

6331 SARDIS RD

18914202

6/6/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = !DAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5928A DATE: 6/1/90

TC: 189.1402 ☒ L ☐ CRT

SERIAL № 13314

Name of Owner McAdams, JR. Charles R. Juris.:

Address of Property 6331 Sardis Rd

Inspection Data:

Tank Material 1

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 6/1/90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 990 Repair CTR# 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 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:

Judy A. Kiser R.S
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

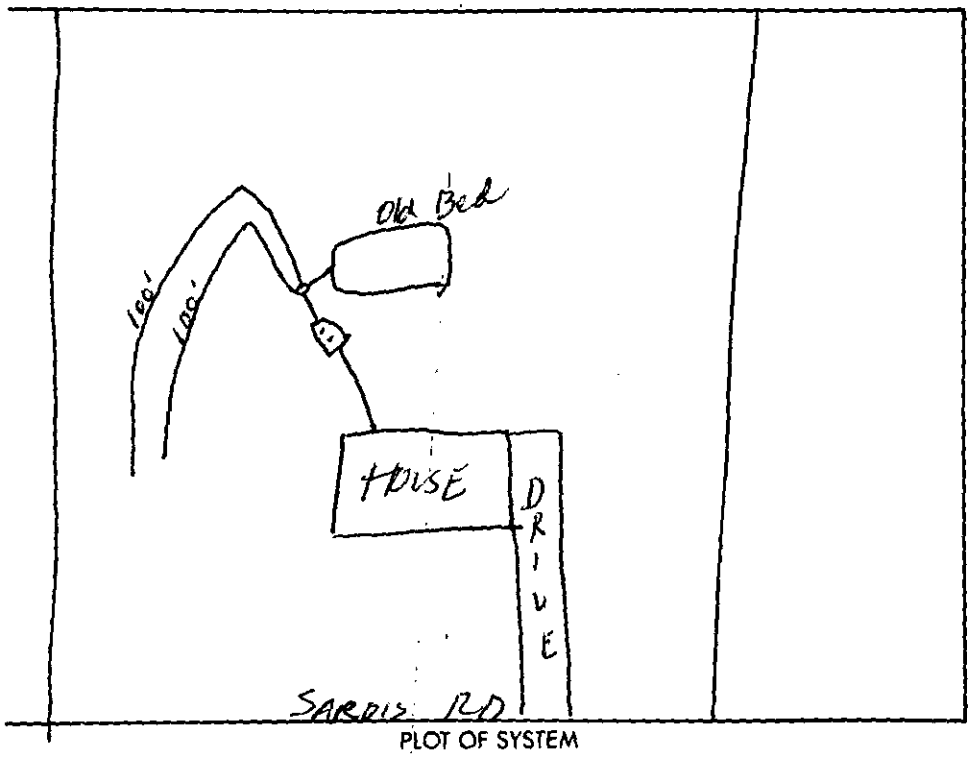
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5928A DATE: 5/16/90

TC: 189 142 02 ☐

SERIAL Nº 13249

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 July 19, 1989. All work shall be completed on or before 6/16/90, 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 200' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Charles R. McAdams Jr

LOCATION OF PROPERTY 6331 Sardis Rd

Comments: 2 Trenches x 100' long x 3' x 12" Stone
Keep lines shallow and on contour of land

Division or Section Head

Philo A. Walker
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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 8 1990
ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

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

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(OFFICE USE ONLY)
FILE: 5928A
TC:
SERIAL: № 20732

JOB LOCATION

① ADDRESS: 6331 Sardis Road (STREET NO. / STREET) Charlotte, N.C. 28226 ② FILE: None
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.: 18914202
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: Charles (FIRST) R. (MIDDLE) McAdams Jr. (LAST)
⑨ MAILING ADDRESS: 6331 Sardis Road
⑩ CITY: ~~Charlotte, N.C~~ ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) retired ⑭ (HOME) 704-366-3609

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly N/A
㉒ Number of bedrooms? 4
㉕ Type? N/A
㉓ Maximum occupancy? 2
㉖ Maximum number of employees? N/A
㉔ Basement? ☒ yes ☐ no
㉗ Maximum number of seats? N/A

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☒ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Charles R. McAdams Jr.
Date: May 2, 1990

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 5/2/90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Chan

PARCEL NUMBER 189-142-02

ASSIGNED ADDRESS 6331 Sandia Rd

EXISTING ADDRESS _____

PROJECT NAME _____ DIA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Improvement Permit

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUL 2 ...

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

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(OFFICE USE ONLY)
FILE: 5928A
TC: 18914202
SERIAL: No 18667

ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6331 Sardis Road. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 4.75Ac M 1166-677
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: Charles (FIRST) R. (MIDDLE) McAdams Jr (LAST)
⑨ MAILING ADDRESS: 6331 Sardis Road.
⑩ CITY: Charlotte. ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) Retired. ⑭ (HOME) 704- 366-3609

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit – Septic Tank.
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Septic Tank Repair.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly N/A
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well No problem.
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Charles R. McAdams Jr.
Date: July 19, 1985.

IMPROVEMENT PERMIT

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5928A WASPS App #: 3855

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit In Progress ☐ Installation Complete ☐ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☑	No ☐	N/A ☐	
Signed permit	Yes ☑	No ☐		
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☑
GW-1 / ~~GW-30~~	Yes ☑	No ☐		
Certificate of Completion	Yes ☐	No ☑		
Other related documentation	Yes ☐	No ☑	N/A ☐	

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☐
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Comments:

Application received date: _____ Well approval date: _____

Review performed by: [signature] Date performed: 4/2/09