

10109 WINDRIFT RD

10812308

5/19/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1324 DATE: 3/3/98

TC: 108 123 08 ☒ L ☒ CRT

SERIAL Nº 17332

Name of Owner Harold E. Weeks Juris.: _____

Address of Property 10109 Windrift Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed 100'

Number of Lines Bed 2 @ 50'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source > 100+

Excavation Inspected 3/3/98

Tank(s) Inspected New Tee installed

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1998, Alteration, 300SFB, 18" stone CTR# All Steward

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 I5A 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 I5A 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: Alteration to existing system, Washerline abandon, plumbed to septic tank. Grade addition

Water from existing bed continuously running into tank, Contractor said to have pumped about 4500 Gal from existing septic bed

Phillip A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

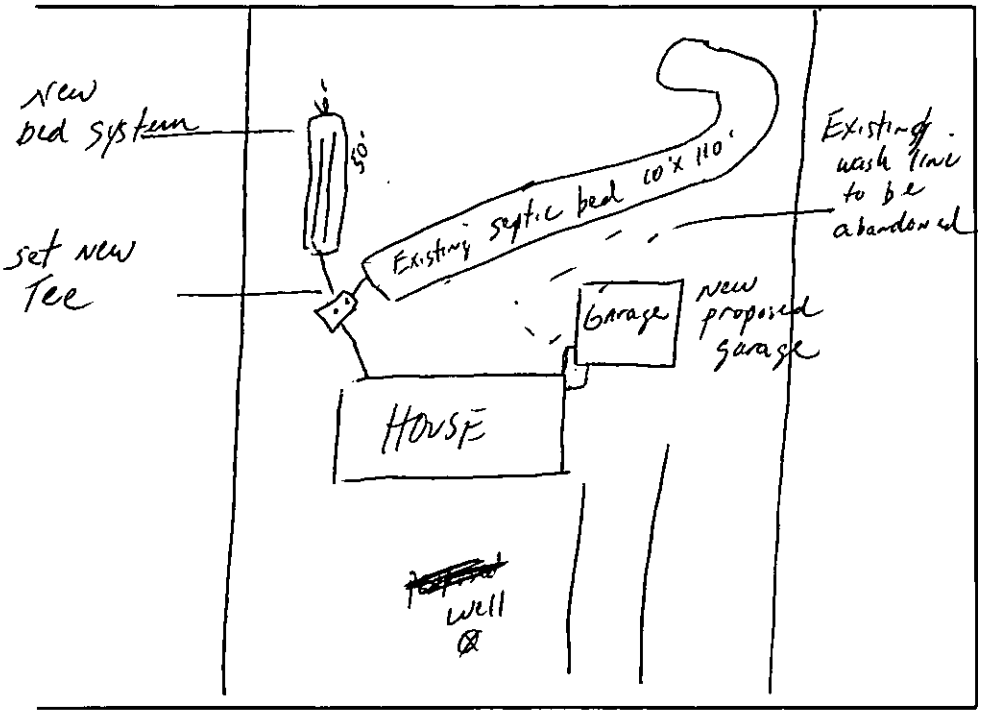
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1324 DATE: 2/10/98

TC: 108 12308 ~~X~~ L

SERIAL Nº 17479

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 11/14/97. All work shall be completed on or before 3/10/98, 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

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 24" - 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 18 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Harlow E. Weeks

LOCATION OF PROPERTY 10109 Windrift Rd

Comments: Bed system 6'wd x 50'long x 18" stone / Existing washer bed to be abandoned / Washer line to be plumbed to tank

Phila A. Walker R.S.
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1324

[] 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: Brady Simpson (last) (first) (mi)
ADDRESS: P.O Box 5446 PHONE: (__) _____
CITY: CHAR. NC STATE: NC ZIPCODE: 28275

Date:

PROPERTY OWNER:
NAME: [redacted] WEEKS HAROLD EDWIN (last) (first) (mi)
ADDRESS: 10109 WINDRIFT RD PHONE: (__) _____
CITY: CHAR NC STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-123-08
STREET ADDRESS: 10109 Windrift
ZONING:

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: 83 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1971

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) attached
[redacted]

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: 0
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: [signature] Date: 11-14-97

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.

...Approval granted for attached garage

Use existing system

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

[signature] 3/3/98
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

3/3/98 Drainfield alteration approved



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ISSI Operations Center Staff

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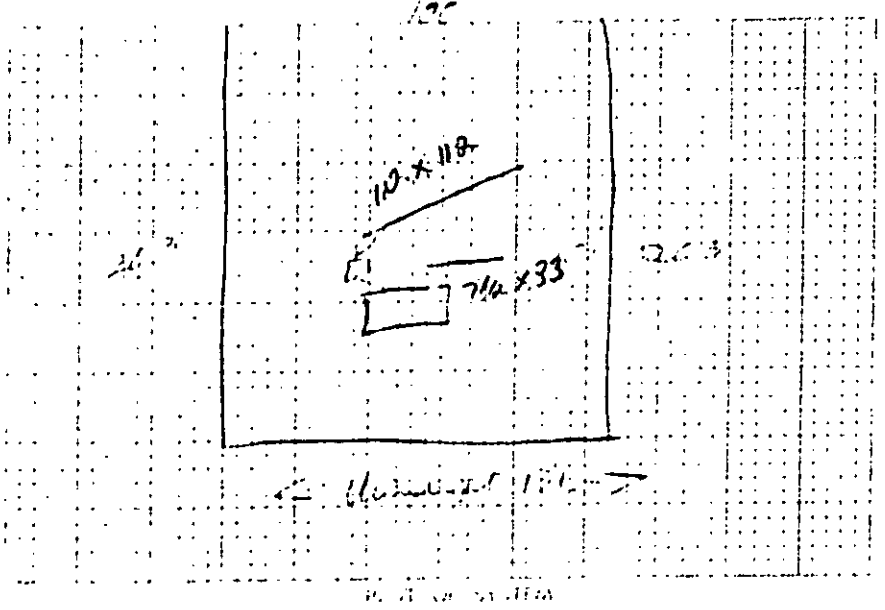
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MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

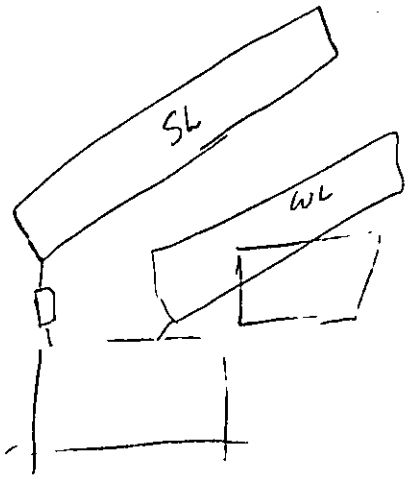
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

Subsurface Septic Tank System with Subsurface Soil Absorption Effluent Discharge



NAME OF OWNER

LOCATION OF PROPERTY


SL
WL

Mecklenburg County
Health Department

January 22, 1998

Harlow Edwin Weeks, Jr.
10107 Windrift Road
Charlotte, NC 28215

Re: 10109 Windrift Road
File: 1324
Parcel: 108-123-08

Dear Mr. Weeks:

Receipt of the plans and specifications for an attached garage addition at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with the provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

Rule .1950 Location of Sanitary Sewage System (a) (10) states that every sanitary sewage treatment and disposal system shall be located at least 5 feet from any building foundation. The existing septic system is partially located under the proposed building site.

For these reasons, the plan as submitted is disapproved. However, some possible options to consider would be as follows:

1) Relocate proposed garage site
2) Relocate septic system and repair area

If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If you have any questions regarding this matter, please do not hesitate to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

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

PW:gc

cc: Barry Simpson