

9500 GOLDSMITH LN

13717112

7/22/08

marliwr

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

PLEASE
HAVE MACKIE
TAKE HIS COPY
AND FILL OUT
AN APPLICATION
ALONG

AS
"AGENT"

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Reed Residence	15602
Health Department	**Name of Establishment**	**Permit/Project No.**
9500 Goldsmith Ln., Charlotte, NC 28227	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
David & Jennifer Reed	Same as location address	704-545-1541
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	5/8/2010	
System Type	**Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	3.d. See maintenenace section.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured an average of 6" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. Alarm not functioning.
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	5.A.c. Leak in supply line inside riser.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Wiring needs improvements.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☐
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. Leak in supply line inside pump tank riser. Effluent running back into tank when pump shuts off.
2. No sewage on ground surface at time of inspection.
3. Deficiencies in electrical wiring of system components.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair supply line inside pump tank riser.
2. Repair/replace high water alarm.
3. Upgrage electrical wiring for system. Recommend installing new control panel. There should be NO wire splices inside the pump tank and all exposed wiring should be placed in electrical conduit.

*See enclosed Pump Tank Detail drawing for current installation requirements.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Corrosion observed on electrical box inside pump tank. If the electrical wiring for the system is not addressed at this time it is likely that repairs will be required in the future.

DATE: 5/5/2005

SIGNED: _____, RST AGENT
Division of Environmental Health

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 X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-171-12

STREET ADDRESS: 9500 Goldsmith Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge

LOT NUMBER: 1987

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:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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: Neal Hopper

NAME: (LAST) (FIRST) (MI)

ADDRESS: 9500 Goldsmith Lane

CITY: Mint Hill STATE: NC ZIP:

DAYTIME PHONE: (704) 545 – 6600

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Sherrill (FIRST) Mackie (MI)

DAYTIME PHONE: (704) 827 – 4278

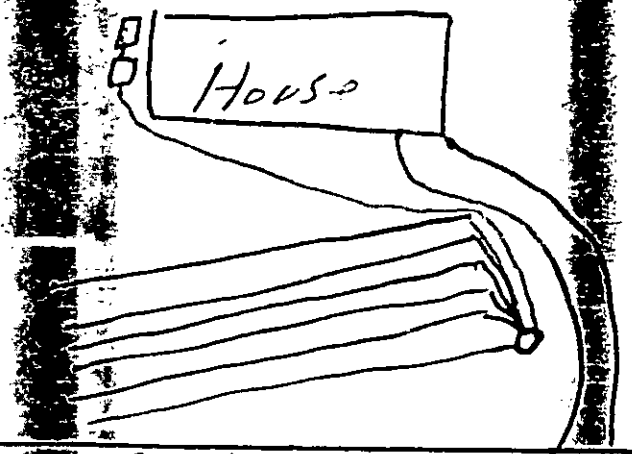
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Mackie Sherrill DATE: 8/28/01

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

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 5-2-96. All work shall be completed on or before 3-26-87, 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.



Goldsmith In.

PLOT OF SYSTEM.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5'X

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' (Lake-wise) feet

Distance from Well >100' feet

NAME OF OWNER Dungan, John

LOCATION OF PROPERTY 9500 Goldsmith In

Comments: Six Trenches 67'X3'X12" stone system designed for three bedroom House; drive way not to cross over system

Sylvia Pinnell by D.R.F.
Division or Section Head

Jon Ensor
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.

Mecklenburg County
Health Department

March 8, 2000

Donald Neal and Sherri H. Hopper, Jr.
9500 Goldsmith Lane
Charlotte, NC 28227

Dear Mr. and Mrs. Hopper:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 15602 — Permit/Project No.

9500 Goldsmith Lane — Location | residence — Type of Establishment | Design Flow

Neal Hopper, Jr., 9500 Goldsmith Lane, Charlotte 28227 — Owner/Agent | Address | Phone

None - TMB — Operator | Address | Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☒	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	Pump tank contained 8" of suspended solids - time to have both tanks pumped out. Suspended solids, when left unchecked, will lead to a permanent clogging mat.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☒	☐	
Tanks pumped, cleaned out as needed?	☐	☑	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	No control panel per say - electrical connections are made within the pump tank. Setup does not allow manual pump operation.
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☒	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	Apparent that effluent has surfaced, in the past, on two of the drain lines. I recommend that the distribution box be located and inspected. Drive appears to be over portion of system.
Minimal ponding in subsurface trenches?	☐	☑	
Surface water being effectively diverted away?	☐	☑	
Diversions/ditches/swales/tile drains properly maintained?	☐	☑	
Line cover/vegetation adequate/maintained as needed?	☐	☑	
Protected from traffic, destructive uses?	☐	☑	
Distribution devices in good condition, working properly?	☐	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: A few maintenance issues need to be addressed in order to get system back up to par.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days
Pump out tanks	
Uncover and check distribution devices	

DATE: 5-9-00 SIGNED: T B Thompson, J., L.S. AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

May 17, 2000

Neal Hopper, Jr.
9500 Goldsmith Lane
Charlotte, NC 28227

Dear Mr. Hopper:

Enclosed you will find my report from the subsurface wastewater treatment and disposal system inspection performed on your property on May 9, 2000.

As we discussed on site, the recommendations made are intended to protect your investment and minimize the possibility of permanent damage to your septic drain field. Your attention to the recommendations made is appreciated. I have also enclosed a copy of the septic tank contractors who are currently registered to perform work within Mecklenburg County.

Should you have any questions regarding my report, please feel free to contact me at 336-5568.

Sincerely,

L B Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures (2)

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Donald Neal and Sherri H. Hopper, Jr.
9500 Goldsmith Lane
Charlotte, NC 28227

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Donald & Sherri Hopper	9500 Goldsmith Lane	137-171-12	15602	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3/8/00	4/6/00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 15602 DATE: 3-14-01

TC: 137-01-12 ☐ L ☐ CRT

SERIAL Nº 18585

Name of Owner NEAL HOPPER Juris.: _____

Address of Property 9500 GOLDSMITH LANE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 80'

Number of Lines 2 @ 20'

Cover Depth 12"

Water Supply Source 6

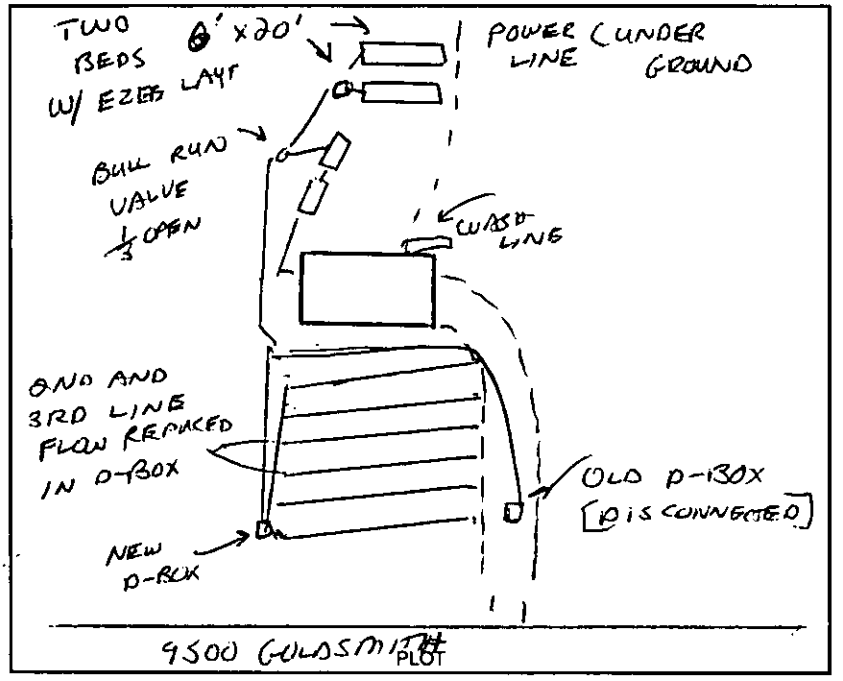
Distance to Water Source >50'

Excavation Inspected 3-9-01

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected _____



Design REPAIR [SEE COMMENTS] CTR# AT SUBDIVISION CONST.

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: (1) NEW D-BOX INSTALLED WHERE SHOWN TO REPLACE ONE UNDER CONCRETE DRIVE. INSTALLED 2 6'x20' "EZE LAYT" BEDS [SHORTENED FROM 6'x40' BECAUSE OF UNDERGROUND POWER LINE.] BULL RUN VALVE INSTALLED DIVERTING 1/3 OF FLOW TO NEWLY INSTALLED LINE.

Andrew Walker
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

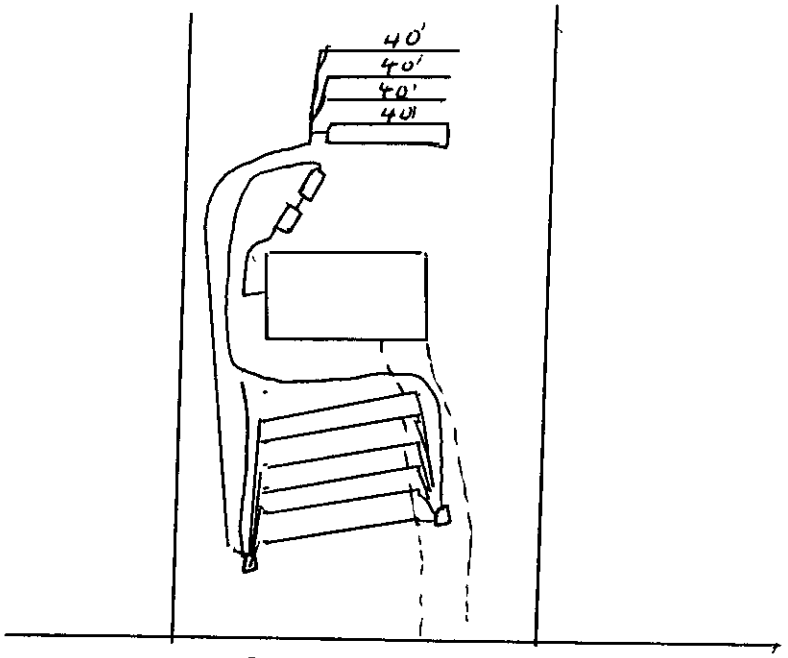
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15602 DATE: 1-25-01

TC: 1371712 ☒ L

SERIAL Nº 18674

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 1-25-01. 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 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: EXISTING 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Tank Construction: PCC

Trench Depth: _____

Absorption and/or Nitrification Lines:

Trench Width: 3 feet

Trench Walls Scored and Porous: YES

Total Line Length: 200 feet

Number of Lines: 4

Depth of Stone: NA inches

Distance from House: 10' feet

Distance from Property Line: 10' feet

Distance from Well: 250' feet

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

NAME OF OWNER: NEAL HOPPER

LOCATION OF PROPERTY: 9500 GOLDSMITH LANE

Comments: (1) EXISTING D-BOX AND A PORTION OF DRAINLINES ARE UNDER DRIVE, THEREFORE, SET A NEW D-BOX AND RE-ATTACH DRAINLINES. (2) INSTALL 200' OF INNOVATIVE DRAINLINE IN BACKYARD.

_____ _____
Environmental Health Specialist

CALLED 4/15/94

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

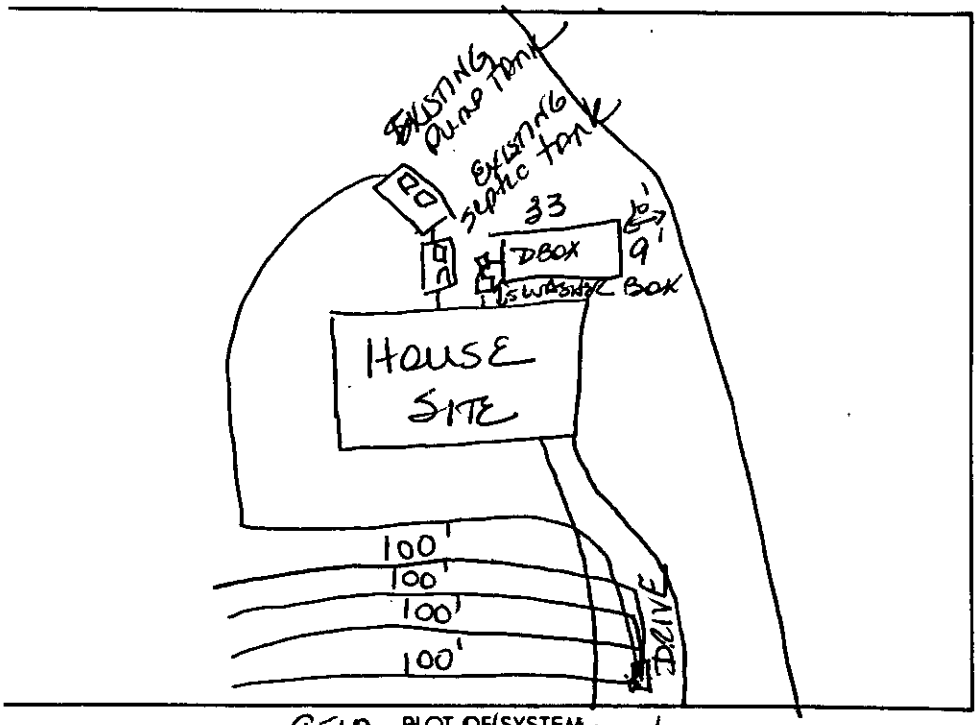
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 15602 DATE: 4/15/94

TC: 137-171-19 ☐ L

SERIAL № 15929

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 2/16/94. All work shall be completed on or before 4/30/94, 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.



9510 PLOT OF SYSTEM Goldsmith Lane

Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Total Line Length 33 feet

Number of Lines 3

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50'/N/A feet

NAME OF OWNER D. Neal Hopper

LOCATION OF PROPERTY 9510 Goldsmith Lane

Comments: Washer line repair of (1) washer box, (1) D Box (1) 9'x33'x24" washer bed repair. Distribution box needed to be checked for adjustment and moved off of driveway. System should not be driven over.

Division or Section Head

Jane H. Newell, 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400D

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

FILE: 15602 DATE: 9/14/94

TC: 137 171 12 ☐ L ☐ CRT

SERIAL № 14283

Name of Owner D. Neal Hopper Juris.:

Address of Property 9500 Goldsmith Ln

Inspection Data:

Tank Material —

Total Length of Drainfield 100

Number of Lines 3 @ 38'

Cover Depth 8"

Water Supply Source ± 50'

Distance to Water Source ± 50'

Excavation Inspected 9/14/94

Tank(s) Inspected —

Wash Line Inspected 9/14/94

High Water Alarm Inspected —

PLOT

Design: 1994, Washer line addition CTR# RCS

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: Washer line addition. Concrete driveway installed over system

OD 050587

Philo A. Walker Jr.
Environmentalist

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

5210

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

15602

[] 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: Hopper (last) D. (first) Neal (mi)
ADDRESS: 9500 Goldsmith Ln PHONE: (704) 545-4779
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 2-16-94

PROPERTY OWNER:
NAME: Hopper (last) D. (first) Neal (mi)
ADDRESS: 9500 Goldsmith Ln PHONE: (704) 545-4779
CITY: Char STATE: ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-171-12
STREET ADDRESS: 9500 Goldsmith Lane
ZONING:

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 (O)
[] 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)
[X] REPAIR TO SYSTEM (R)

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: 5
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):
[X] 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: D. Neal Hopper Jr. Date: 2-16

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.

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

Repair permit issued

Joni H Newell, RS 4/15/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Donald Neal & Sheri H. Hopper, Jr.

9500 Goldsmith Ln
Charlotte, NC 28227

III

fwt 4/15/94

Mecklenburg County
Health Department

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

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

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TO: Neal Hopper TELECOPIER # 545-4779
9510 Goldsmith Lane

FROM: Toni Newell DATE 4/15/94
IWWS Section

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: Repair permit for 9510 Goldsmith Lane

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____