

421 W. TREMONT AV.

11906106

5/21/08

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

Mecklenburg County
Health Department

January 5, 1994

Mr. Steve Lit
Transit Express
421 W. Tremont Avenue
Charlotte, NC 28203

Dear Mr. Lit:

Re: 421 W. Tremont Avenue
File: 3343 (tax parcel 119-061-06)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sanitary Sewage Collection Treatment and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

I made a final inspection on 12-30-94. At that time, the electrical connections were not in an approved NEMA 4X Box. The conductors were not conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits. These corrections need to be done immediately to final the repair.

I also noted that gravel had been placed over the end of the new drainfield. There shall be no driving over any part of the drainfield. This can cause a pre-mature failure of your system and, as you are aware, there are no further repairs available to you. Further violations would require connections to C.M.U.D.

The gutters had not been diverted away from the drainfield, especially the one adjacent to the existing septic tank. This gutter needs to be repaired and turned away from the septic tank.

Please call me at 336-5572 to discuss any question you may have concerning this matter.

Sincerely,

Toni H. Bunney, R.S.
Individual Water and Wastewater Systems

TB:gf

Mecklenburg County
Health Department

January 15, 1993

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

STEVE Lt
Mr. ~~James M. Williams~~
~~P.O. Box 748~~ TRANSIT EXPRESS
Cornelius, NC 28031 421 W. TREMONT AVE.
CHARLOTTE NC
Re: ~~16521 Belle Isle Drive~~ 421 W TREMONT AVE.
File: ~~12594~~ (tax parcel ~~001-312-51~~)
3343 119-061-06

Dear Mr. Williams:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

I made a final inspection on 12-30-94. At that time, the electrical connections were not in ~~an~~ an approved NEMA 4X BOX. The conductors were not conveyed to the disconnect enclosure through water proof, gas proof, and corrosion-resistant conduits. Those corrections need to be done immediately to final the repair.

7... North ... Carolina 28202 12...

(SEE other side)

I also noted that gravel had been placed over the end of the new drainfield. There shall be no driving over ~~any~~ part of ~~the old bed~~ drainfield. This can cause a pre-mature failure of your system and, ~~the~~ as you are aware, there are no further repairs available to you. Further violations would require Corrections to CMUD.

The gutters had not been diverted away from the drainfield, especially the one adjacent to the existing septic tank. This gutter needs to be repaired and turned away from the septic tank.

Please call me at 336-5572 to discuss any question you may have concerning this matter.

Sincerely,

Tom & Bunny

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

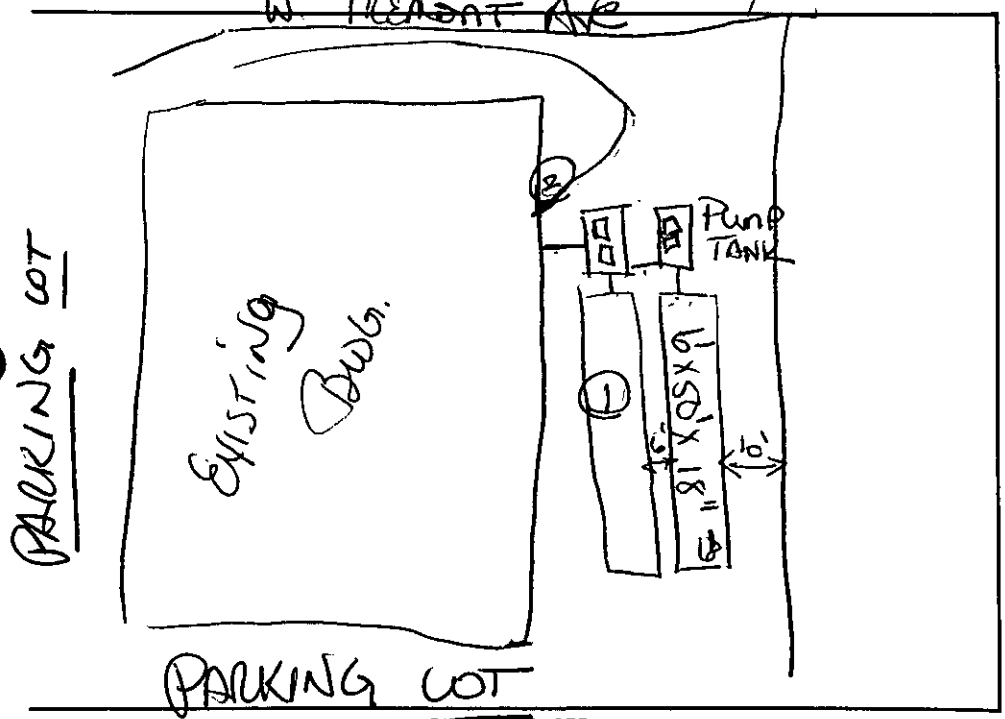
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3343 DATE: 11-28-94

TC: 119-061-06 ☐ L

SERIAL Nº 13927

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 10-17-94. All work shall be completed on or before 12-8-94, 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 ~~Dec~~ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 50 feet

Number of Lines 2

Depth of Stone 18 inches

Distance from ~~House~~ BUSINESS 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

NAME OF OWNER Transit Express, Inc

LOCATION OF PROPERTY 421 W. Tremont Ave.

Comments: (1) Bring in soil to build up low area. (2) Divert gutter drain off roof. (3) Soil depth shall be checked to determine if gravity flow will be established. This is last repair ~~Dec~~ that can be done on this site.

Division or Section Head

Environmentalist

- Further violation will require connection to Area

* 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3343 DATE: 12-8-94

TC: 119-061-06 ☐ L ☐ CRT

SERIAL Nº 14393

Name of Owner TRANSIT EXPRESS, INC. Juris.:

Address of Property 421 W. TREMONT AVE. TREMONT AVE.

Inspection Data:

Tank Material 1000 pump tank

Total Length of Drainfield 100

Number of Lines 2 @ 50

Cover Depth 24"

Water Supply Source Community

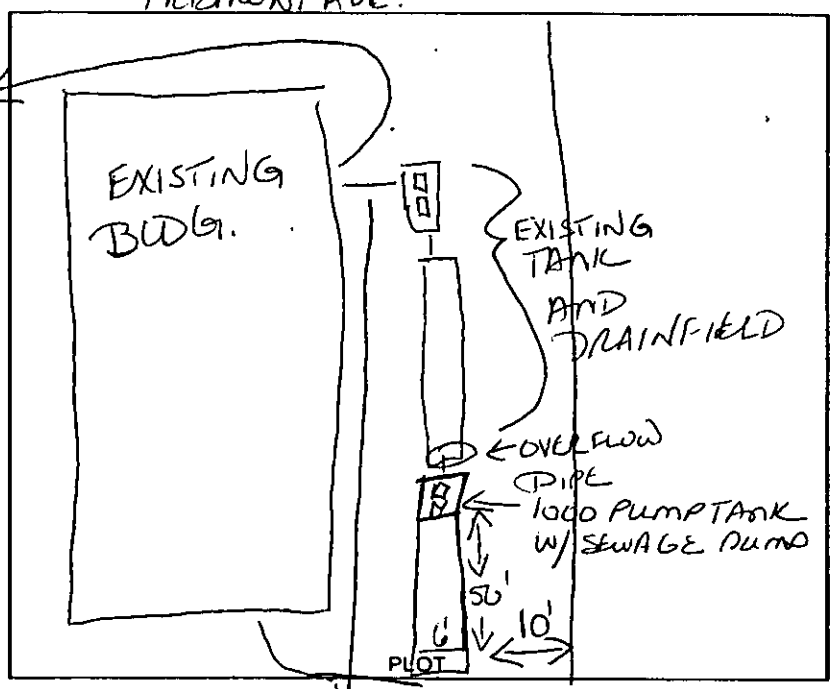
Distance to Water Source 10'

Excavation Inspected 12/8/94

Tank(s) Inspected 12/8/94

Wash Line Inspected ~~12/30/94~~

High Water Alarm Inspected



Design: 1000PT, 300 SQFT, 18" GRAVEL, SOIL MARGNAL TO UNSUITABLE CTR# Bud Lee

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~~ 15A NCAC ~~18~~ 18A .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~~ 15A NCAC ~~18~~ 18A .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. CONNECT GUTTER DRAINS W/ PIPE AND DRAIN

COMMENTS: ① DRAINAGE SWELLS TO PICK UP GUTTER DRAINS. SOILS AWAY. VERY MARGINAL, THERE IS NO AVAILABILITY FOR ADDITIONAL FROM SYSTEMS REPAIRS TRANSIT SHALL CONNECT TO CMUD. THERE SHALL NO TANK. DRIVING OVER SYSTEM

David H. Jewell, R.S.
Environmentalist

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

12

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

3343

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: Litt (last) STEVE (first) (mi)
ADDRESS: 421 W. Tremont PHONE: (704) 3389000
CITY: Charlotte STATE: NC ZIPCODE: 282

Date: 9/26/94

PROPERTY OWNER:
NAME: Transit Express INC. (last) (first) (mi)
ADDRESS: 421 W Tremont PHONE: (704) 3389000
CITY: Charlotte STATE: NC ZIPCODE: 282

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 119-061-06
STREET ADDRESS: 421 W Tremont
ZONING: I-1

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): 2.446

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 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 (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☒ OTHER _____ (O)

NUMBER BEDROOMS: 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)
☒ 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: Litt Date: 9/26/94

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 : 122791