

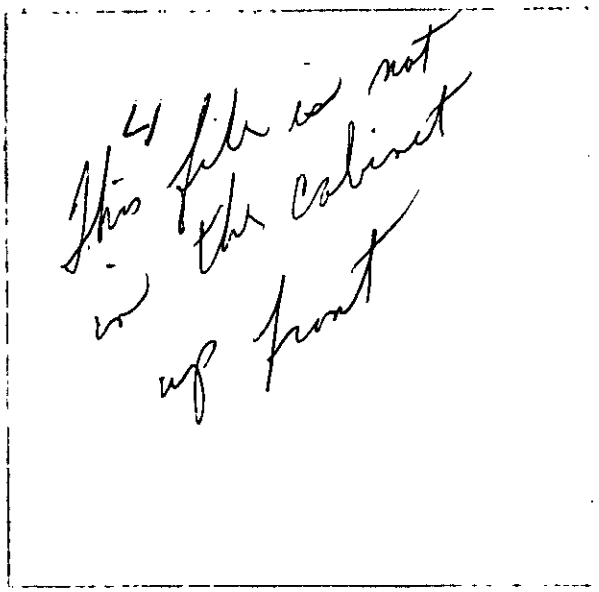
19024 MOUNTAINVIEW DR

00175203

5/30/08

marliwr

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


This file is not
in the cabinet
up front

Copy F4/7

INSPEC[illegible] STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Brad Boyer
19024 Mountain View Road
Cornelius, NC 28031

Please Make Check Payable To

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY 001-752-03 Need

Name	Site Address	Tax Parcel	File Number	System Type
~~Brad Boyer~~	19024 Mountain View ~~Road~~ Dr	001-083-03	~~175B~~ 7497	IIIB
			Total Amount Due: $85.00	

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

Name Keith Roseman

Site Address _____

_____

# of Bedrooms 3

Rec'd $85.00 CK# 6771 4/30/01 SC

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☒ *Please check if you have a well.* But we are on city water. Well not in use

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

DO NOT SEND CASH

Mecklenburg County
Health Department

April 5, 2001

Brad Boyer
19024 Mountain View Rd
Cornelius, NC 28031

Dear Mr. Boyer

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. The State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Brad Boyer
19024 Mountain View Road
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Brad Boyer	19024 Mountain View Roa	001-083-03	175B	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County Health Department File # 7497

Health Department | Name of Establishment | Permit/Project No.

19024 Mountain View Rd | 3 bedroom residence | 360GPD

Location | Type of Establishment | Design Flow

Brad Boyer | — |

Owner/Agent | Address | Phone

Homeowner | — |

Operator | Address | Phone

Remarks

	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?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☐	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐ CNA	
Control panel enclosure/components in good condition?	☐	☐ CNA	Could not access floats, pipe and disconnects
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
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?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
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/tile drains properly maintained?	☐	☐ NA	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☐	
Repair area properly reserved, maintained?	☐	☐ NA	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☑	☐	
No effluent standing in lower laterals?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐ CNA	
Pressure head is properly adjusted?	☐	☐ CNA	could not access

OVERALL CONDITION AND OPERATION OF SYSTEM: Unable to access parts of system indicated; However no visiable signs of effluent on the surface of the ground

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 1/7/93 SIGNED: Philo S. Walker AGENT

Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____

[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____

[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

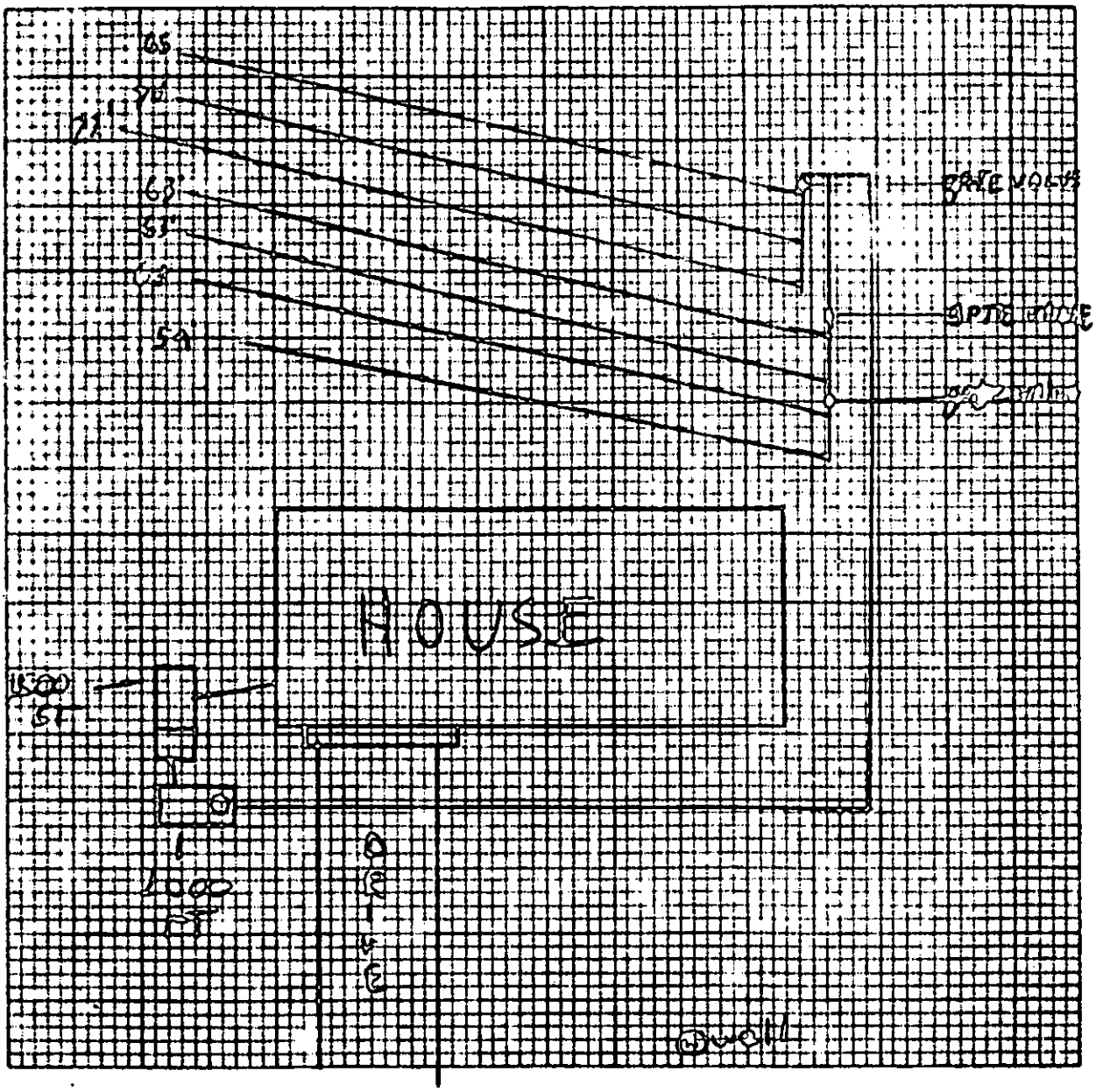
Date Issued 6-8-05

C of A (s) No. 7491

T. C. No. 001083-0

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



As Built PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Kelly Ferrell

Environmentalist

EXD-3-76

Environmental Health Department's Copy

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg Co. — Health Department
19024 Mt. View Dr — Location
Residence — Name of Establishment
Residence — Type of Establishment
Brad Boyer — Owner/Agent
19024 Mt. View Dr — Address
360 GPD — Permit/Prop. Design
Operator — Address — Phone

Remarks: Yard fenced in, not accessable. No apparent evidence of effluent on ground surface

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and acreage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANK(S): (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☐	☐	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (If Present): Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	
FUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
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?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/standing surface water?	☐	☐	
Minimal ponding in subsurface trenches?	☐	☐	
Surface water being effectively diverted away?	☐	☐	
Diversions/ditches/swales/tile 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?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Terminals/clamcouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

Improvement SUMMARY OF IMPROVEMENTS NEEDED: Repair Within (Days)

DATE: _____ SIGNED: _____ AGENT

DHS 37-2 (4-89) Department of Human Resources

Appendix 1. Design specifications for example LPP (Chapters 3 and 4)

File a copy of this sheet along with an electric sketch for each LPP designed.

Daily waste flow 450 gpd
Septic tank size 1500 gal
Pumping tank size 1000 gal
Effluent loading rate .20
Absorption area 2250 sq ft.
Total length of laterals 950 FT
Lateral diameter 1¼"
Lateral configuration PARALLEL
Supply line length 135 FT
Supply line diameter 2"
Manifold placement END
Hole size* 9/32"
Hole spacing 3 CC 3 0 c 0 W
Number of holes 1013, 2011, 3010, 4013, 5014, 6010
Pressure head 2 FT
Flow per hole 1=.41, 2=.82, 3=.59, 4=.41, 5=.48, 6=.59
Total flow ~~40.02 gpm~~ 32.02 gpm
Elevation head 22.5 FT
Friction head 5.3 FT
Pressure head 2FT
Total head 29.8 FT
Pump requirements 30 FT. TDH AT 40.0 GPM
Storage volume in laterals ~~[illegible]~~ 40.5 using 16 GPM pipe
Storage volume in supply line 21.9 gal using Sch 40 pipe
Total storage volume ~~[illegible]~~ gal 62.4 gal
Dosing volume ~~[illegible]~~ gal 202.5 = 200 gal
Dosing depth ~~[illegible]~~ 8"
Check valve needed? YES

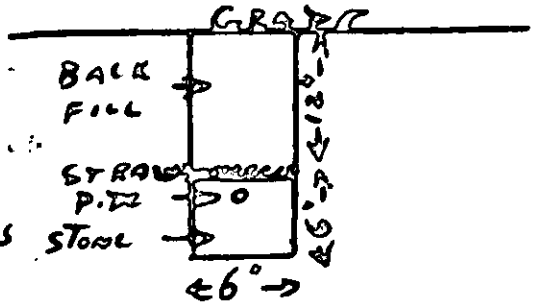
*Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

HOLE SPACING

#1, #4 - 64" APART @ 34" FROM ENDS

#2 & #5 76" APART @ 32" FROM ENDS

#3 & #6 80" APART @ 30" FROM ENDS



C of A (o) No. 7997

Date Issued 8-8-85 Serial 7654 T. C. No. 001 083 03

L PRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner BOYER, BRAD
LAST FIRST MIDDLE

Location of Property 19029 MOUNTAINVIEW DR

Application Number 7997 Permit Number 7997

Inspection Data:

Liquid Capacity of Tank 1500 ST 1000 PT Tank Material PCC

Total Length of Drain Tile 450' Number of Lines 7

Depth of Filter Material 6" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 8-8-85 Tank Inspected 8-8-85
DATE DATE

Nitrification Field Inspected 8-8-85
DATE

Washing Machine Line Inspected, If Applicable _____
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 _____

Kelly Rundell
Environmental

EHA 5-75

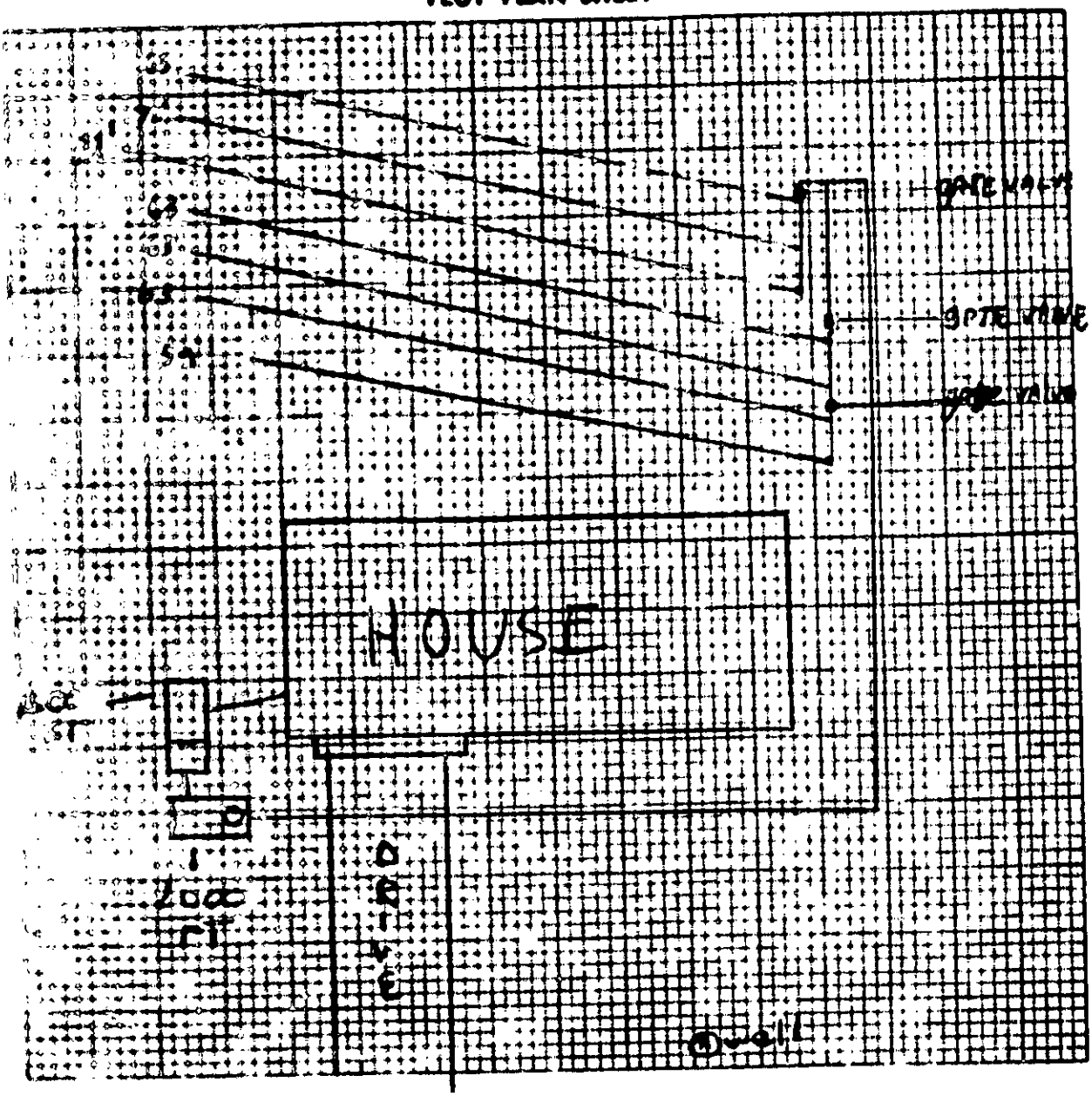
Date Issued 9-2-05

C of A (s) No. 7497

T C. No. 001083-03

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



As Built PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Kelly Ratliff

Environmentalist

EHO-S-26

Environmental Health Department's Copy

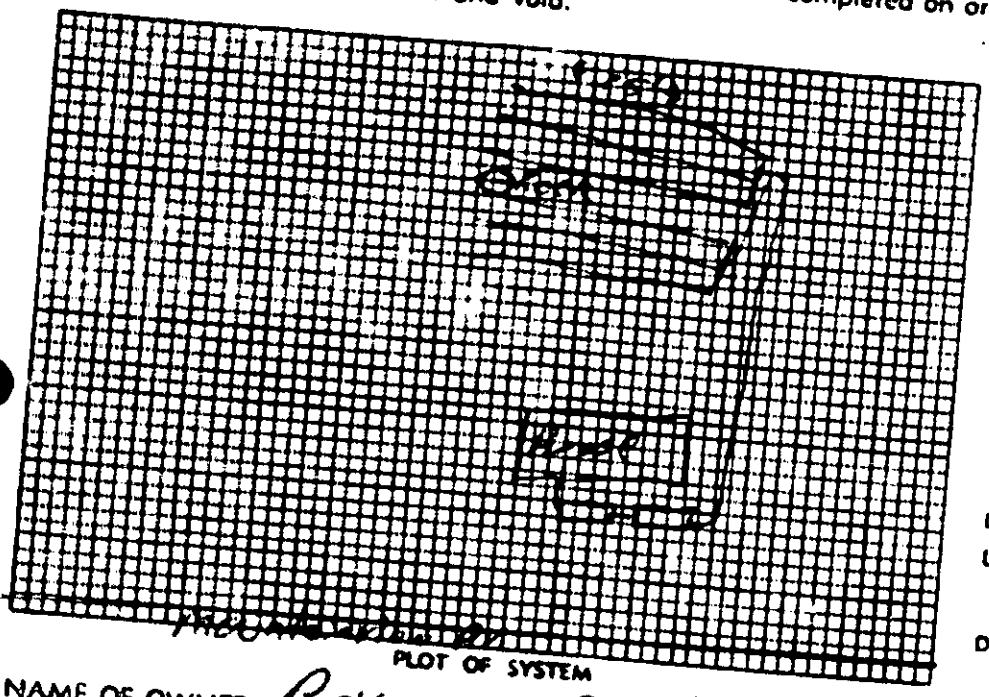
Date Issued 1-30-95 Serial No. 07873 ICAR(S) Permit No. 7497

T. C. No Cgl-085-03

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____Alter or Repair the individual septic tank waste-water 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 application 7-6-84 249 dated 7-9-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-1-95, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate III G

Liquid Capacity of Tank 1500 gal 5.T 1000 gal L.S.

Tank Construction R.C.C

Absorption and/or Nitrification Lines:

Total Line Length 450'

Number of Lines 5 X

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Boyer, Brad H

LOCATION OF PROPERTY Mountainview Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

LPC System Plan on F.R

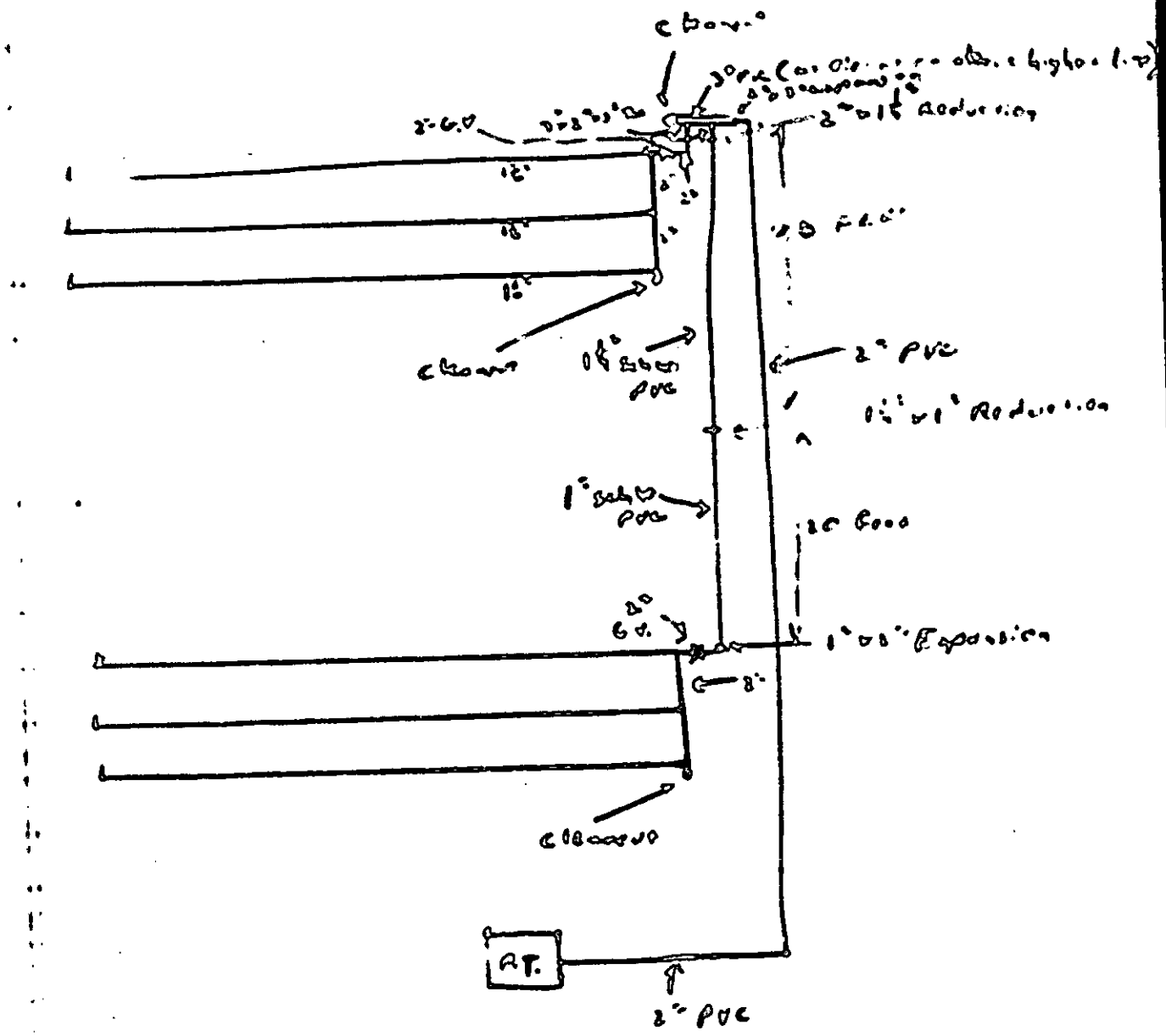
Comments: _____

Division or Section Head

Environmentalist Jan Ericson

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76


2" PVC
1" PVC
2" PVC
AT.
2" PVC

LARGE SYSTEM PROJECT SUMMARY SHEET

File No. : 84-72 Date: 06/23/92 Record No: 81
Project : Residence--19024 Mountain View Road
County : Mecklenburg
Location : 19024 Mountain View Road

Applicant : Brad Boyer
Address : 19024 Mt. View Dr.
Phone :

Engineer :
Firm :
Address :
Phone :

Facilities : 3 bedroom house

System : ST(1500); PT(1000); LPP (450 LF)

Design Flow : 450 GPD Number of Subsystems : 1

Dates Received
Initial Plans : 10/08/84
Site Evaluation : / /
Last Revision : / /

Plans Reviewed
Acknowledgement : / /
Initial Review : 10/10/84
Provisionally App'd: / /
Last Revision Rev. : / /
Last Rev. Prov. Ap.: / /

Operation/Inspections
Operation Permit : / /
Installation Insp. : / /
Last Operation Insp. : 08/16/89

Operator :

Type of Facility : SF Reviewed By : SB
Type of System : N-LPP Classification:
Status :

Comments : Designed by Ralph Nilles, Mecklenburg County, Dept. of Env. Health 8/89: Unable to access, however, no visible signs of effluent on the surface of the ground: will follow-up. Evaluation form submitted.

phil0

C of A (s) No. 7497

Date Issued 8-8-85 Serial 7654 T. C. No. 001 083 05

L PRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner BOYER, BRAD
LAST FIRST MIDDLE

Location of Property 19029 MOUNTAINVIEW DR

Application Number 7497 Permit Number 7497

Inspection Data:

Liquid Capacity of Tank 1500ST 1000PT Tank Material PCC

Total Length of Drain Tile 450' Number of Lines 7

Depth of Filter Material 6" Cover Depth 18"

Water Supply Source well Distance from Water Source 50"

Excavation Inspected 8-8-85 DATE Tank Inspected 8-8-85 DATE

Nitrification Field Inspected 8-8-85 DATE

Washing Machine Line Inspected, If Applicable _____ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Kelly Rondell
Environmentalist

EHD-S-76

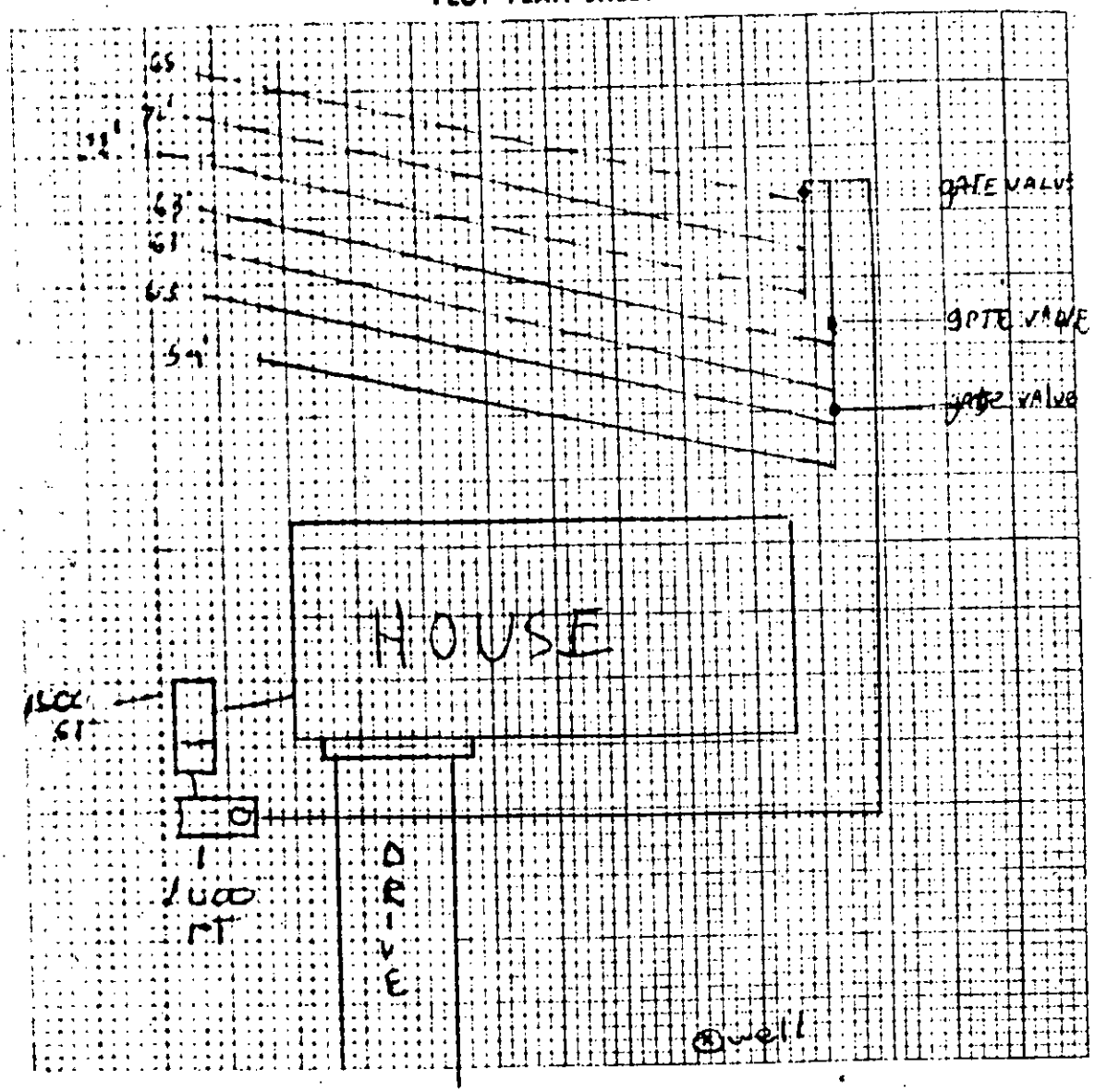
Environmental Health Department's Copy

C of A (s) No. 7497

T C No. 00T CE3 :0 3

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



As Built PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Kelly Ratliff

Environmentalist

Environmental Health Department's Copy

Century 21
Westside Realty
8400 F Belhaven Boulevard
Coulwood Shopping Center
Charlotte, North Carolina 28216
Business (704) 399-4848
Toll Free (800) 438-5618
Fax (704) 393-7408

File 7497

TELECOPIER COVER SHEET

Date: 9/22

Sender's Telecopier Number: (704) 393-7408

TO: Sue Bateman

FIRM NAME:

Receipt's Telecopier Number: 336-6894

FROM: Sandy Helenbrenze
Glenda Garrett

RE: 19024 Mountain View Dr.

Thanks for all your help.

Sandy

Time of Transmission:

File 7497

T.W. AMMONS SEPTIC SERVICE

215 LITTLE CREEK ROAD
MOORESVILLE, NC 28115
PH. 704-663-7831

Customer's Order No.	Phone No.	Date
	892-7452	9-21-1995

Sold To: Farshad Kacini-Azad

Address: 19024 mountian View Dr.

City: Huntersville NC

Sold By	Cash	C.O.D.	Sch. Charge	On Acct.	Misc. Paid	Paid Out	

Quan.	Description	Price	Total Amount
	check out complete septic System. Water down at pump level, as should Be.		
	Pump & pump Float switch working Good.		
	Alarm Float switch was bad, replaced with new Float Switch.		
	Check out pressure lines For 2' pressure head, lines check out Good.		
	A couple lines Had plugs missing, I replaced Them.		
	Drain Field looks nice & Dry.		
	In my opinion System is in Good shape.		
	My state cert. # 12272		
	Lin Ammons		

All claims and returned goods MUST be accompanied by this bill.

Rec'd By

Thank You

2232

TOTAL P.02