

19905 DAVIDSON-CONCORD RD

00728105

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100 Pd 50 cert 6/14/99 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 3618B

PERSON FILING APPLICATION:
NAME: HERNAN (last) CARRASCO (first) B (mi)
ADDRESS: 19905 DAVIDSON PHONE: (704) 896 8609
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 6-4-99

PROPERTY OWNER:
NAME: HERNAN (last) CARRASCO (first) B (mi)
ADDRESS: 19905 DAVIDSON PHONE: (704) 896 8609
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-281-05
STREET ADDRESS: 19905 Davidson-Concord Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.38 AC

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) MASTER BEDROOM + BATH

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 3 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)
[X] Municipal (M) [] Other 'spring' (O)
[] 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 [] 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: Hernan Carrasco Date: 6-4-99

NOTICE:

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 by this Department.

...This permit is not transferable.

... O.K. to use existing system

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

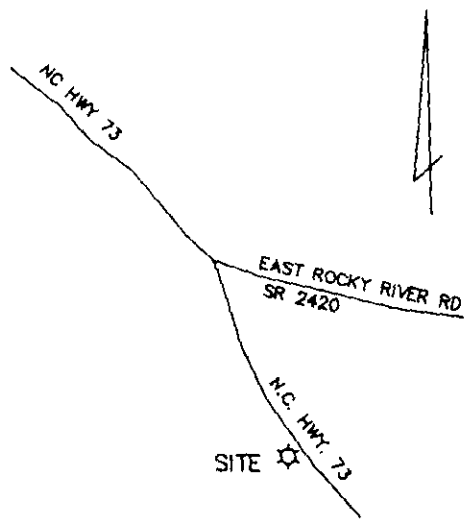
Jeff Knight 6/23/99
Environmentalist Date

WATER : 122791

3618B

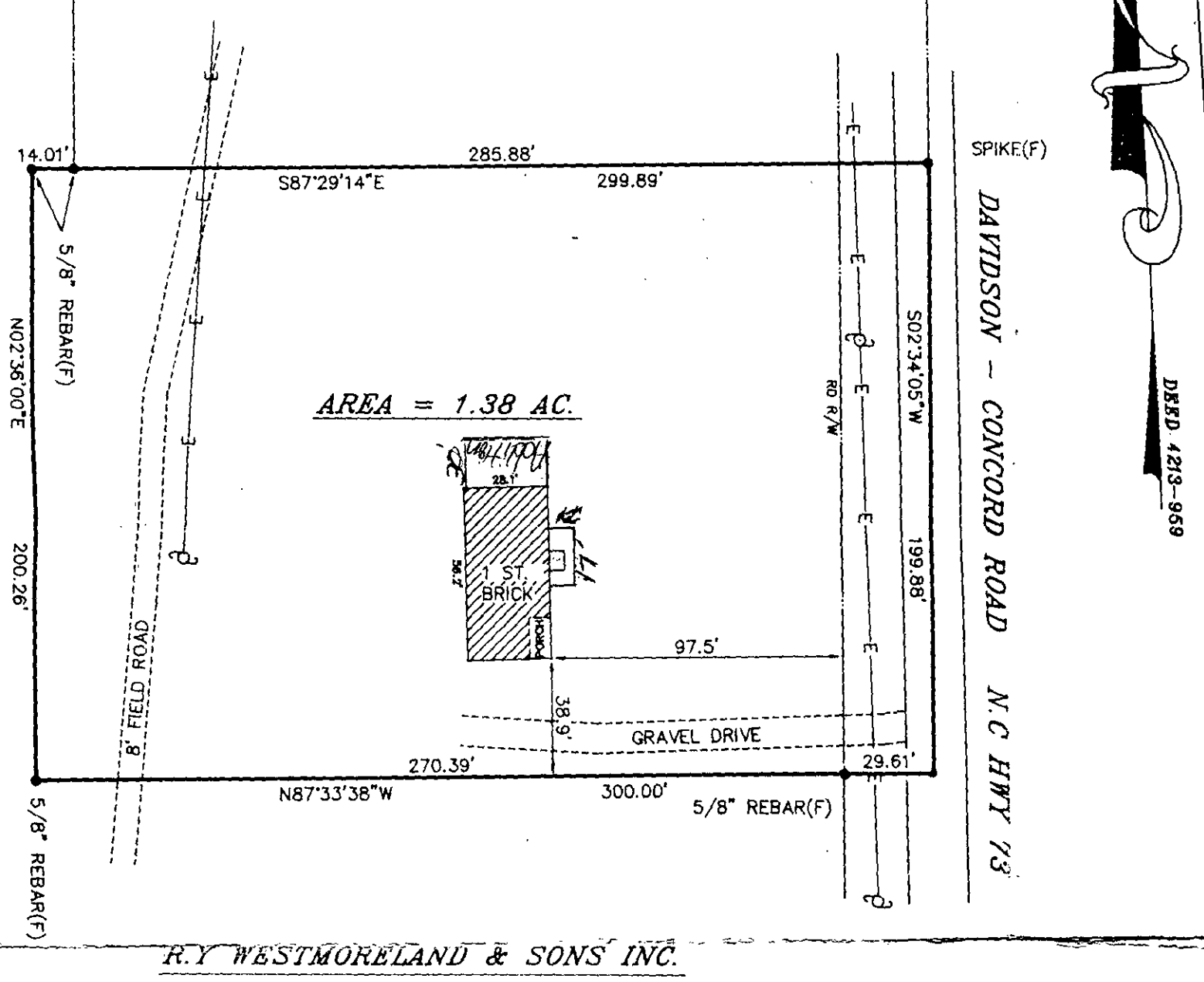
CBS Surveying & Mapping Inc.

2518 E. CHEROKEE ST.
BLACKSBURG, S.C. 29702 (803) 936-7056 (803) 839-3060
P. O. BOX 18156
CHARLOTTE, N.C. 28218-0156 (704) 536-0320



LOCATION MAP (NO SCALE)

JAMES W. HERRING
6839-105



R.Y WESTMORELAND & SONS INC.
3278-217 TR. 3

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ALL VALID AND ENFORCEABLE EASEMENTS RESTRICTIONS AND RIGHTS OF WAY OF RECORD
THIS STRUCTURE IS NOT LOCATED IN AN ESTABLISHED FLOOD ZONE

PHYSICAL SURVEY FOR:
HERNAN B. CARRASCO
& WIFE GUADALUPE CARRASCO
DEWEESE TOWNSHIP
MECKLENBURG COUNTY, N.C.
DATE OF SURVEY 12/10/93

NORTH CAROLINA
"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION RECORDED IN BOOK 4213 , PAGE 959 ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK , PAGE ; THAT THE RATIO OF PRECISION OF THE FIELD SURVEY IS 1: N/A , AS SHOWN AND THE AREA WAS DETERMINED BY COMPUTER. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 11th DAY OF DECEMBER A.D. 1993

TED M. BEVERLY
REG. LAND SURVEYOR

L-2605
REGISTRATION NUMBER

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 6/4/99

Name/Company: Meck City

Sanitation _____

Vector Control _____

IWWS ✓

Service: Addition

_____

_____

_____

Fee: $ 50.00 @ cost EHS

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Val Withers
Completed by

EHS
Collected by

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3618 B DATE: 5-21-98

TC: 007-281-05 ☒ L ☐ CRT

SERIAL Nº 17520

Name of Owner Hernan B. Carrasco Juris.:

Address of Property 19905 Davidson-Concord Road

Inspection Data:

Tank Material existing

Total Length of Drainfield approx 350'

Number of Lines 2 @ 100' 2 @ 75'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source 710'

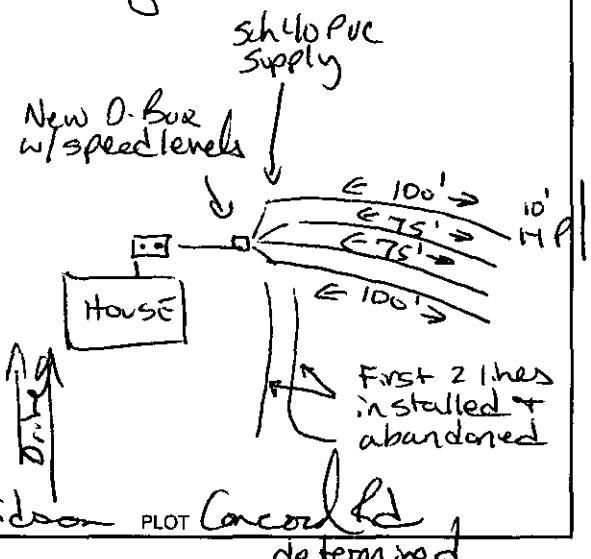
Excavation Inspected 5-21

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

5-19-98 made OSV - two trenches installed going into hillside - instructed Carrasco to cover these and start again.



Design 1998, CON, 1050 SF, T, 12G, Soil series not determined CTR# Owner

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: Type IIa 3 bedrooms

New O-Box (2) 3'W x 100'L + (2) 3'W x 75'L x 12" stone

Built 1968

Ronny B. Thompson, Jr., R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

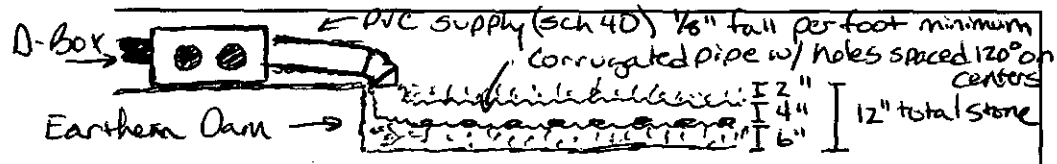
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3618 B DATE: 2-17-98

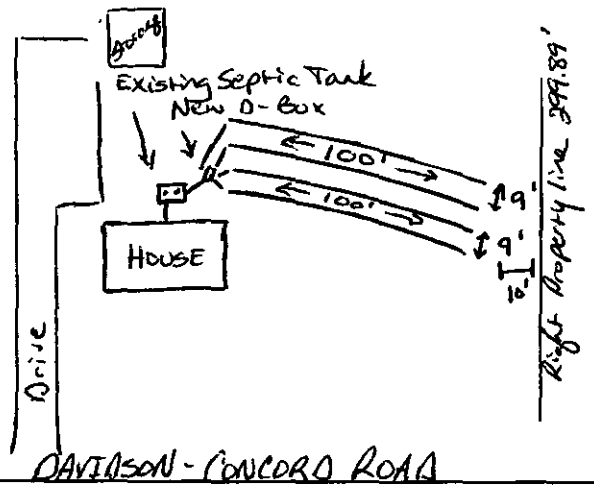
TC: 007-281-05

SERIAL Nº 17591

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 2-13-98. All work shall be completed on or before 5-13-98, 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.



- 6" cover minimum over drainline
- Trench bottoms level - maximum fall 1/4" per 10'



PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth ≤ 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

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

NAME OF OWNER Hernan B. Carrasco

LOCATION OF PROPERTY 19905 Davidson-Concord Road

Comments: Type II a repair 3 bedrooms
(4) 3'w x 100'l x 12" stone install at/or less than 3' deep

Larry B. Thompson, J., R.S.
Environmental Health Specialist

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

"REPAIR"

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

DATE: 2-17-98 PERMIT NO: 3618 B
PARCEL NO: 007-281-05

JOB LOCATION ADDRESS: 19905 Davidson-Concord Rd
PROPERTY OWNER: Hernan B. Carrasco
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr, R.S. DATE: 2-17-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3618 B, 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 conditions Of Improvement Permit

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.

Hernan B Carrasco 2 13 98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 3618B

Tax Number: 007-281-05

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 ___ 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)	
NO 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)	
3 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 system - install new D-Box with speed levels and pressure to (4) 3 bx 100' x 12" stone drainlines.				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ 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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth as shallow as possible	
For existing system, enter the year originally installed: > 30 years ago				

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 Sewage, 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 Improvement permit is transferable.

Larry B. Thompson Jr., R.S. 2-17-98
DEHNR Authorized Agent Date

Owner/Agent Signature 2 13 98
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

FEE: N/A Repair

DATE:

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

1 1 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 #: 3618 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-28.1-05

STREET ADDRESS: 19905 Davidson-Concord 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):

___ 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: 5

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)
✓ 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:

NAME: Carrasco Hernan B
(LAST) (FIRST) (MI)

ADDRESS: 19905 Davidson Concord Rd

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: 704 896-8609

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

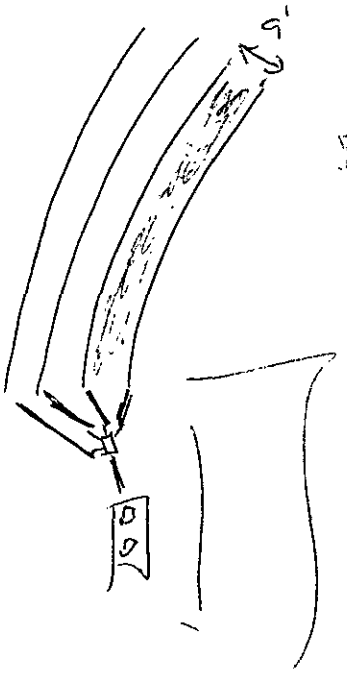
DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Approx 1968

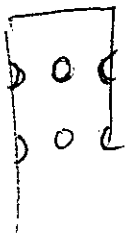
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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.

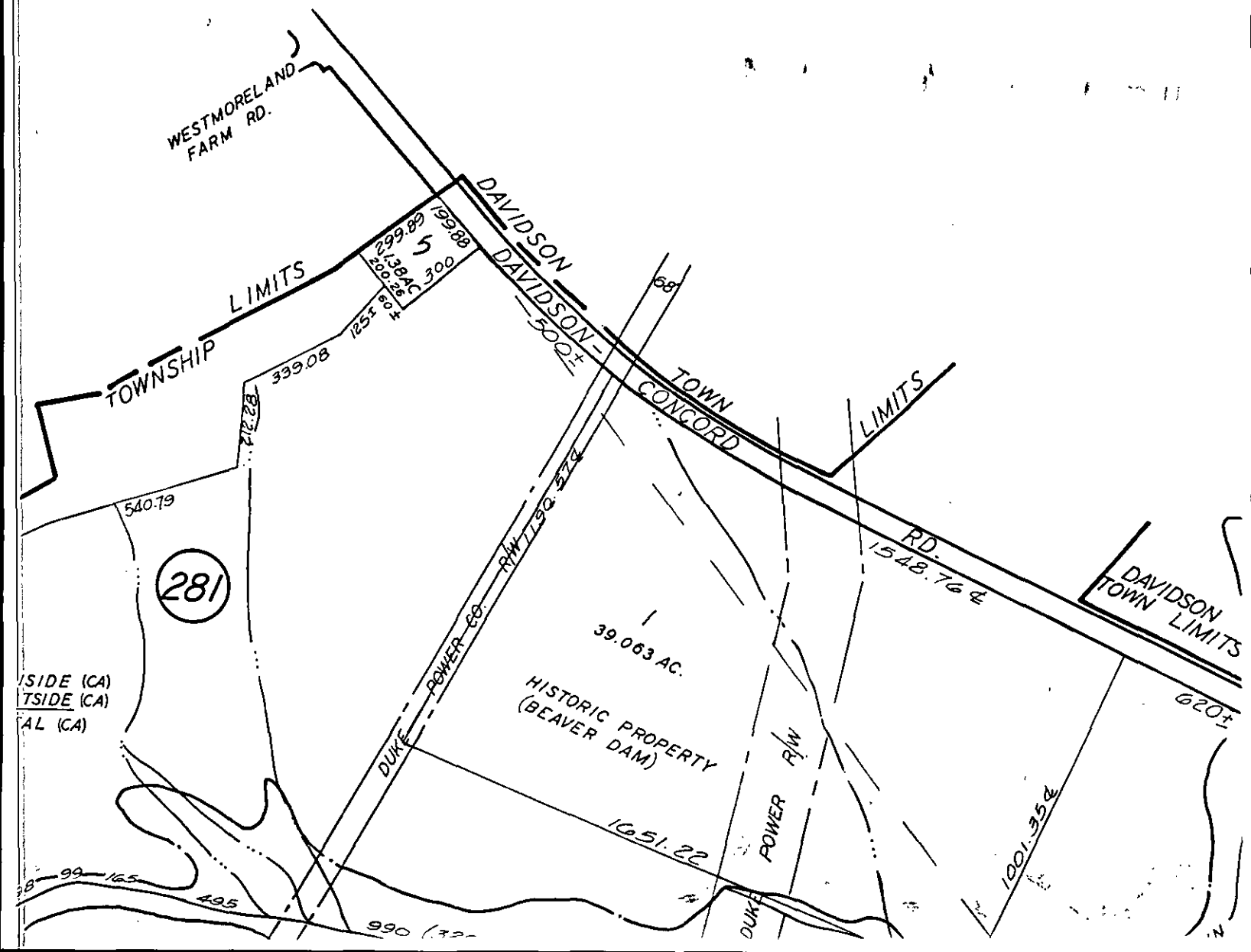
SIGNED: Hernan B Carrasco DATE: 2 13 98

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


9'


2"
4"
6"




WESTMORELAND FARM RD.
DAVIDSON
DAVIDSON
299.89
199.88
5
1.13 AC.
200.26
300
125± 90±
LIMITS
TOWNSHIP
339.08
212.28
540.79
281
500±
68'
TOWN
CONCORD
LIMITS
DUKE POWER CO. R/W 150.57±
RD.
1548.76±
DAVIDSON TOWN LIMITS
620±
39.063 AC.
HISTORIC PROPERTY
(BEAVER DAM)
POWER R/W
1651.22
1001.35±
DUKE
ISIDE (CA)
TSIDE (CA)
AL (CA)
99
165
495
990

pg 1 of 2

SERVICE REQUEST/WORK ORDER

Log No.: 3618B Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/18/95 Parcel: 007-281-05 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: File Notes Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Hernan Carrasco

Address 19905 Davidson-Concord Rd City Davidson Zip _____

SERVICE REQUESTED: _____

ASSIGNED TO: L. Mialik TAKEN BY: L. Mialik

DATE	ACTIVITY REPORT
8/18/95	Received phone call from Mrs. Carrasco. - stated her husband settled issue w/ Sue Bateman - they will remove washing machine + dishwasher. Advised Mrs. Carrasco to consult S. Bateman.
	Per S. Bateman - Carrasco's said they couldn't afford repair at this time + wanted to be in some sort of compliance with NOV; They will make sure all plumbing except washing machine is connected to septic tank system. He wants to remove washer + all plumbing associated with washer. They will call office when this is done.
~~9/5/95~~	~~OSV w/ J. Kiser. Mrs. Carrasco present.~~
8/28/95	OSV (Mr. + Mrs. Carrasco in office 8/28 am.) Mr Carrasco present. Observed ① straight-pipe; ② hot + cold faucets to washing machine removed + lines capped; ③ line from dishmachine (to inside washing machine drainpipe in wall) had been disconnected and capped at wall. Requested that dishmachine be plumbed to ST or plumbing under house be removed.

They wanted to just be in compliance so NOV would no longer be in effect. Owner advised that repair should be the way to resolve problem but property owner opted to remove straight pipes.

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

COMPLETED BY: _____ 9/19/95 JBM

REVIEWED BY: _____

SERVICE REQUEST/WORK ORDER

Date: 8/18/95 Log No.: 3618B

DATE	ACTIVITY REPORT
	Requested that plumbing under house for washer be removed. Mr Carrasco to call when work done
9/5/95	OSV w/ J. Kiser. Mrs. Carrusco present. Plumbing cut at one point under house, per J. Kiser, remove 10 feet of pipe, cap & cover OR remove.
9/5/95	PC w/ Mr Carrusco - advised to remove pipe or cut & cap.
9/19/95	OSV. Mr & Mrs. Carrusco present. Mr. Carrusco had cut discharge pipe in 3 places. (Per Mr. Carrusco - plans to install handicapped bathtub at washing machine location in house) Approval granted for storage building/shop without plumbing. JBR

11:00-1:30

3/28/95-OSR. (Mr+Mrs Carrasco in office a.m.) observed straight pipe from hot+cold faucets to washer removed faucets + capped lines installed trap disconnected to wash. drain disconnected & capped @ wall. Requested washer be plumbed to ST or plumb underhouse be removed underhouse remove plumber tape for washer to cease Carrasco to call when work done. is an repair permit for this one in your notebook.

File 3618B

7/18 per PC w/ Mrs Carrasco - her husband settled issue w/Sue - will remove washer o dish washer Advised - will consult Sue.
Said they couldn't afford repair at this time and wanted to be in some sort of compliance with SOV. They will make sure all plumbing except washing machine is connected to septic tank system. He wants to remove washer + all plumbing associated with washer. They will call office when this is done. SB

Carrasco

9/5 OSR w/ J. Kiser. Mrs Carrasco present

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Hernan Carrasco MAILING ADDRESS 19905 Davidson-Concord Rd, Davidson 2

OCCUPANT Same LOCATION Same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel: 007-281-05

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 336-5573 Lisa Mialik, R.S.

☒ 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) _____

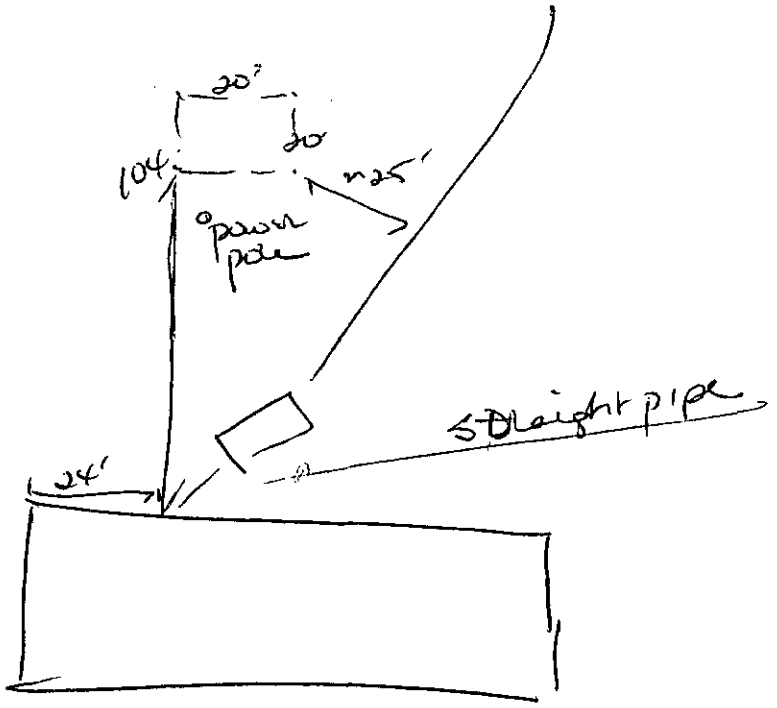
☐ Pit Privy must be repaired/constructed.

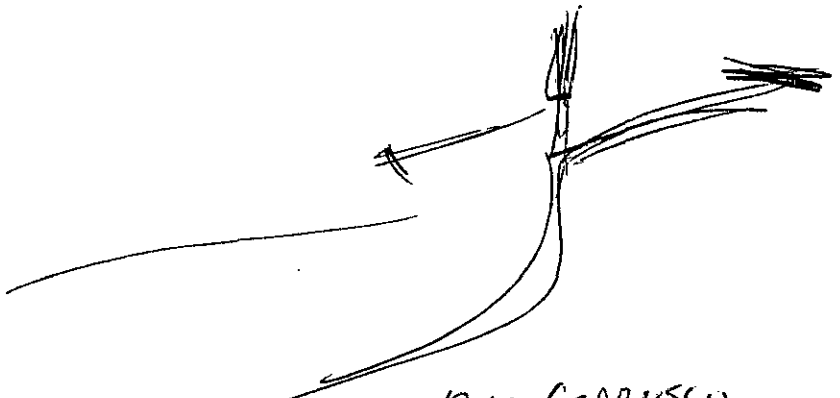
If the wastewater violation is not brought into compliance by September 18, 1995, appropriate legal action will be taken.

Notice Issued August 16, 1995 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

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





9/5/95 OSV w/J. Kiser. Mrs. Carrasco present. Plumbing cut @ pt under house. Per J. Kiser. - remove 10' of pipe, cap & cover.

9/6/95 PC w/Mr Carrasco - advised remove pipe or cut & cap. for

SW 50

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

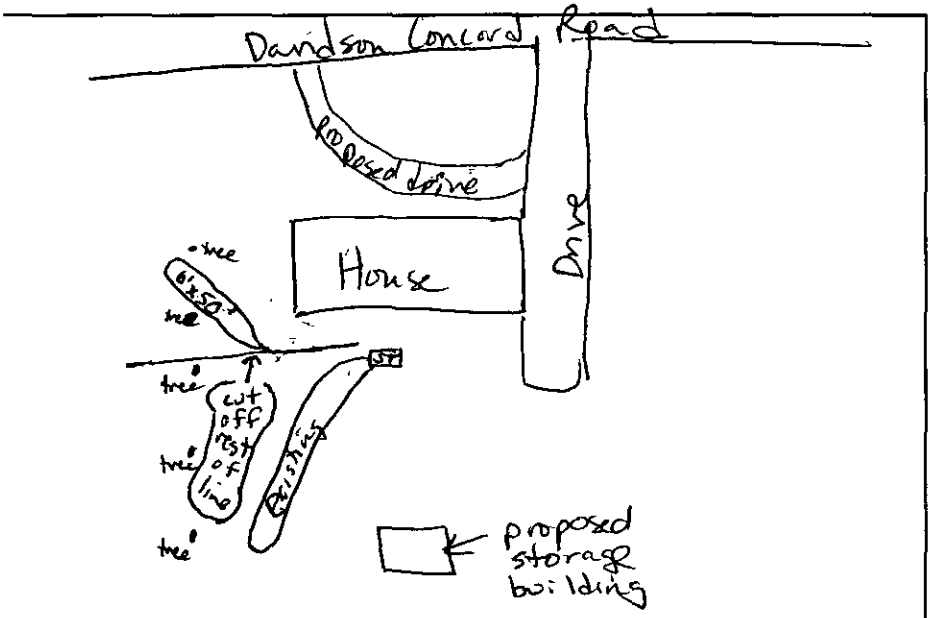
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3618 B DATE: 6-28-95

TC: 007-281-05 ☐ L

SERIAL Nº 16191

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 6-28-95. All work shall be completed *on or before* 7-28-95, 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 — gallons

Tank Construction —

Trench Depth Keep as shallow as possible (Keep at same depth as existing trench)

Absorption and/or Nitrification Lines:

Trench Width 6'x50' feet

Trench Walls Scored and Porous —

Total Line Length 100' feet

Number of Lines 2 at 50' each

Depth of Stone 18" inches

Distance from House 5' min. feet

Distance from Property Line 10' min feet

Distance from Well Keep min 10' from any water line & min. 50' from any well. feet

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

NAME OF OWNER Hernan Carrasco

LOCATION OF PROPERTY 19905 Davidson-Concord Rd.

Comments: Be sure dish washer is plumbed to septic tank. Attach new drain field onto existing field & cut off (disconnect) the rest of the old trenches. Install 2 pipes through bed. Advised property owner of soil conditions before issuing permit. Owner requested repair.

Susan Patterson
Environmental Health Specialist

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

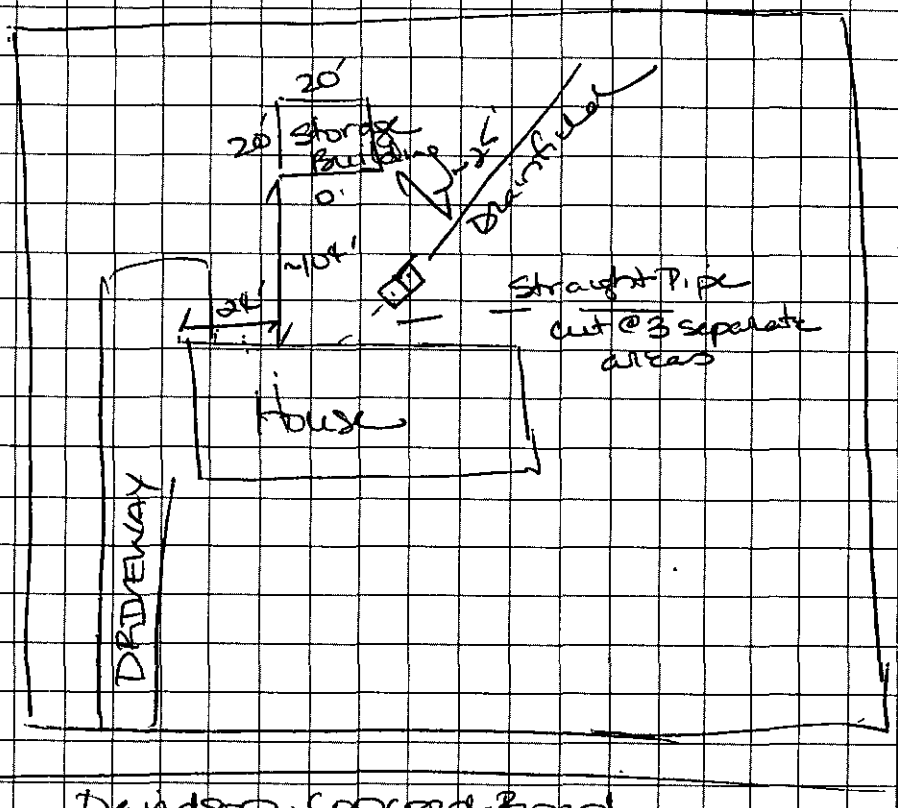
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3618B

TC: 007-281-05

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.



(3) Owner elected to cap water lines to clothes washer, cut plumbing beneath house, cut discharge PIPE to (3 areas) (complete) (removal) to discharge point Northeast of house. Install washing machine hook up. Owner understands that washing machine will not be used until approved plans to install (handicap) bathtub at existing washing machine site.

COMMENTS:

(1) Use existing system for storage building/shop without plumbing (No plumbing fixtures).

(2) Owner elected not to plumb dishmachine to septic tank. Disconnected/cut plumbing under house - capped discharge line inside house. Will NOT utilize dishwasher.

Thomas B Carmichael 9.19.95
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE ~~9/19/95~~ for Joan B. Mialik
9/19/95

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

3618B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Cash 487 $50.00 06/21/95 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

Date:

PERSON FILING APPLICATION:
NAME: Carrasco, Hernan
(last) (first) (mi)
ADDRESS: 19905 Davidson-Concord Rd PHONE: (704) 896-8609
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-281-05
STREET ADDRESS: 19905 Davidson-Concord Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 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)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (Z) Storage Room / Circular Drive
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ 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: 3 NUMBER OCCUPANTS: 4

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)
☐ 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 ☐ 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: Mr. Hernan Carrasco Date: 6/21/95

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.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Use existing system for storage building - NO PLUMBING; plumbing disconnected from washing machine & dishmachine - see file notes & plot plan dated 9/19/95 JBM

Lisa B. Mialik, RS 9/19/95
Environmentalist Date

for S. Daniel Program Chief 9-26-95
Director or Authorized Section Head Date

WATER : 22791

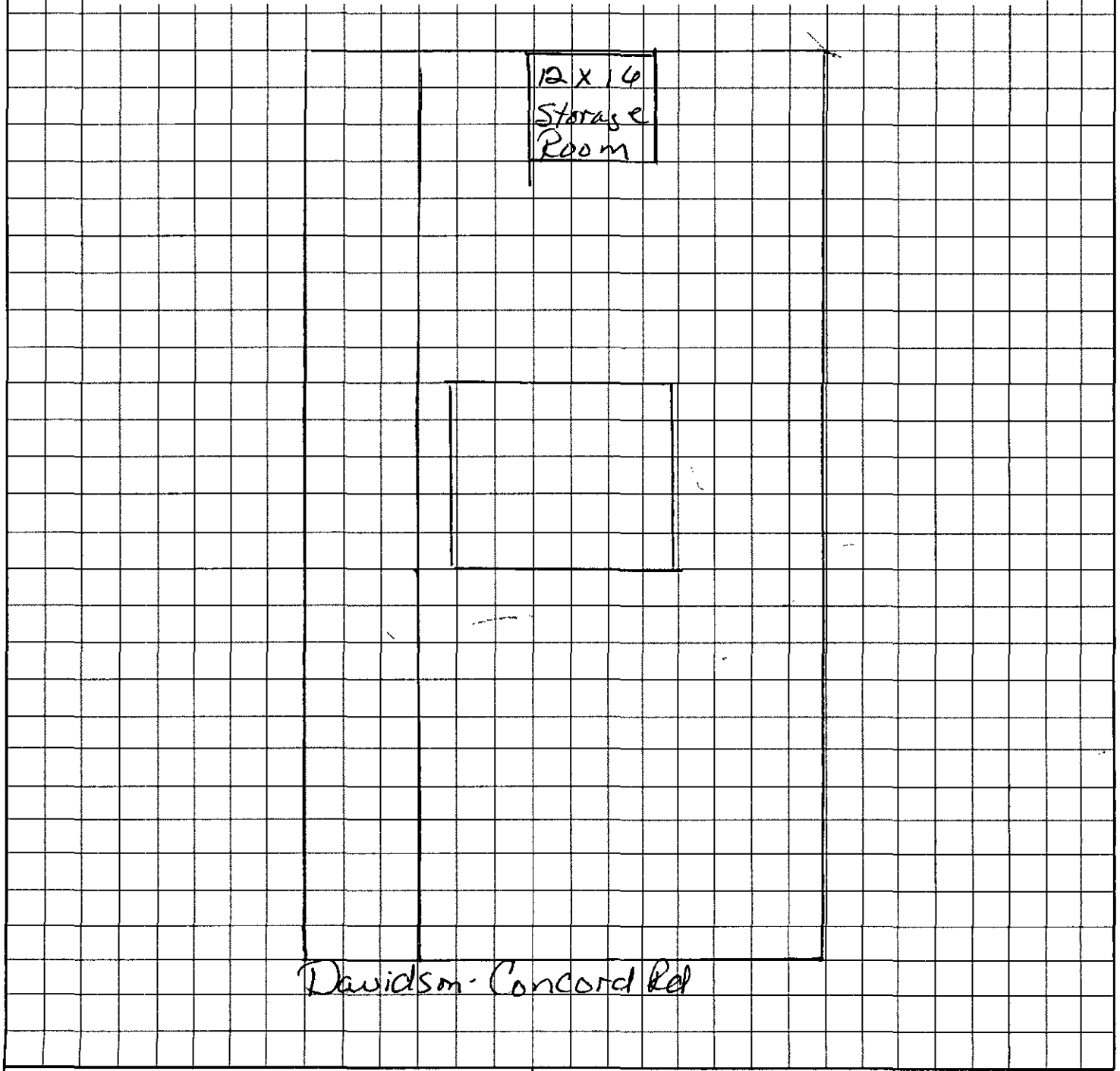
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3618B

TC: 007-281-05

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

DATE

APPROVAL DATE

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4450

~~CRT~~

3618B

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: Carrasco, Hernan (last) (first) (mi)

ADDRESS: 19905 Davidson-Concord Rd PHONE: (704) 8968609

CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 6-28-95

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-281-05

STREET ADDRESS: 19905 Davidson-Concord Rd

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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: Mrs Hernan Carrasco Date: 6/28/95

NOTICE:

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 by this Department.

...This permit is not transferable.

... Repair permit issued

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

Susan Gutenson LS 6-28-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791