


5900 FOX CROSSING DR

03516223

6/1/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 5501A DATE: 12/7/89

TC: 035 162 09 ☒ L ☒ CRT

SERIAL № 12239

Name of Owner Charles R. Washam Juris.:

Address of Property 5900 Fox Crossing Dr

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 665

Number of Lines 5 @ 133

Cover Depth 10"

Water Supply Source CMUD

Distance to Water Source >50

Excavation Inspected 12/7/89

Tank(s) Inspected 12/7/89

Wash Line Inspected -

High Water Alarm Inspected NA

PLOT

Design: 1989 1500 ST, 1995 SFT, 12"ø, Gecil, CON CTR# 87

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 designed for 5 bedroom house

Philo S. Walker
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

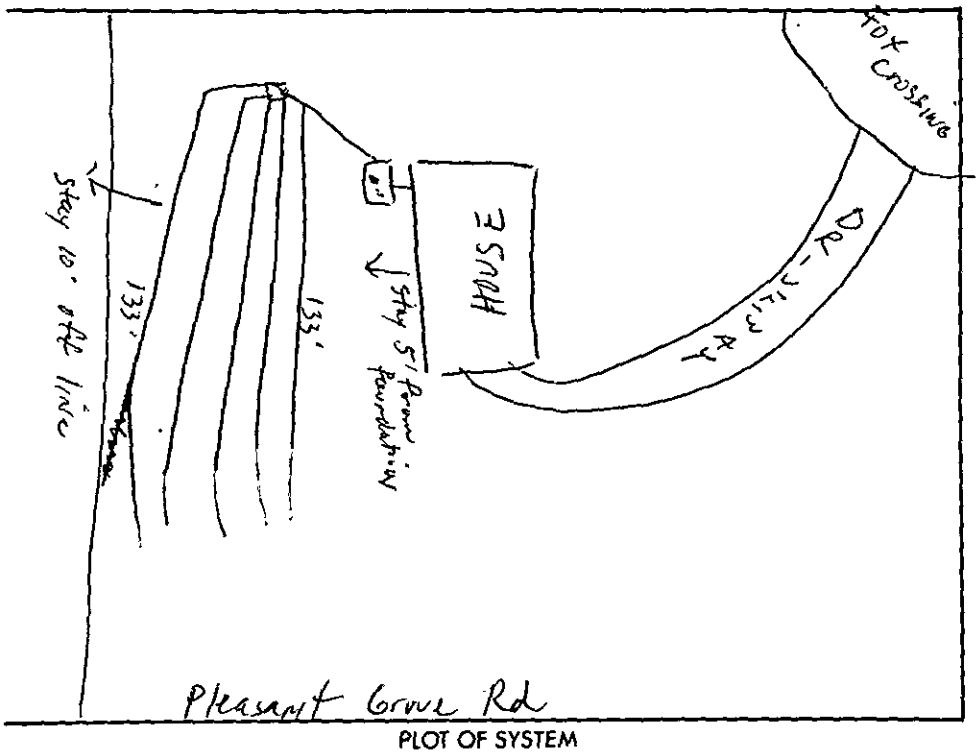
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5501 A DATE: 5501 A

TC: 03516209 ☑ L

SERIAL Nº 13033

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 3/13/89. All work shall be completed on or before 11/10/89, 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 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 – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 665 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well ~~150~~ Municipal feet

NAME OF OWNER Charles R. Washam

LOCATION OF PROPERTY 5900 Fox Crossing Dr

Comments: 5 Trenches x 133' x 3' x 12" stone

Division or Section Head

Philo L. Walker
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

# PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 5501 A

TC: ~~5501~~ A

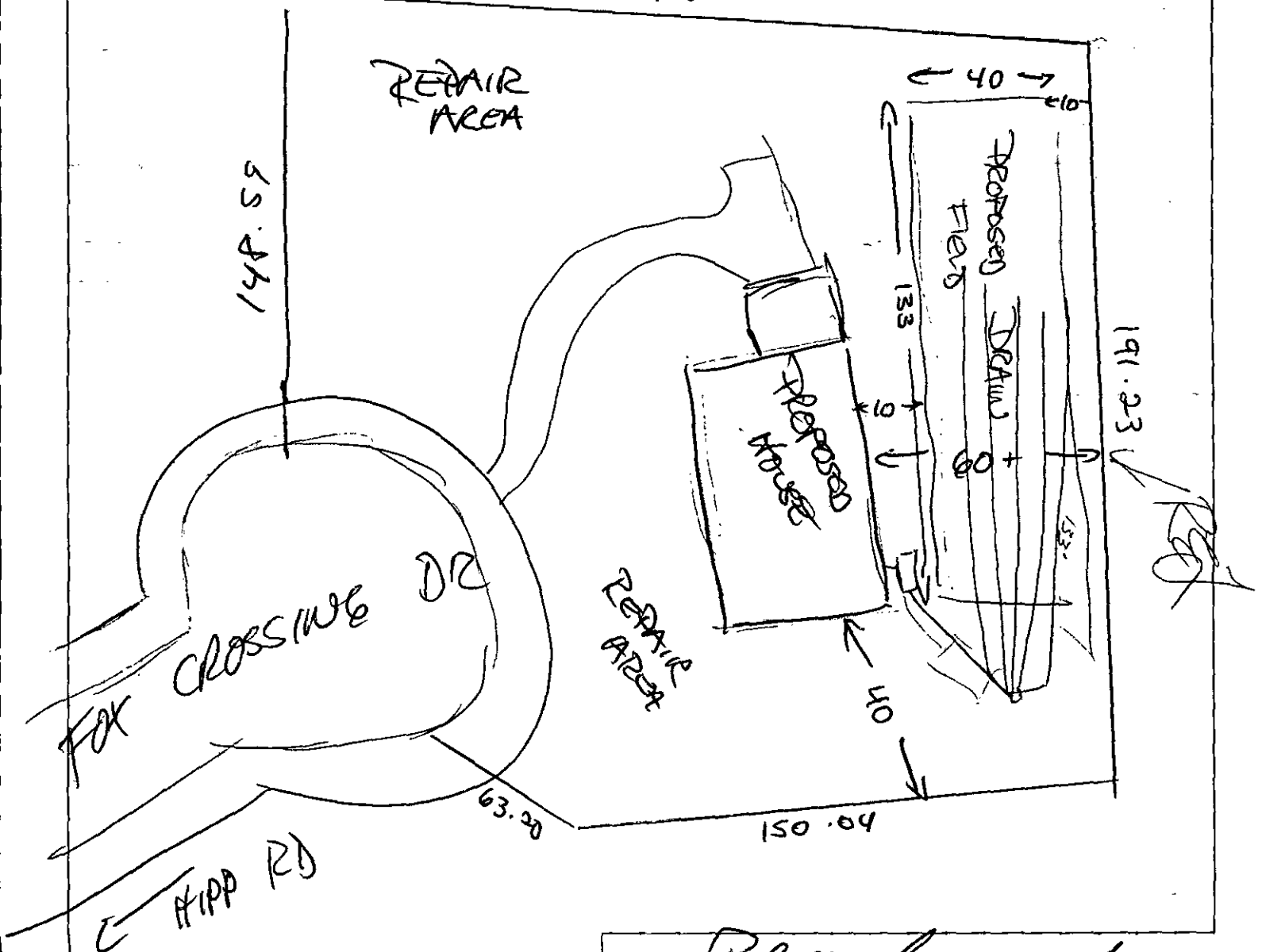
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1500 GALLON SEPTIC TANK
5 TRENCHES 133' EACH
LIFT STATION MAY BE REQUIRED.

LOT 4

$900 FOR CROSSING

1500 ST
5 Trenches x 133'
665'
Rodall E Kamin
OCT 10th 1984




Signed: Rodall E Kamin agent for R.D. Wadham

Date: MARCH 21ST 1985

# PROPOSED PLOT PLAN

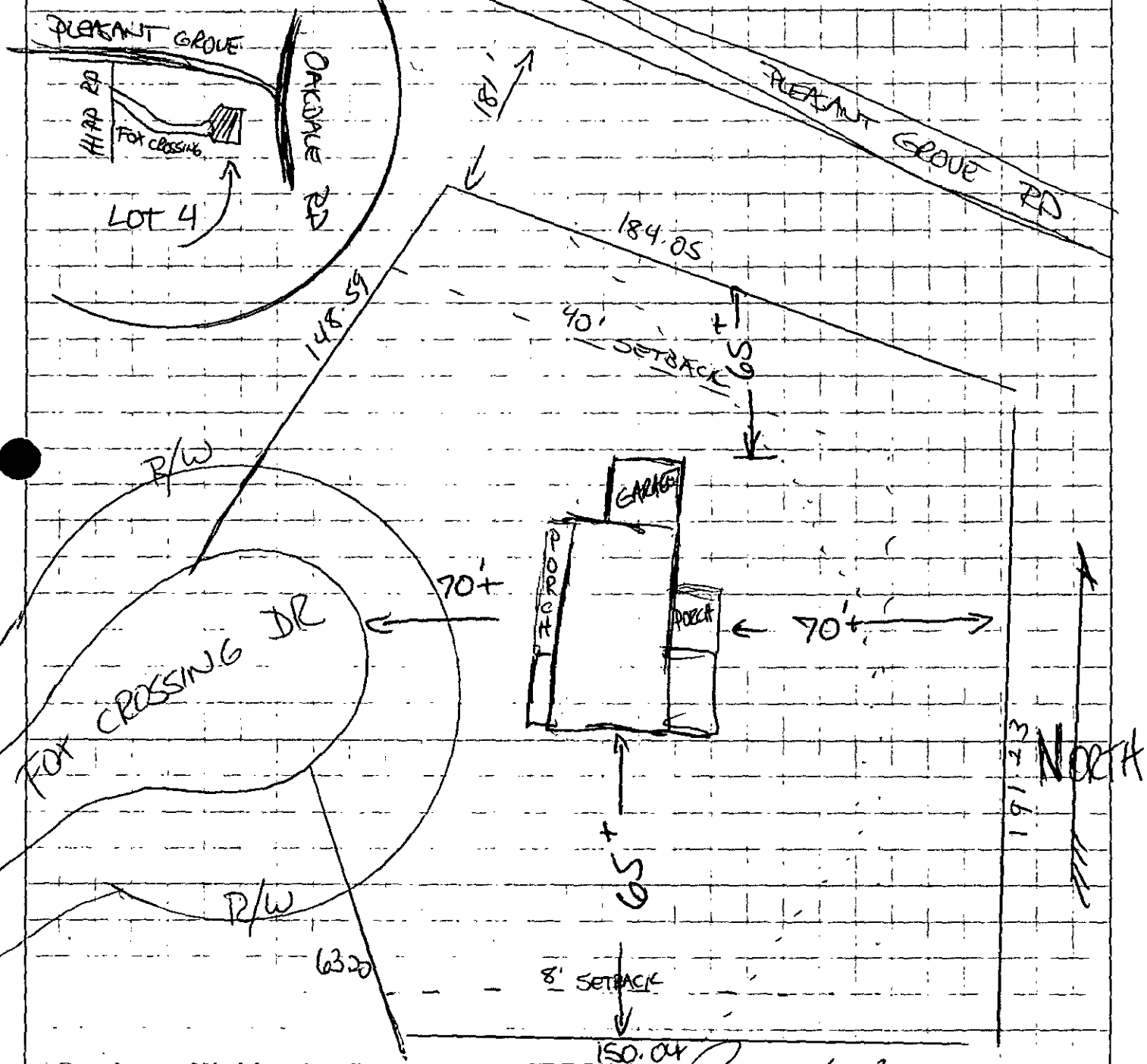
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5501 A

TC: 635 16209

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: [signature]

Date: 3/13/89

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 1 :

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: 5501A
TC:
SERIAL: Nº 14649

ENVIRONMENTAL HEALTH
DIVISION: ☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 5900 (STREET NO.) FOX CROSSING DR (STREET) ② FILE: 5501A
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 035 16209
⑤ SUBDIVISION: ⑥ LOT: 4 ⑦ BLOCK:

**OWNER**

⑧ NAME: CHARLES (FIRST) REID (MIDDLE) WASHAM (LAST)
⑨ MAILING ADDRESS: 1700 FORD STREET
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28216
⑬ PHONE: (WORK) 336-2387 ⑭ (HOME) 394-4821

**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
㉒ Number of bedrooms? 5
㉓ Maximum occupancy? 6
㉔ Basement? ☐ yes ☒ no

㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
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: Reid Washam
Date: 3/15/89

## 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.

Lift station maybe required

Environmentalist — 3-21-89 Date

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/15/89

Name/Company [redacted] & Son Construction

Sanitation ____
Vector Control ____
O.I.S.E.P. ✓

Service: [redacted]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 15 1989

Fee: $ 150.00 [redacted]

[redacted]

Completed by [redacted]

# Mecklenburg County
## Health Department

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

March 9th, 1989

Charles R. Washam
1700 Ford Street
Charlotte, NC 28216

RE: Property located at 5900 Fox Crossing Drive 4
FILE: 5501A
PARCEL: 03516209

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 16023) 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.

Very truly yours,

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

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16023

File:

Action 1

Parcel: 5501A

~~03516209~~

☐ PC

Location: 5900 Fox Crossing Drive

Subdivision:

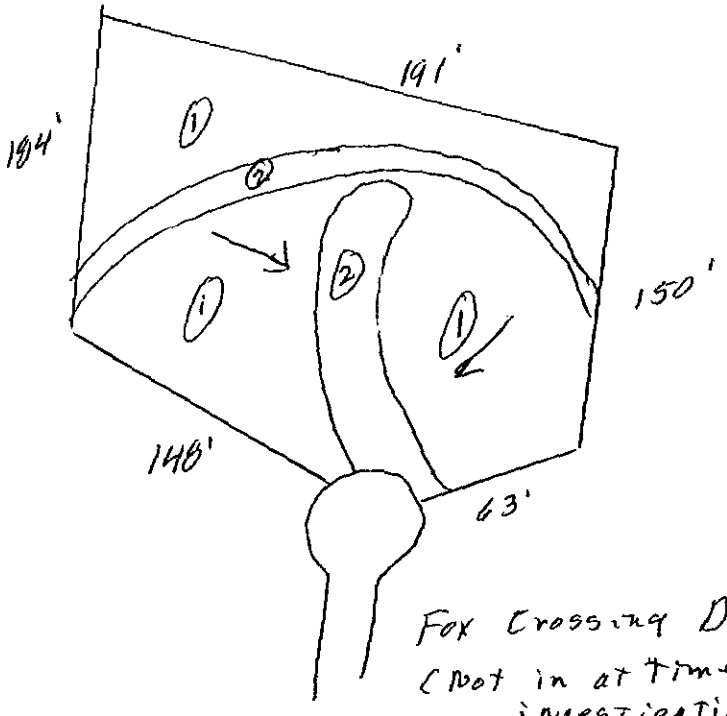
Lot: 4 Block: Acres: Approx. .75

Owner: Charles R. Washam
Address: 1700 Ford Street
Charlotte, NC 28216

Comments: Would need 100% repair - may need lift pumps

Described by: William R. Marlin

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 2-10% | S PS (U) Depressional Terrace | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 30" to 36" water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | 10A Cecil-Like | Depressional Terrace | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5501A

TC: 035-162-09 Po.

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 5900 FOX CROSSING DR

② SUBDIVISION: ③ LOT: 4 ④ BLOCK:

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

⑥ DEED REFERENCE: BOOK NO.: 22 PAGE NO.: 924

**OWNER**

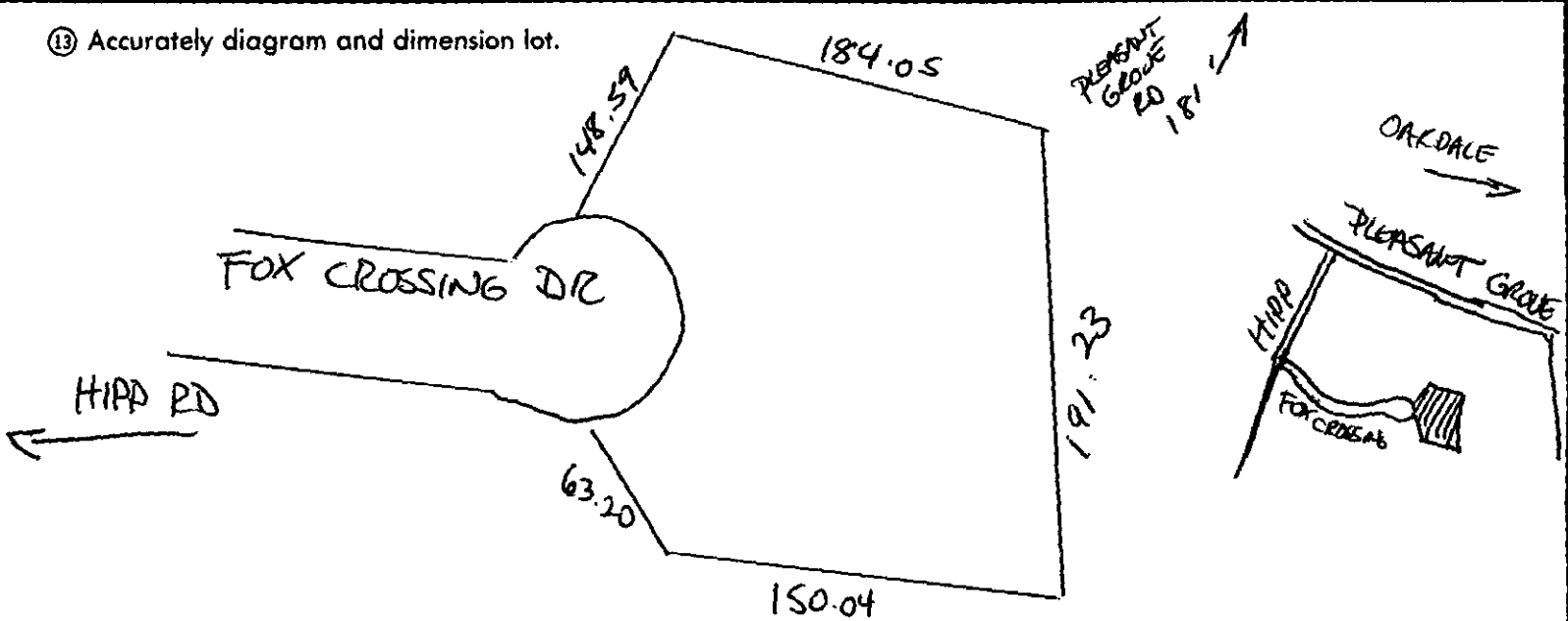
⑦ NAME: CHARLES (FIRST) R (MIDDLE) WASHAM (LAST)

⑧ MAILING ADDRESS: 1700 FORD STREET

⑨ CITY: CHARLOTTE ⑩ STATE: N. C. ⑪ ZIP: 28216

⑫ PHONE: (WORK) 336 2387 (HOME) 394-4821

⑬ Accurately diagram and dimension lot.




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

Signed: Charles R. Washam

Date: 2-27-89

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/1/89

Name/Company Lance & Son

Sanitation ____

Water Control ____

P.A.D. ✓

Service: Soil Test
# 55017

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 1 1989

Fee: $ 30 — CR# 10915
11.30.89

Signature Collected

TO: ENVIRONMENTAL HEALTH DEPT. 2/27/89
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE _____ Check Wood Chas

PARCEL NUMBER 035-162-0980

ASSIGNED ADDRESS 5900 Foxx Crossing Dr.

EXISTING ADDRESS _____ Lot 4

PROJECT NAME Foxx Crossing

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 THOMAS | / / | / / |
| 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 Tank Soil Analysis

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100