

617 CATAWBA AV

00320533

7/9/08

marliwr

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

FEE 100
DATE 12/7/05
CRT # 1 Check 1490

Jeremy

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

ACS GWS – UES.APP 01/05

FILE #: 14260

ED153758

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: GARLAND L. JONES
ADDRESS: 617 A CATAWBA AVE
CITY: DAVIDSON
STATE: N.C ZIP:
PHONE: 704-791-5369
ALTERNATE PHONE: 704-788-9173

PROPERTY OWNER:

NAME: GARLAND L. JONES
ADDRESS: 9730 DAVIDSON HWY
CITY: CONCORD
STATE: N.C ZIP: 28027
PHONE: 704-788-9173
ALTERNATE PHONE: 704-791-5369

JOB LOCATION INFORMATION

TAX/PARCEL #: 003-205-33
STREET ADDRESS: 617-A CATAWBA AVE
CITY: DAVIDSON
STATE: NC ZIP: 2810
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☒ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☒ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☒ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Garland L. Jones — 12-7-05
Owner's/Agent's Signature — Date

*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 approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approved to use existing septic system for renovation of porch.

EHS Signature — Date 12/8/05
Gina Buchanan

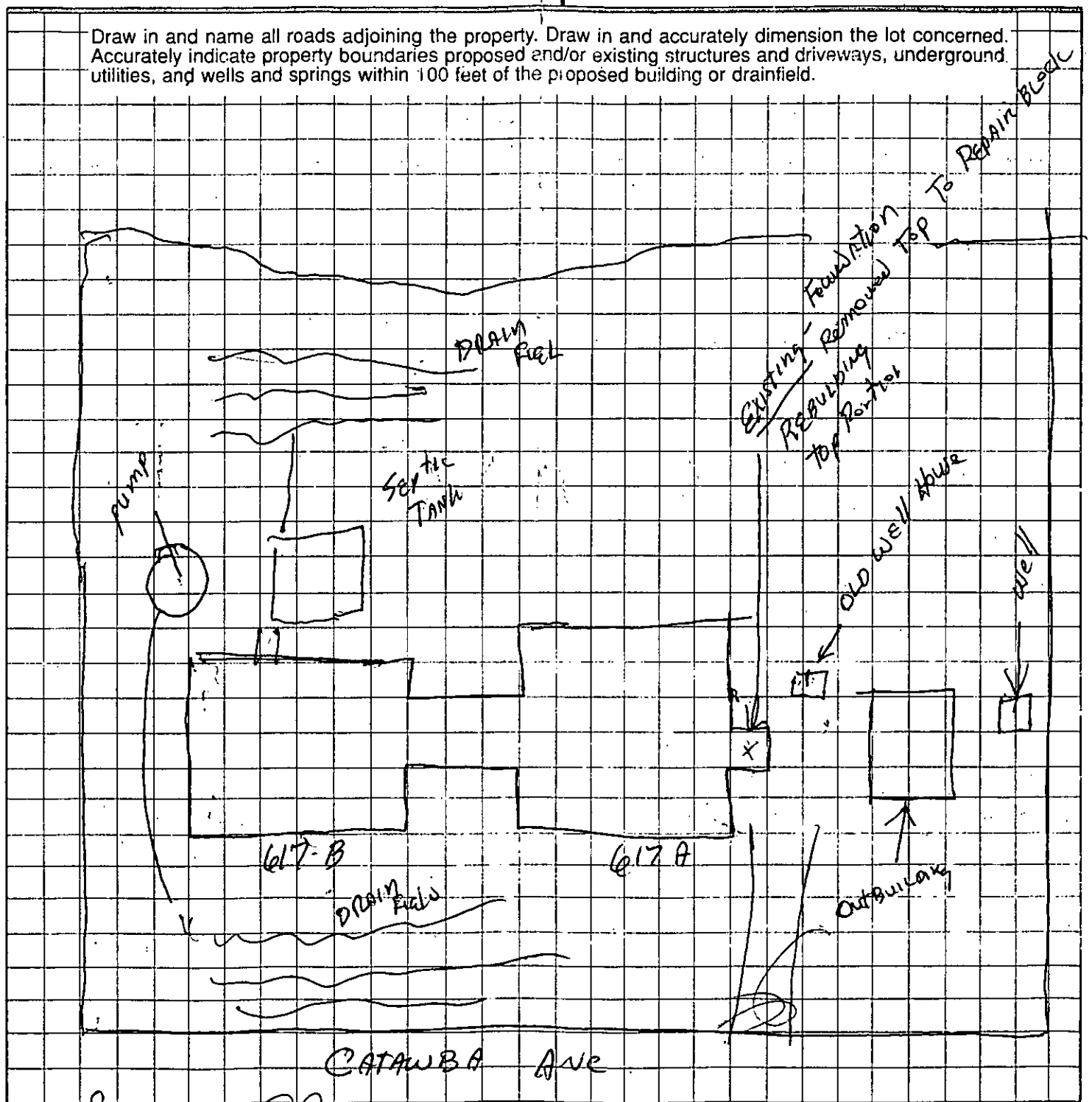
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

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.



OWNER/AGENT SIGNATURE Edward P Jones

DATE 12-7-05

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY
Health Department

May 1, 2003

Garland Jones
9730 Davidson Hwy
Concord, NC 28025

Mr. Jones:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 617 Catawba Ave., was completed on 3/10/03. The results of this inspection are enclosed.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Septic System Owner's Guide

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County
Health Department

617 Catawba Ave.
Location

Garland Jones
Owner/Agent

N/A
Operator

IIIb
Type System

Name of Establishment

Residence
Type of Establishment

9730 Davidson Hwy, Concord, NC 28025
Address

Address

March, 2003
Next Inspection Due

14260
Permit/Project No.

240 GPD
Design Flow

Phone

Phone

	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?	☐	☐	N/A
Free of blockages/solids buildup in lines or manholes?	☐	☐	N/A
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☒	☐	
Tanks and access manholes structurally sound, watertight?	☐	☒	Secure riser lid with stainless steel bolts.
Sanitary tee(s) in good working condition?.....	☐	☐	
Tanks pumped, cleaned out as needed?.....	☐	☒	We recommend pumping out tanks every 3-5 yrs.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	N/A
Floats/pipe/valves/disconnects in good condition?	☐	☐	N/A
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☒	Solids buildup in tank.
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☒	☐	
High-water alarm present and operating properly?	☐	☒	Could not confirm audible alarm signal. Alarm location unknown.
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?	☐	☐	N/A
Siphon(s) appear to be working/alternating properly?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	N/A
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☒	☐	
Minimal ponding in subsurface trenches?	☒	☐	
Surface water being effectively diverted away?	☒	☐	
Diversions/ditches/swales/tiles 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?	☒	☐	Everything Looks Good
LOW PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	N/A
Pressure head is properly adjusted?	☐	☐	N/A

OVERALL CONDITION AND OPERATION OF SYSTEM No effluent surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Contact Septic contractor for items above	

DATE: 3/10/03 SIGNED: David Cornelius, RSI AGENT

Division of Environmental Health

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

14260 J

Mecklenburg County
Health Department

April 25, 2002

Garland Jones
617 Catawba Avenue
Davidson, NC 28031

Dear Ms. Jones:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 617 Catawba Ave., Davidson, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 9, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Garland Jones
617 Catawba Avenue
Davidson, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Garland Jones	617 Catawba Avenue	00320533	14260	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/25/02

Payment Due Date: 5/25/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 14260 DATE: 2/20/96

TC: 003-212-25 ☐ L ☐ CRT

SERIAL Nº 16532

Name of Owner Garland Jones Juris.:

Address of Property 617 Catawba Avenue

Inspection Data:

Tank Material PCC Pump Tank

Total Length of Drainfield ~1100ft² Irreg BED 207'+

Number of Lines 3 @ 69'+

Cover Depth 18-42"

Water Supply Source Well

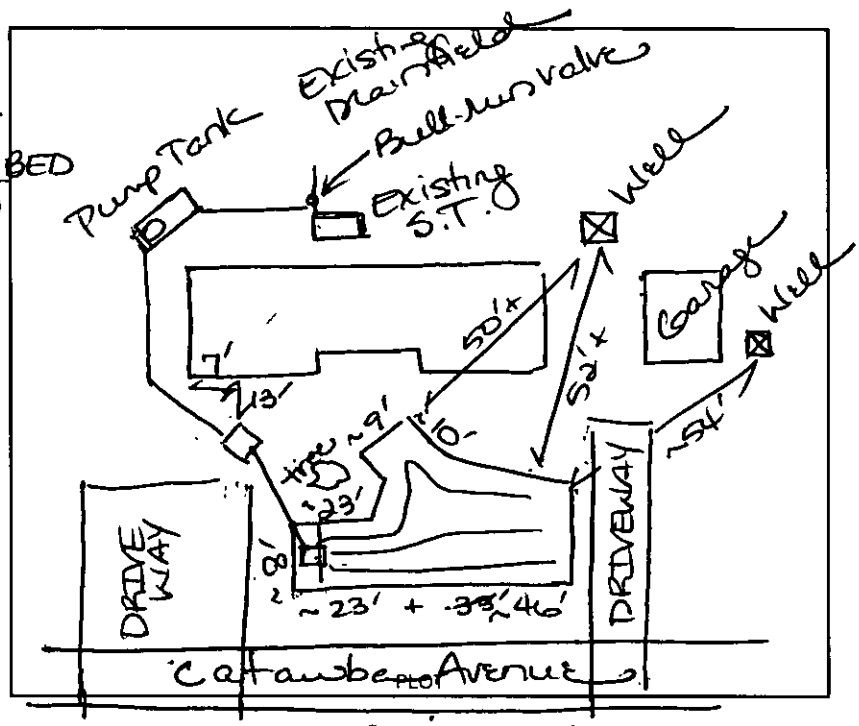
Distance to Water Source 50'+

Excavation Inspected 2/14/96

Pump Tank(s) Inspected 2/16/96

Wash Line Inspected —

High Water Alarm Inspected 2/20/96



Design 1996 Repair, 1000g PT, Wash Box, D-Box, ~1100ft² Irreg Bed CTR# 138

Land Bentson

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 15A 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 15A 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:

OD < 85

Type III b

Lisa B. Mialik RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

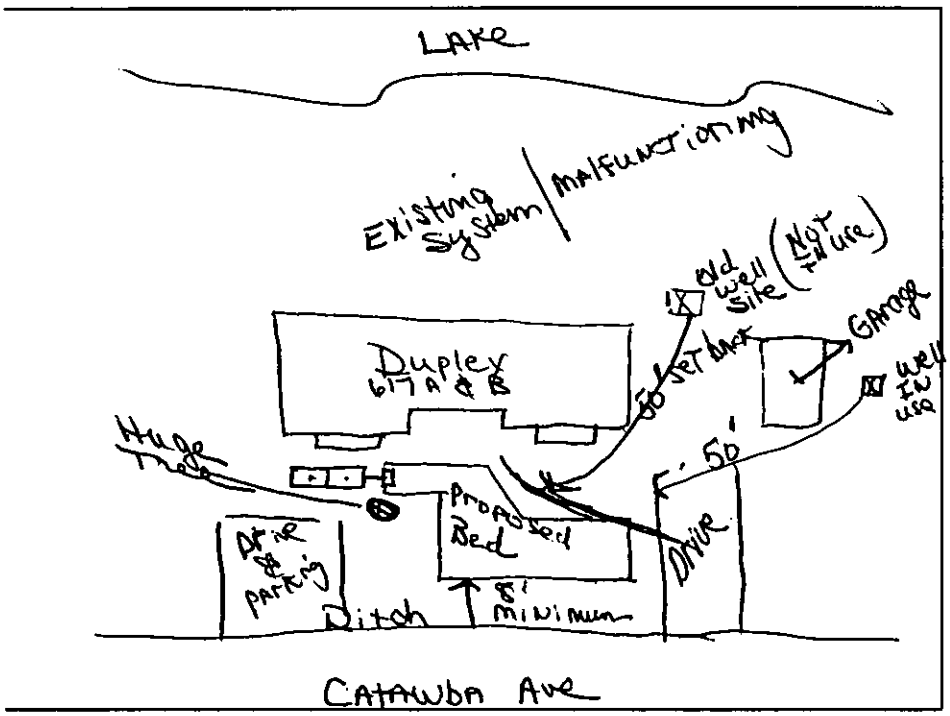
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 42160 DATE: 1/3/96

TC: 003-21225 ☐ L

SERIAL Nº 16650

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 1/3/96. All work shall be completed on or before 2/3/96, 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 1500 gallons

Liquid Capacity of Dosing Tank \ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed - Irregular feet

Trench Walls Scored and Porous ✓

Total Line Length SFB feet

Number of Lines 3

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

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

NAME OF OWNER Garland Jones

LOCATION OF PROPERTY 617 Catawba Avenue

Comments: Install as repair to Septic System; New 1500 gallon Tank, Install Bed with 24" Stone - Bed size to be irregular due to limited space - 6' wide to 15' wide x 60' - 70' Long. Plumber will re-plumb House to new tank at front of house - will disconnect to old Tank or install Bull-run valve. Also Adjust Property Owner to remove plumbing for washing machines - Contractor will also remove straight pipe to lake.

Judy J. Kiser RS
Environmental Health Specialist

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

File # 14260

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: Jones (last) Garland (first) L. (mi)
ADDRESS: 9730 Davidson Hwy PHONE: (__) _____
CITY: Concord STATE: NC ZIPCODE: 28025

Date: 1-3-96

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-212-25
STREET ADDRESS: 167 Catawba Ave
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: LAKE NORMAN

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] ~~SOIL TEST - SUBDIVISION LOT (S)~~
[] NEW CONSTRUCTION ON VACANT LOT - ~~# 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) REPAIR
[] ~~MODIFIED (ALTERNATIVE) OR REDUCED # BEDROOMS (R)~~
[] ~~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: NUMBER OCCUPANTS:

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 [X] 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 Garland L. Jones Date:

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.

...Permit issued for repair to System 1/3/96

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

Wendy Kiser R.S. 1/3/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

6248

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1/3/96 **PERMIT NO:** 14260
PARCEL NO: 003-212-25
JOB LOCATION ADDRESS: 617A Catawba Ave. Davidson NC
PROPERTY OWNER: Garland Frost
BUILDING CONTRACTOR: Lawn Bentley Septic Contractor
SUBDIVISION NAME: NA (Lake Norman)
AUTHORIZATION ISSUED BY: Judy S. Riser R.S. **DATE:** 1/3/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 14260, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair to existing Septic System only - No building Additions requested to be Approved.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Garland L Jones 1/3/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

SERVICE REQUEST/WORK ORDER

Emergency? Y N

Date: _____ Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: Mrs Bernice Brooks via Tony Roup (x5447) Tel. No. 892-4303 8-5

Address 533 Catawba Av City Davidson Zip _____

PROPERTY CONCERNED: Facility Name _____

Address/Sbdv. _____ City _____ Zip _____

SERVICE REQUESTED:

ASSIGNED TO: _____ TAKEN BY: T. Roup

DATE	ACTIVITY REPORT	EST. HRS
	Please check the septic tanks on Catawba Av especially those at the end of Catawba Av. Mrs. Brooks reported pipes extending into the lake and suspects septic problems	
	Parcel# Address Owner	
	003-212-21 501 Catawba Av. John L. Barringer 896-8418	
	9/7/95 Septic System OK Rt 1 Box 696-A Davidson City Water	
	003-212-23 521 Catawba Av Marcelle Brown City Water	
	9/7/95 Septic System OK RFD 1, Box 692 - Davidson	
	003-212-24 533 Catawba Av. David Brooks City Water	
	10/3/95 Septic System OK RFD 1, Box 695-3,	
	003-212-31 601 Catawba Av. Ronald M. Gist 1/2 well sample	
	10/2/95 Septic System OK 601 Catawba Av Collected Nov. 1/3	
	003-212-25 617 Catawba Av Garland Jones 1/2 water sampled	
	10/3/95 Possible Illicit Discharge(s) to System 9738 Davidson Hwy 1/3 - Negative	
	003-212-30 ~~627 Ca~~ Concord NC	
	9/7/95 Observed 627 Catawba Av Marvin Richard, Not Sampled	
	Straight Pipes Removed on 10/2/95 627 Catawba Av. well Pump down	

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature _____ Date 2/27/96 WRITTEN VERBAL ✓

REVIEWED BY: _____ Authorized Signature _____ Date RECALL DATE: _____

Recap of Survey:

637 Catawba Ave had several straight pipes to Lake - All were unearthed Cut back from the Lake and Plugged & Sealed - per Mr. Richard Turner, All of these pipes were original pipes in place when he purchased. They did not appear to be connected to any plumbing that was water tested. He understood that no direct discharges were allowed & Agreed to Cut & Plug.

I was unable to Collect Sample from well on the day I visited to Collect water Samples. His well pump was being replaced.

* 617 Catawba Ave had a Sewage malfunction - A new drainfield has been created to the front of the property & the Old malfunctioning System on the lakeside has been disconnected. The well water Sample Collected here was negative for Coliform bacteria.

501, 521, 533 Catawba Ave - All these Sewage Systems appeared to be functioning properly. There were no straight pipes found. These homes are connected to the Davidson Water Supply.

601 Catawba Ave - the Septic Systems appeared to be functioning Properly - The well water Sample was negative for Coliform bacteria.

* 617 Catawba had leak on water side - Tested for enterococcus - Results were negative for fecal,

Jump D

Mecklenburg County Public Health Laboratory

Environmental Health Section

003-212-25 249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Garland Jones, owner

Address: 617 Catawba Avenue

Cornelius? Zip

Collected By: L. Mualik

Date Collected: 3/11/95 Time: 12:35 AM (PM)

Sample Source: Surface sample near Lake

Date Delvd. to Lab: 3/11/95 Time: 1:50 AM (PM)

Delivered By: L. Mualik

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☑ Fecal Coliform
- ☑ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☑ Other (specify) Enterococcus
- ☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: √ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml.

Fecal Coliform 130 ECFU /100 ml.

Fecal Strep 9 ECFU /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Laboratory Comments: Fecal strep not group D.

Date Received: 3/11/96

Received By: DTW

Date Reported: 3/13/96

Analyst: DTW/hs Lab #: 1022

Laboratory Identification #: 37518

L 1.14 1/92

Lab results appear to support visual observation - Spring (?) gbm

LAB REPORT COPY

File 14260

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER GARLAND L. JONES

MAILING ADDRESS 9730 Davidson Hwy, Concord, NC 28025

OCCUPANT tenants

LOCATION 617 Catawba Ave., Davidson, NC

Tax Parcel No. 003-212-25

☒ RESIDENCE ☐ BUSINESS ☐ OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5573.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☒ Eliminate wastewater discharge and connect to an approved wastewater system. Plumb washing machines into septic tank. Remove straight ~~pipe to lake.~~

☐ Pit Privy must be repaired/constructed.

☒ Other Repairs (*specify*) Replace broken lid on septic tank.

* ALL plumbing fixtures in duplex must be plumbed into septic tank; Provide written verification from licensed plumber.

☐ Perform Maintenance (*specify*)

If the wastewater violation is not brought into compliance by ~~March 25, 1996~~ April 1, 1996, appropriate legal action will be taken. No extensions on deadline

Notice Issued 3/15/96 Date — Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS Agent, Division of Environmental Health

Compliance ~~4/10/96~~ 4/11/96 Date — Signed Lisa B. Mialik, RS. Agent, Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

4/11/96 OSV @ 617 Catawba. Tenants on both sides of duplex present - washers spun → No visible malfunction; able to observe where washer had been plumbed to line to septic tank @ apt. on right side of duplex. S.T. lid repaired as best as could be determined, appears O.K. Straight pipe to lake had been removed.

4/11/96 PC to Garland Jones. NC. Left message on answering machine that compliance met.

LBM