

3700 BACK CREEK CHURCH RD

10504102

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

B400

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

FILE: 10946/9066 A DATE: 9-30-93

TC: 105-041-02 ☒ ☐ CRT

SERIAL № 15717

Name of Owner Edna Harding Juris.:

Address of Property 3700 Back Creek Ch Rd.

Inspection Data:

Tank Material —

Total Length of Drainfield 50' added

Number of Lines 1 @ 50'

Cover Depth 12"-16"

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 9-30-93

Tank(s) Inspected —

Wash Line Inspected 9-30-93

High Water Alarm Inspected —

File 8276 had info on this Lot.

PLOT

Design: 1993 (Alteration) Repair to washing machine drainfield, 3' x 50' x 12" stone A H Stewart CTR# 206

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: Alteration to washer drainfield due to portion of it having been paved over. Distribution box now 5' from carport See file 8276. OD Type II

J. Walker P.S. for A. Daniel 12/7/93

Environmentalist

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

This
File Should
be File
8276
01 microfiche file should
have note to see
this new
file #

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

old file 8276

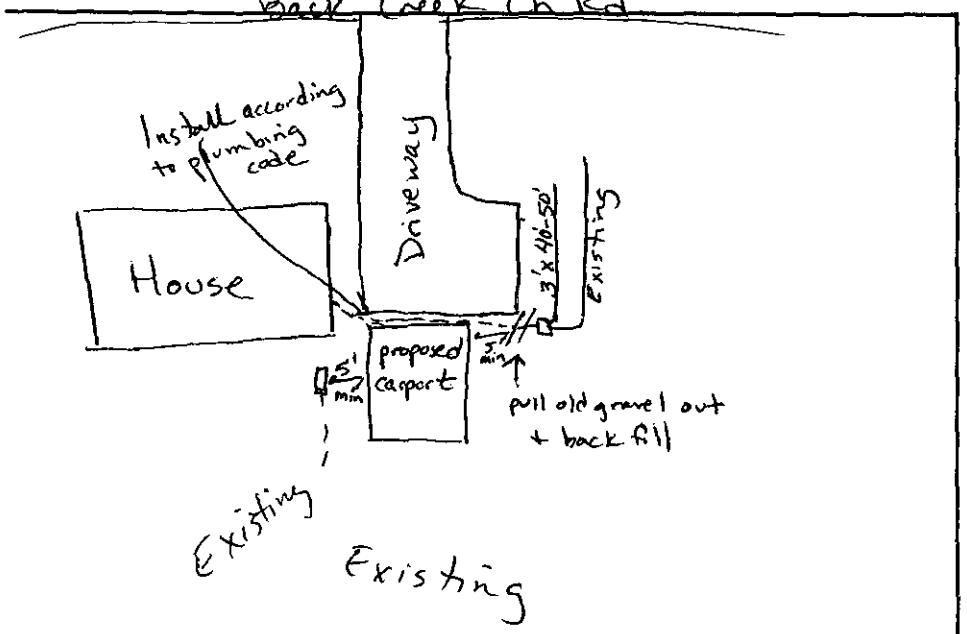
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1094B/9066A DATE: 7-23-93

TC: 105-041-02 X

SERIAL Nº 15158

Permission is hereby given to _____ Install or Construct, X 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 7-23-93. All work shall be completed on or before 8-23-93, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 40'-50' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' min feet from bldg. foundation

Distance from Property Line 10' min feet

Distance from Well 50' min feet

Keep 12" cover on new line

(Existing washer drainfield partially under driveway) Cutting this section off.

NAME OF OWNER Edna Harding

LOCATION OF PROPERTY 3700 Back Creek Church Rd.

Comments: Recommend washer box w/ tee leading to distribution box to feed lines. Pull old gravel (portion of existing system) out & back fill so that new box is min 5' from proposed carport. Keep 6' off existing line with new line. Install pipe from house to box according to plumbing code.

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 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

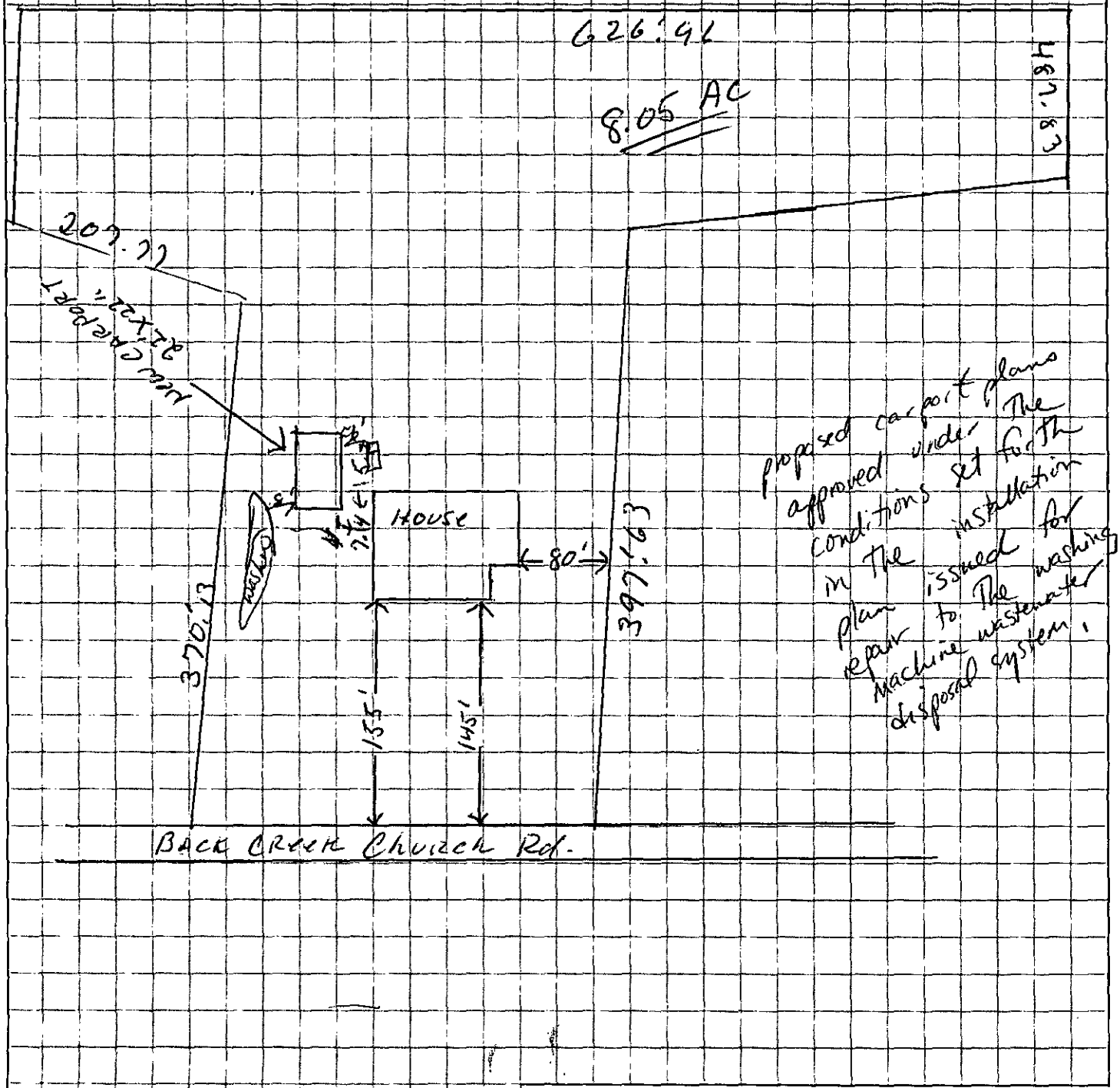
PROPOSED PLOT PLAN

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

FILE: 1094B1 9066A

TC: _____

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



proposed carport plans approved under the conditions set forth in the installation plan issued for repair to the washing machine wastewater disposal system.

APPROVAL DATE _____

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

Date Issued 6 Aug 74 Serial No. 105-141-02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Name of Owner: Harding, Edna C. (LAST, FIRST) Location of Property: Back Creek Ch. Rd

Application Number: 5276 Permit Num: 5276

Inspection Data:

Liquid Capacity of Tank: Tank Material:

Total Length of Drain Tile: 100' Number: (3) 7½' x 33'

Depth of Filter Material: 17" Cover Depth: 24"

Water Supply Source: well Distance from Water Source: 100'

Excavation Inspected: 6 Aug 74 (DATE) Tank Inspected: (DATE)

Notification Final Inspection: 6 Aug 74 (DATE)

Well Water Meter Inspected: Applicable (DATE)

[illegible] that [illegible] ng [illegible] at [illegible] and increase the requirements [illegible]

Comments:

R M Reynolds
Environmental

Form No. E-6-9-1 2

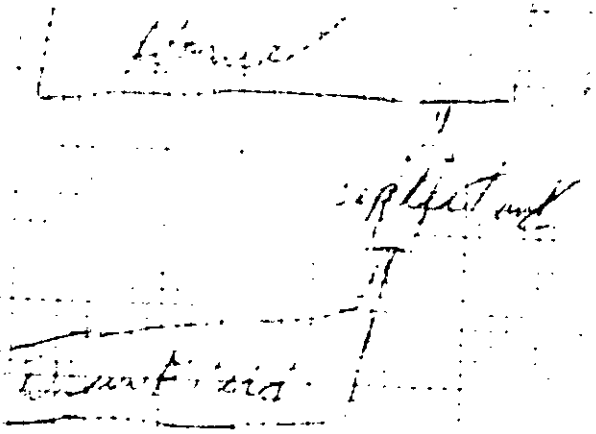
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an

Installation, Construction, Alteration, and/or Repair Permit

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Disposal



EDNA

462 - P

Office

Back Creek Church

Page No.

AT PAGE

NO

Serial No

Date Issued 10Aug74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption Effluent Discharge

Permission is granted to Construct ✓ Alter Repair the water treatment and subsurface soil absorption facilities described herein. This permit is granted conditioned upon the terms and conditions of this permit. Failure to abide by the terms and conditions of this permit shall render this permit null and void.

7-29-74

15Sept74



House

Back Creek Ch Road

LOCATION OF SYSTEM

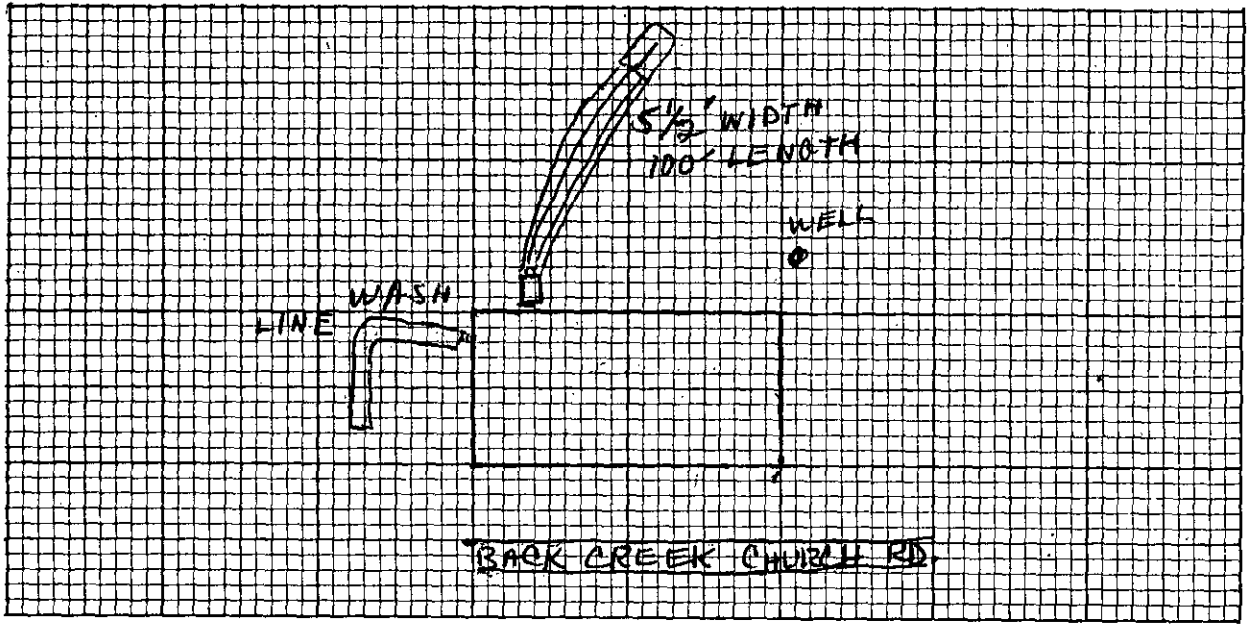
NAME OF OWNER HARDING, EDNA C.

LOCATION OF PROPERTY Back Creek Ch. Rd.

This permit is subject to the requirements as set forth in the Mecklenburg County Code, and is valid for a period of one year from the date of the granting of this permit unless the Health Director shall prior thereto find that the system can be modified or repaired to comply with the Code.

Comments:

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



LOCATION Back Creek Church Rd OWNER William H. Harding WHITE ✓ COLORED _____

ADDRESS Back Creek Church Rd OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source _____

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:

Material S.C.

Dimensions _____

Volume 1000

Type secondary treatment 750 cu ft. stone nitrification line; 5½' trench, 2 lines, pit filter trench

No. of bedrooms 3

Permit Number 6027 Date 8/10/67

Approved _____ Date 8/10/67

Approved by WALTERS *

Contractor or Plumber RALPH WILLIAMS

Address _____

Remarks * Layout approved by Wilson, Penn rate 54

FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

LOCATION Back Creek Church Rd OWNER William H. Harding WHITE _____ COLORED _____

ADDRESS Back Creek Church Rd OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ (wood) _____ (concrete)

Number _____

New _____ _____ (date)

Repaired _____ _____ (date)

WATER SUPPLY:

Source _____

If well, type

_____ (Bored)

V (Drilled)

_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:

Material _____

Dimensions _____

Volume 1000

Type secondary treatment 750 Cu ft. Stone (nitrification line) 5½' tiles (filter trench)

No. of bedrooms 3

Permit Number 6027

Approved _____

Approved by WALTERS

Contractor or Plumber Ralph Williams

Address _____

Remarks perc. rate 60

FHA CASE NUMBER _____

VA CASE NUMBER _____

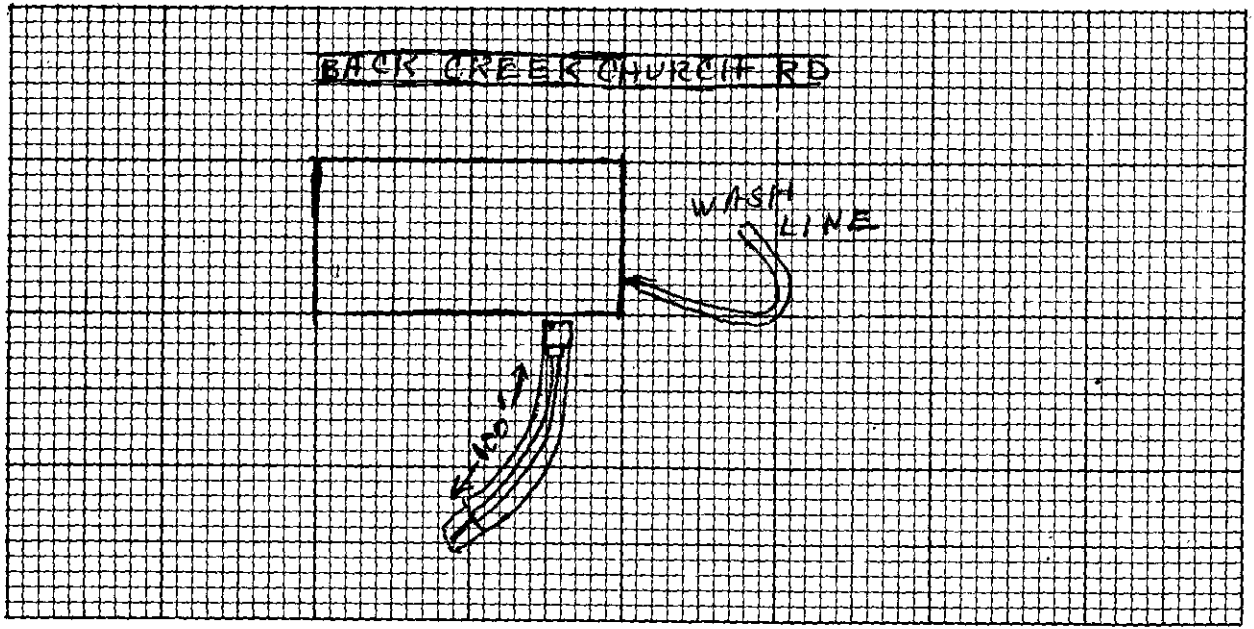
Date 8/10/67

Date 8/10/67

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



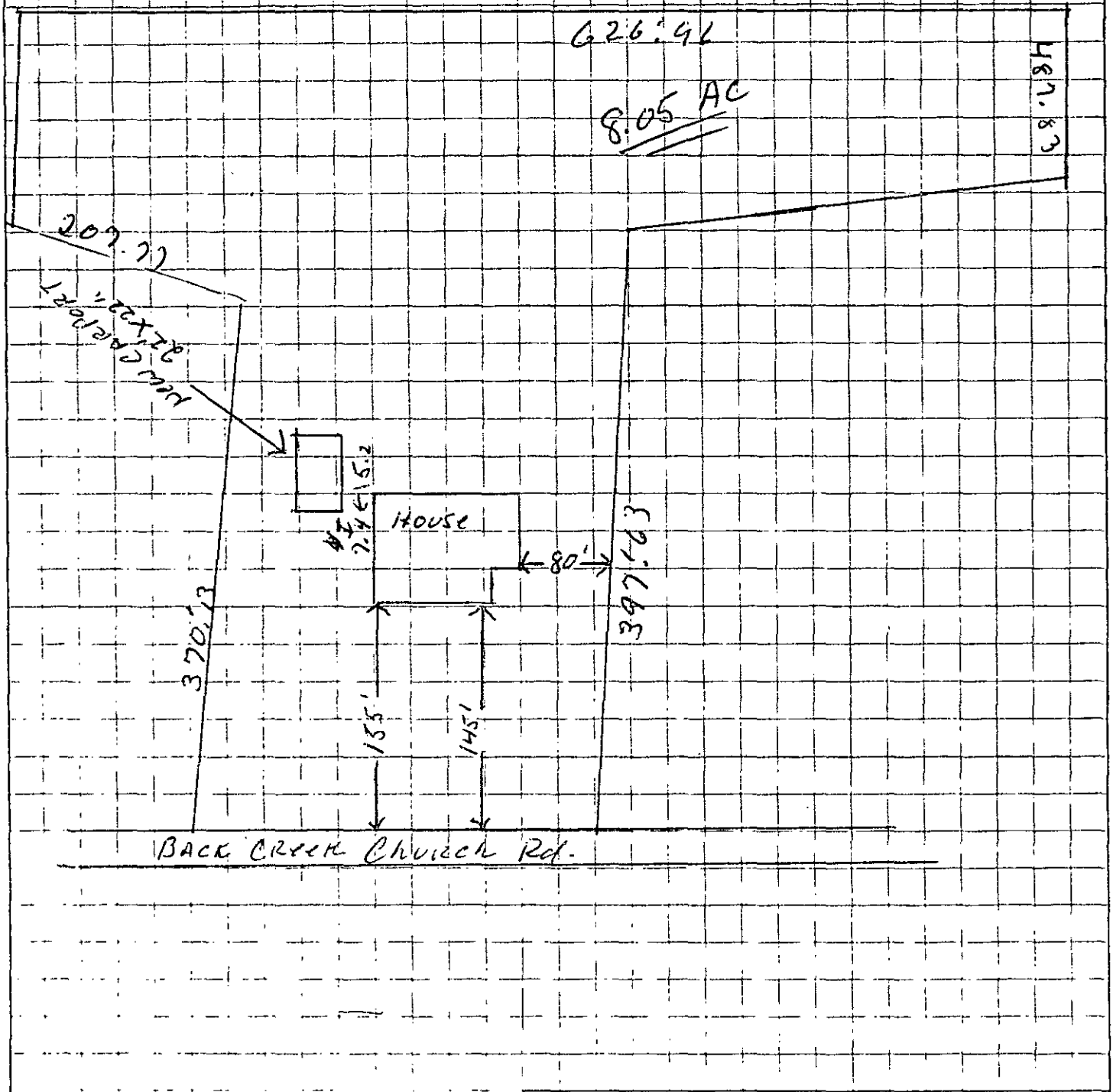
PROPOSED PLOT PLAN

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

FILE: 1094B|9066A

TC: _____

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



APPROVAL DATE _____

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

7/08/93 $50.00

1094B/906A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck# 1164 WC 400 [] 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: CROSBY JR. (last) JAMES (first) B (mi)

ADDRESS: 12604 CALDWELL Rd PHONE: 704 5964523

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28213

Date: 7-8-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-041-02

STREET ADDRESS: 3700 Back Creek Church Road

ZONING:

PROPERTY OWNER:

NAME: HARDING (last) EDNA (first) C (mi)

ADDRESS: 3700 BACK CREEK CHURCH PHONE: (__) _____

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28213

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) CARPORT
[] 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: 3 NUMBER OCCUPANTS: 3

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: J. B. Crosby Jr. Date: 7-8-93

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.

... use existing system under conditions set forth in installation plan issued 7-23-93 S Bateman Alteration to washer drainfield made 9-30-93

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

Susan Bateman 9-30-93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

ALL TYPES OF RESIDENTIAL AND
COMMERCIAL REPAIRS & REMODELING

J. B. CROSBY JR. CONSTRUCTION

left message 8:45 am
7-27

JIM CROSBY
NC STATE CONTRACTOR
LICENSE #10592

12604 CALDWELL ROAD
CHARLOTTE, NC 28213
(704) 596-4573
(704) 596-5598