

16611 OLD STATESVILLE RD

00911107

12/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 1718B DATE: 1-30-97

TC: 009-111-07/98 ☐ CRT

SERIAL Nº 16937

Name of Owner Cavin Rentals Juris.: _____

Address of Property 16611 Old Statesville Road

Inspection Data:

Tank Material Existing PCC

Total Length of Drainfield 600'

Number of Lines 6 @ 100'

Cover Depth 12-16"

Water Supply Source municipal

Distance to Water Source 710' to line 1-22 400'

Excavation Inspected 1-27 200' lower

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1997 ~~EOW~~ IIIg innovative repair, 1800SF, T, sand, soil series not determined CTP# 74

Mayhew

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: Type IIIg innovative "Infiltrator Installed" 7bedrooms
(6) 3'W x 100'L x 24" deep sand wood louvers

Larry B. Thompson, Jr., RS.
Environmental Health Specialist

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

STALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

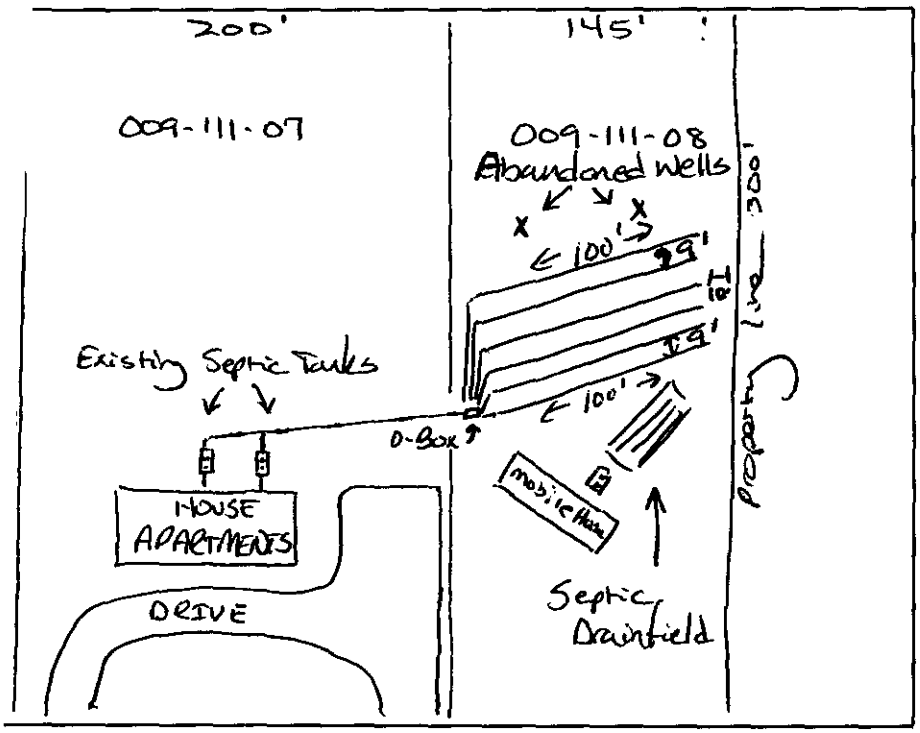
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1718 B DATE: 1-22-97

TC: 009-111-07/08 ☐ L

SERIAL Nº 17107

ission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater nent system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted d upon the information supplied in the application dated 1-22-97. All work shall be completed before 7-22-97, after which date this permit shall be null and void. The system shall 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 ompletion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be red up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed perate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from ailure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction existing

Trench Depth ≤ 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 600' feet

Number of Lines 6

Depth of Stone N/A inches
sand around louvers

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ➡ N/A feet
wells abandoned municipal H2O

ɔticdrainfield easement required *

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

IAME OF OWNER Cavin Rentals

.OCATION OF PROPERTY 16611 Old Statesville Road

Comments: Type III g innovative 7 bedrooms (6) 3'w x 100' x ≤3'd innovative with state approved 25% reduction in line length - Use sand as backfill around louvers if using chambered system. LT

Larry B. Thompson, L.E.H.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: N/A
DATE: 12 Dec 96

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 #: 17186

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-111-07/08

STREET ADDRESS: 16611 NC 115 Statesville

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
✓ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE: _____

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: 7

NUMBER OF OCCUPANTS:

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:

NAME: (LAST) CAVIN (FIRST) RENTALS (MI)

ADDRESS: 16611 Hwy 115 Hunt. NC.

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: 704 - 8753530

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Elizabeth Cavin Fowler DATE: 1-7-97

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

FEE: N/A **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-23-97 PERMIT NO: 1718 B
PARCEL NO: 009-111-07/08

JOB LOCATION ADDRESS: 16611 Old Statesville Rd
PROPERTY OWNER: Cavin Rentals
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Danny B. Thompson Jr. L.S. DATE: 1-23-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1718B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Wells must be properly abandoned - Septic easement required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE: 1-25-97

Permit Number 1718B

Tax Number: 009-111-07/08

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a *Building Permit*. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	840 Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
No Serviced by private well (MUNICIPAL)	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
7 Bedrooms in residence	N/A Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Wells must be properly abandoned - septic easement required for the drainfield area				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1800 Absorption Area (Sq ft) 600' Total Trench Length (Ft)	N/A Depth of Stone Trench Sand wood chambers if used	9' Trench spacing (min. on centers)	≤3' Maximum Trench Depth	
For existing system, enter the year originally installed: 1953				

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 Sewage, Treatment and Disposal in effec 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 Departmen
- This Improvement permit is transferable.

Larry B. Thompson, J.R.S. 1-23-97
DEHNR Authorized Agent Date

Owner/Agent Signature 1-23-97
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

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

Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 28687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Huntersville County MECKLENBURG
Hwy 115
(Road, Community, Subdivision, Lot. No.) Quadrangle No.

2. OWNER: CAVIN RENTAL's

3. ADDRESS: 16611 Hwy 115 Huntersville NC

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: well #1 40' well #2 60' DIAMETER: 2"

7. CASING REMOVED:

	feet	diameter
#1	20'	2"
#2	60'	2"

8. SEALING MATERIAL:

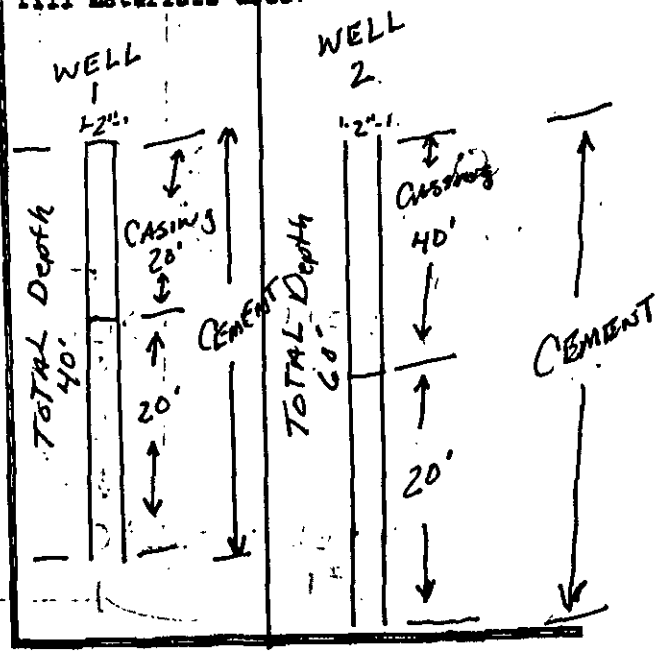
Neat cement: bags of cement 6; gals. of water ____

Sand cement: bags of cement ____; yds. of sand ____; gals. of water ____

Other
Type material _____
Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

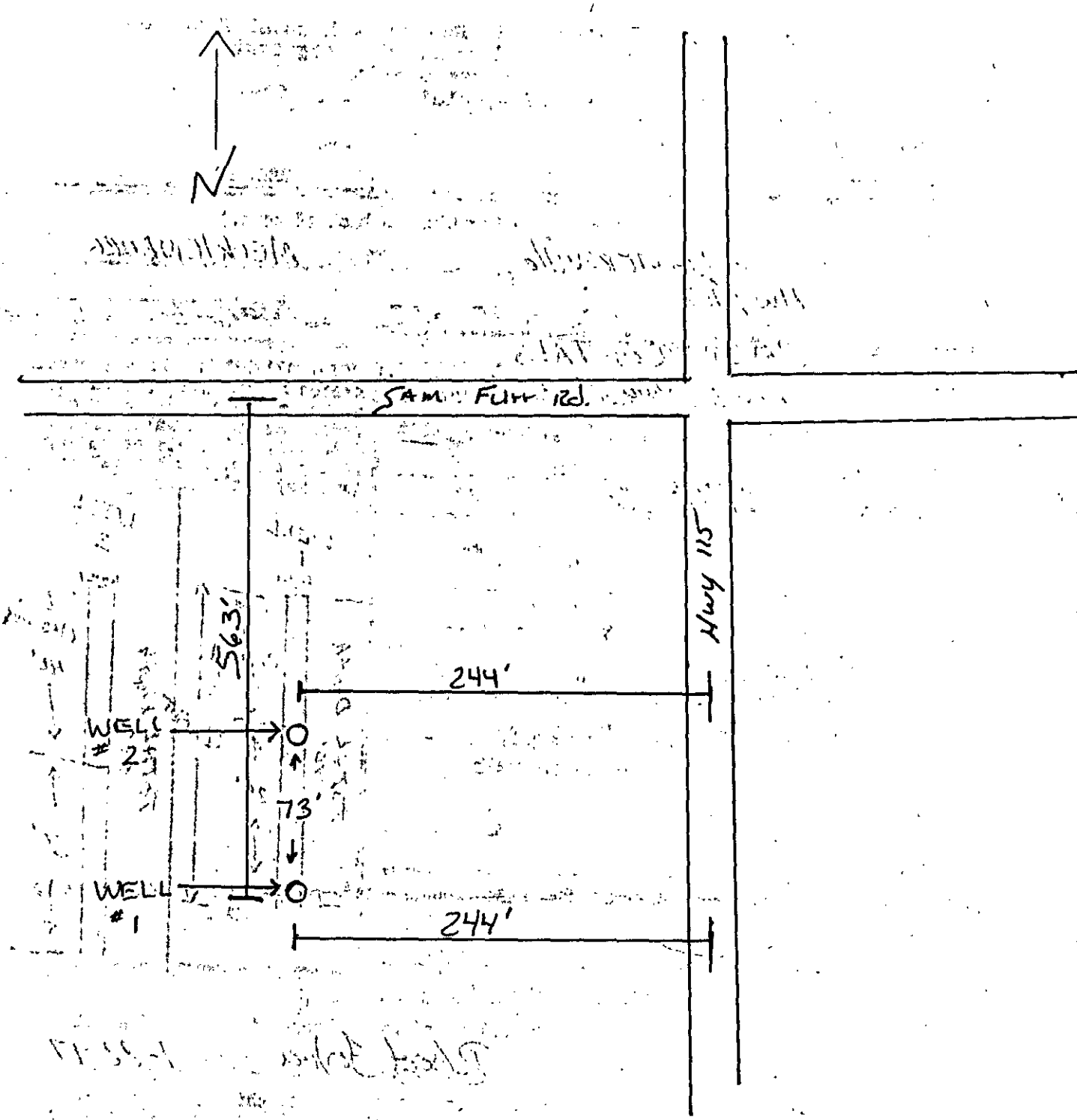


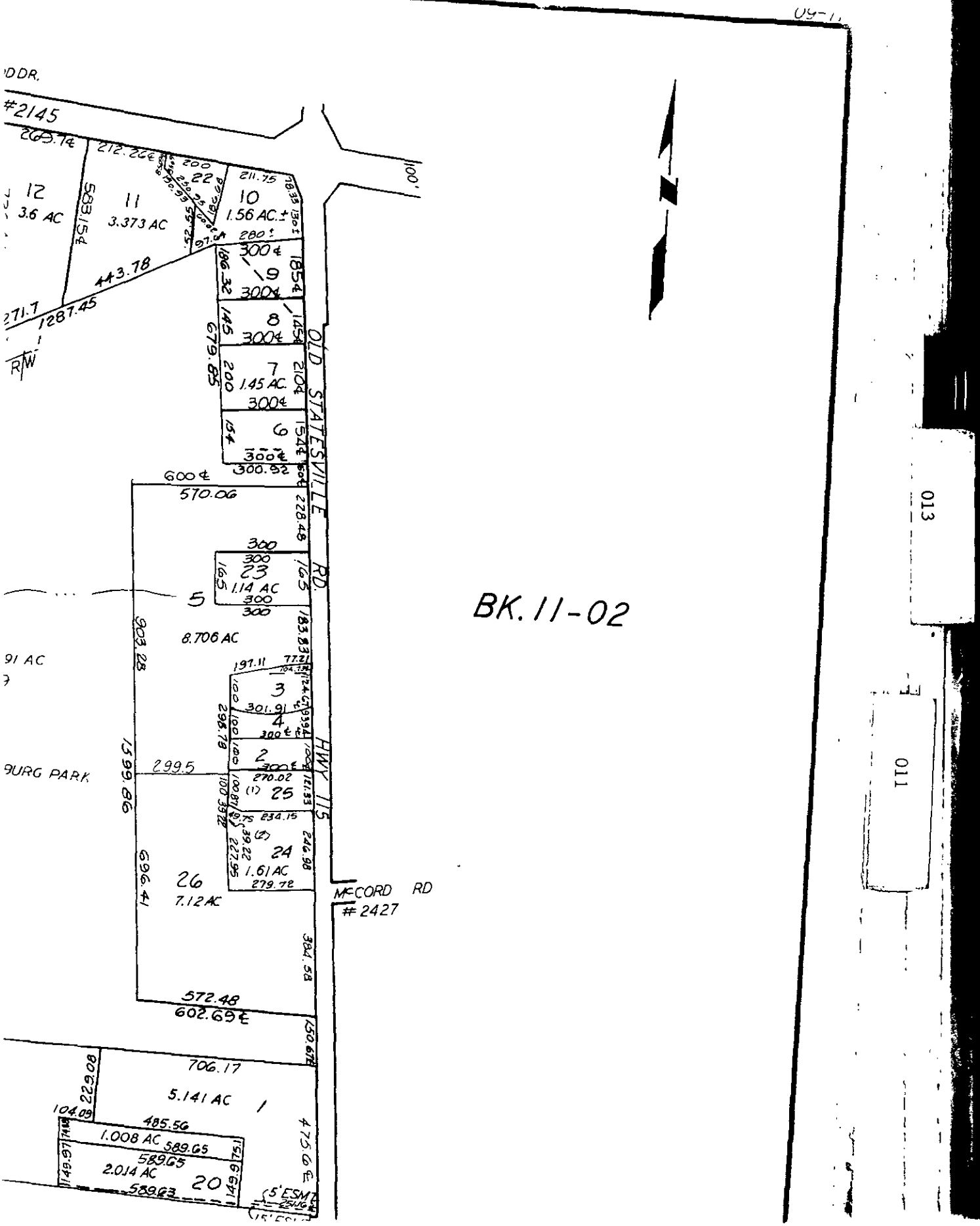
I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Robert Fisher Date 1-22-97

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.
GW-30


N
Sam Furr Rd.
Hwy 115
563'
244'
WELL #2
73'
WELL #1
244'


DDR.
#2145
2603.74
212.22
12
3.6 AC
11
3.373 AC
10
1.56 AC.±
9
8
7
1.45 AC.
6
5
8.706 AC
23
1.14 AC
4
3
2
1
25
24
1.61 AC
26
7.12 AC
5.141 AC
1.008 AC
2.014 AC
20
OLD STATESVILLE RD.
HWY 115
McCORD RD
#2427
BK. 11-02
013
011
443.78
1287.45
679.85
903.28
1599.86
696.41
572.48
602.65
706.17
485.56
589.65
589.63
475.6
229.08
104.09
149.97
RIW
9URG PARK