

11430 STATESVILLE RD

6/1/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5467-A DATE: 5-19-89

TC: 017-051-01 ☐ L ☑ CRT

SERIAL № 11859

Name of Owner Walter Pharr Juris.:

Address of Property 11324 Statesville Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 5-16-89

Tank(s) Inspected 5-16-89

Wash Line Inspected —

High Water Alarm Inspected 5-16-89

PLOT

Design: 1989, 1500ST, 1000DT, PI, con, 1200SFT, 12G, cecl CTR# 74

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: 400' installed, 222' required (8 employees)

Jim Ervin
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

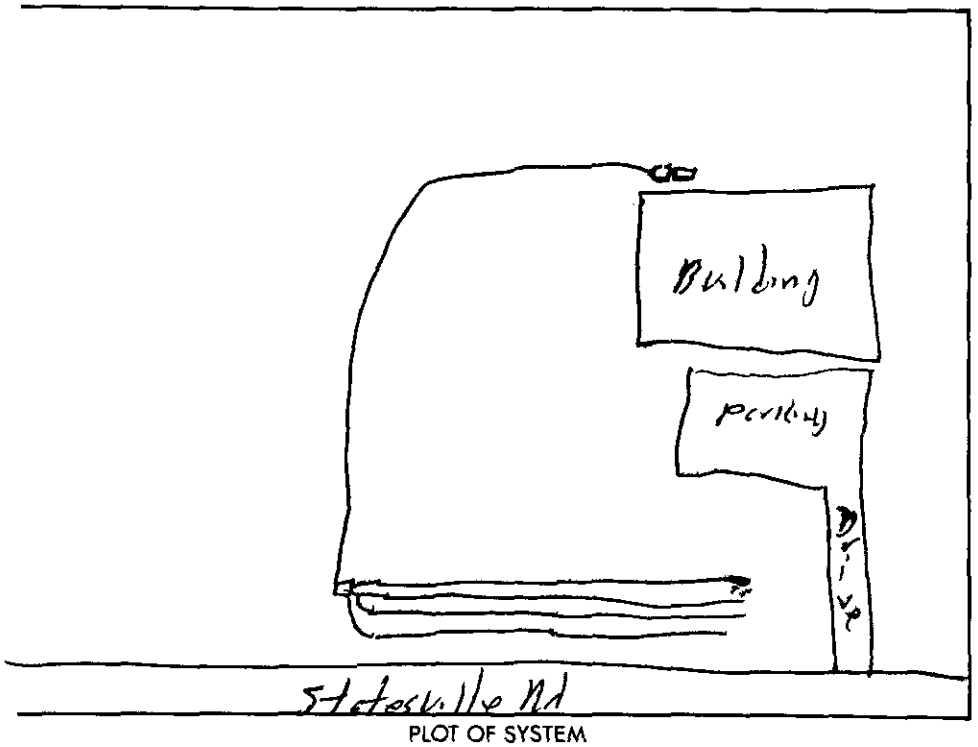
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5487-A DATE: 5-15-89

TC: 017-051-01 ☐ L

SERIAL Nº 12666

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 3-20-89. All work shall be completed on or before 6-15-89, 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 pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length *400' feet

Number of Lines Four

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 50 feet

NAME OF OWNER Walter Phaar

LOCATION OF PROPERTY 11324 Statesville Rd.

Comments: Four Trenches 100'X3'X12" Stone/1 Lift Station
*222' Required (8 employees) additional line requested

Jim Ennis
Division or Section Head

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 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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 5487 A
TC: 017-051-01
SERIAL: № 17809
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11324 (STREET NO.) STATESVILLE Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WALTER (FIRST) MACK (MIDDLE) PHARR (LAST)
⑨ MAILING ADDRESS: P.O. Box ~~2373~~ 1323
⑩ CITY: Cornelius ⑪ STATE: N.C ⑫ ZIP: 28031
⑬ PHONE: (WORK) 597-9888 ⑭ (HOME) 896-0009

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?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? RETREADING TIRES
㉖ Maximum number of employees? 8
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Walter M. Pharr
Date: 3-20-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

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

Lift Station required

Environmentalist 3-21-89 Date

Director or Authorized Section Head RS 3-22-89 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/20/89

Name/Company Harris Rebuilding

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ✓

71548A

MECKL : COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 20 1989

Ck # 2475

Fee: $ 150 — 1.50

Received by

Collected by

PROPOSED PLOT PLAN

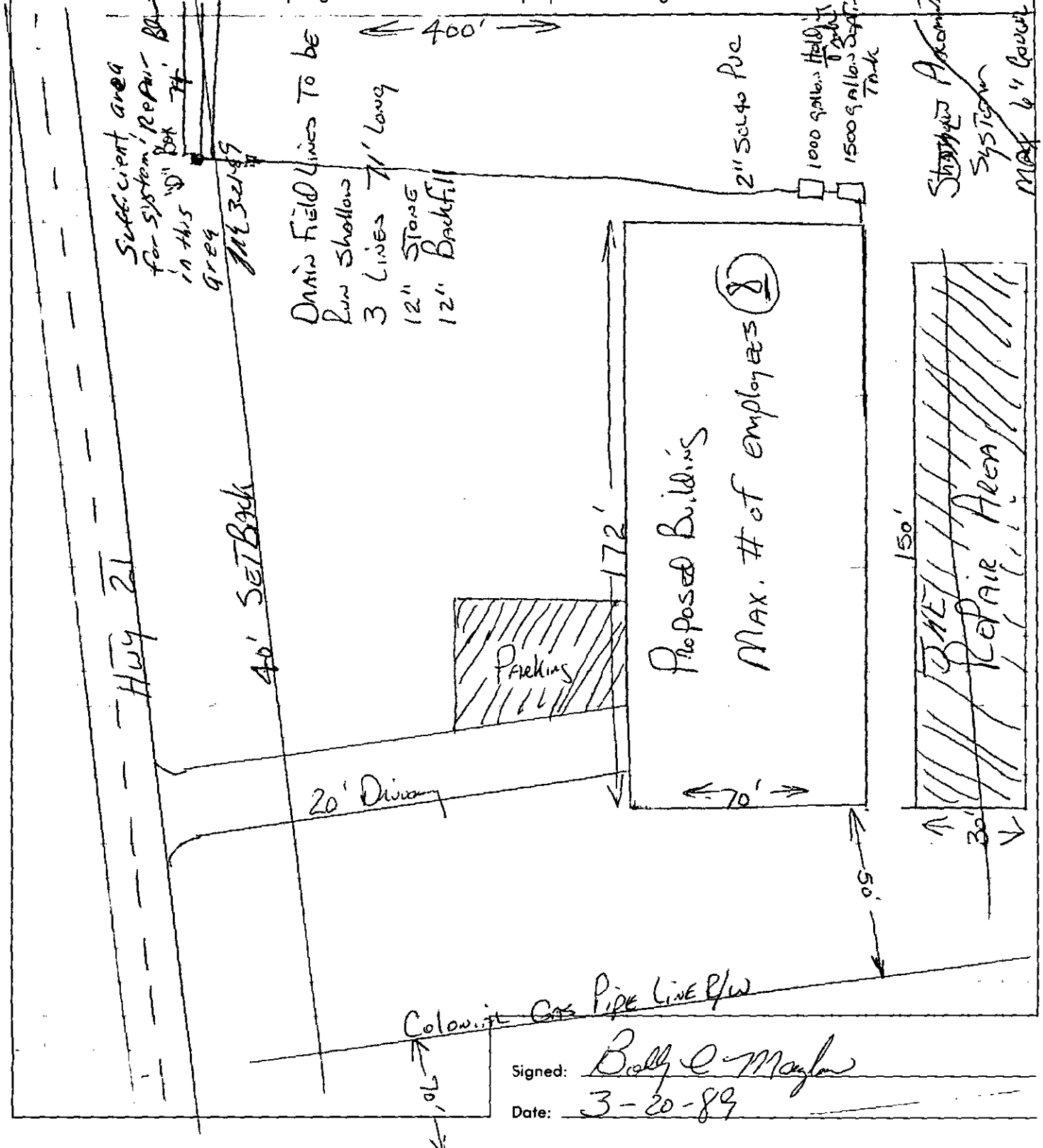
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5487 A

TC: 017-051-01

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: Bobby C. Mayhew

Date: 3-20-89

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

March 14th, 1989

Walter Pharr
PO Box 1323
Cornelius, NC 28031

RE: Property located at 11324 Statesville Rd
FILE: 5487A
PARCEL: 01705101

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12003) is enclosed.

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

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12003

File: 5487A Action 2

Parcel: 01705101 ☐ PC

Location: 11324 Statesville Road

Subdivision:

Lot: Block: Acres: 2

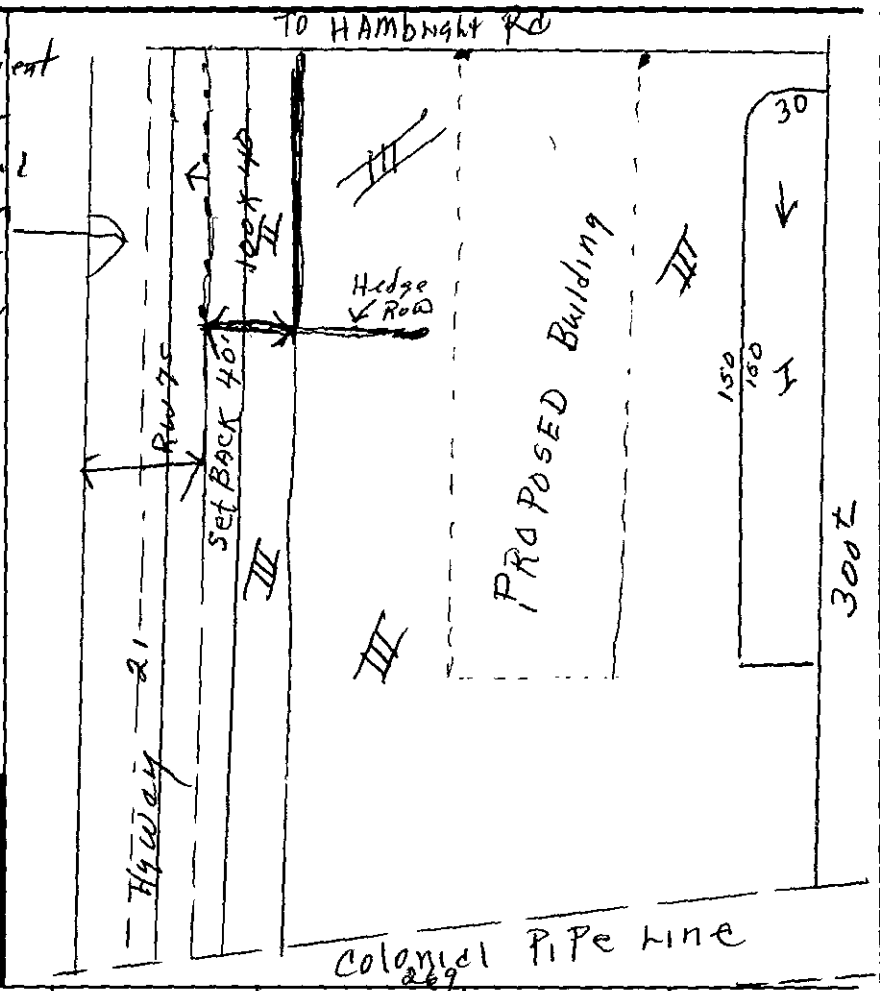
Owner: Walter Pharr
Address: P. O. Box 1323
Cornelius, N. C. 28031

Sufficient Area for System and Repair in Area II JHS

Comments: Pump Required For either Space Soil II

Described by: W. B. Ramsey

Date: 3-9-89



***** 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 2-5	S (PS) U 2-4	S (PS) U 2-5	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) 28-30	S (PS) U 36-38	S PS (U) 12-30	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 I	S PS (U) No Repair Area	S (PS) U WOR * Depend on Required Lines	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	IVc Appling	IVa Cecil WOR	IVB Enon			
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

The man wants his system in Area I, It would Appear That he will Need I & II For The System Repair.

$30

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5487A

TC: 017-051-01

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11324 STATESville Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

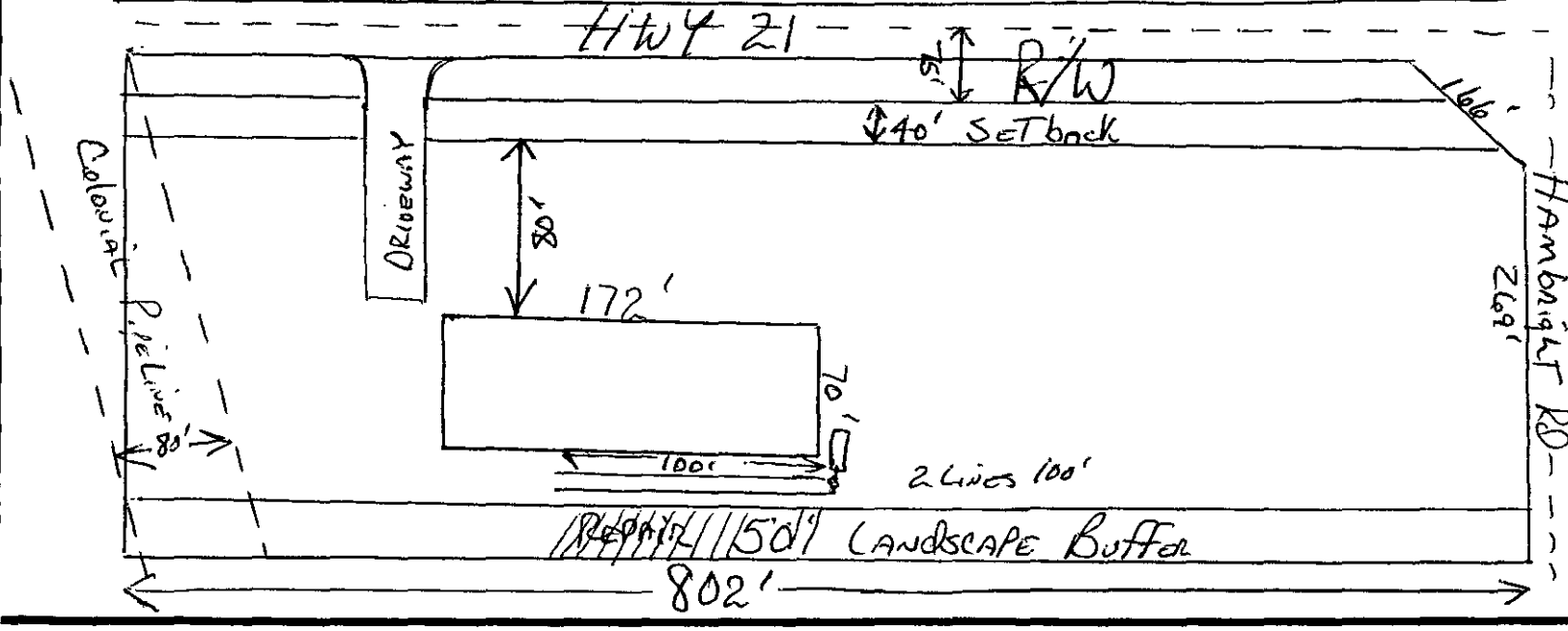
⑦ NAME: WALTER (FIRST) MACK (MIDDLE) PHARR (LAST)

⑧ MAILING ADDRESS: P.O. Box ~~313~~ 1323

⑨ CITY: Cornelius ⑩ STATE: N.C. ⑪ ZIP: 28031

⑫ PHONE: (WORK) 597-9888 (HOME) 896-0009

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Walter M. Pharr

Date: 2-21-89

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WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/21/89

Name/Company Pharr Retreading

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Soil Test
#5487A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Paid

$ 22.50

ck # 2463
11-20-

Fee: 30 —

Completed by

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