

4001 VOYAGER RD

11317201

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

SERVICE REQUEST/WORK ORDER Rd. # 4914B

Log No.: 21706/21 Section: LWS Hazard? ( ) yes ( ) no

Date: 3/14/02 Parcel: 113-172-01

REQUESTING PERSON: Marcia Harris-Wilson (owner of trailer at this address for 8 yrs) Phone 392-7476

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name W.K Mauney — owner of Land P.O. Box 1279, Kings Mtn. NC 28086

Address 4001 Voyager Rd City Char Zip 28214

SERVICE REQUESTED: Marcia found out there is no septic system at this add. (no cmud) sewage is piling up under the house

ASSIGNED TO: Brandon TAKEN BY: Ruby

DATE	ACTIVITY REPORT
03/15 BWS	Recieved
03/18 BWS 12:17	OSV NOP, Did not smell or see any evidence of sewage. Will try again.
3/19/02 11:18 BWS	OSV NOP left Green Hanger on Door nob. Asking to call me. I will Ask Kelly about this one.
3/20/02 BWS 10:15	Phone Call to 392-7476 phone has been disconected.
	P/C From Gary Bradley asking to meet me onsite to review the Problem. We will meet 3:00 on 3/21. Found failing SS issued a repair report.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

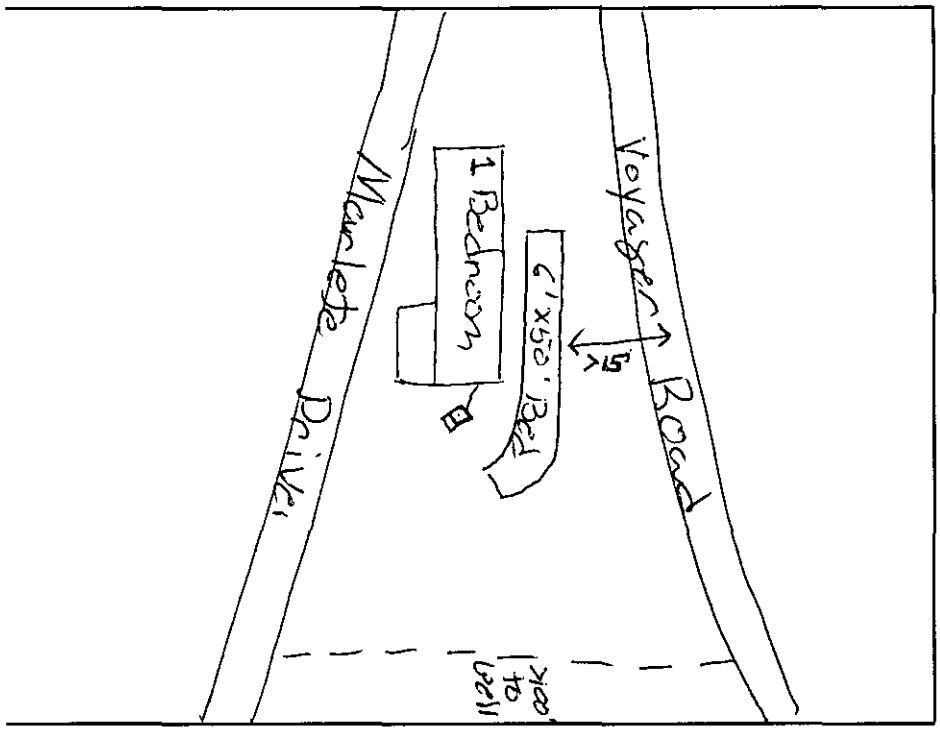
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4914B DATE: 03/21/02

TC: 113172-01 ☒ L

SERIAL Nº 18902

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 03/21/02. All work shall be completed on or before 4/21/02, 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 N/A gallons

Tank Construction existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed
Trench Width 6 feet

Trench Walls Scored and Porous Yes

Bed
Total Line Length 100 feet

Bed
Number of Lines 2 @ 50'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER ~~Monroe~~ ~~Rachel~~ William Mauney

LOCATION OF PROPERTY 4001 Voyager Rd

Comments: Repair with Bed 6' x 50'. Trailor is one bed room. Keep all parts of Septic system >100' from well.

Brandon Sams B.S.I
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4914B DATE: 03/22/02

TC: 113.172. ☒ L ☐ CRT

SERIAL Nº 18873

Name of Owner William Mauney Juris.: _____

Address of Property 4001 Voyager Road

Inspection Data:

Tank Material existing

Total Length of Drainfield Bed 60'

Number of Lines Bed 9' @ 20'

Cover Depth 18"

Water Supply Source Well

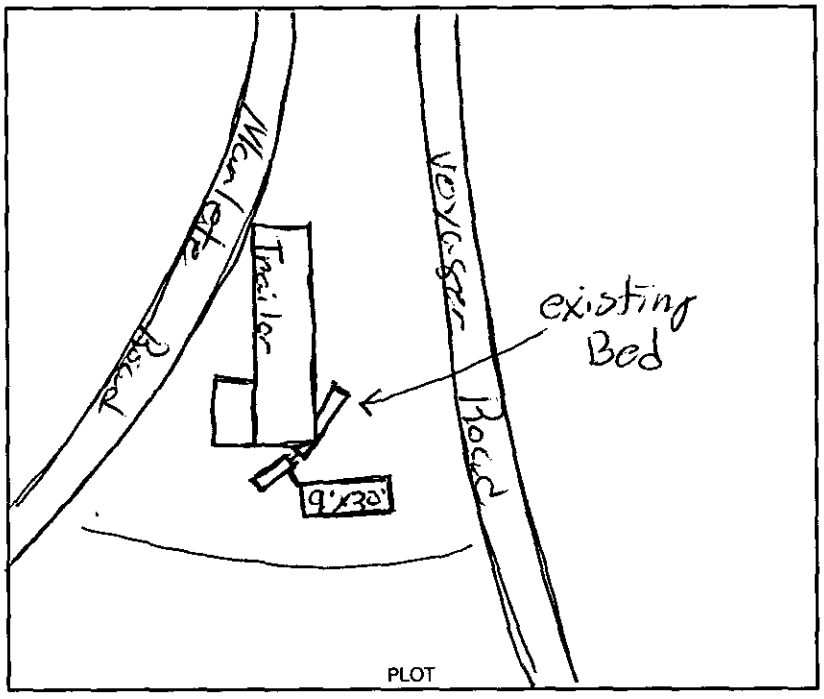
Distance to Water Source >100'

Excavation Inspected 03/22/02

Tank(s) Inspected existing

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2002, Type II, Bed, 9'x20', 24" Stone CTR# C Bradley

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: Soil is cecil, LTAR .3

Brenda Sway RST
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

REPAIR

[ ] CRT

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

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

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 4001 Voyager Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Berryhill

LOT NUMBER: 33A

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:

NUMBER OF OCCUPANTS:

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Mauney William K. Jr. (LAST) (FIRST) (MI)	NAME: Morrow Rachel B. (LAST) (FIRST) (MI)
ADDRESS: P.O. Box 1279	DAYTIME PHONE: 704 392-7666
CITY: Kings Mountain, STATE: N.C. ZIP: 28086	
DAYTIME PHONE: ( ) —	

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: 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