

9007 RICHFORD DR

01727402

5/20/08

marliwr

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

Q460

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

FILE: 1995 DATE: 8/23/96

TC: 07-274-02 ☐ L ☐ CRT

SERIAL Nº 16830

Name of Owner Robert E. Stancil Juris.: _____

Address of Property 9007 Richford Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield ~90 (10'x33' Bed)

Number of Lines 3 @ ~30' each

Cover Depth 18"-30"

Water Supply Source Community Well

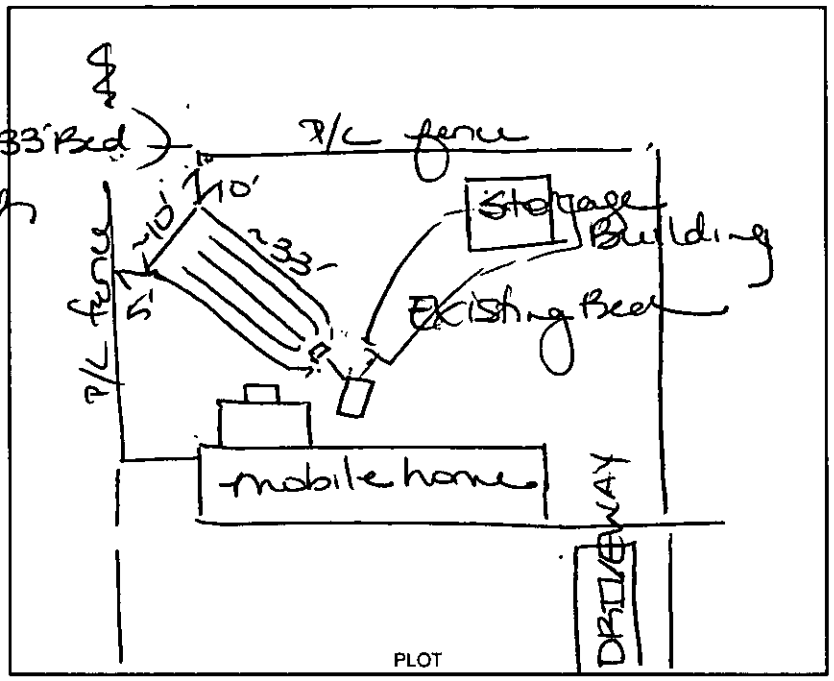
Distance to Water Source >100'

Excavation Inspected 8/23/96

Tank(s) Inspected _____

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Repair, D-Box, 330ft², ~24", cecil-like CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been Claudius Morrison

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A 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 I5A 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: New sanitary tee installed in septic tank at lower elevation than existing → new bed ~~to receive effluent first then overflow~~ back through septic tank to existing bed.

1996 Repair
OD<1985 (1971)
Type II

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

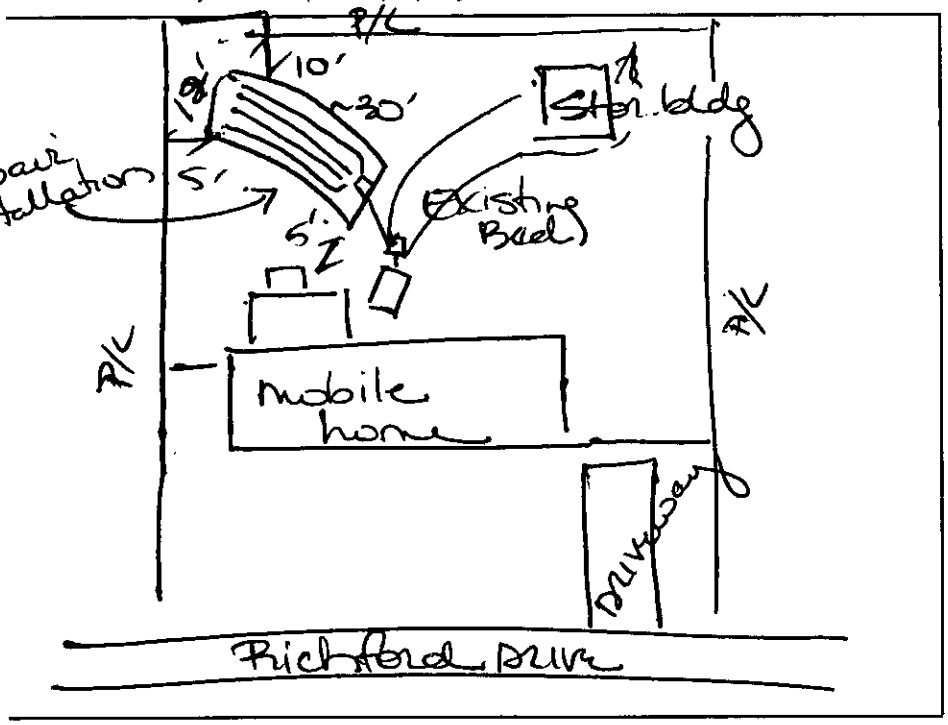
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1995 DATE: 8/13/96

TC: 017-274-02 ☐ L

SERIAL Nº 16884

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 4/9/96. All work shall be completed on or before 9/13/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width ~12' x 30' Bed feet

Trench Walls Scored and Porous ✓

Total Line Length ~120' feet

Number of Lines 4 @ ~30' each

Depth of Stone 24" inches

~~10'~~ Distance from House 5' feet

Distance from Property Line 10' rear P/L feet, 5' side P/L

Distance from Well >100 feet

Distance from any waterline 10 feet.

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

NAME OF OWNER Robert E. Stancil

LOCATION OF PROPERTY 9007 Richford Drive Lot 256

Comments: Keep installation 10' from back property line.
Install new D-Box to divide flow between old & new beds.
Install new bed ~12' x 30' with 24" gravel -
Keep on contour as much as possible.

Ilka B. Mialik, RS
Environmental Health Specialist

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

(This) Repair approval no longer Valid 8/13/96 for

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

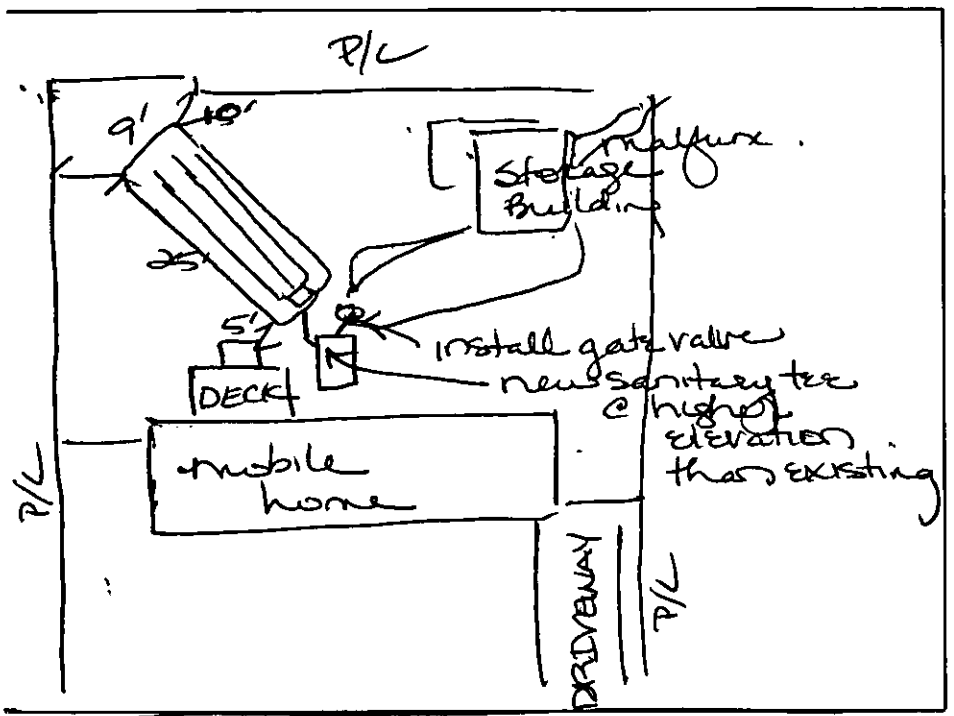
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1995 DATE: 4/9/96

TC: 017-274-02 ☐ L

SERIAL Nº 16770

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 4/9/96. All work shall be completed on or before 5/9/96, 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width ~9'x25' Bed feet

Trench Walls Scored and Porous ✓

Total Line Length ~75' feet

Number of Lines 3 @ 25' each

Depth of Stone 24" inches

Distance from House 10' rear P/L, 5' side feet P/L

Distance from Property Line 5 feet

Distance from Well >100 feet

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

NAME OF OWNER Robert E. Stanci l

LOCATION OF PROPERTY 9007 Richford Drive Lot 252

Comments:

Install gate valve before existing bed so that flow can be cut off.

Install new tee at higher elevation than existing tee to feed new bed.

Keep installation 10' from back property line

Liba B. Mialik
Environmental Health Specialist

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

Permit Number: 1995

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 017-274-02

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement

Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional Bed ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions:
Repair to existing septic system installed 7/14/71
Install new sanitary tee @ higher elevation than existing tee. Install gate valve before existing bed. Install new bed w/ D-Box ~9'x25'x24"G. to be fed from new sanitary tee.

Repair Area System Type Type (circle one): I (II) III IV V VI ~9'x25' Bed	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

225 Absorption Area (Sq ft) ~75' Total Trench Length (Ft)	24" Depth of Stone Trench	0 Soil separation ___ Trench spacing (min. on centers) from existing bed	Keep as shallow (Maximum Trench Depth) as possible.

For existing system, enter the year originally installed: 7/14/71

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- This Improvement permit is transferable.

Lora B. Malik, RS 4/9/96
DEHNR Authorized Agent Date

Robert Stancill 4-9-96
Owner/Agent Signature Date

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

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

IWWS:100195

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

DATE: 4/9/96 PERMIT NO: ~~017-96-E~~ 1995
PARCEL NO: 017-274-02

JOB LOCATION ADDRESS: 9007 Richford Drive
PROPERTY OWNER: Robert E. + Betty Jean Starxil
BUILDING CONTRACTOR: /
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Linda B. Mialik, RS DATE: 4/9/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1995, 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: See Repair approval & conditions of Improvement Permit.

Repair to existing system installed 7/14/71

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.

Robert Starxil 4-9-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: ____

DATE: ✓

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 1995

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-274-02

STREET ADDRESS: 9007 Richford Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: #256

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):

__ 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: 4

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)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: STANCILL (LAST) ROBERT (FIRST) E (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9019 DETROITER DR	DAYTIME PHONE: ( ) —
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: 704 875-2779	

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: Robert E Stancill DATE: 4-9-96

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

COPY

SERVICE REQUEST/WORK ORDER

Pg 1 of 2

Log No.: File 1995 Section: DNWS Hazard? [ ] Yes [ ] No

Date: 4/2/96 Parcel: 017-274-02 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Malik Phone

Address City Zip

PROPERTY CONCERNED: Facility Name Robert Stancil owner tenant occupied

Address 9007 Richford Dr. City Zip

SERVICE REQUESTED:

ASSIGNED TO: Malik TAKEN BY:

DATE	ACTIVITY REPORT
4/2/96	OSV @ 9007 Lakehaven Dr - observed malfunction @ 9007 Richford Dr
	OSV @ 9007 Richford. Tenant (woman) present. System malfunctioning, storage building over drainfield. Left business card. advised owner would be notified. JBM
4/3/96	Rec'd from Robert Stancil (875-2779) PC w/ Mr Stancil. Advised to contact S.T. contractor to meet me OS for repair approval @ NOV to be sent.
4/8/96	Tax records indicate: owner: Robert E. Stancil
	017-274-02 c/o Bethyear
	Prop Loc. 9007 Richford Dr 9019 Detroiter Drive
	Huntersville, NC 28078
4/8/96	NOV; Due 5/8/96 (mailed 4/9/96)
4/9/96	OSV @ property. Bobby Mayhew present.
	OSV @ 9019 Detroiter Dr. Repair approval for 9007 Richford
	Mr & Mrs. Robert Stancil present. JBM
8/13/96	Repair approval issued to Jack Stuart - modification made from 4/9 approval. Jack Stuart & tenant present
	Per tenant, (effluent) surfaces.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal (✓) Not Applicable

COMPLETED BY: Joe B. Malik, RS, 8/23/96

REVIEWED BY: S Batemanfor S Daniel, Program Chief, 8/28/96

SERVICE REQUEST/WORK ORDER

File 1994

Date: 4/2/96

Log No.:

DATE	ACTIVITY REPORT
8/19/96	Consultation w/ C. Morrison regarding Stancil
8/20/96	property. Per C. Morrison, gave guidance of
	initial repair approval. Advised to encourage
	Mr Stancil to increase bed size if possible.
8/23/96	Final on repair installation. JBR

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

ON-SITE WASTEWATER VIOLATION NOTICE

File 1995

OWNER Robert E. & Betty Jean Stancil

MAILING ADDRESS 9019 Detroiter Drive, Huntersville, NC

OCCUPANT tenant

LOCATION 9007 Richford Drive, Huntersville, NC 28078

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 017-274-02

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.

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

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 8, 1996, appropriate legal action will be taken.

Notice Issued April 8, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, R.S. (Agent) Division of Environmental Health

Compliance 8/23/96 (Date) Signed Lisa B. Mialik, RS (Agent) Division of Environmental Health

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

