

10205 BECKLEY PL

13927165

8/19/08

marliwr

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: 18648 DATE: 5-21-99 ~~5-19-99~~

TC: 139-221-65 ☒ ☐ CRT

SERIAL Nº 18023

Name of Owner DIANNE DAVIS Juris.: _____

Address of Property 10205 BECKLEY PLACE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield _____

Number of Lines 1 @ 6'X100'

Cover Depth 12"

Water Supply Source EXISTING WELL

Distance to Water Source ~~100~~

Excavation Inspected _____

Tank(s) Inspected NA

Wash Line Inspected —

High Water Alarm Inspected —

SEE REPAIR PERMIT

PLOT

Design REPAIR 6'X100' CTR# READE EUDY

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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

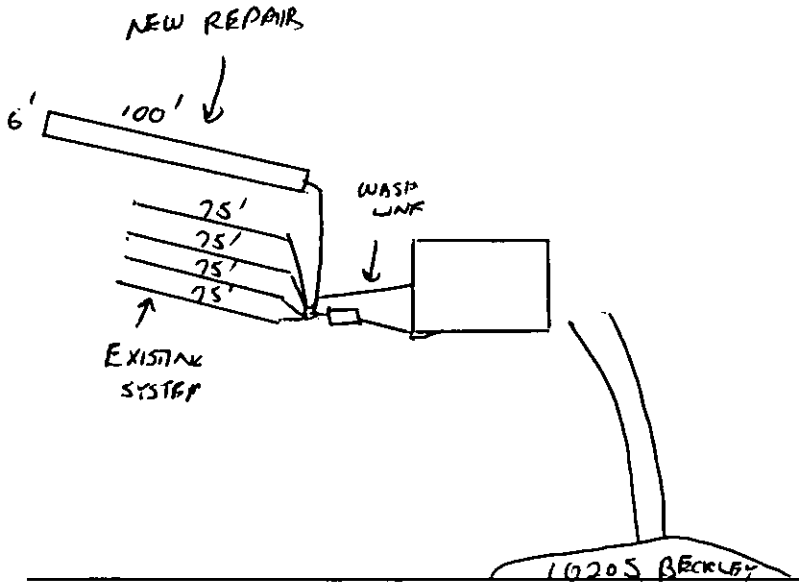
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18648 DATE: 5-19-99

TC: 139- 271-65 C L

SERIAL Nº 18094

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 _____. 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 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 — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — 6' feet

Trench Walls Scored and Porous _____

Total Line Length 6' x 100' feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line _____ feet

Distance from Well >120 feet

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

NAME OF OWNER DIANNE DAVIS

LOCATION OF PROPERTY 10205 BECKLEY PLACE

Comments: _____

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 #: 18648

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-221-65

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1982

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:

NUMBER OF OCCUPANTS:

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: DAVIS (LAST) DIANNE (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 10205 BECKLEY PLACE	DAYTIME PHONE: ( ) —
CITY: [illegible] STATE: ZIP:	
DAYTIME PHONE: ( ) 704-545-7833	

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: Dianne J. Davis DATE:

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

Serial No. 5707

ICAR(S) Permit No. 186

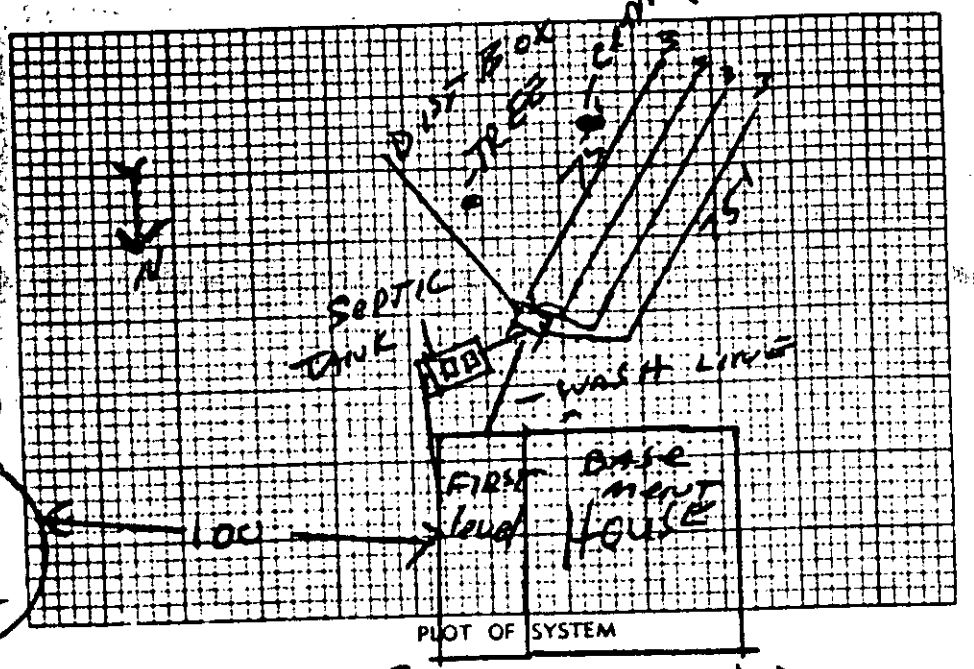
Date Issued Sept 3rd 1982

T. C. No. 139-2

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 water treatment system with subsurface, soil absorption, effluent discharge as specified herein at scribed location. This permit is granted based upon the information supplied in application 186 dated 8-30-82 and this permit shall be void and of no effect if the information provided in plication is not true or is erroneous. All work shall be completed on or before NOV 3rd 82 aft date this permit shall be null and void.



Permeability Rate PS

Liquid Capacity of Tank 1000

Tank Construction Pre Ca

Absorption and/or Nitrification L

Total Line Length 300

Number of Lines Four

Distance from House 10

Distance from Property Line 10 F

Distance from Well NOT

CHL DE SAL

NAME OF OWNER SMITH TEDD

LOCATION OF PROPERTY 10205 BECKLEY PLACE

The system shall meet all of the construction requirements as set forth in the Regulations of the Me County Health Commission which are in effect on the date of the granting of this permit. A certific proval must be issued by the Environmental Health Director before any system can be covered up or rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee system anticipated to be constructed will operate properly, or relieve any person now or hereafter ow trolling or using such system from any liability resulting from the failure of the system to operate pr

Four Trenches-each 75ft long -3ft wide -2ft deep- 12 inche hay cover-Plumb crossline into Dist Box-Keep well 100ft away

Comments:

Ralph Miller
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the d section head of the Department of Environmental Health in order to be valid. Only the signature vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

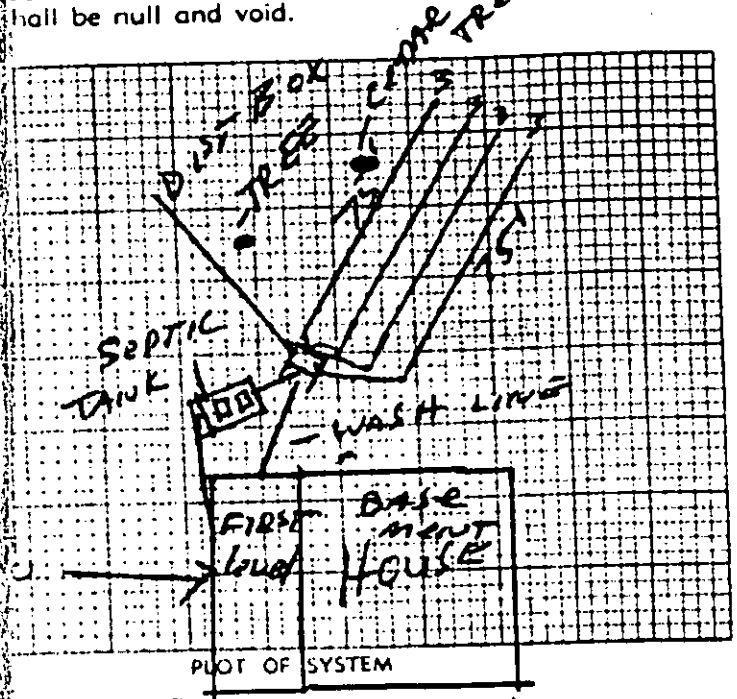
Serial No. 5707 ICAR(S) Permit No. 18648

T. C. No. 139-271-6646

Map Date

MECKLENBURG COUNTY
PARTMENT OF ENVIRONMENTAL HEALTH
STALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
lual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

by given to X Install or Construct, ____Alter or Repair the individual septic tank waste-stem with subsurface, soil absorption, effluent discharge as specified herein at the de-This permit is granted based upon the information supplied in application 18648 22 and this permit shall be void and of no effect if the information provided in the ap-be or is erroneous. All work shall be completed on or before NOV 3rd '82 after which hall be null and void.



Permeability Rate PS IIA

Liquid Capacity of Tank 1000 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines: -

Total Line Length 300 ft.

Number of Lines Four

Distance from House 10 FT

Distance from Property Line 10 ft

Distance from Well Not in yet

EP SMITH TEDD

PROPERTY 10205 BECKLEY PLACE

ll meet all of the construction requirements as set forth in the Regulations of the Mecklenburg Commission which are in effect on the date of the granting of this permit. A certificate of ap-Issued by the Environmental Health Director before any system can be covered up or otherwise vertable or can be used. The issuance of this permit does not in any way guarantee that the ited to be constructed will operate properly, or relieve any person now or hereafter owning, con-such system from any liability resulting from the failure of the system to operate properly.

Trench 75ft long - 3ft wide - 2ft deep - 12 inches Stone

4" trash line into Dist Box - Keep well 100ft away from Septic.

Ralph Miller
Environmentalist

read

is for the installation or construction of a new system, it must be signed by the division or a f the Department of Environmental Health in order to be valid. Only the signature of the En-required where an existing system is being altered or repaired.

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

CF-11-15-82

C of A (s) No. 18648

Date Issued NOV 15TH 1982 Serial 5476 T. C. No. 139-27A 65-66

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 SMITH (LAST) TED (FIRST) (MIDDLE)

Location of Property 10205 BECKLEY PLACE

Application Number 18648 Permit Number 18648

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 FT Number of Lines FOUR

Depth of Filter Material 12 inches Cover Depth Two FEET

Water Supply Source well - not in use Distance from Water Source well not in use

Excavation Inspected 11-15-82 (DATE) Tank Inspected 11-15-82 (DATE)

Nitrification Field Inspected 11-15-82 (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 X 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: ____

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY