


8130 WESTBOURNE DR

03517427

6/18/2007

duponbj

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

# Mecklenburg County
# Health Department

March 21, 1990

Harold E. Couch
8130 Westbourne Dr.
Charlotte, NC

Dear Mr. Couch:

During a recent investigation of your property at 8130 Westbourne Dr., Charlotte, North Carolina, 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 in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations adopted by the Mecklenburg County Board of County Commissioners.

You are hereby given notice to correct this situation by April 20, 1990. Failure to comply with this notice will result in legal action being taken against you.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
On Premises Waste Disposal & Water Supply Section

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina

035

On Premises Waste Disposal Section

Field I.D. Number 171882

Site Sampled Allen Jo Ate Co

Address 8130 Westbourne Dr

Source Sampled outside tap

Sample & Evaluation By P. Walker

Date Sampled 3/6/90 Time 12:10 ☐AM ☒PM

Phone:

Home 529-4621

Work 563-6000

Delivered To Lab On:

Date 3/6/90 Time 4:00 ☐AM ☒PM

Delivered By P. Walker

well + septic
old 16 + 13 Kel heaters
East Oeter
Valleydale

Lab I.D. # 342

Rec'd By Williams

Data Rec'd MAR 5 1990

Time 1555

| | | | | |
|---|---|---|---|---|
| Chloride ☐ _____ ppm | Total Colifora ☒ <1 /100 ml | Cu ☐ _____ ppm | Ca ☐ _____ ppm |
| Nitrate ☐ | Non-Colifora ☒ <1 /100 ml | Fe ☐ _____ ppm | Mg ☐ _____ ppm |
| UV spec _____ ppm | Fecal Colifora ☐ _____ /100 ml | Mn ☐ _____ ppm | Hardness ☐ _____ ppm |
| Chromatrophic acid _____ ppm | Fecal Strep ☐ _____ /100 ml | Zn ☐ _____ ppm | pH ☐ _____ Units |

Remarks

Analyst Sel SLW

Date Completed _____ Lab Director _____ Date MAR 7 1990

| | | | | |
|---|---|---|---|---|
| (1) Well greater than 50' from building foundation? | ☐ Y | ☐ N | ☐ UNK* | |
| (2) Well greater than 50' from other source of pollution? | ☐ Y | ☐ N | ☐ UNK* | |
| (3) Site sloped to divert surface water? | ☐ Y | ☐ N | ☐ UNK* | |
| (4) Well house provided? | ☐ Y | ☐ N | ☐ UNK* | |
| (5) Enclosure properly drained and free of storage? | ☐ Y | ☐ N | ☐ UNK* | |
| (6) Well grouted to depth of 20'? | ☐ Y | ☐ N | ☐ UNK* | |
| (7) Well properly vented? | ☐ Y | ☐ N | ☐ UNK* | |
| (8) Slab extending at least 2' from casing provided? | ☐ Y | ☐ N | ☐ UNK* | |
| (9) Casing extended at least 6" above slab? | ☐ Y | ☐ N | ☐ UNK* | |
| (10) Sanitary seal intact? | ☐ Y | ☐ N | ☐ UNK* | |
| (11) Septic tank effluent absent on surface of ground? | ☐ Y | ☐ N | ☐ NR/ | |

*SPECIFY IN COMMENT SECTION.

COMMENTS:
3/6/90 septic system malfunction. Effluent on ground surface

3/6/90 malfunction
P/S return to Repair Appl Sent 3/8/90 PSW

!name! Jayne Noto

7212 Albemarle Rd

28227

!salutation!

PARAGRAPHS

Notified

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 13 1990
ENVIRONMENTAL HEALTH DIVISION

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: 6559A
TC: _____
SERIAL: № 20064 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 8130 (STREET NO.) Westbourne Dr. (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 035-174-27
⑤ SUBDIVISION: Westbourne ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Harold (FIRST) E. (MIDDLE) Couch (LAST)
⑨ MAILING ADDRESS: 8130 Westbourne Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: _____
⑬ PHONE: (WORK) 394-2154 ⑭ (HOME) 704-392-6416

**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 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: X Harold E. Couch
Date: X 3-12-90

## 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.