

9101 SURREY RD

13927505

4/11/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 100 - V.I.S.C. 11/5/01 RT

ACS

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

72A

Date: 11-05-2001

PERSON FILING APPLICATION:
NAME: Tomlinson II (last) Gary (first) D (mi)
ADDRESS: 4101 Peggy Ln PHONE: (704) 545 6619
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-275-05
STREET ADDRESS: 9101 Surrey Rd
ZONING:

PROPERTY OWNER:
NAME: Finger (last) Anthony (first) (mi)
ADDRESS: 9101 Surrey Rd PHONE: (704) 573 9478
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Fox Ridge Estates

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [X] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Attached Garage

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: [signature] Date: 11-05-2001

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.

...11-7-01 OK TO USE EXISTING SYSTEM

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

[signature] 11-7-01
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

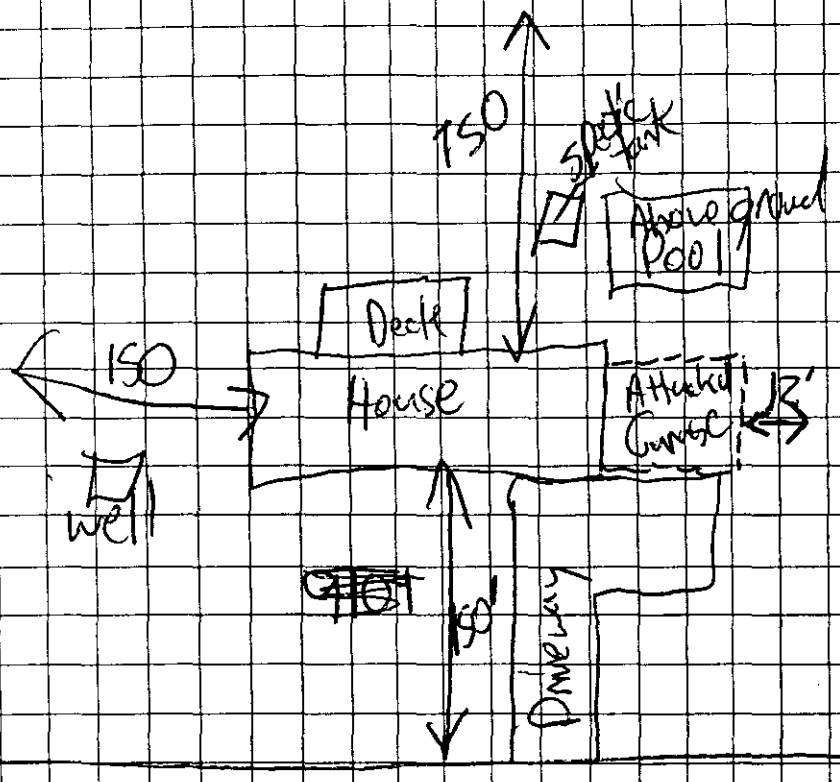
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 72A

TC: 139.275.05

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.



9101 Surrey Road

OWNER/AGENT SIGNATURE

DATE 11-05-2001

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner'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: 72A DATE: 3/3/98

TC: 139 275 05 ☒ L ☐ CRT

SERIAL Nº 17389

Name of Owner Anthony Finger Juris.: _____

Address of Property ~~710~~ 9101 Surrey Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source well

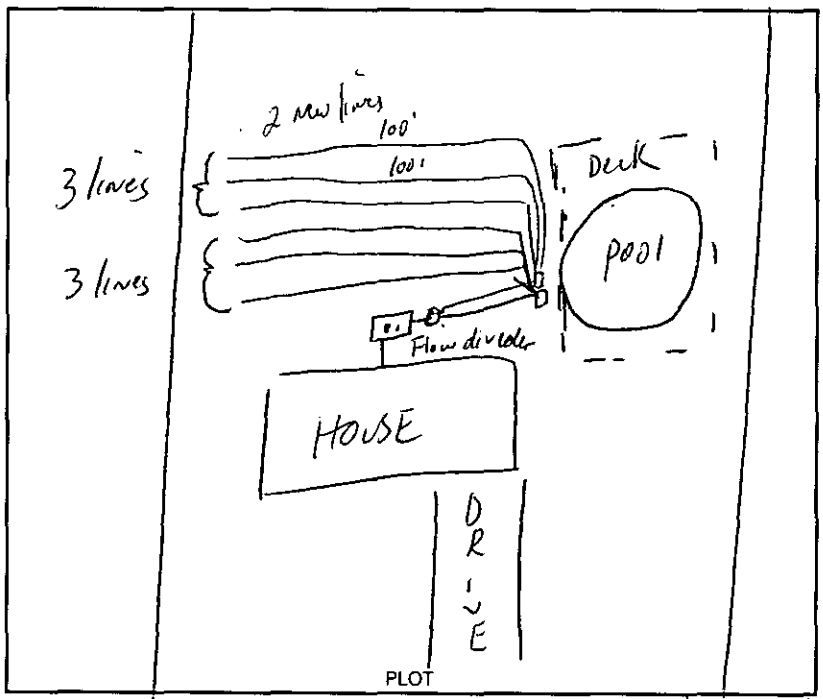
Distance to Water Source 100'+

Excavation Inspected 3/3/98

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



Design 1998, Repair 600SFT, ~~Rock~~ Flow divider CTR# Read Eddy

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 Existing System, Flow divider added because of existing pool location | 3 lines on each D Box

OD/1988

Philo S. Walker 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

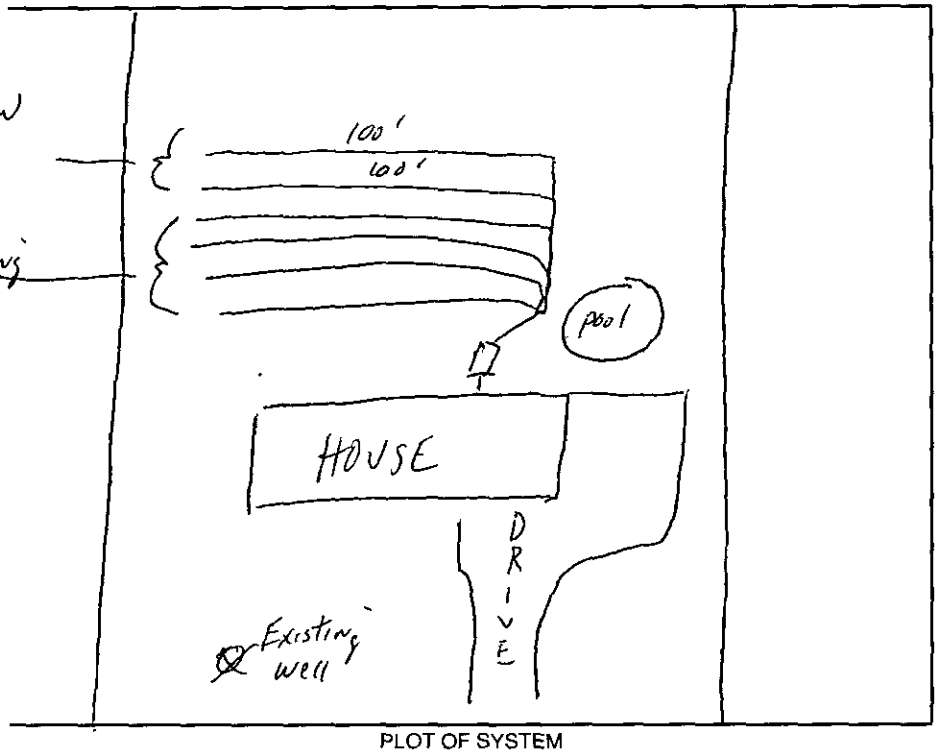
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 72A DATE: 2/26/98

TC: 139 275 05 ☒ L

SERIAL Nº 17338

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 2/26/98. All work shall be completed on or before 3/26/98, 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone 12" 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 Anthony Finger

LOCATION OF PROPERTY 9101 Surrey Rd

Comments: Installed 2 lines x 100'long x 3'wd x 12"Stone
Keep septic system >100' from any wells

Thilo S. Walker R.S.
Environmental Health Specialist

FEE: N/A
DATE: 2/27/98

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 #: 72A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-275-05

STREET ADDRESS: 9101 Surrey Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 51 1986

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

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	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: Finger Anthony P. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9101 Surrey Rd.	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP: 28227	
DAYTIME PHONE: (704) 573-9478	

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: Anthony Finger DATE: 2/27/98

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

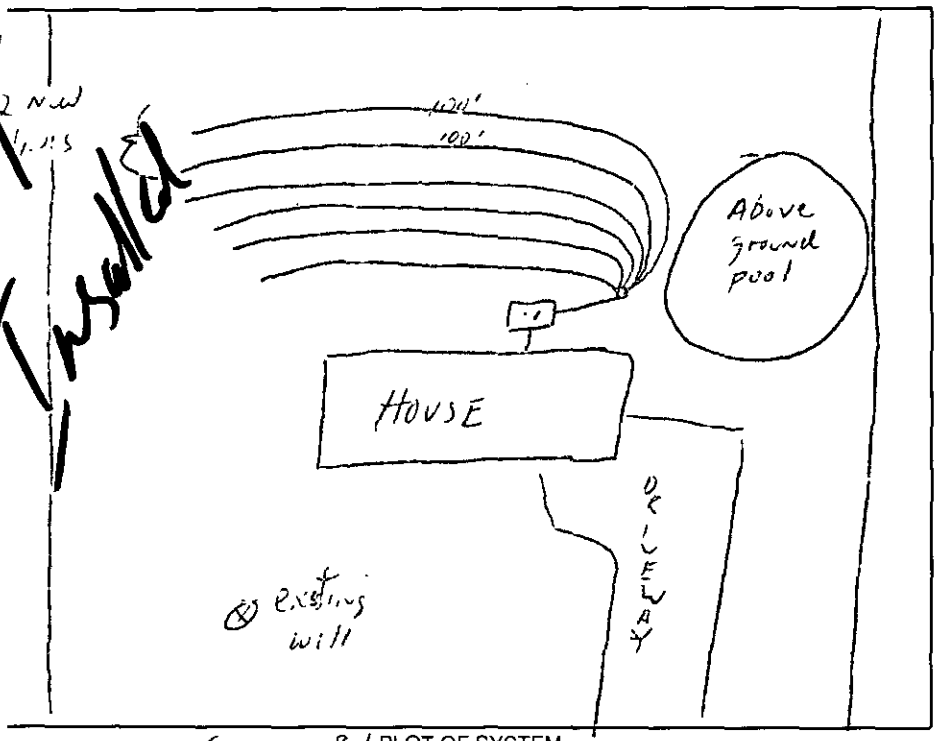
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 72A DATE: 10/10/95

TC: 139 275 05 L

SERIAL NO. 16322

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 10/10/95. All work shall be completed on or before 11/10/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 2.5

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous —

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone 12 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 Lee Fagen (Anthony)

LOCATION OF PROPERTY 9101 Surrey Rd

Comments: May need new D-Box | 2 lines x 100'long x 3'wid x 12"stone
Keep lines on contour of land | Keep repair 100' from any wells

Phillip J. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

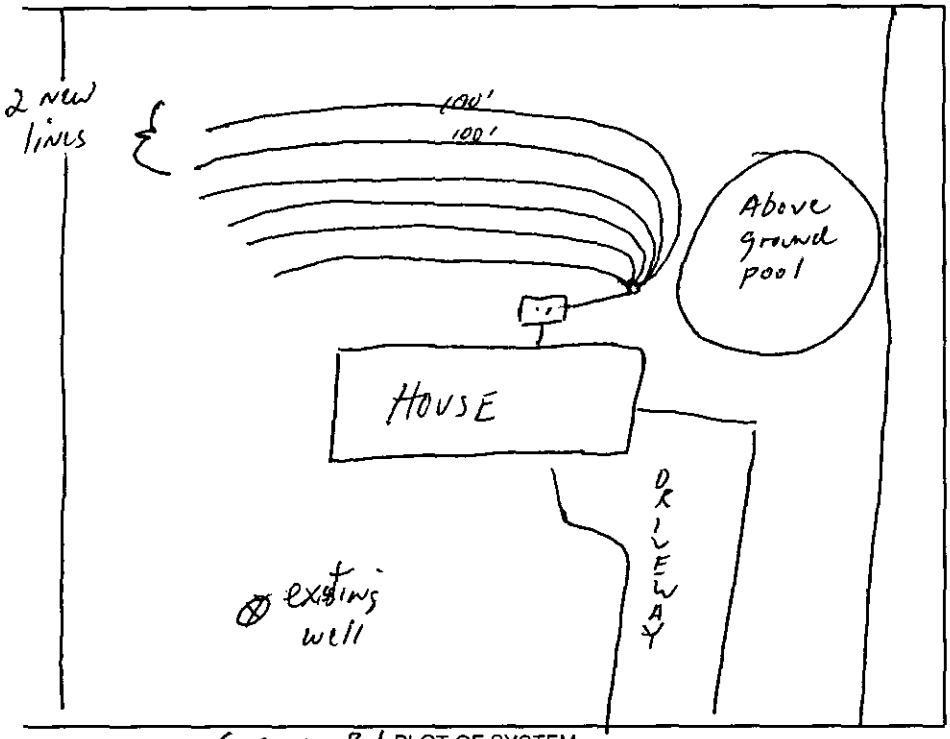
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 72A DATE: 10/10/95

TC: 139 275 05 ☐ L

SERIAL Nº 16322

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 10/10/95. All work shall be completed on or before 11/10/95, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 2.5

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous —

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 7100' feet

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

NAME OF OWNER Lee Fnyen (Anthony)

LOCATION OF PROPERTY 9101 Surrey Rd

Comments: May need new D-Box | 2 lines x 100'long x 3'wid x 12"Stone
Keep lines on contour of land | Keep repair ≥100' from any wells

Theda S. Walker R.S.
Environmental Health Specialist

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

C of A (s) No. 72-A

Date Issued 10-16-86 **Serial** 8926 T. C. No. 139-275-05

V ORT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Jenkins (LAST) Henry (FIRST) (MIDDLE)

Location of Property 9101 Surrey Rd

Application Number 72-A Permit Number 72-A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material —

Total Length of Drain Tile 400 Number of Lines Four

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 750'

Excavation Inspected — (DATE) Tank Inspected 10-16-86 (DATE)

Nitrification Field Inspected 10-16-86 (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, 1500ST, con, 1200SFT, 126, Ceci

Jim Ellison
Environmentalist

EHD-5-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

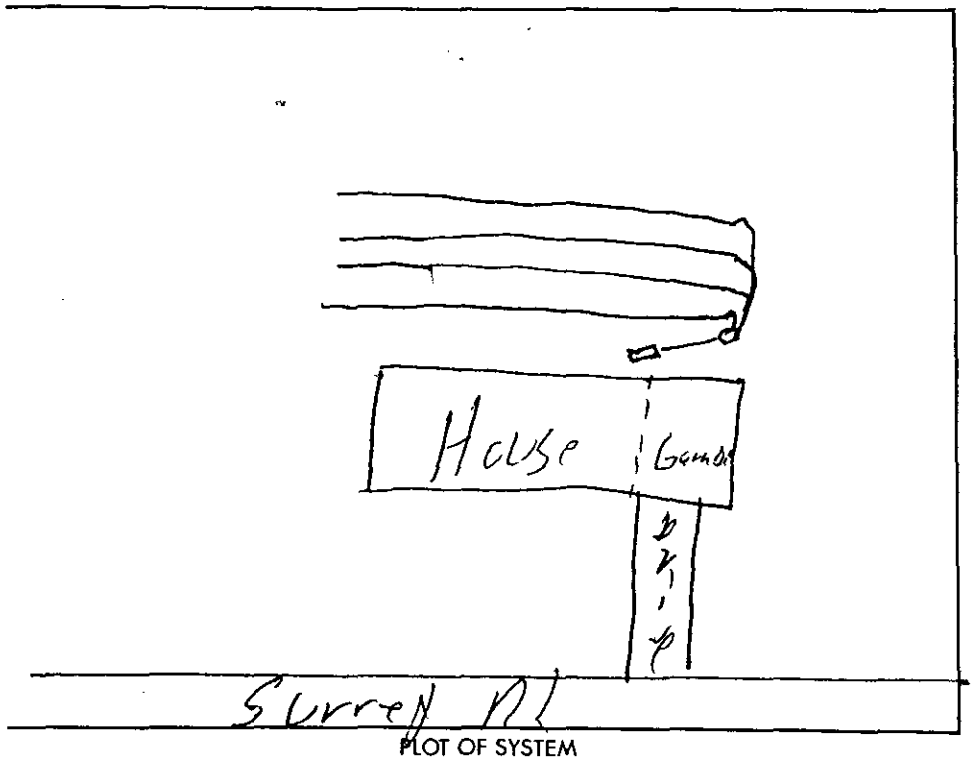
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 72-A DATE: 10-10-86

TC: 139-275-05 ☑ L

SERIAL № 10388

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 7-14-86. All work shall be completed on or before _____, 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 Department of Environmental Health 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines Four

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 250' feet

NAME OF OWNER Jenkins, Henry

LOCATION OF PROPERTY 9101 Surrey Rd.

Comments: Four Trenches 100'X3'X12" Stone
System designed for Three Bedroom House

Division or Section Head

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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

"FINAL NOTICE" N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Henry Jenkins MAILING ADDRESS ~~9101 Surrey Road, Charlotte 28227~~

OCCUPANT Same as above LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel #135-275-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5570/336-5102.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

9/15

If the wastewater violation is not brought into compliance by September 20, 1995, appropriate legal action will be taken.

Notice Issued September 6, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Lee Fryer new owner 573-9478

Mecklenburg County
Health Department

September 1, 1995

Henry Jenkins, Jr.
9101 Surrey Road
Charlotte, NC 28227

Dear Mr. Jenkins:

At your request, an reinvestigation was made of the septic tank system on the property located at 9101 Surrey Road, Charlotte , North Carolina on August 31, 1995.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

A minor repair completed subsequent to the last report apparently did not eliminate the problem with the septic system.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

Mecklenburg County
Health Department

September 1, 1995

Henry Jenkins, Jr.
9101 Surrey Road
Charlotte, NC 28227

Dear Mr. Jenkins:

At your request, an reinvestigation was made of the septic tank system on the property located at 9101 Surrey Road, Charlotte , North Carolina on August 31, 1995.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

A minor repair completed subsequent to the last report apparently did not eliminate the problem with the septic system.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

139-275-05

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Well + Septic

Microbiological Analyses 6/19/95

Owner, System or Establishment: Henry Jenkins

Address: 910 Stanley Rd

Charlotte Zip 28227

Collected By: P. Walker

Date Collected: 6/20/95 Time: 2:15 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 6/20/95 Time: 3:45 AM (PM)

Delivered By: P. Walker

Type of Sample

Potable Water

- [X] Individual Well
- [ ] Community
- [ ] Other (specify)
- [ ] Non-Community
- [ ] City

Treatment:

- [ ] chlorinated
- [X] nonchlorinated
- [X] Initial Sample
- [ ] Recheck (chlorinated)
- [ ] Recheck (nonchlorinated)
- [ ] Other (specify)

Food (specify): 10114 10035

Analysis Requested:

- [X] Total Coliform
- [ ] Fecal Coliform
- [ ] Fecal Strep
- [ ] Sulfate Reducing Bacteria
- [ ] Giardia lamblia (contact laboratory for instructions)
- [ ] Food Quality Survey
- [ ] Other (specify)
- [ ] Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep ____ /100 ml.

Non-Coliform ____ /100 ml.

Plate Count ____ /gm. or ml.

Coliform Count ____ /gm. or ml.

Laboratory Comments:

Date Received: 6/20/95

Received By: Williams

Date Reported: 6/21/95

Analyst: ____ Lab #: 200

Laboratory Identification #: 37518

septic system failure

L 1.14 1/92

3 - 29 - 6 - 16 - 20

LAB REPORT COPY

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Henry Jenkins MAILING ADDRESS 9101 Surrey Road, Charlotte 28227

OCCUPANT Same as above LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel # 135-275-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 25, 1995, appropriate legal action will be taken.

Notice Issued June 23, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

SEPTIC REQUEST

Mecklenburg County
Health Department

$50.00 CK 2114 6/16/95 DS

TAX PARCEL # 139-275-05

ADDRESS OF PROPERTY TO BE SERVICED: 9101 Surrey Rd.
Charlotte, NC 28227

closing date 6-30-95

OWNER OR AGENCY NAME AND ADDRESS: Henry V Jenkins Jr.
9101 Surrey Rd.
Charlotte, NC 28227

ADDRESS FOR RESULTS TO BE MAILED: Donna Little, Coldwell Banker Flanhan
2447 Snow Creek Lane
Charlotte NC 28273

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: (704) 527-4228

CHECK ONE: ✓ (WELL & SEPTIC) _____ (WELL ONLY) _____ (SEPTIC ONLY)

Donna A. Little
SIGNATURE OF AUTHORIZED PERSON

6-16-95
DATE

1400
completed

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Henry Jenkins MAILING ADDRESS 9101 Surrey Road, Charlotte 28227

OCCUPANT Same as above LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel # 135-275-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 25, 1995, appropriate legal action will be taken.

Notice Issued June 23, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Mecklenburg County
Health Department

September 1, 1995

Henry Jenkins, Jr.
9101 Surrey Road
Charlotte, NC 28227

Dear Mr. Jenkins:

At your request, an reinvestigation was made of the septic tank system on the property located at 9101 Surrey Road, Charlotte , North Carolina on August 31, 1995.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

A minor repair completed subsequent to the last report apparently did not eliminate the problem with the septic system.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

"FINAL NOTICE" N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Henry Jenkins MAILING ADDRESS 9101 Surrey Road, Charlotte 28227

OCCUPANT Same as above LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel #135-275-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by September 20, 1995, appropriate legal action will be taken.

Notice Issued September 6, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Date

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Henry Jenkins MAILING ADDRESS 9101 Surrey Road, Charlotte 28227

OCCUPANT Same as above LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel # 135-275-05

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

7/4

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 25, 1995, appropriate legal action will be taken.

Notice Issued June 23, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Mecklenburg County
Health Department

June 23, 1995

Henry Jenkins
9101 Surrey Road
Charlotte, NC 28227

Dear Mr. Jenkins:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 9101 Surrey Road, Charlotte, North Carolina, on June 20, 1995.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

Repair

72A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

72A

☐ CRT

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: same as below
(last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139 275 05

STREET ADDRESS: 9101 Surrey Rd

ZONING:

X PROPERTY OWNER:

NAME: Finger Anthony P
(last) (first) (mi)

ADDRESS: 9101 Surrey Rd PHONE: (704) 573-9478

CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LI
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME
☐ COMMERCIAL OR INDUSTRIAL (N)

☐ SOIL TEST DEVELOPMENT (P)

VATION/NO MAJOR CHANGES (X)

RESIDENCE > 4 BEDROOMS (Z)

Repair
Appl -
pls file
your copy

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐

UMBER OCCUPANTS: 3

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees __
Industrial Wastes (Y/N) ___
nground Storage Tanks On Property (Y/N) ___ Ty

:
☐ Shared Well (S)
☐ Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE EN
☐ Swimming Pool ☐ Jacuzzi ☐ S
☐ Garage ☐ Storage Building ☐ D

The undersigned, owner, or legal agent for the ow
foregoing application, acknowledges that the content
DEPARTMENT to enter onto the property for the purpos

Signed: Lee Finger Da

LOCATION" has read the
ECKLENBURG COUNTY HEALTH

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Repair

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

Phyllis S. Walker R.S. 10/10/95
Environmentalist Date

Director or Authorized Section Head Date

WATER

Repair

72A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

72A

☐ CRT

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: same as below
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139 275 05

STREET ADDRESS: 9101 Surrey Rd

ZONING:

X PROPERTY OWNER:

NAME: Finger Anthony P
(last) (first) (mi)

ADDRESS: 9101 Surrey Rd PHONE: (704) 573-9478

CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☑ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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 (M)
☐ 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: 3 NUMBER OCCUPANTS: 3

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: Lee Finger Date: 10/10/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Repair

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

Phyllis S. Walker R.S. 10/10/95
Environmentalist Date

Director or Authorized Section Head Date

WATER - 2270