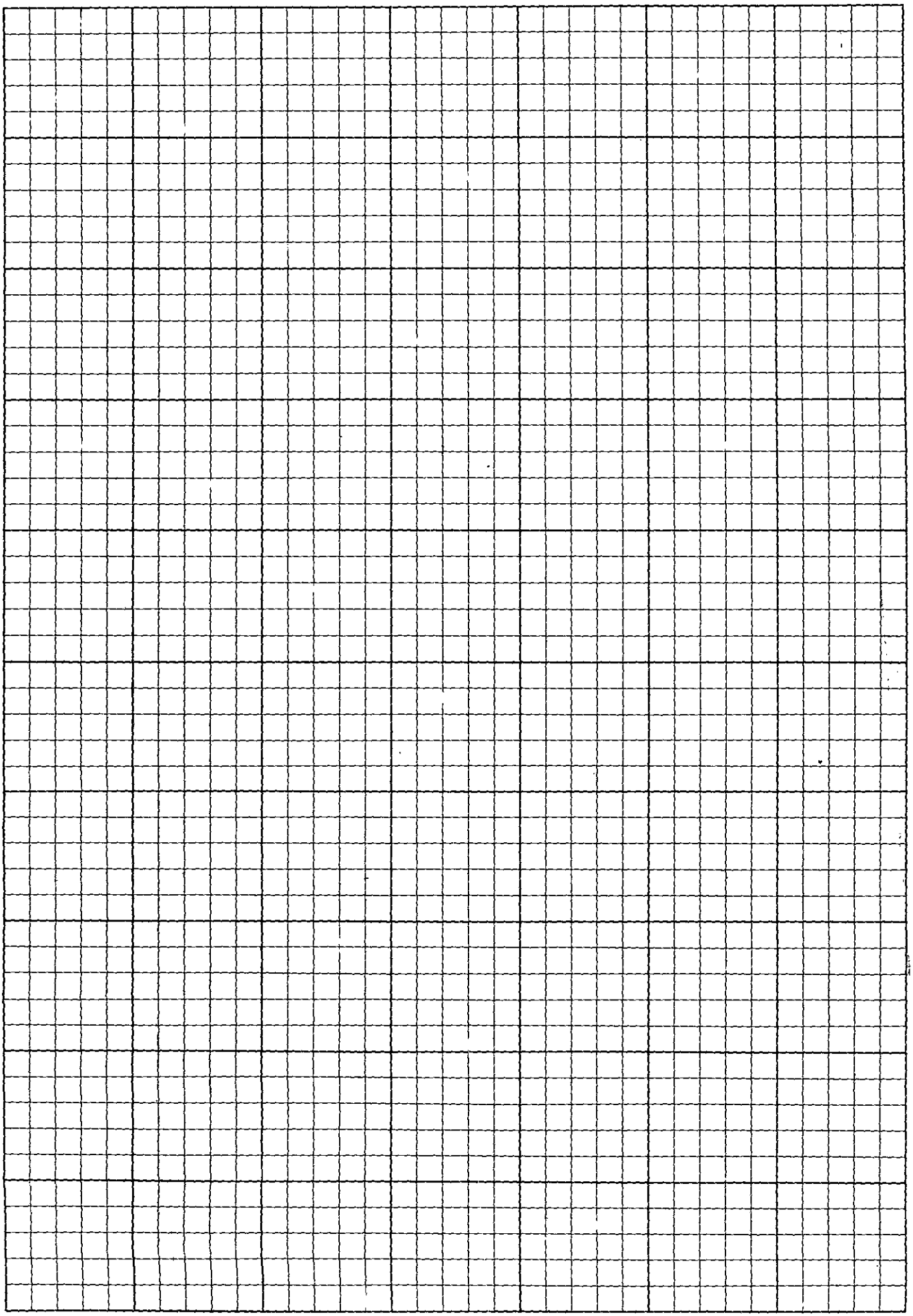
Environmentalist Judy J. Klein R.I.

* 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.

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

4086ft


Valve on each line
Well
50+
2" PVC
Valve
10'
Field - 8 lines 67' in length. 1½" in diameter with 5/32" hole every 5' & valve at beginning of each line. 2' pressure adjusting stem at end of each ditch.
Drive
House
Washer box
1500 gal tank
1000 gal tank
Man hole
Check Valve
T valve
40
32
38
55
53
65'
30
32
42
56
53
57
10'
50+
Pier
Lake
Drop box at head of each Ditch



MECKLENBURG COUNTY
Department of Environmental Health

November 16th, 1987

William A. Kimbrough
19529 Weaver's Circle
Huntersville, NC 28078

RE: Property located at 19010 Mary Ardrey Circle 25
FILE: 4086A
PARCEL: 00109107 PO

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 14767) 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

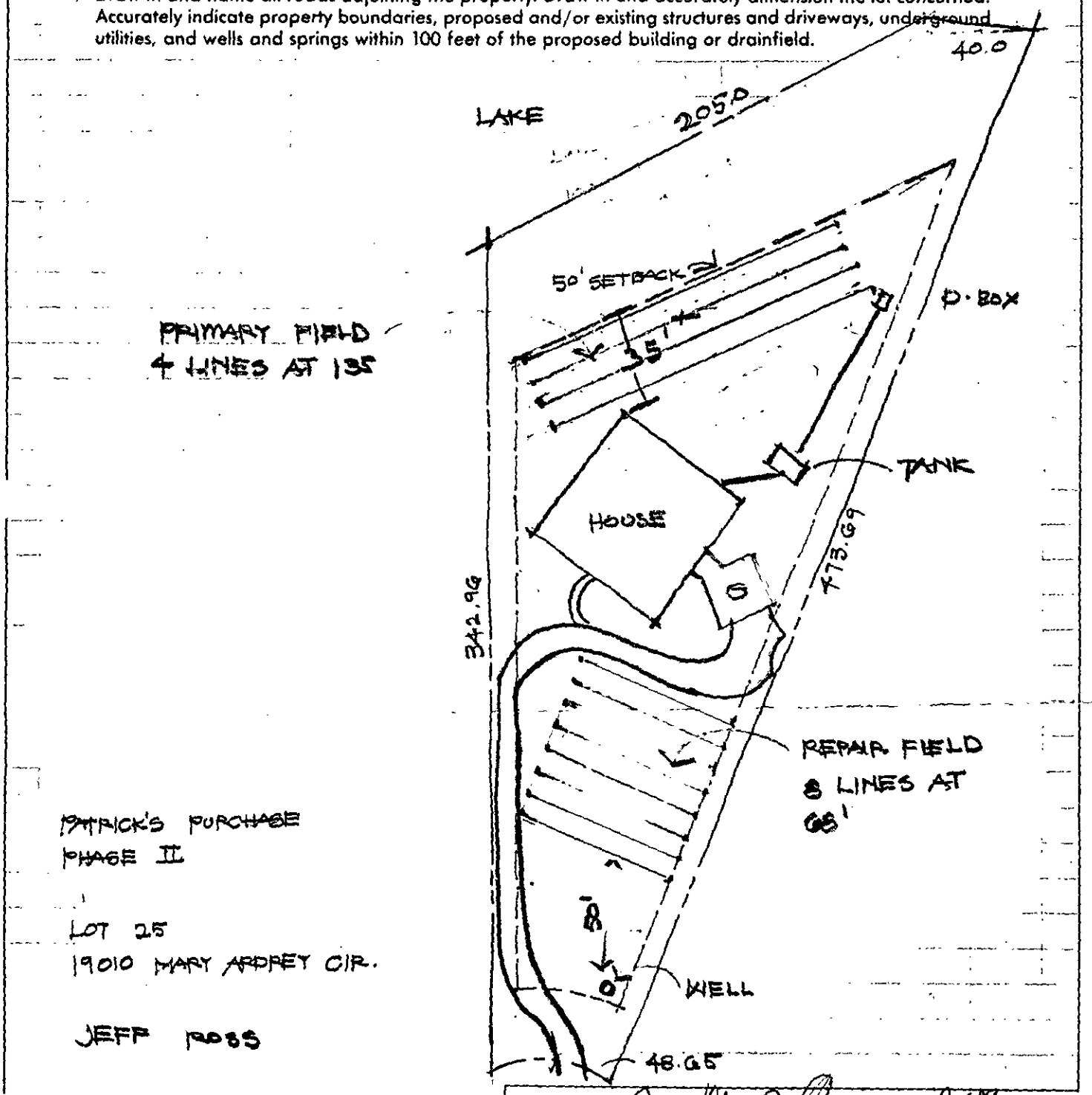
PROPOSED PLOT PLAN

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

FILE: 4086A

TC: _____

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.



PATRICK'S PURCHASE
PHASE II

LOT 25
19010 MARY ARDREY CIR.

JEFF ROSS

SURVEY BY CONCORD ENGINEERING

MARY ARDREY CIRCLE

Signed: Jeffrey C Ross

Date: 11/18/87

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14767

File: 4086A Action 1

Parcel: 00109107 PO ☐ PC

Location: 19010 Mary Ardrey Circle

Subdivision:

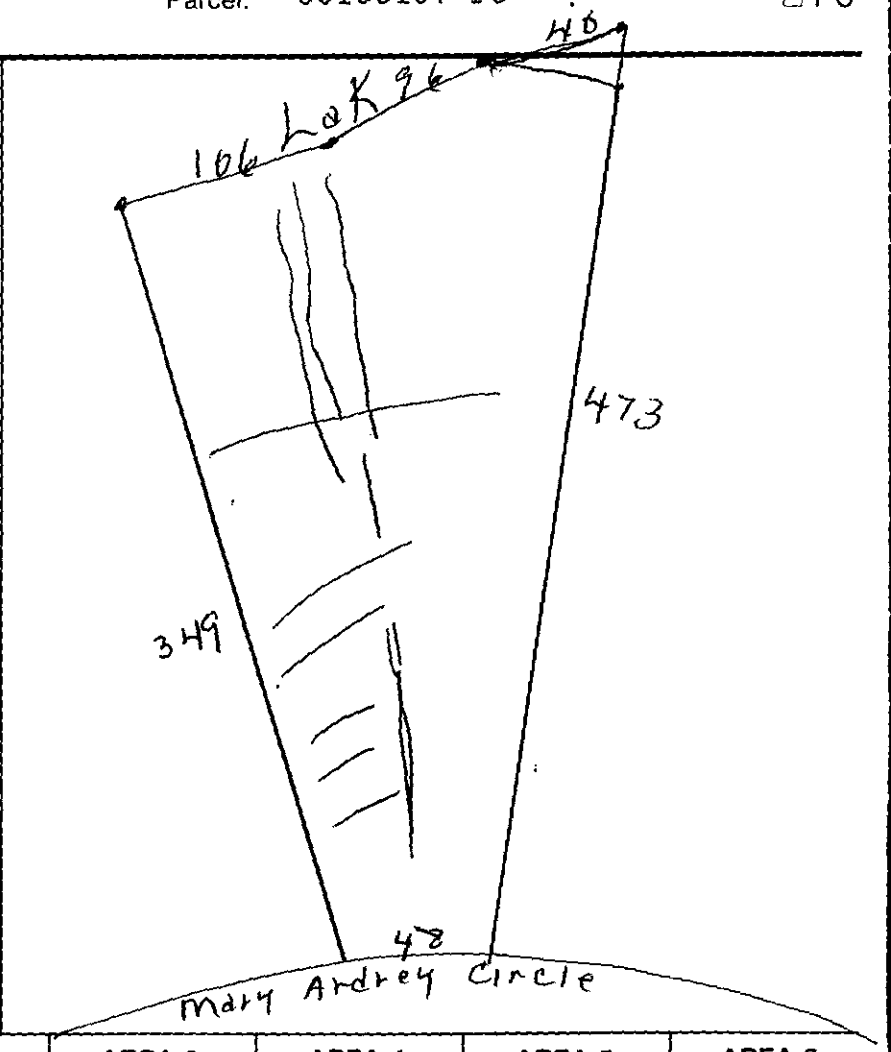
Lot: 25 Block: Acres: 1.14

Owner: William A. Kimbrough
Address: 19529 Weaver's Circle
Huntersville, NC 28078

Comments: Lot Has Several Terraces And Shallow Ditches. Depth of Soils Would Permit Most of This Area To Be Used

Described by: W. B. Ramsey

Date: 11-10-87



***** 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 2-7	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U * Terrace	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

$30.00 per lot —

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4086A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19010 MARY ARDREY CIRCLE

② SUBDIVISION: PATRICK'S PURCHASE PH. #2 ③ LOT: 25 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 091 PARCEL NO.: 07 PO

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: WILLIAM (FIRST) A. (MIDDLE) KIMBROUGH (LAST)

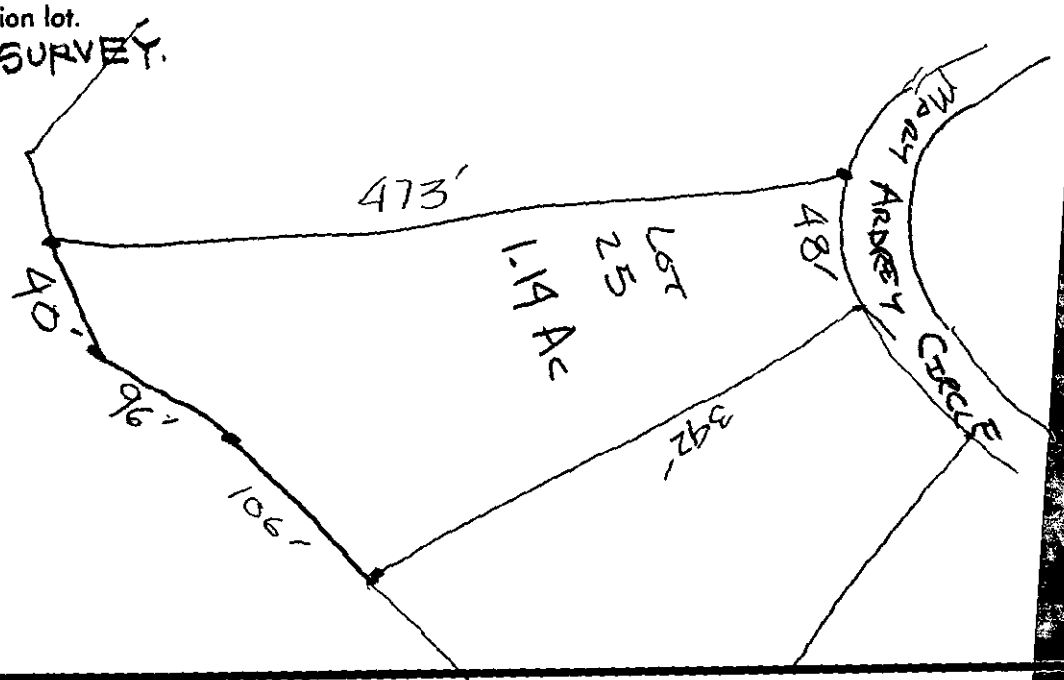
⑧ MAILING ADDRESS: 19529 WEAVERS CIRCLE

⑨ CITY: HUNTERSVILLE ⑩ STATE: N.C. ⑪ ZIP: 28078

⑫ PHONE: (WORK) SAME (HOME) 892-3683

⑬ Accurately diagram and dimension lot.

SEE ATTACHED SURVEY.
LOT 25



LAKE NORMAN

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: William A. Kimbrough

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

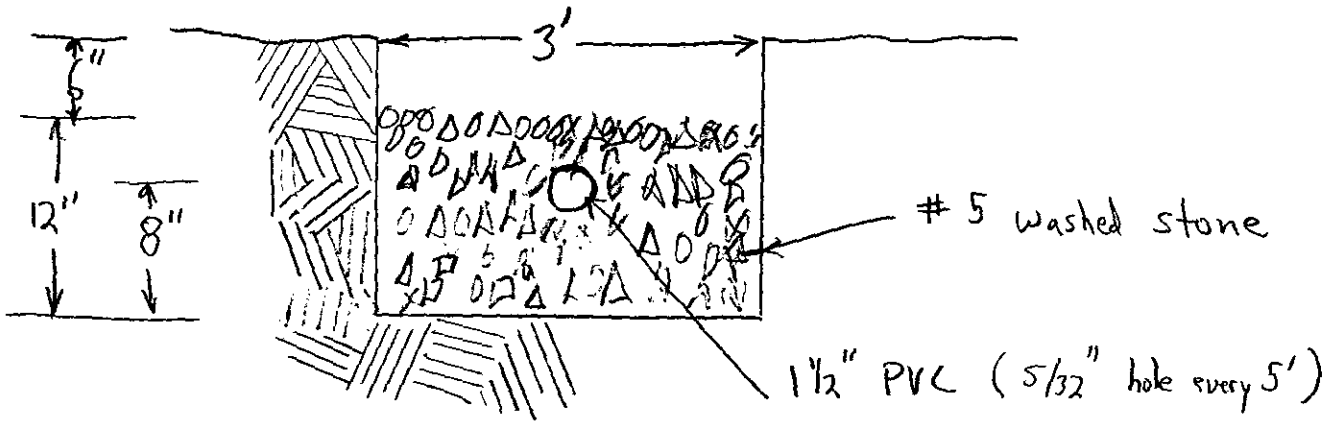
Date: _____

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

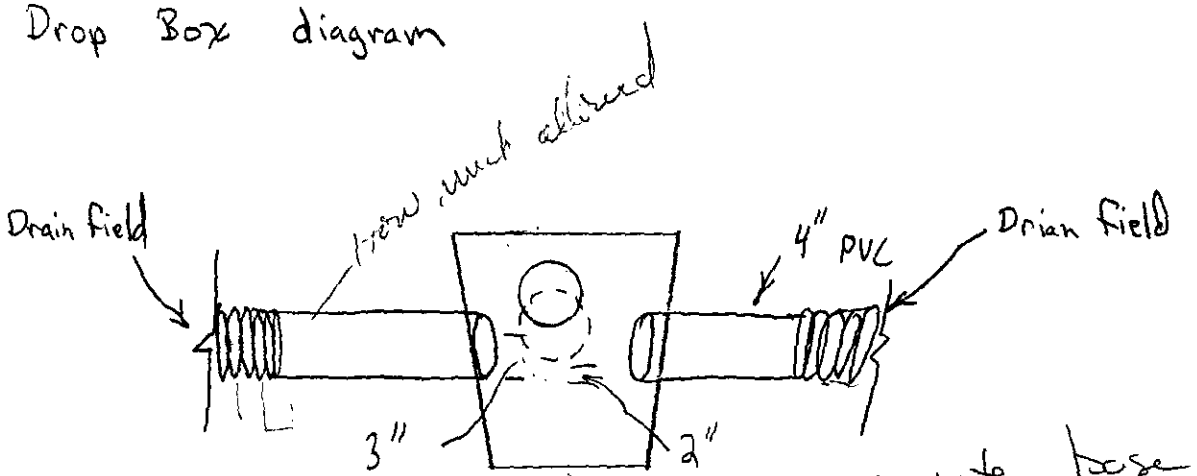
4086A

General information :

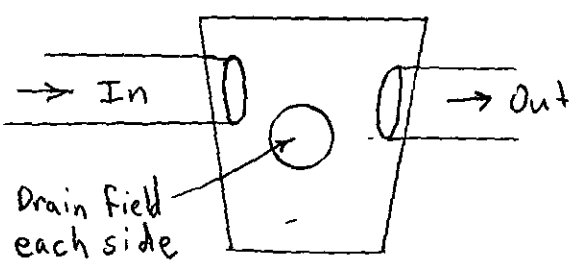
Pump field cross-section



Drop Box diagram



Rotated 90°



24086A

Data: - Elevation from pump to line (1) 19'2"
- Elevation from pump to washer box 9'4"
- Length of 2" PVC - 273'
- Total sq-ft of each system 1,620
- Head pressure 2' each line

Calculations:

Line	# holes	Flow Per line (0.41) gpm/hole
1	12	4.92 gpm
2	"	"
3	"	"
4	"	"
5	"	"
6	"	"
7	"	"
8	"	"

Total dose rate for field **39.36 gpm**

Friction lose = $\frac{2.62}{ft}$ [Table 3] x $\frac{273}{100}$ ft = **7.15 ft**

Friction lose in fittings = 7.15 x 20% = **1.43 ft**

Total head = 19'2" + 7.15' + 1.43' + 2'(stem) = **29.75 ft**

Volume Supply = $\frac{273}{100}$ x 19.4 (Table 4) = **52.96 gal**

Volume lateral = $\frac{540}{100}$ x 12.5 = **67.50 gal**

Minimum dose volume = $V_{supply} + 5(V_{lateral})$ = **390.46 gal**

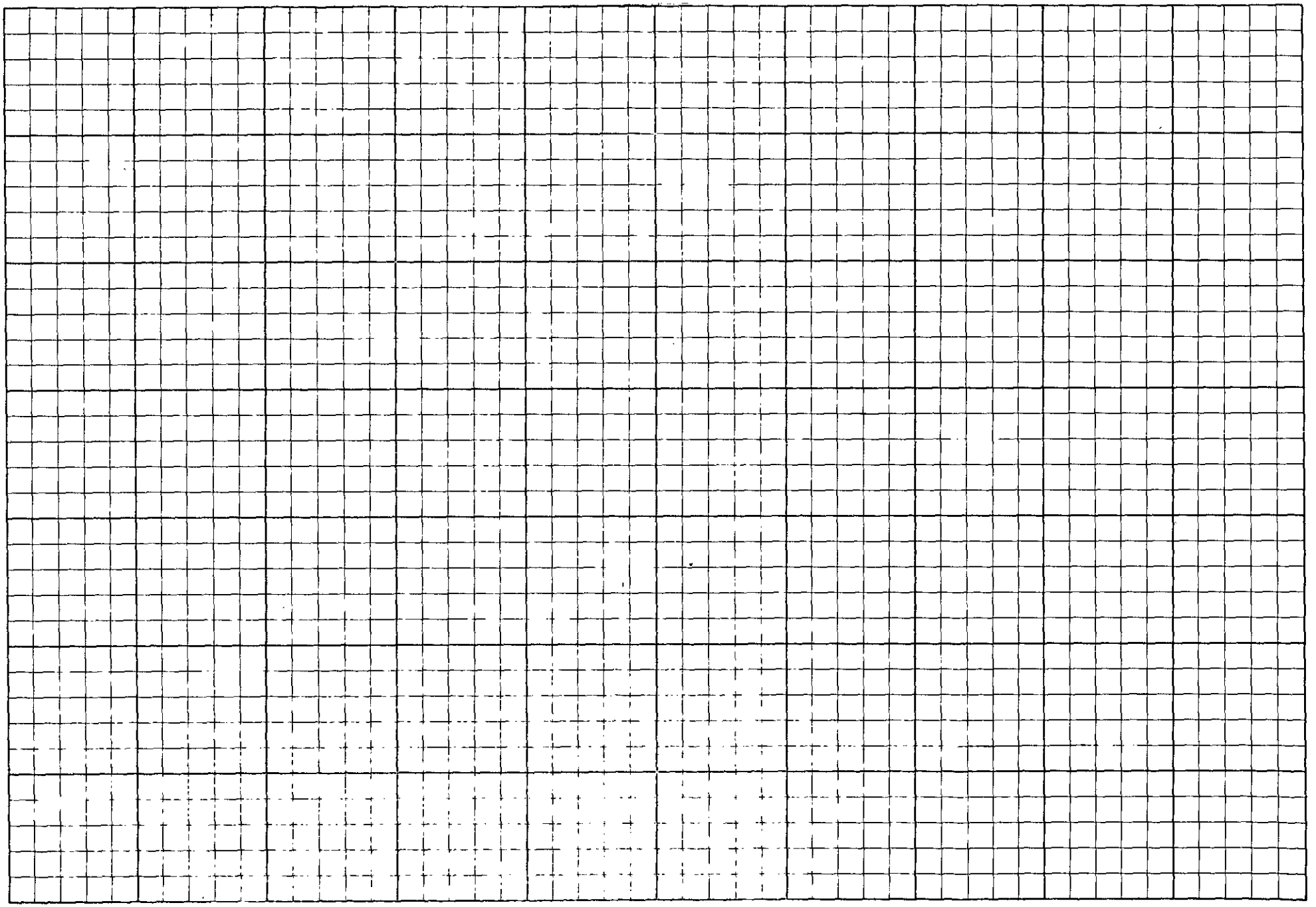
Tank Volume 1" = 22 gal

Float height = 390.46 ÷ 22 = **17.75 in**

Pump must be capable of **39.36 gpm @ 19'2" of head**

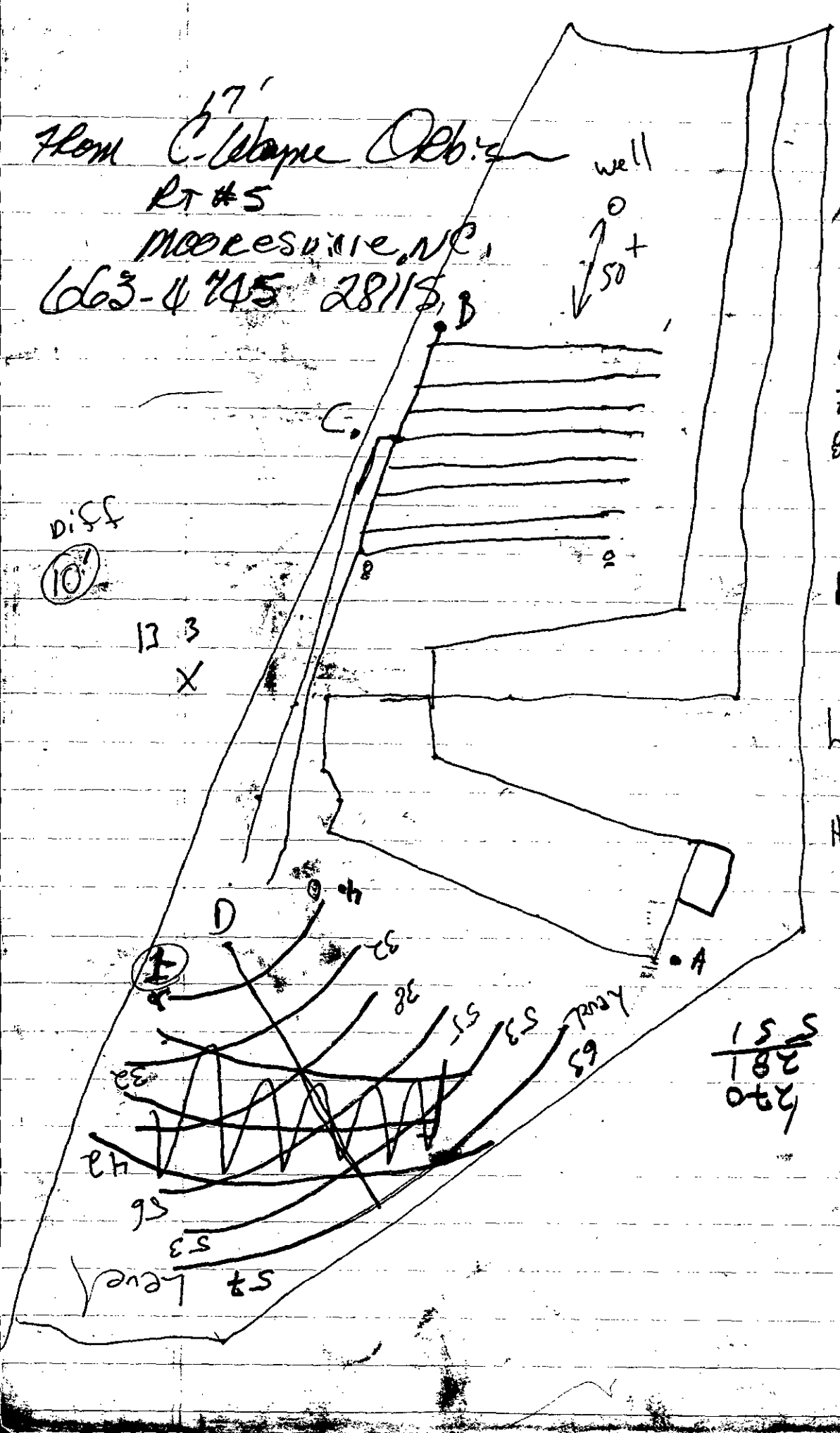
Pump cababilities **40 gpm @ 22' head**

Pump - Liberty LE 70
- 7/10 hp 115 V
- 2 vane semi-open impeller
- 26' max head



W9807

47'
From C. Wayne Okb. Ln
RT #5
Mooresville, NC.
663-4745 28115



1S	3'2"	1F	44
2S	3 10	2F	46
3S	4 0	3F	49
4S	4 4	4F	4 10
5S	4 10	5F	50
6S	5 0	6F	54
7S	5 6	7F	57
8S	5 11	8F	59

Head A to B
12'2"

length A to C
273
Head A to D 2'4"

1	1
S1	63
S2	S3
S4	S5
42	28
208	209
32	32

210	241
10	42
210	281

281
S1
210

Fees - $50.00 Improvement Permit / $50.00 Installation Permit

Paid $100.00 11-16-87 Tw

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

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

(OFFICE USE ONLY)
FILE: 4086A
TC:
SERIAL: Nº 14965
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 19010 (STREET NO.) MARY AUDREY (STREET) CIRCLE ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-091-07 PO
⑤ SUBDIVISION: PATRICKS PURCHASE Ph. 2 ⑥ LOT: 25 ⑦ BLOCK:

OWNER

⑧ NAME: JEFF (FIRST) C. (MIDDLE) ROSS (LAST)
⑨ MAILING ADDRESS: 10409 BALMORAL CIRCLE
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 704-525-1111 ⑭ (HOME) 704-541-6506

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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: Jeff C Ross
Date: 11/5/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Kelly Randall, Environmentalist — 11-24-87 (Date)

D W Wilson, Director or Authorized Section Head — 11-29-87 (Date)

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.



STEVE MARTIN
PLUMBING CO.

LICENSED, BONDED, & INSURED

RESIDENTIAL CONTRACTING SERVICE & REPAIR

3362 Farm Lake Dr.
Concord, NC 28027

STEVE MARTIN
704-792-1719