

7331 ALAMANCE DR

11119311

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 19094 Permit #: _____ Tax Parcel #: 111-193-11

Property Owner: DEUTSCHE BANK NATIONAL TRUST

Job Location Address: 7331 ALAMANCE DR.

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 3/28/07

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 6/28/07, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: _____ GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Comments: System Classification & Type: REPLACE / INSTALL NEW 1000 GAL PUMP TANK & ALL COMPONENTS INCLUDING PUMP, FLOAT SWITCHES, HIGH WATER ALARM & NEMA 4 ENCLOSURE.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: David Cornelius, RS

Mecklenburg County
Health Department

November 23, 1998

Celia E. Leland
The Allen Tate Company, Inc.
145 West W. T. Harris Blvd.
Charlotte, NC 28262

Dear Ms. Leland:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 7331 Alamance Drive, Charlotte, North Carolina on November 10, 1998.

The following information is offered regarding the septic disposal system:

The sewage disposal system installed for this property on May 12, 1986 is a modified system which required a diversion valve and a lift pump station. The system was installed in two separate field systems connected by a diversion valve. The purpose of the valve is to allow manual diversion of the effluent from one field system to the other which then allows a resting period for each system. During the investigation I found that the plunger, which is the device used to divert the drainfields is missing. The system is not operating in accordance with requirements of the permit issued.

I was unable to locate a high-water alarm for the pump system. It is recommended that a high-water alarm be present for alerting the property owner if the effluent level in the pump tank becomes too high. Should you desire to install a high water alarm as recommended please refer to the enclosed information concerning proper installation. Please have the contractor contact this office before installing the alarm.

At the time of the investigation there was effluent apparent on the surface of the ground.

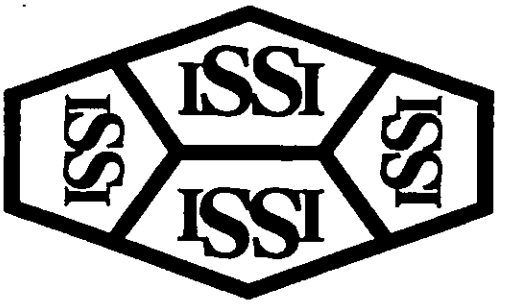
The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The vent plug was missing from the well head. It is recommended that the vent plug be replaced to insure the continued integrity of the well.

If you have any questions concerning this matter, please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems



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ISSI Operations Center Staff

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

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 #: 19094

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 7331 ALAMANCE DR

TAX/PARCEL NUMBER: 111-193-11

STREET ADDRESS: 7331 ALAMANCE DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITH BASEMENT
___ SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

IF ENLARGEMENT/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER (O)

IF ANY OF THE FOLLOWING

BURIED LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASEMENTS 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: (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS:	DAYTIME PHONE: ( ) -
CITY: STATE: ZIP:	
DAYTIME PHONE: (704) [illegible] - 704-344-2200	

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: [signature] DATE: 11/25/97

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: 19094 DATE: 12-1-98

TC: 111-193-11 (X) L

SERIAL Nº 17910

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 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.

* PERMIT IS FOR REPLACEMENT OF DIVERSION VALVE WITH A DISTRIBUTION BOX

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction EXISTING

Trench Depth EXISTING

Absorption and/or Nitrification Lines:

Trench Width NA feet

Trench Walls Scored and Porous NA

Total Line Length NA feet

Number of Lines NA

Depth of Stone NA inches

Distance from House NA feet

Distance from Property Line NA feet

Distance from Well NA feet

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

NAME OF OWNER ALLISON G. SMELTZER

LOCATION OF PROPERTY 7331 ALAMANCE DRIVE

Comments: THIS PERMIT IS FOR REPLACEMENT OF DIVERSION VALVE TO ALLOW DRAINFIELDS TO BE USED ALTERNATELY, TO BE REPLACED WITH A DISTRIBUTION BOX THAT WILL FEED THE UPPER 300' FIRST

Andrew Walker
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 19094 DATE: 12-2-98

TC: 111-193-11 ☒ L ☐ CRT

SERIAL № 17881 N/A

Name of Owner ALLISON G. SMELTZER Juris.: _____

Address of Property 7331 ALAMANCE DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected N/A

DIVERTER VALVE REPLACED

PLOT

Design REPAIR PERFORMED TO DIVERTER VALVE CTR# PERRY LANEY

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: _____

Andrew Calder RS
Environmental Health Specialist

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