

3701 DAWNHURST LN

05318309

1/7/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4678B DATE: 6/20/01

TC: 053-183-09 ☒ L ☐ CRT

SERIAL Nº 18604

Name of Owner Tina Shepard Juris.: _____

Address of Property 3701 Dawnhurst Lane

Inspection Data:

Tank Material existing

Total Length of Drainfield 100'

Number of Lines 3 @ 33'

Cover Depth 16-18"

Water Supply Source Community

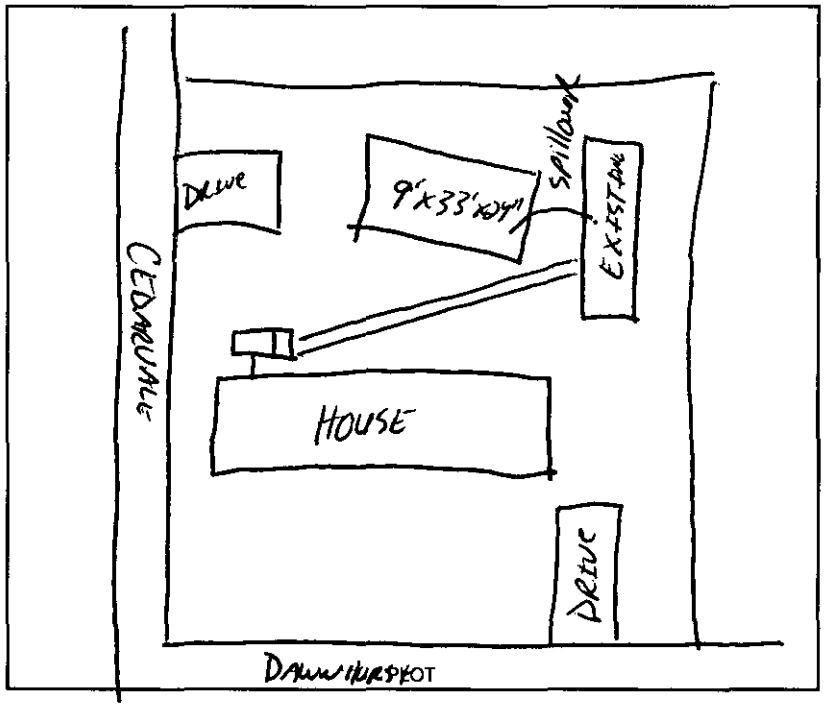
Distance to Water Source >100'

Excavation Inspected 6/20/01

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2001 Repair, 300 sfb, COV, 24" stone, CTR# 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: Repair to system

9'x33'x24" Stone

Type II Conventional System

Jeremy P. Nichols RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

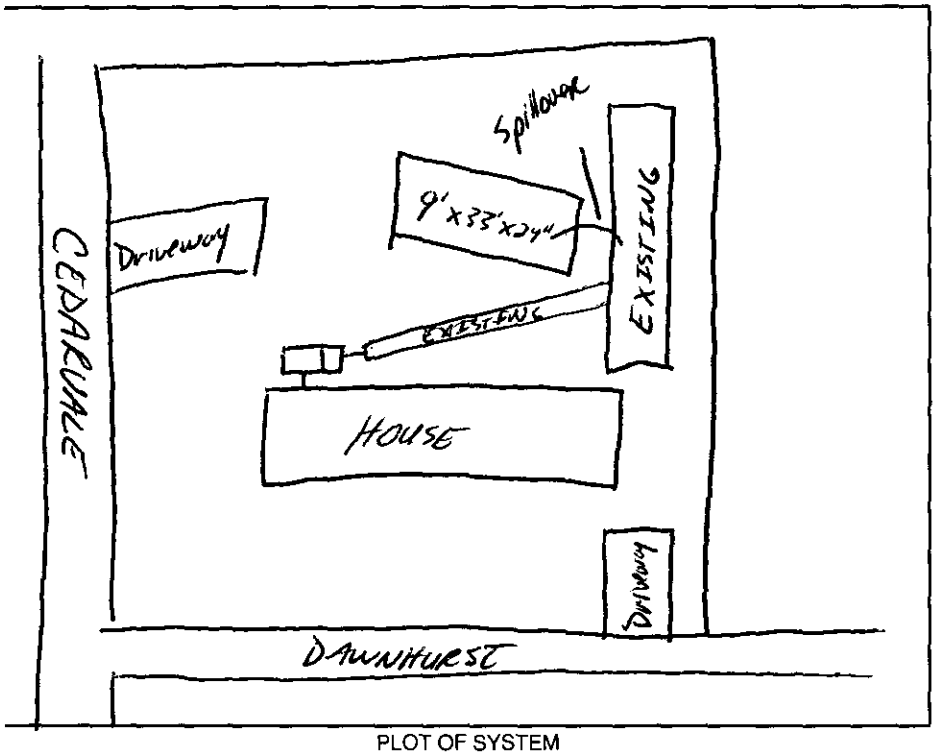
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 46788 DATE: 6/20/01

TC: 053-183-09 ☐ L

SERIAL Nº 18657

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 6/20/01. All work shall be completed on or before 6/21/01, 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 NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9'x33'x24" feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 3x33'

Depth of Stone 24" inches

Distance from House 75' feet

Distance from Property Line 710' feet

Distance from Well 7100' feet

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

NAME OF OWNER Ting Shepard

LOCATION OF PROPERTY 3701 Dawnhurst Lane

Comments: Repair to system per Complaint
Install 9'x33'x24" Stone
Type II Conventional System

Jeremy L. Nichols RS
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

[ ] 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 #: 4678B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-183-09

STREET ADDRESS: 3701 Dawnhurst Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Westwood Forest

LOT NUMBER: 90 (1968)

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: 4

FOUNDATION FOR RESIDENCE: Brick

✓ WITHOUT BASEMENT
ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

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
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Shepard, Tina M
(LAST) (FIRST) (MI)

ADDRESS: 3701 Dawnhurst Lane

CITY: Charlotte STATE: N.C. ZIP: 28214

DAYTIME PHONE: 704 890-7626

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

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: Tina M Shepard DATE: 6/20/01

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

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

"FINAL NOTICE"

6/8/01 SPM
mailing date initials

X First Class Mail

___ Hand Deliver

Owner Tim Shepard

Mailing Address 5000 Dawnhurst Lane
Charlotte, NC 28214

Occupant same as above

Location 3701 Dawnhurst Lane

☒ Residence
☐ Business
☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions 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.

On May 14, 2001, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A discharge of sewage to the ground surface	G.S. 130A-335(a)
	15A NCAC 18A .1961(a)(1)(A)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☐ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other (specify) _____

If the wastewater violation is not brought into compliance by June 21, 2001, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte, NC 28202 (704-336-5572, phone; 704-336-6894, fax).

Notice Issued May 22, 2001 (Date) Signed Jeremy P. Michelone, R.S. (DENR/DEH) Agent

Compliance _____ (Date) Signed _____ (DENR/DEH) Agent

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

RETURNED TO SENDER

NO SUCH NUMBER

CHARLOTTE NC 0691 FEB 2005 PB METER 7097514 $ 034 U.S. POSTAGE

153-183-05

Tina Shepard
5000 Dawnhurst Lane
Charlotte, NC 28214