

2101 SAM WILSON RD

05521120

12/31/2007

duponbj

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: 2720 B DATE: 10/27/98

TC: 055 211 20 ☒ L ☐ CRT

SERIAL Nº 17687

Name of Owner Dwight Price Juris.: _____

Address of Property 2101 Sam Wilson Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield Bed 30'

Number of Lines Bed 2 @ 15'

Cover Depth 6"

Water Supply Source Municipal

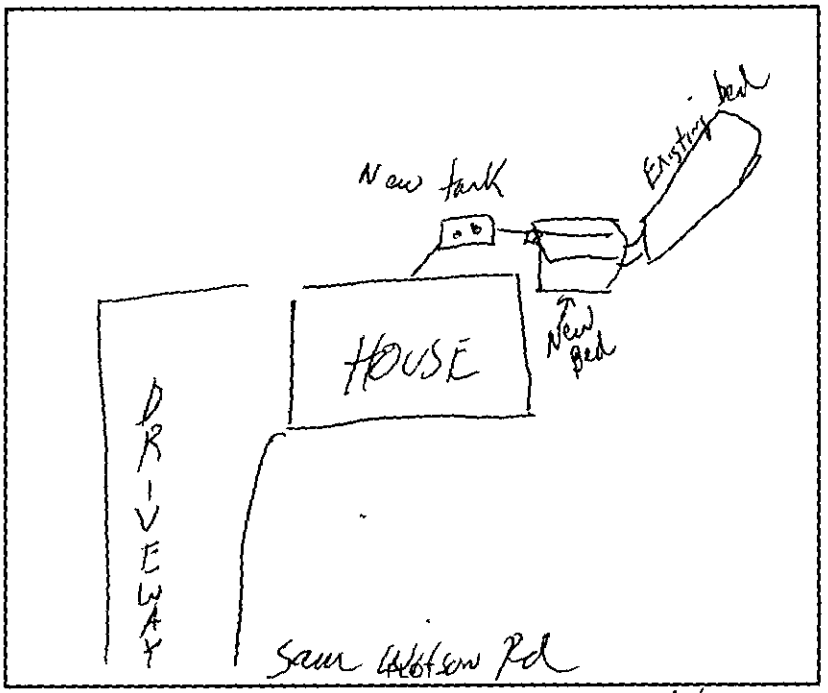
Distance to Water Source >10'

Excavation Inspected 10/27/98

Tank(s) Inspected 10/27/98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1998, 1500 ST, 90 SFB, 18" stone CTR# Poly concrete 5

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: Repair to Existing System, Tank replaced and existing drainfield tied into w/ 30' new bed

Phila A. Walker
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

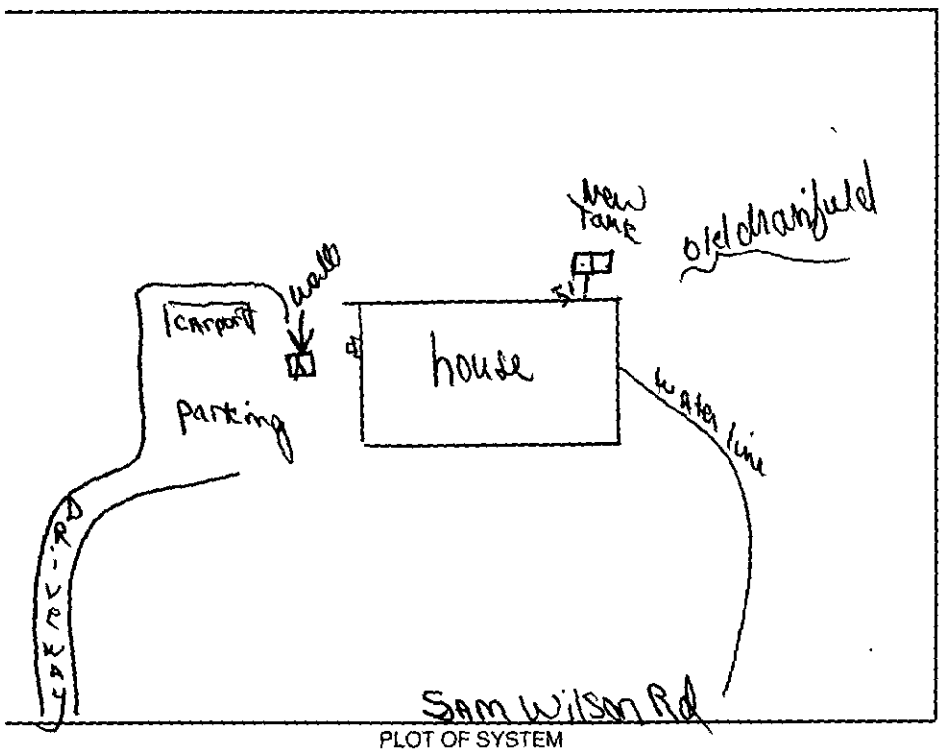
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2720B DATE: 10/26/98

TC: 055 211 20 XL

SERIAL Nº 17915

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 10/26/98. All work shall be completed on or before 10/30/98 / 11/30/98, 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction pcc

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

House Connected To CMUD Water

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

NAME OF OWNER Dwight Price

LOCATION OF PROPERTY 2101 Sam Wilson Rd

Comments: Install 1500 gallon TANK To replace old TANK located Partially under old Building Addition to home - Advised Owner Old tank S/B Pumped And filled in -

Judy J. Kuser R.S.
Environmental Health Specialist

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

DATE: October 27, 1998

TO: File #2720B
Property location: 2101 Sam Wilson Road

FROM: Judy J. Kiser, R.S.

SUBJECT: Repair to Septic System

I visited the above referenced site on October 26, 1998 with septic contractor, Steve Autry and both property owners Mr. And Mrs. Dwight Price.

The purpose of the visit was to issue a repair permit to install a new septic tank. The original tank had been built over with a building addition. The owners indicated the house was built in the 1950's and the addition was added not long after the original building. No maintenance had been performed on the tank and effluent was backing up out of the tank at times. They wanted to install a new tank and reconnect to the old drainfield.

I advised them they should pump out the old tank and fill it in. I explained the reasons for abandonment of the tank, concerns regarding caving in, the tank location underneath a building foundation, etc. The Prices each indicated that there is a large amount of acreage with the house and a subdivision would be built in back of the existing house. This house would have to be torn down in order to allow road access to the subdivision. They said that they did not feel they would be occupying the home for very long and due to these plans only wanted to do the minor repair with the new tank which would allow them use the existing system until the home is torn down.

FEE: NA
DATE: 10/27/98

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

102

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 27208

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 055.211.20

STREET ADDRESS: 7101 Sam Wilson Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
X MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
X PRIVATE WELL (P) ON SITE

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ~~✓ NO~~
EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ~~✓ NO~~
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ~~✓ NO~~

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Price (FIRST) Dwight (MI) D.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2101 Sam Wilson Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28214	
DAYTIME PHONE: 704/392-8653	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Dwight D. Price DATE: 10-26-98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102