

2712 GREY RD

00313103

12/19/2007

duponbj

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

May 9, 2000

Mr. Larry B Thompson, Jr., R.S.
Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

Re: 2712 Grey Road
Permit Number 1060B

Dear Mr. Thompson:

I received your letter dated May 4, 2000, along with the attachments, and find the whole package to be a waste of time, energy and money. I have protested enthusiastically about this process from the first notification, and have at no time been given a proper, credible answer to my concerns or arguments. Simply standing behind an ordinance that allows the County to collect a fee does not establish or constitute a service "towards protecting our groundwater resources and the overall health and well being of the citizens of Mecklenburg County." Who do you think is going be more incented to protect the health and well being of the residents of my property: me, or some less qualified County employee?

If we are going to go through with this exercise, as you are insisting, then I demand that the inspections, evaluations and assessments be done properly, thoroughly, competently, and professionally. I have seen nothing on your report that resembles any of the above. At this time I will again point out that I am a well qualified professional, recognized as an expert in areas including wastewater pumping and treatment. I have testified as such at a number of trial and legal proceedings, and can document over twenty-three years of related experience in this area. As I have stated before, you have no one on your staff who can demonstrate either the skill and expertise, or the personal incentive to assess this operation. With this said, let's begin a look at the inspection report filed under your signature.

In your first two sections, you have failed to evaluate or address whether the flow is in accordance with the permit, and the condition of the collection system upstream of the septic tank. These two items are critical to the evaluation of the pumping operation, and have been ignored, presumably without any consideration.

Moving to section 3, "tankage", I have a number of issues of contention. You state that the tanks are structurally sound and watertight, that the tanks have not been pumped and cleaned as needed, and that there is an average of 8" on suspended solids in the pump tank. You have marked both "yes" and "no" to the question about the sanitary tee. Physical evidence at the site indicates that you have never seen the septic tank, with considerable doubt about having seen any of the interior of the pump tank. As for the 8" of suspended solids issue, all wastewater has suspended solids. I see no way that you could have deduced that both tanks need to be pumped out from this "observation". I view that comment purely as speculative.

In section 5 you have not indicated whether the effluent is clear of excess solids. I can only presume that this lack of response is due to either not having observed any effluent, or that the effluent was clear and contradicts your statement in section 3 about the tanks needing to be pumped out. It also makes me wonder how, if you did not observe any effluent, you could make any judgement as to the operation of the pump, even though you indicated that the "Required pumps were present, operating, and cycling properly". I will talk more about the operation and cycling later. I have to question why you did not verify the operation of the high water alarm. This would have been a very simple task, and one very germane to this inspection. Again, you indicated that you inspected the floats, valves and disconnects and found them to be in proper working order, which partially contradicts your statement that you did not verify the high water alarm operation.

All of your responses in section 6, concerning the absorption field, were "safe". I suspect that you are unsure as to the exact location of the drain field and the lines, and that you never walked the area. I will take issue with your statement that the "vegetation should be kept at 3" or so in height." A careful examination of the grasses used at the field would indicate that these grasses are a turf type and perform much better at a height of over 6".

My professional and expert opinion, summarily, of this inspection and report is that it was perfunctory at best, was performed by marginally qualified personnel, and does not serve the welfare of either my family or the citizens of Mecklenburg County. My review of the observations and remarks on the report raises a number of questions and issues concerning the whole process and the effectiveness of such, as it is. For instance, how can someone evaluate a pumping operation without quantifying the influent rates? Did you record the make and model of the pump, the operating curve of the impeller, the RPM of the motor, or the horsepower, voltage and rated amperage draw of the motor? Did you measure the static head on the pump, compute the TDH for various pumping rates, and plot the operation point of the pump? Did you measure the pump-down cycle volume, at the computed pumping rate, and compare the actual pump-down time versus the computed cycle time? Did you measure the depth of the pump-down cycle and determine the start-to-start cycle time? These are all issues that are critical to the design and operation of a successful pumping operation, and are criteria that I have evaluated.

You mentioned that you checked the operation of the valves, piping and disconnects. I would like to know what methods and criteria you used in this evaluation. Did you measure the length of the force main to determine the TDH? How did you test the check valve and isolation valve? Did you check the amperage draw of the pump while running, and would you know what an acceptable value would be? If an abnormally high or low value were found, would you know what that value might indicate and where to start investigating? I question these items in order to determine your competence levels in these areas, because I simply do not believe they were done, or done credibly. Again, I have checked these things and would know what to look for in event of an abnormal circumstance.

Did you walk the force main route and check for indication of leakage? And did you check the distribution box at the drain field? I suspect that you did not, and know that you did not check either the distribution box or the septic tank.

I feel obligated to demand answers to these questions, to proof of your credentials and that you have received the proper training to make such inspections. In my daily activities as a professional engineer I have to maintain expertise and credibility in all areas of my practice, and I am held accountable for everything I say and do. I am asking nothing more or less from you and your department. I would also like to be furnished a list of all the similar type systems in Mecklenburg County with the inspection history for each system.

Concerning the well water analysis, I appreciate your efforts, but I have my own analysis for both organic and inorganics. I personally took samples at both the well head and an indoor tap prior to use of the water, and transported the samples to Precise Analytical Labs in Concord. That lab is state certified for these tests, as well as others, and I have the analysis results as well as the chain of custody. This practice is within the realm of my experiences over the years, particularly during my tenure at the Charlotte-Mecklenburg Utility Department. Again, I appreciate your efforts and will accept the results as simply back-up and confirmation to information already in my possession.

In accordance with your coercive demands I have enclosed a check for the $85 inspection fee. The acceptance and deposit of this check will constitute my compliance with your demands, and will formally submit my protests and demand for resolution to the questions I have raised. A lack of response on your part, either personally or via some other representative of your department, will cause us to begin a dialogue centered around job performance and competence, filing of false reports, negligence, etc., both on your part and of the department. I trust that we can come to some understanding.

Regards,

Riley D. Burgess, Jr., PE

Memorandum

To: File 1060B

CC: Kelly Randall, R.S.

From: Larry Thompson, R.S.

Date: 05/22/00

Re: 2712 Grey Road

On May 1, 2000, I performed a Type IIIb maintenance inspection of the subsurface wastewater treatment and disposal system that serves the residence located at 2712 Grey Road. Mr. Philo Walker, R.S. was present and assisted with this inspection.

Upon arrival, I attempted to alert any occupants of the residence that we were on the property. There appeared to be no one at home. The fact that no one was present eliminated the possibility of confirming the number of bedrooms in the residence and establishing whether or not the size and sewage flow were in accordance with the original permit.

The tap located at the well casing was used to draw the water samples that were obtained during our visit. The water was turned on and allowed to run for approximately 7 minutes before the samples were collected.

After collecting the water samples, we located the septic system pump tank. I removed the cover to the control panel and unplugged the pump. We then removed the items that were being stored on top of the pump tank riser lid and removed the lid for inspection purposes. It was noted at this point that no water appeared to be coming into the pump tank from the septic tank, indicating that there were no leaking fixtures in the house.

At this time I took four effluent samples from the pump tank with a sludge indicator tool. It was noted that there was an average of eight inches of suspended solids that had settled in the bottom of the pump tank and that both the septic as well as the pump tank should be pumped out due to the amount of solids found. I also noted that the pump was not totally submerged due to the position of the pump on/off float switch.

The effluent pump was then plugged back in and the pump on/off float switch was raised, activating the pump. The high water alarm switch was also raised, but we could not determine whether the high water alarm was functioning properly. The high water alarm was not mounted outside and we did not have access to the interior of the residence to determine if the alarm was present or if the alarm was functioning properly. It was determined that the pump discharge piping, the pump, and the pump float switch were in good order.

Philo and I walked the route of the supply line to the point the drain field began. No visible problems were noted. The drain field was probed at various points on each of the drain lines, no apparent problems were noted with the effluent distribution. I did make a note that the vegetation that was growing over the drain field should be maintained at 3 inches in height.

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Burgess, Riley D.
Address: 2712 Grey Rd.
Davidson, NC **Zip:** 28036
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 05/01/2000 **Time:** 12:30:00 PM
Location of sampling point: well tap
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	05/02/2000
Nitrate as N	3.69	mg/l	05/02/2000

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 05/02/2000 **Report Date:** 05/03/2000 **Reported By:**
Today's Date: 05/11/2000 **Reference:** 7792 **Sample Number:** AA36380

Mecklenburg County
Health Department

March 31, 1999

Riley D. Burgess, Jr., PE
P.O. Box 309
Davidson, NC 28036

RE: 2712 Grey Road

Dear Mr. Burgess:

Receipt of your letter dated March 25, 1999 is hereby acknowledged. Thank you for your response to the Mecklenburg County Health Department's septic system inspection fee notice.

While your experience with sewage pumping systems is noted, this department is obligated to comply with State mandates regarding septic system inspections. The Mecklenburg County Board of Health has exercised its power pursuant to the North Carolina General Statue 130A-39(g) to impose fees for services in order to offset county dollars for program operation. The cost of these services has been computed and the Board of County Commissioners have agreed to and authorized the current fee schedule. As you acknowledged in your letter, these inspections are very important towards protecting our groundwater resources and the overall health and well being of the citizens of Mecklenburg County.

It is the goal of our program to protect our environment and comply with State mandates while not burdening the citizenry with undue financial hardships. I trust that you will understand our position in this matter and will remit the fee for the required inspection. If you have any questions regarding this correspondence I can be reached at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 1060B — Permit/Project No.

2712 Grey Road — Location | residence — Type of Establishment | 480gpd — Design Flow

Kiley D. Burgess, Jr., P.O. Box 309, Davidson, NC 28036 — Owner/Agent | Address | Phone

None - IIIb — Operator | Address | Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			Pump tanks contained an average of 8" suspended solids - time to have both tanks pumped out.
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☑	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	Did not verify if alarm was operating properly
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	Vegetation should be kept at 3" or so in height.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump out both the septic and the pumptanks	30

DATE: 5-1-00 SIGNED: J B Thompson, Jr., R.S. AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

environmental DESIGN

landscape architecture
civil engineering
land planning

March 25, 1999

Mr. Larry B. Thompson, Jr., RS
Environmental Health Division
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, N.C. 28202-2236

Re: 2712 Grey Road

Dear Mr. Thompson:

We received via delivery your letter dated March 16, 1999 concerning inspection of our pump system. We truly appreciate your interest in our safety, and the effort and time expended to generate and deliver the letter. We feel that you are entirely correct in your statements concerning the maintenance and upkeep of pumping systems. In part, our concurrence with this stance lies in that I am personally quite familiar with sewage pumping systems.

My career as a Professional Engineer began at the Charlotte-Mecklenburg Utility Department where I spent seven years as a design and field project engineer. During that tenure I not only wrote their (C-MUD) specification book for pump stations, but also worked continuously with their pump station maintenance division in an advisory position. I personally designed and/or specified literally dozens of facilities during those years, including everything from small ejector stations to small submersibles to complete design and construction supervision of the Steele Creek Wastewater Lift Station, capable of pumping nearly 12 MGD.

Since the C-MUD years I have been involved with a number of public and private sewage lift station projects, domestic and commercial, from single residences to whole communities. I will spare you the list of installations and clients.

The purpose of my letter, as you have probably guessed, is that I wish to be exempted from this inspection and fee schedule. While I do feel that this is a worthwhile program for most every other such installation, I feel that this is somewhat of a case of "the dogcatcher telling the zookeeper how to fence in his yard". Please don't feel offended, I just do not want to spend $85 for nothing. As far as the well test is concerned, I have the pleasure of working with several labs in the testing of community systems and have my water tested on a regular basis. The battery of tests I usually have run is far more

p.o. box 309
davidson, north carolina
28036
704.896.8020.phone
704.892.5479.fax
e.mail: edpa1@aol.com

extensive than that offered by the County. Again, I would rather not be included in your program.

I appreciate your consideration, and hope that I can save the $85 fee. Please let me know if there is anything I can do to insure this.

Sincerely,

Riley D. Burgess, Jr., PE
Principal

environmental DESIGN

landscape architecture
civil engineering
land planning

p.o. box 309
davidson, nc
28036

CHARLOTTE, NC 282
PM
20 MAR
1359



Mr. Larry B. Thompson, Jr. RS
Environmental Health Division
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, N.C. 28202-2236

28202-2222 13

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Riley D. and
Barbee Whisnant Burgess Jr.
P.O. Box 309
Davidson, NC 28036

4. Article Number

Type of Service:

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ COD
- ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X Riley D. Burgess

6. Signature — Agent

X

7. Date of Delivery

8. Addressee's Address *(ONLY if requested and fee paid)*

DAVIDSON NC 28036 USPS

PS Form **3811**, Mar. 1988 ★ U.S.G.P.O. 1988-212-865 **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

Larry Thompson
Mecklenburg County Health Department
700 North Tryon Street, Suite 211

Charlotte, NC 28202

13

P 063 163 156

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Kiby D. & Barbel Whitmont Burgess Jr.	
Street and No. P.O. Box 309	
P.O., State and ZIP Code Davidson, NC 28036	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date 1-20-00	

PS Form 3800, June 1985

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3 If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

* U.S.G.P.O. 1988-217-132

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Riley D. & Barbee Whisnant Burgess, Jr.
P.O. Box 309
Davidson, NC 28036

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	# of Bedrooms	System Type
Riley & Barbee Whisnant Burgess, Jr.	2712 Grey Road	003-131-03	1060B	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
4/6/99	3/4/99	4/5/99 *PAST DUE*

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Riley D. & Barbee Whisnant Burgess, Jr.
2712 Grey Road
Davidson, NC 28036

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	# of Bedrooms	System Type
Riley & Barbee Whisnant Burgess, Jr.	2712 Grey Road	003-131-03	1060B	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3/4/99	4/5/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

May 4, 2000

Riley D. and Barbee Whisnant Burgess, Jr.
P.O. Box 309
Davidson, NC 28036

Dear Mr. and Mrs. Burgess:

This letter is to serve as notice that the State required inspection of the Type IIIb wastewater treatment and disposal system serving your property has been performed. The results of this inspection are enclosed.

During our inspections a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic samples are not yet available; these results will be mailed to you just as soon as they are received from the State Laboratory.

Our records indicate that the $85.00 fee for this inspection has not been paid. You have been mailed 3 notices, as well as two letters of explanation, regarding the maintenance inspection and the associated fee. At this time our office has no choice but to implement legal action against you, for nonpayment of fees imposed under North Carolina General Statute 130A-39G. A Criminal Summons will be prepared in your name and filed with the magistrate's office within the next two weeks. In the event we receive your payment before a Criminal Summons is filed, legal action will not be pursued.

If you have any questions regarding this letter or the enclosed inspection report you may contact me at 704-336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures (2)

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 2712 Grey Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by February 29, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Riley D. & Barbee Whisnant Burgess, Jr.
P.O. Box 309
Davidson, NC 28036

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	# of Bedrooms	System Type
Riley & Barbee Whisnant Burgess, Jr.	2712 Grey Road	003-131-03	1060B	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
4/6/99	3/4/99	4/5/99 *PAST DUE*

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

March 16, 1999

Riley D. and Barbee Whisnant Burgess, Jr.
2712 Grey Road
Davidson, NC 28036

Dear Mr. and Mrs. Burgess:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

July 5, 1994

Mr. Riley D. Burgess, Jr. PE
Environmental Design, P.A.
P.O. Box 309
Davidson, North Carolina 28036

Re: Laws & Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900

Dear Mr. Burgess:

Thank you for your letter regarding the inspection at 2712 Grey Road. A copy of the North Carolina Administrative Code regarding the aspects of an electrical inspection of the pump system is enclosed for your convenience. The septic tank contractor is responsible for insuring that the system components, including the electrical circuits, meet the rules.

It can certainly be understood why you felt that another inspection was unnecessary. This program has battled with that issue since the new rules went into effect. As you know, the septic tank contractor usually relies on an electrician to perform the work on the electrical components. However, when the septic tank contractor completes the installation of the system, we are asked to make an inspection so the system can be covered. Although we request that all of the work be completed by that visit, it is seldom accomplished. Therefore, another visit is necessary, and frequently the inspection is not requested until there is a need for permanent power to the site.

When the new rules were proposed, many Environmental Health Specialists, Supervisors, and some Local Health Directors were opposed to the electrical criteria being included in our rules. Representatives at the state met with Department of Insurance Representatives to discuss some problems with the proposal but the proposal passed anyway. In an effort to improve communication with local electrical inspectors, we met with the Electrical Inspection Division Supervisor. He discussed problems he and his staff had encountered but said he could enforce his rules only. Our rules are more stringent and have precedent. We share your frustration regarding these issues.

Your comments regarding the inspection activities are appreciated. Please let us know if you have further concerns in the future.

Sincerely,

Philo S. Walker R.S.

Philo Walker, R.S.
Environmental Health Specialist

enclosure

Environmental Design, P.A.
Landscape Architecture
Civil Engineering
Land Planning
Hydrologic Design

VIA FAX

July 1, 1994

Mr. Philo S. Walker, R.S.
Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street
Charlotte, North Carolina 28202-2236

Re: 2712 Grey Road
File: 1060B/9032A (Tax Parcel No. 003-131-02)

Dear Mr. Walker:

I am in receipt of a today from you dated June 29, 1994, concerning an inspection on a sewage system, that took place on or about June 20, 1994.

The fact that your response came some nine to ten days after the inspection is not particularily disturbing in itself, except that I found that you are citing some deficiencies that I was told were the jurisdiction of the electrical inspector. That was not a particular problem in itself since the work cited had already coincidentially been performed in preparation for the electrical inspection. The problem is that you went on to state that you must be recalled to the site to inspect the work.

To wait in excess of a week only to find that there are outstanding issues is bad enough, but to require 5 working days notice for reinspection is becoming outrageous.

I need for this situation and any related approvals, etc. to be resolved Tuesday morning, July 5, 1994. I will call you on Tuesday morning to verify.

Sincerely,

Riley D. Burgess Jr. PE

400N

10608/9032A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

200' CRT 6011 7/6/93 [X] 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: BURGESS (last) RILEY (first) D (mi)

ADDRESS: PO BOX 1841 PHONE: (704) 896-8020

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 6-28-93

PROPERTY OWNER:

NAME: BURGESS (last) RILEY (first) D (mi)

ADDRESS: PO BOX 1841 PHONE: (704) 875-0933

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-131-02P0

STREET ADDRESS: 2712 GREY ROAD

DAVIDSON, NC 28036

ZONING: AG

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 5+

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: 4 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: Riley D Burgess Date: 6/28/93

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.

...

[ ] 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 D Walker 7/15/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

6/15

12400

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

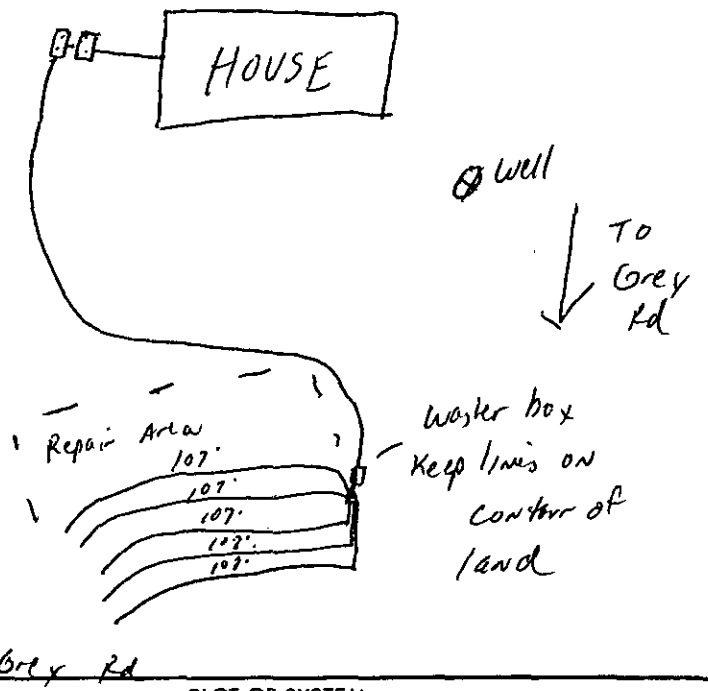
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10608/9022A DATE: 6/15/94

TC: 003/31 02 PO ☐ L

SERIAL Nº 15723

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 3/14/93. All work shall be completed on or before 7/15/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 15A .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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 (107')

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 100+ feet

NAME OF OWNER Riley Burgess

LOCATION OF PROPERTY 2712 Grey Rd

Comments: 1500ST, 1000DT, PI 5 lines x 107' long x 3' wid x 12" Stone
Keep septic system on contour of land | set 2 D Boxes

Division or Section Head

Phyllis S. Walker 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

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

FILE: 1060B/9032A DATE: 7/6/94

TC: 003 131 03 PO ☐ L ☐ ORT

SERIAL Nº 14223

Name of Owner Riley Burgess Juris.:

Address of Property 2712 Grey Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107

Cover Depth 12" - 20"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 6/20/94

Tank(s) Inspected 6/20/94

Wash Line Inspected —

High Water Alarm Inspected 7/6/94

Riley O. & Barbee Whisnant Burgess, Jr.
14265 Maple Hollow Lane
Charlotte, NC 28227
site
003-131-03

PLOT

Design: 1500ST, 1000DT, CON, PI, 1600SFT, 12"stone cecil CTR# C. Morrison

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~~ 15A 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: Septic system designed for 4 bedroom residence
Type III

Philo S. Walker R.S.
Environmentalist

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

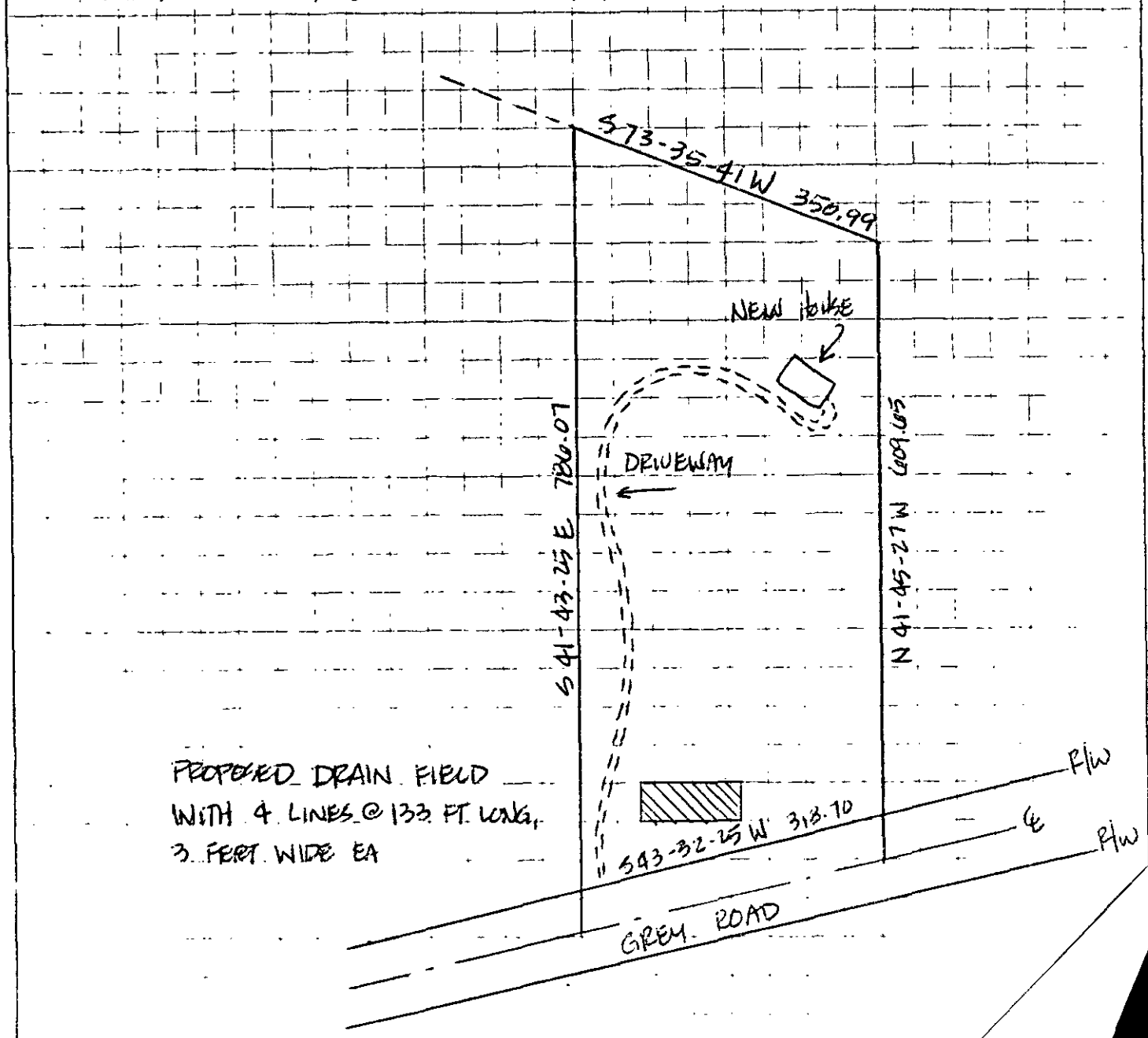
PROPOSED PLOT PLAN

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

FILE: 1060B / 9032A

TC: 063-131-02 PR

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.



APPROVAL DATE _____

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/17/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 003-131-02pd

ASSIGNED ADDRESS 2712 Gray Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pave

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

460 ☑

PD 50.00 CHK 5701

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1060B / 9032A

~~Final~~ 6/17/93 BT [] 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: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Burgess Riley J.
(last) (first) (mi)

ADDRESS: P.O. Box 1841 PHONE: 704 875-0933

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-131-02 P0

STREET ADDRESS: 2712 Grey Rd.

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] 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)
[] 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: 4 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 [] 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: X Barbee W. Burgess Date: X June 17, 1993

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.

...

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

Philo S. Walker 7/15/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

June 29, 1994

Mr. Riley D. Burgess
P. O. Box 1841
Davidson, NC 28036

Re: 2712 Grey Road
File: 1060B/9032A (Tax Parcel No. 003-131-02PO)

Dear Mr. Burgess:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

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

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

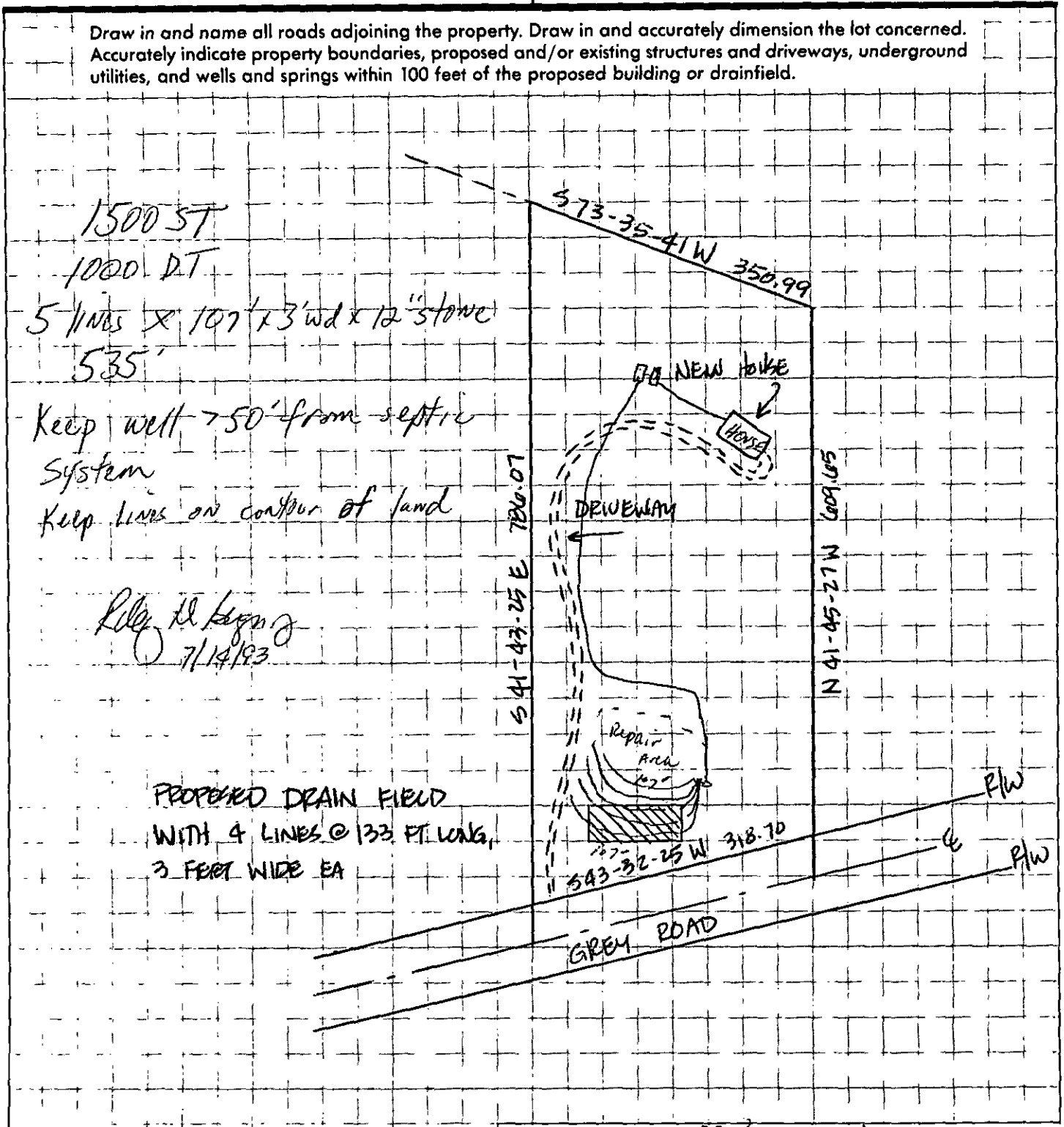
PROPOSED PLOT PLAN

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

FILE: 1060B / 9032A

TC: 003-131-02 PR

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.



APPROVAL DATE PSW 7/14/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

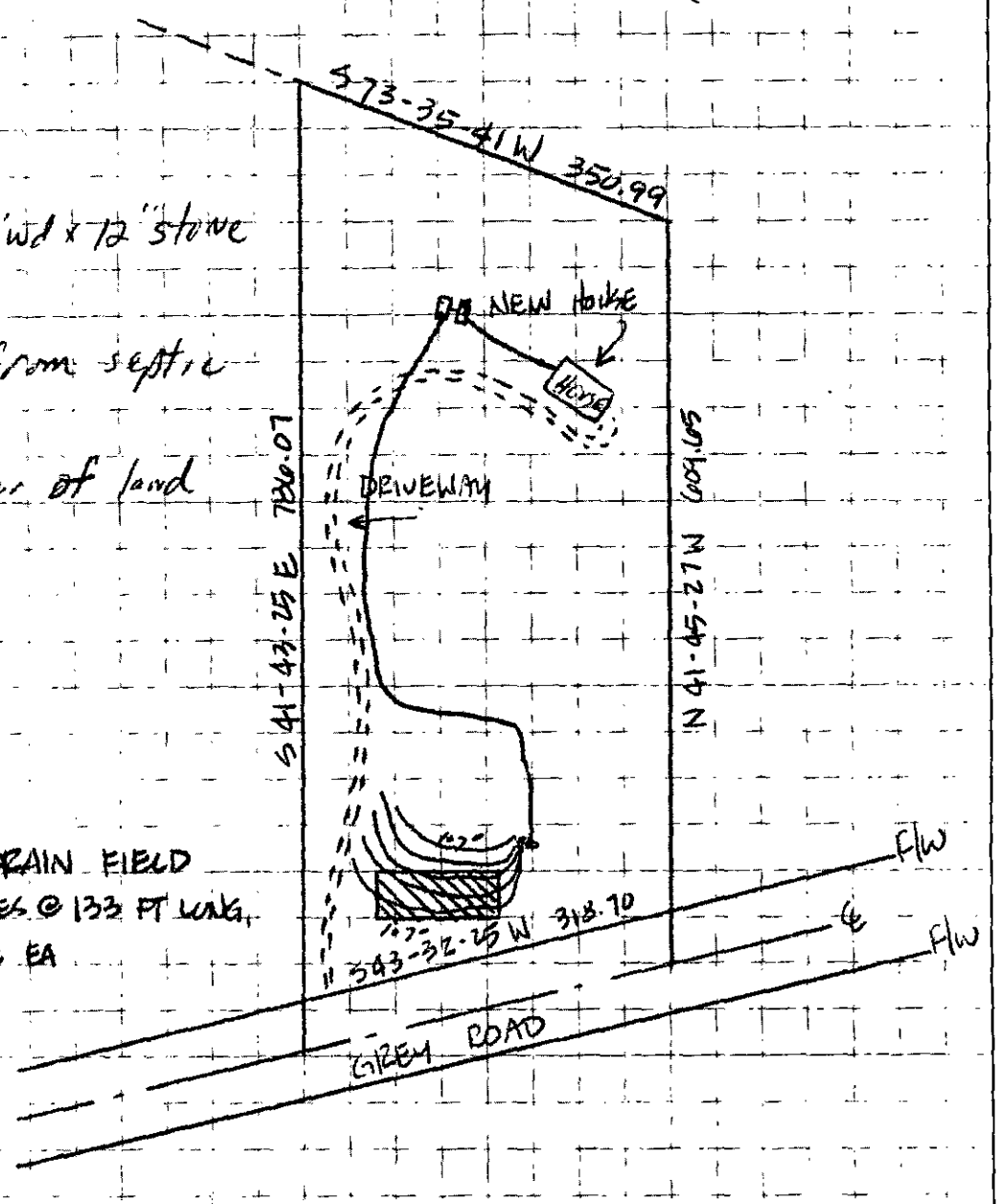
FILE: 1060B / 1032A

TC: 003-131-02 / 18

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.

1500 ST
1000 D.T
5 lines x 107' x 3' wd x 12" stone
535'
Keep well >50' from septic system
Keep lines on contour of land

DG [illegible]
7/14/93



APPROVAL DATE PSW 7/14/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

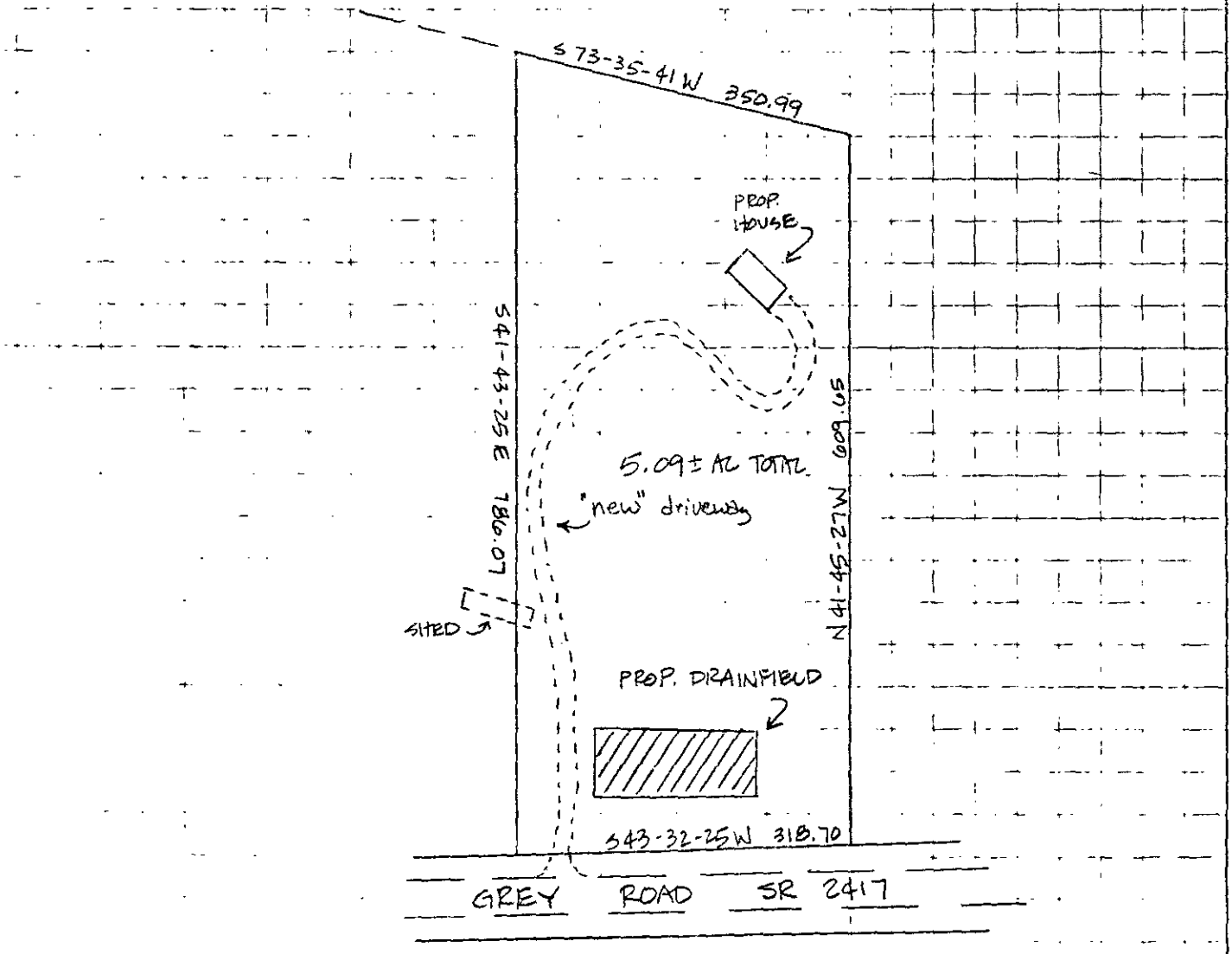
COPY

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

FILE: 1060B/9032

TC: 003-131-02 PP

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.



Signed: Lilly D Byers

Date: 6-24-93

DATE 6/17/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Unk

003-131-02p0
PARCEL NUMBER

2712 Grey Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**____APPROVED**	**____NOT APPROVED**
2. FLOODWAY REGULATIONS	**____APPROVED**	**____NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**____APPROVED**	**____NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**____APPROVED**	**____NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**____PRESENT**	**____NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**____YES**	**____NO**
7. DRIVEWAY PERMIT REQUIRED	**____YES**	**____NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**____YES**	**____NO**

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☑ NEW ADDRESS

SIGNED: Pace

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19384

File: 1060B/9032A Action 1

Parcel: po 003-131-02 ☐ PC

Location: 2712 Grey Road

Subdivision:

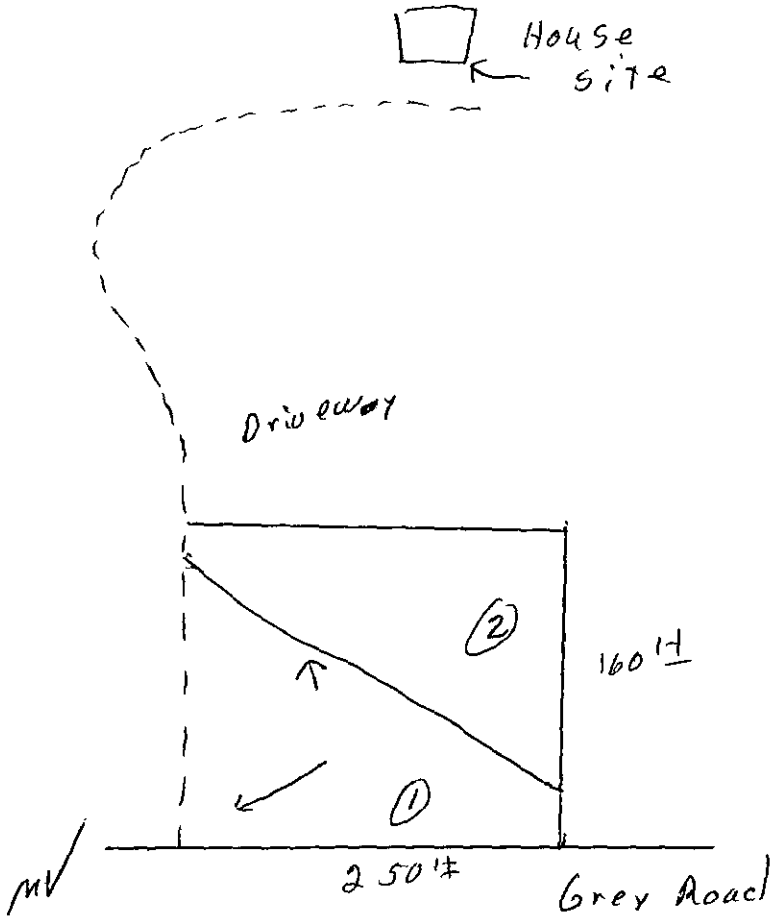
Lot: Block: Acres: 1.0

Owner: Riley D. Burgess
Address: PO Box 1841
Davidson, N.C. 28036

Comments: use to depict likely, 3 gal/ft²/day LTAR, system will need pump

Described by: William A. Marlin

Date: 6-23-93



***** 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 2-10%	S PS (U) Complex slopes Filled	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subst Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 740"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	TU Cecil-Lilac	Complex slopes/ Filled				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 24, 1993

Riley D. Burgess
P. O. Box 1841
Davidson, NC 28036

RE: Property located on 2712 Grey Road
FILE: 1060B/9032A
PARCEL: 003-131-02P0

Dear Mr. Burgess:

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 19384) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

5134A

PD 50.00 Chk 5701 6/17/93 BT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

1060B / 9032A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-B1-02P0

STREET ADDRESS: 2712 Grey Rd

ZONING:

PROPERTY OWNER:

NAME: Burgess Riley J (last) (first) (mi)

ADDRESS: P.O. Box 1841 PHONE: 704 875-0933

CITY: Davidson STATE: NC ZIPCODE: 28036

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):

[X] 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)
[] 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: 4 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 [] 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: Barbara W. Burgess Date: June 17, 1993

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

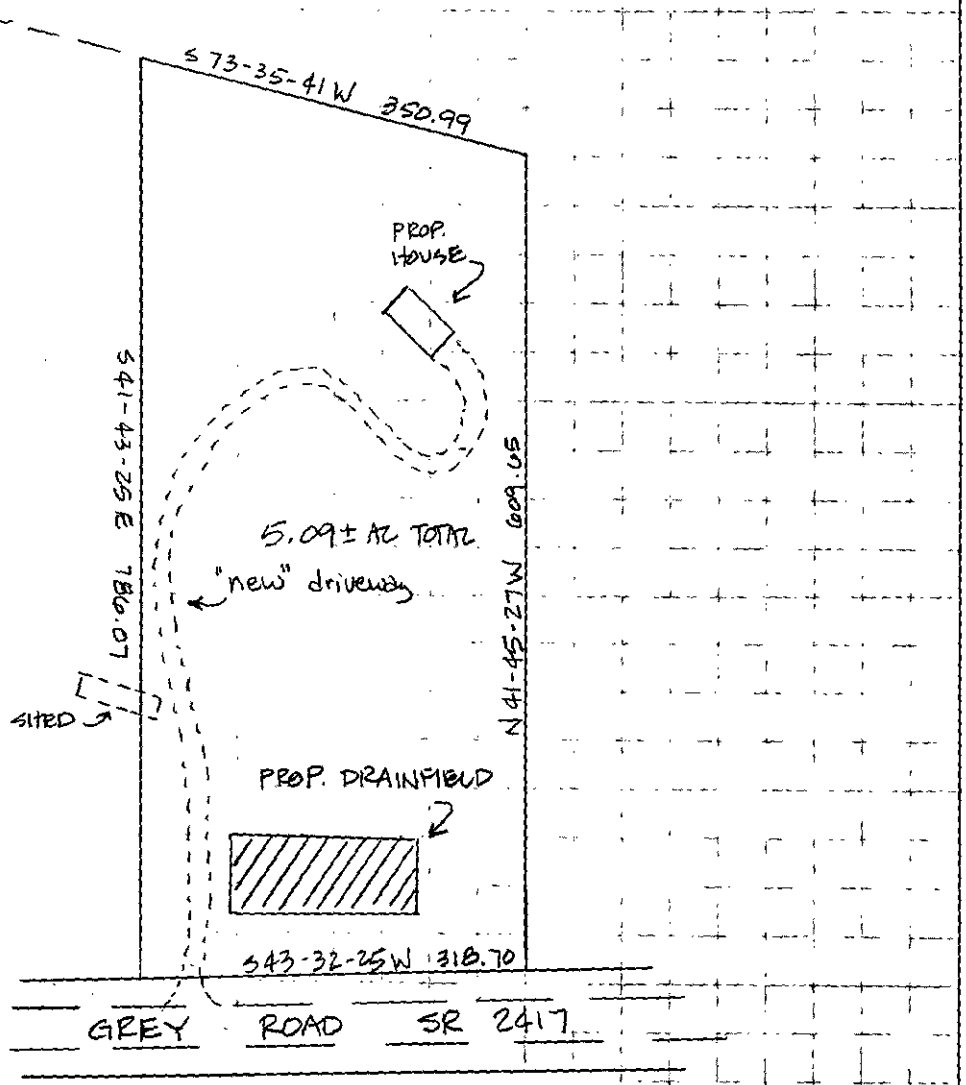
PROPOSED PLOT PLAN

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

FILE: 1060B/9632

TC: 003-131-02 PP

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.



Signed: Lilley D Byers

Date: 6-14-93