

6532 SHAFTESBURY RD

21337227

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

October 14, 1994

Betty S. Snow, R.N., M.A.
Health Director

Daniel A. Nelson
6532 Shaftsbury Lane
Charlotte, North Carolina 28270-2839

Mr. Nelson:

Receipt of your application for Improvement Permit to repair your existing sewage waste disposal system is hereby acknowledged. Upon receipt of your request a review was made of the material on file and a site evaluation was conducted. The request was then reviewed in conjunction with provisions of 15NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are as follows:

- Our records indicate two (2) repairs have been made to the sewage disposal system. On December 30, 1985 a repair of one hundred-thirty feet (130') of nitrification field line was added for the washing machine system and on June 6, 1986 a repair of four hundred (400') linear feet of nitrification field lines were added to the existing septic system field.
- A soil boring was conducted in the area you indicated as the only available site for a repair. This boring revealed that the soils contained heavy 2:1 clays that shrink and swell when dried and wetted. Soils containing 2:1 clay or expansive clay mineralogy are classified as unsuitable for drainage and therefore are not recommended as potential soil sites in which to install sewage nitrification lines.
- At the time of the site visit, I did not see any evidence of a failure at the septic nitrification field area; however, in the area where the washing machine field is located, I observed a wet area which may indicate a potential problem when the washer is in use. This should be monitored and appropriate measures taken if a failure is evident.
- I have confirmed that the Charlottte-Mecklenburg Utility Department has a municipal sewer line in the street at the front of your property.

It is the recommendation of this Department that the house be tied into the municipal sewer line in lieu of attempting additional repairs to the system.

If you have any questions regarding these matters, please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

JK

Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

1282A

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: Nelson (last) Daniel (first) A (mi)
ADDRESS: 6532 Shaftsbury Ln PHONE: (704) 366-8362
CITY: Charlotte STATE: NC ZIPCODE: 28270-2839

Date:

PROPERTY OWNER:
NAME: Nelson (last) Daniel (first) A (mi)
ADDRESS: 6532 Shaftsbury Ln PHONE: (704) 366-8362
CITY: Charlotte STATE: NC ZIPCODE: 28270-2839

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER 213-072-28
STREET ADDRESS: 6532 Shaftsbury Ln
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: 213-372-27 LOT SIZE (in acres): 3.7

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ 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 (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (N) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION: Septic System

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: David A. Nelson Date: September 19, 1994

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

C of A-(s) No. 1282-A

Date Issued 6-2-86 Serial 8617 T. C. No 213-372-27

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Hart (LAST) Dary (FIRST) (MIDDLE)

Location of Property 6532 Shaftsbury Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank repair/septic Tank Material

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 21"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 6-2-86 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6-2-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

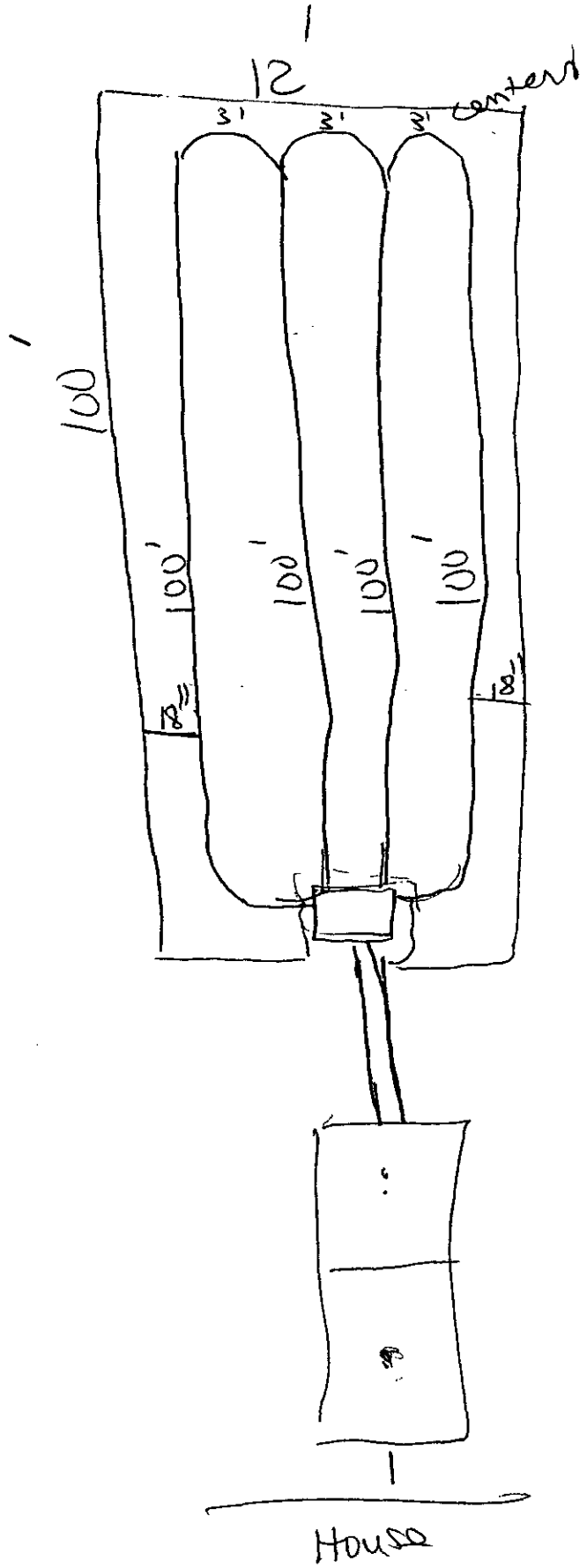
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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: 1986 repair - septic

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy


12'
3'
3'
3'
center
100'
100'
100'
100'
100'
18"
18"
House

Date Issued 12-30-85

Serial No. 08802

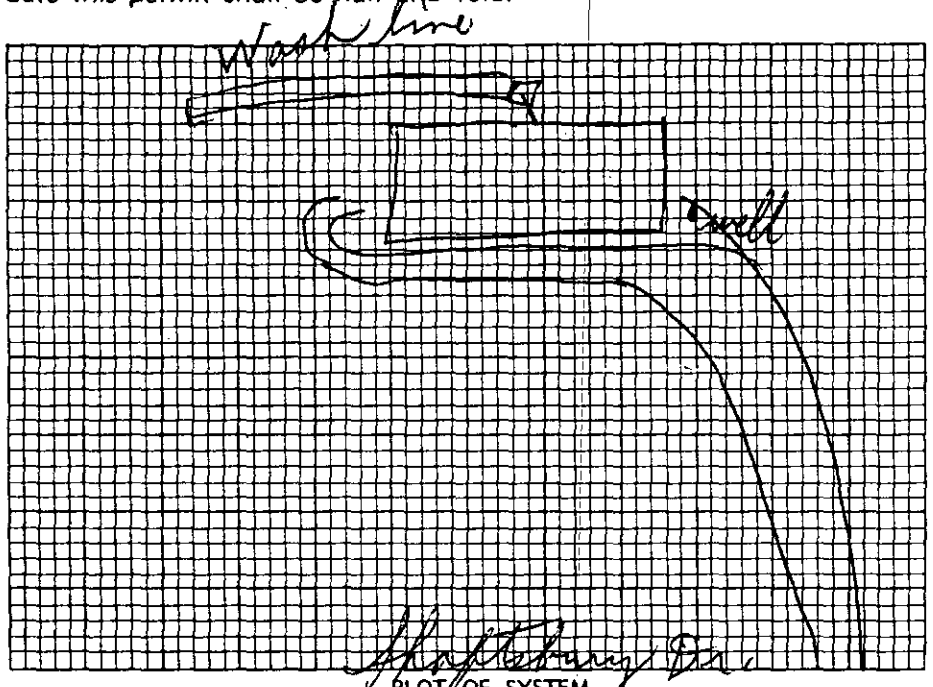
ICAR (S) Permit No. 1282-A

T. C. No. 213-372-27

Map Date ✓

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 X 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 application 1282-A, dated 12-20-85 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate repair/Wash

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 130'

Number of Lines 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well > 50'

NAME OF OWNER Jules Corey

LOCATION OF PROPERTY 6532 Shaftsbury 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.

~~X~~ 1 bed 6'X65'X12" stone

Comments: _____

Division or Section Head

B. R. Ferguson
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 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-5-76

Environmental Health Department's Copy

At yr req. a visit was made to your property for the purpose of issuing a repair permit to repair the existing Sept. system

Left on Shaftsbury

6532 Shaftsbury — Jean Davis ~~Cook~~ ABAY

House Vacant 6 - 8 mos —

1986 enlarged drainfield for 5 BR Septic

