

9619 WOODLAND CR

02510609

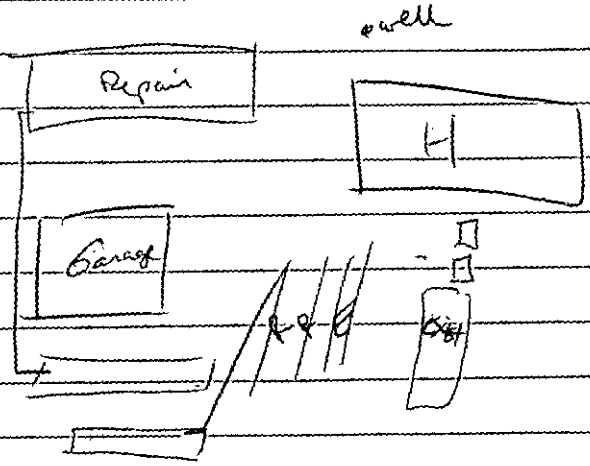
4/11/08

marliwr

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

week after

Pam Wilson - Dennis Joy



not Tuesday
not Friday

sand lined trench

sand

el, ≈ 2-2½' cover

30/30 Sept

Pam Wilson -
393 3064

M

393-3064
Pam Wilson

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 352-A DATE: 4-3-95

TC: 025/106-09 ☐ L ☐ CRT

SERIAL Nº 16213

Name of Owner ANNIE RABORN Juris.: _____

Address of Property 9619 WOODLAND CIRCLE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100/375

Number of Lines 7 Total @ 2 ft. M.L.

Cover Depth 18"

Water Supply Source well

Distance to Water Source _____

Excavation Inspected 4-3-95

Tank(s) Inspected 4-3-95

Wash Line Inspected 4-3-95

High Water Alarm Inspected 4-3-95

PLOT

Design 1995 REPAIR CTR# DENNIS JOYE

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 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: _____

for Sylvia Higgins Bunzey, 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

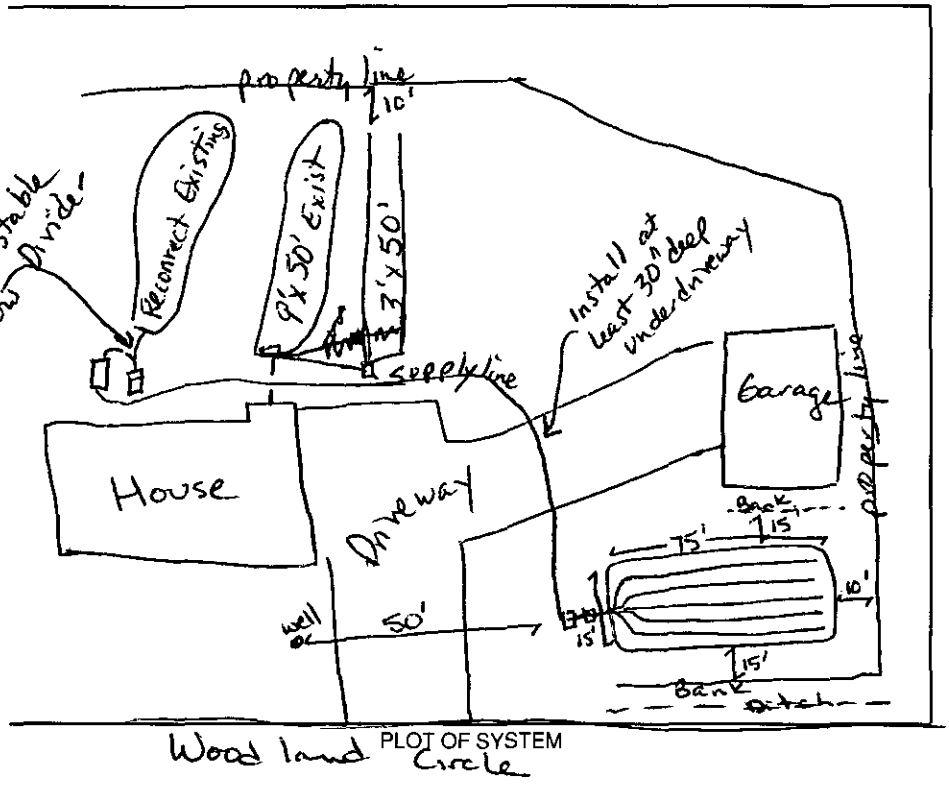
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 352A DATE: 3-23-95

TC: 025-106-09 ☐ L

SERIAL Nº 16401

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 3-16-95. All work shall be completed on or before 4-23-95, 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.



Wood land Circle PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 2'-2½' cover

Absorption and/or Nitrification Lines:

Trench Width 2 at 3'x50' and 5 lines in 15'x75' bed feet

Trench Walls Scored and Porous yes

Total Line Length 100' + 375' feet

Number of Lines 2 + 5

Depth of Stone 18" stone, 6" sand inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

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

NAME OF OWNER Annie Raborn

LOCATION OF PROPERTY 9619 Woodland Circle

Comments: Add additional field as shown for washer drainfield. Adjustable flow divider to feed ⅓ to existing system and ⅔ to new drainfield.

Advised property owner of soil conditions and property owner requested repair.

Maggie Bunn, RS
for Sylvia Abril

Environmental Health Specialist

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

352A

Raboin Annie H
805 N Hillside Dr 803-280-4124
North Myrtle Beach SC 29582

3/16/95

Lot 13+14 BK 13 Map Book 15 Page 271
025-106-07

Raboin Annie H.
9619 Woodland Cir 803 280-4124
9619 Woodland Charlotte NC 28216
Circle Charlotte, NC
28216

Mecklenburg County

4 5

N/A

Annie L Raboin 3/16/95

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 352-A DATE: 5/31/91

TC: 025 106 09 ~~A~~ L ☐ CRT

SERIAL № 12331

Name of Owner Walter C. Raborn Juris.:

Address of Property 9619 Woodland Circle

Inspection Data:

Tank Material PCC w-box

Total Length of Drainfield 150'

Number of Lines 3 @ 50'

Cover Depth 12" +

Water Supply Source P/well

Distance to Water Source >50'

Excavation Inspected

Tank(s) Inspected w-bx. D-bx

Wash Line Inspected Y

High Water Alarm Inspected

PLOT

Design: Alter 1991 Repair CTR# 202

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: Altered & repaired as permitted.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

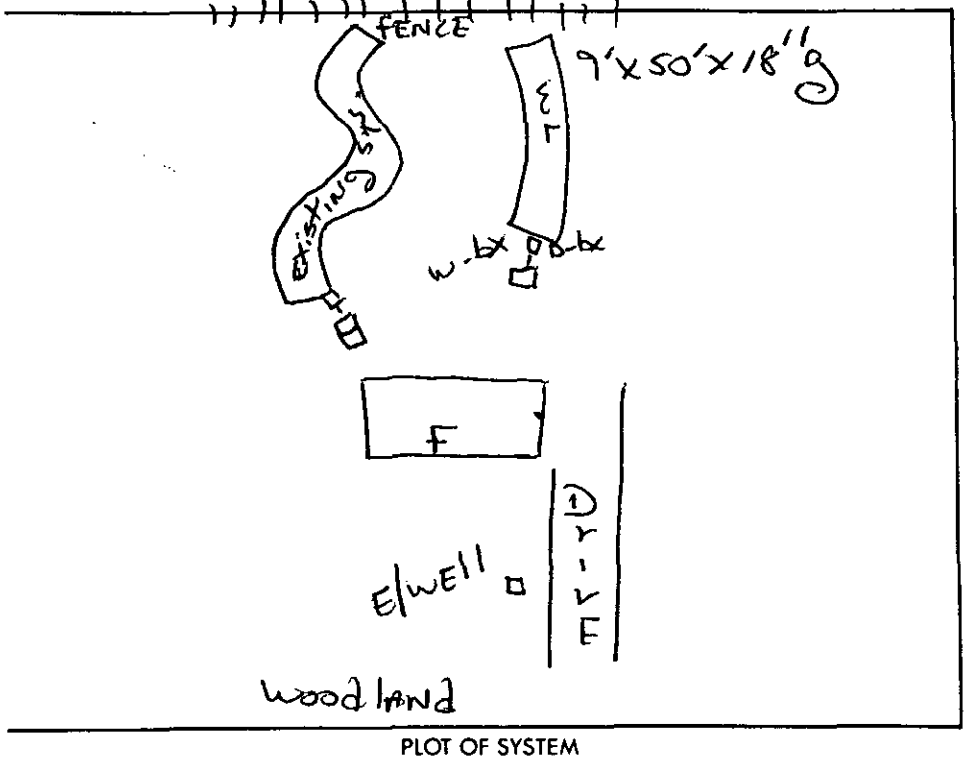
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 352-A DATE: 5/24/91

TC: 025 106 09 L

SERIAL Nº 15055

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 3/8/91. All work shall be completed on or before 6/24/91 VD, 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 Washer box PVC

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Total Line Length 150' feet

Number of Lines (3) 50'

Depth of Stone 18" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Walter C. Raborn

LOCATION OF PROPERTY 9619 Woodland Circle

Comments: Add (1) 9'x50'x18"g Washer line. Excavate old existing WL tile. Add 75gal. W-bx & D-bx. D-bx to feed WL.

Division or Section Head

Tim Whittaker, R.S.
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.

lot 13 & 14 were combined.

PROPOSED PLOT PLAN

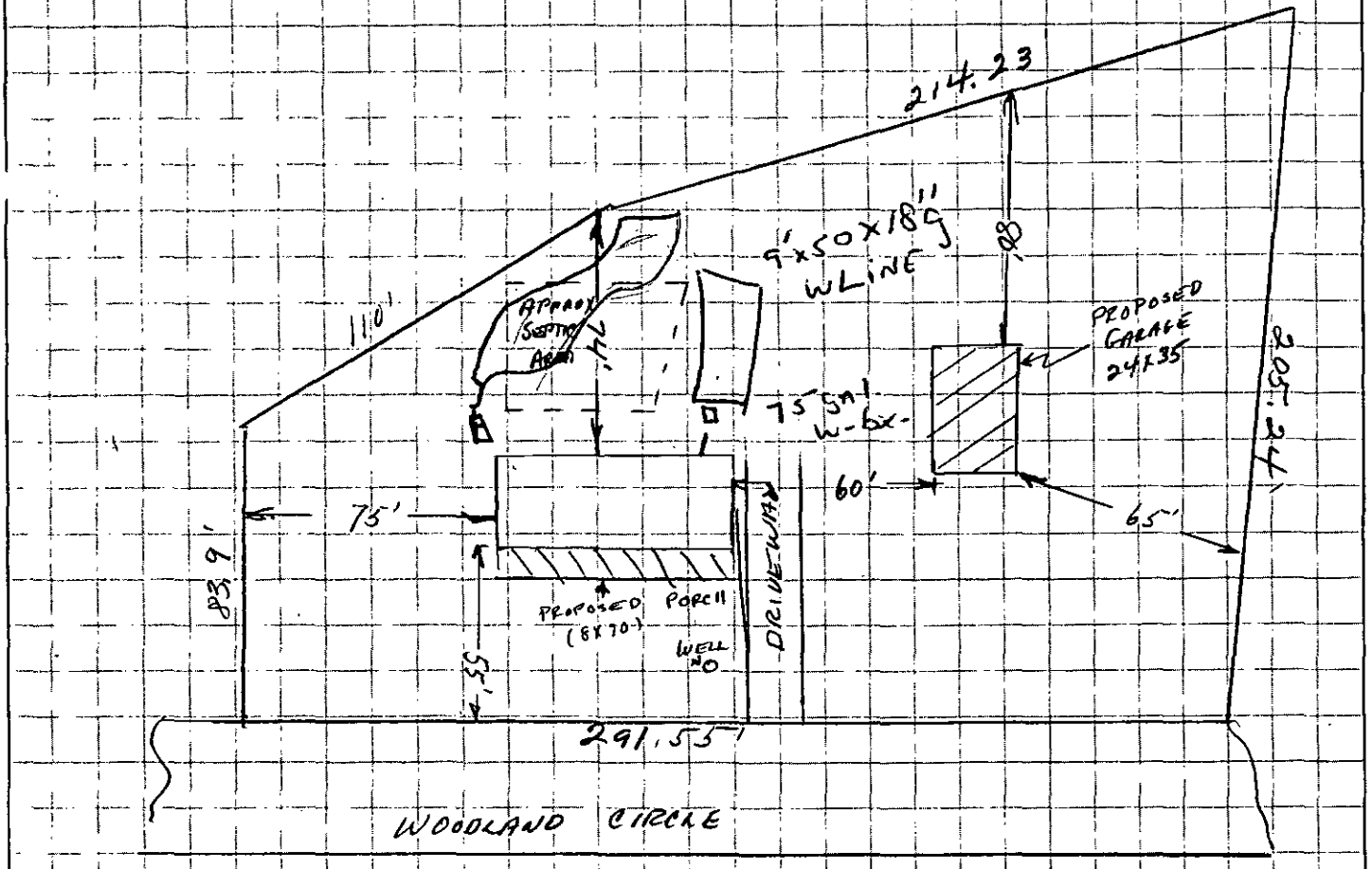
352-A
325 A

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

FILE:

TC: 025-106-09

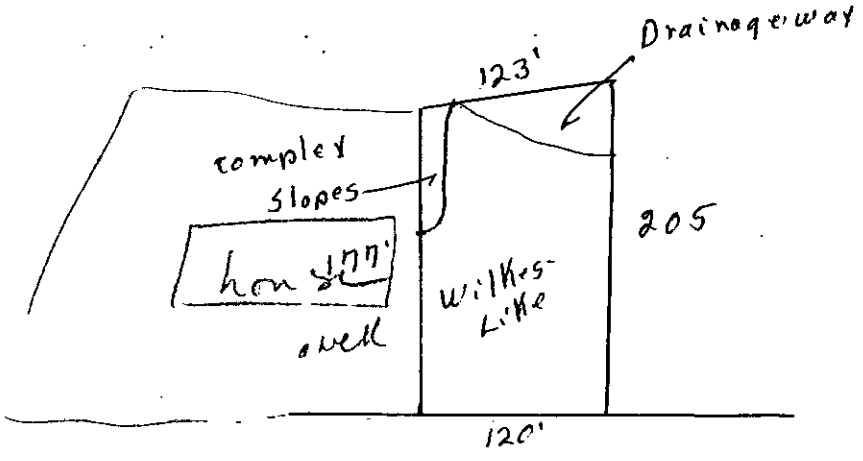
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE T.W. 3/19/91

use existing sys. add WL, 2nd story, Porch, Detached Garage.

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



This is 1 lot now

not 2

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 352-A

T.C. NO. PO 025-106-09 L

(Ground Absorption Sewage Disposal)

OWNER: Billy H. Jordan
ADDRESS: 9619 Woodland Cir. Charlotte, N.C. 28216
PLAT NO: Lot 13-B
LOT SIZE: .53
LOCATION OF SITE: ~~Charlotte, NC~~ E. Woodland Cr.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-10% U	S PS (U) complex slopes	S PS — U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS 2-1 Clay (U)	S PS — U	S PS — U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S weak (PS) Blocky U	S PS — U	S PS — U	S PS U
4. SOIL DEPTH (inches)	S PS 15-24" (U)	S PS — U	S PS — U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS < 36" To Saprolite (U)	S PS — U	S PS — U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 24-36" To ground water U	S PS collect & channel runoff (U)	S Drainage- PS way (U) Depression	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVB	—	—	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Wilkes Like	complex slopes	Drainageway- Depression	

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William A. Martin
Title: Soil Scientist

Date: 6-4-85

31

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

June 5th, 1985

Billy H. Jordan
9619 Woodland Cr.
Charlotte, NC 28216

RE: Property located at 9707 Woodland Cr. L13 BB
FILE: 352A
PARCEL: 02510609

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

check CMUD sewer for
this one + Catawba Rd.

All forms, letters, etc

Copies

for Tues.

Hennerance R+E