

1718 FAIR FOREST DR

22717311

6/13/2007

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

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

June 21, 1993

Mr. J.A. Weeks
208 Gayfer Court
Fairhope, AL 36532

Dear Mr. Weeks:

On April 15, 1993, a violation notice was sent to Coldwell-Banker Property Group, your real estate representative, concerning the failing septic tank drainfield at 1718 Fairforest Drive, Matthews, NC 28105, tax parcel number 227-175-06. A well and septic inspection had been conducted due to a real estate transaction for the property. At the time of the inspection, I located a limited area of well-drained soils in the front upper left corner of the property. This would require the utilization of a pump to reach that area.

I received a telephone call on May 5, 1993 from you stating the residence is 35 years old and the system had been repaired in 1989, which is on file with this office. I reported to you my findings concerning the existing septic drainfield failures and my recommendation as far as repairs that would be involved. There was concern on your part as to why the repair installation was not properly functioning and the cost of future repairs. There was a request to determine if any other means could be utilized to correct this septic failure.

On May 27, 1993, Mr. Bill Marlin, Soil Scientist for Mecklenburg County Environmental Health, and I re-evaluated the soils and septic tank drainfield on 1718 Fairfield Drive. There were two options that we opted to propose to you. They are as follows:

1. Mr. Marlin confirmed my initial findings as to the most suitable soils conditions to be utilized in the front upper left corner facing the lot. The utilization of a bull-run valve, a pump, and a minimum of 200' of drainfield would be required.

2. There is no displacement of surface on ground water on the property which runs across the septic drainfield adding to the failure. All water spouts and ground slope are directed toward the drainfield causing the minimal drainfield to be overworked in

wet weather. There are no gutters on the house. All surface water and drainage shall be divided away from the system. A French drain upslope of the drainline would also be required. After all of these measures are taken, a follow-up inspection would be required to determine the adequacy of the drainline to function.

You are hereby given notice to arrange for repair and notify me of which options you are going to utilize by July 09, 1993. Failure to comply with this procedure will result in legal action being taken against you.

Sincerely,

Toni Newell, R.S.
Environmental Health Specialist

cc: Bonnie Weeks
1718 Fairforest Drive
Matthews, NC 28105

TN/ksm

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6223A DATE: 12/28/89

TC: 227 1750 6 ☒ L ☐ CRT

SERIAL № 12227

Name of Owner Bonnie Weeks Juris.: Matt

Address of Property 1718 Fair forest

Inspection Data:

Tank Material —

Total Length of Drainfield 200

Number of Lines 2 @ 100

Cover Depth 12" +

Water Supply Source P/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected Y

High Water Alarm Inspected —

PLOT

Design: Repair 1989 CTR# 167

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: (1) 6' x 50' x 17" G off Existing Septic Sys.
(1) 6' x 50' x 17" G " " WL

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

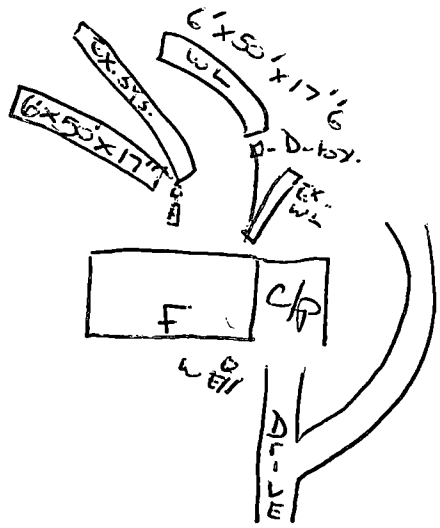
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6223A DATE: 12/27/89

TC: 227 175 06 L

SERIAL Nº 13118

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 10/9/89. All work shall be completed on or before 1/27/89, 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 ____

Absorption and/or Nitrification Lines:

Trench Width (2) 6'x50' feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House >10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Bonnie Weeks (167) con.

LOCATION OF PROPERTY 1718 Fair Forest Dr. (905) 67 10 (96) 77 10

Comments: OWNER'S ADDRESS - 208 Grayber Ct. Fairhope, Alabama 36532

(1) 6'x50'x17" DM septic sys., (1) 6'x50'x17" WL & D-box if PRN.

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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 10223A
TC: 227-175-06
SERIAL: № 19300

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 13 19[illegible]
ENVIRONMENTAL HEALTH DIVISION
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1718 FairForest Dr. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Matthews ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: J. A. (FIRST) (MIDDLE) Weeks (LAST)
⑨ MAILING ADDRESS: 208 Gayfer Ct.
⑩ CITY: Fairhope ⑪ STATE: Al ⑫ ZIP: 36532
⑬ PHONE: (WORK) (205) 675-2505 ⑭ (HOME) (205) 928-5489

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☒ Residence (rented) ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Bonnie W. Weeks

Date: 10/9/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.