

15003 HUNTERSVILLE-CONCORD RD

01924230

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 1586B DATE: 11/13/96

TC: 019-242-30 ☐ CRT

SERIAL Nº 16844

Name of Owner John S. Bradford Juris.:

Address of Property 15003 Huntersville-Concord Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ ~100'+ each

Cover Depth 12"-20"

Water Supply Source Well

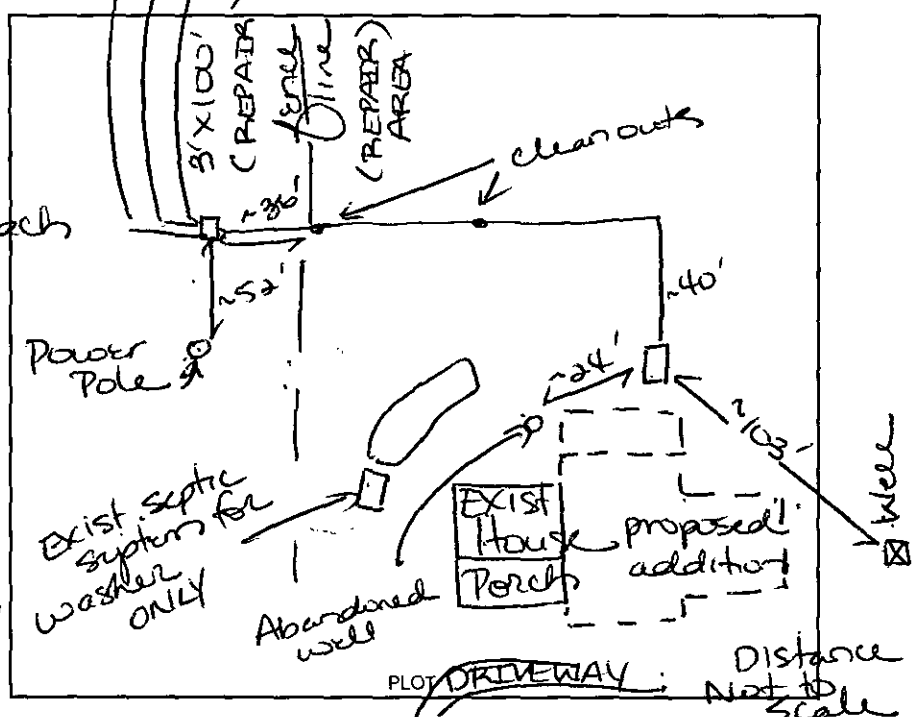
Distance to Water Source ~103'

Excavation Inspected 11/13/96

Tank(s) Inspected 11/13/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Alteration, 1500g ST, D-Box, 900ft², 12"G, cecil-like CTR# Bobby 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 15A 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 15A 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 II - alteration. 3 bedroom house:
- Alteration for 3 bedroom addition - existing 1 bedroom in original house to be utilized as office. House will be a 3 bedroom after addition/renovations. Plumb washing machine to existing (old) septic tank.
- Keep all water lines 10' minimum from any portion of the septic systems.

Lisa B. Mialik, RS
Environmental Health Specialist

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

Conditions of Improvement Permit

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

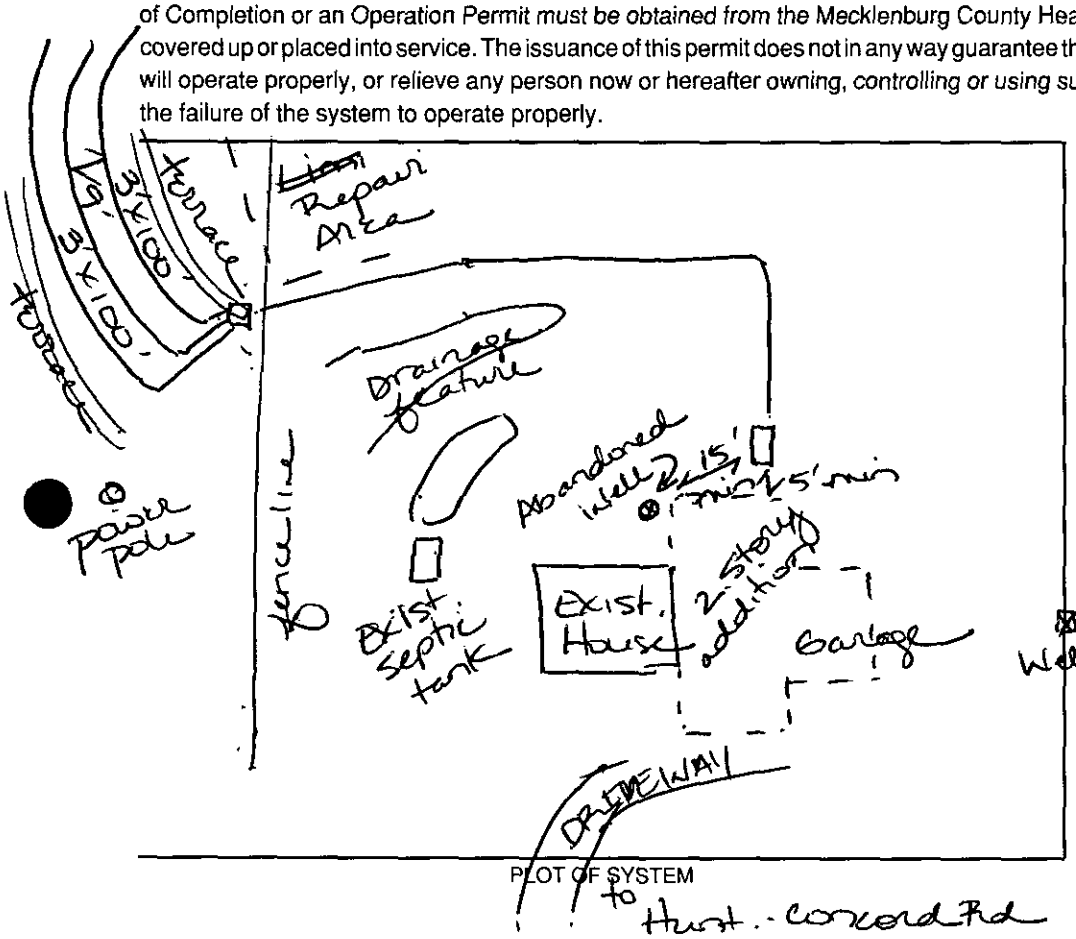
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1586B DATE: 11/4/96

TC: 019-242-30 ☐ L

SERIAL Nº 17024

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 9/13/96. All work shall be completed *on or before* 12/4/96, 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 1500 gallons

Liquid Capacity of *Dosing Tank* NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300 feet

Number of Lines 3@100'each

Depth of Stone 12 inches

Distance from House 5 *feet*

Distance from Property Line 10 feet

Distance from Well 75'-100' feet

to Hunt.-Concord Rd

Distance from abandoned well - 15' minimum

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

NAME OF OWNER John S. Bradford

LOCATION OF PROPERTY 15003 Huntersville-Concord Rd

Comments: Alteration for 3 bedroom addition - existing 1 bedroom in original house to be utilized as office. Washer to be plumbed to existing septic tank.

- keep 15' from abandoned well.

Lisa B. Mialik, RS
Environmental Health Specialist

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

FEE: 200.00 CK # 302 / DATE: 9/19/96 JC

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

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___X___ 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 #: 15865

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-242-30 RP

STREET ADDRESS: 15003 Huntersville-Concord

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE: 2200

NUMBER OF BEDROOMS: 3 (after renovations, KB 11/13/96 homeowner Jim Bradford) NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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: Bradford, ~~William~~ John S. (LAST) (FIRST) (MI)	NAME: DARDEN John C (LAST) (FIRST) (MI)
ADDRESS: 15003 Huntersville-Concord Rd.	DAYTIME PHONE: (704) 873 - 5559.
CITY: Huntersville STATE: NC ZIP:	
DAYTIME PHONE: (704) 875 - 8637	

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: John Darden / contractor. DATE: 9-13-96

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

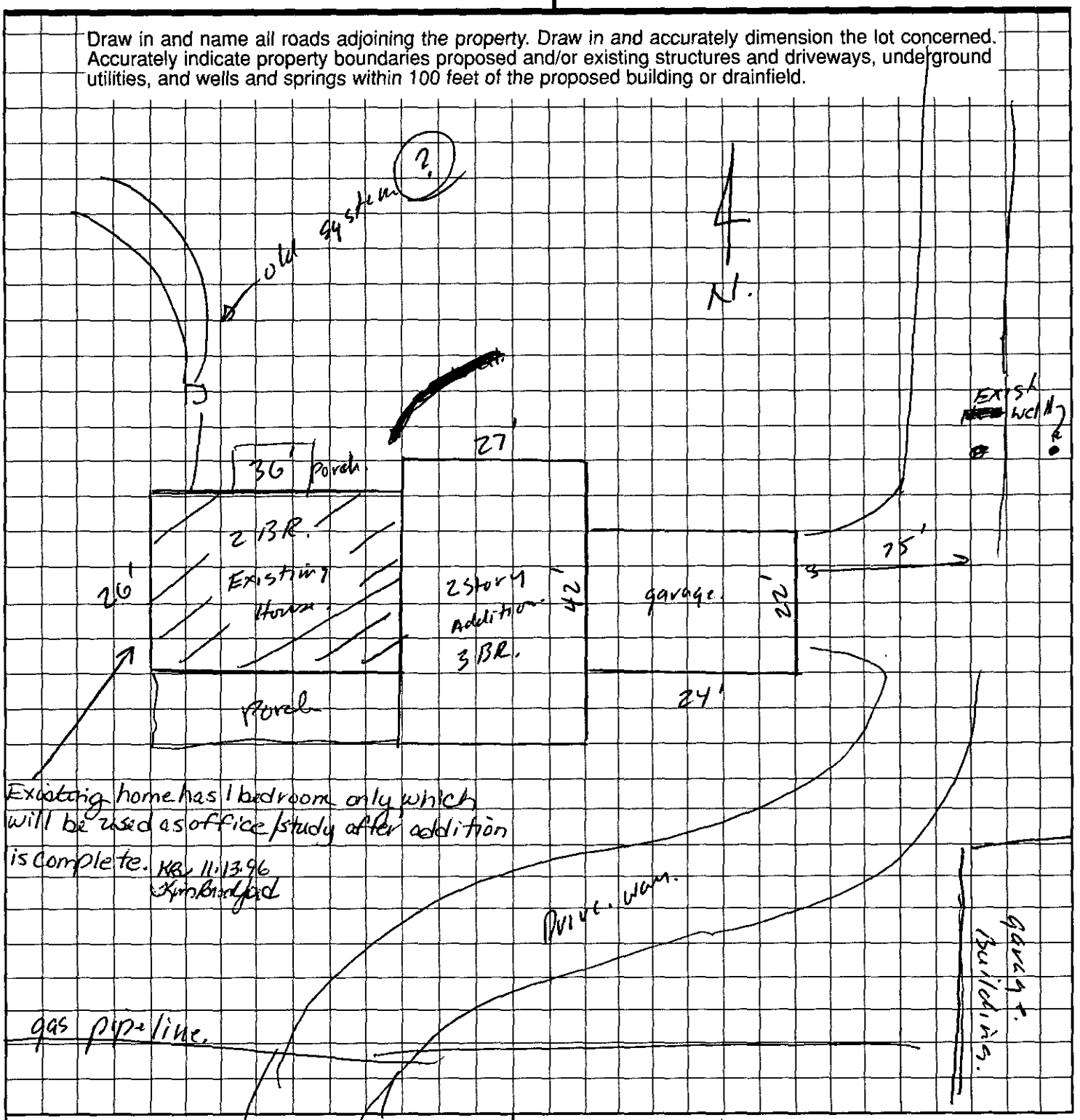
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1586B

TC: 019-242-30

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Jack C Darden
OWNER/AGENT SIGNATURE

DATE 9-13-96

APPROVAL DATE 11/13/96 Joan B. Mialik
Final of alteration to system.
See operation permit.

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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

D-600

Sheet
PROPERTY ID #: 15666 COUNTY:

SOIL/SITE EVALUATION #1
for ON-SITE WASTEWATER SYSTEM

014-242-30

OWNER: John S. Bradford Jr. APPLICANT:
ADDRESS: 15003 Hendersonville Concord NC APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: 3BR Addition PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 1.5
LOCATION OF SITE: 15003 Hendersonville Concord NC PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAI
1	NS/LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2	48"	N/A	None	PS .39 F2 LE
		4-48"	SBK/c	Fr-Fi/SEXP/SS/SP					
2	NS/LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>36" To Chroma 2	36"	N/A	None	PS .39 F2 LE
		3-36"	SBK/c	Fr-Fi/SEXP/SP					
3	NS/LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>37" To Chroma 2	37"	N/A	None	PS .39 F2 LE
		4-37"	SBK/c	Fr-Fi/SEXP/SP					
4	NS/LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>27" To Chroma 2	27"	N/A	None	US
		3-27"	SBK/c	Fr-Fi/SEXP/SP					
5	~~NS~~/LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>26" To Chroma 2	26"	NA	None	US
		4-26"	SBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	wm PS Restricted US	
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marli 9-26-96
OTHERS PRESENT: LSS

OMMENTS: Probably will not require LPP Rev

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

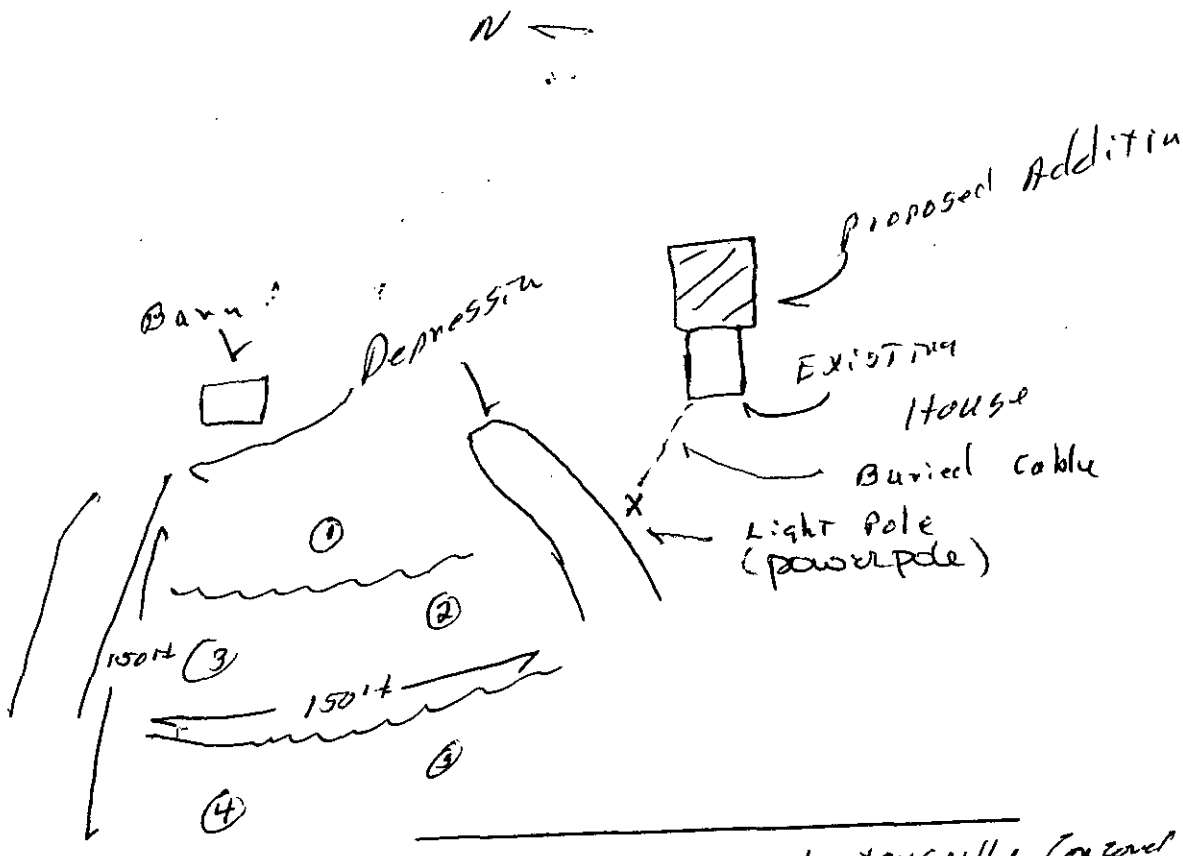
OTES

ORIZON DEPTH	In inches below natural soil surface
PTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



File 1586B

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

DIVISION OF WATER QUALITY

October 24, 1996

Lisa Milek
Mecklenburg County Health Department

Subject: Well Abandonment
Bradford Well
Mecklenburg County, N.C.

Dear Ms. Milek:

The Groundwater Section of the Mooresville Regional Office received the well abandonment record on October 18, 1996. The well abandonment record has been reviewed and is acceptable with this department. The record will remain on file in this office. Should you have any questions, please call me at (704) 663-1699, ext. 268.

Sincerely,

Charles G. Pippin
Hydrogeolocical Technician

CGP/milek.ltr

919 North Main Street,
Mooresville, North Carolina 28115
Voice 704-663-1699

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File 1586B

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, & NATURAL RESOURCES

MOORESVILLE REGIONAL OFFICE

FROM: Name: Chuck Piggott

Division: DWQ

Section: GW

919 North Main Street
Mooresville, NC 28115

Phone 704/663-1699 FAX 704/663-6040

FAX

DATE: 10-24-96

TO: Lisa Milek

FAX NUMBER: 336 6894

SUBJECT: Well Abandonment is okay - Sorry this is so late - If you need anything else - Just call

NUMBER OF PAGES (Including Cover): 4

File 1586B

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Health and Natural Resources
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DEHNR

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File 5860

North Carolina
Department of Environment, Health, and Natural Resources
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Michael Francis REG. NO. 1544

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Huntersville County Mecklenburg

15003 Huntersville-Concord Rd Quadrangle No. _____
(Road, Community, Subdivision, Lot. No.)

2. OWNER: Scott Bradford

3. ADDRESS: 15003 Huntersville Concord Rd

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

5. USE OF WELL: Domestic DATE: 10-14-96

6. TOTAL DEPTH: 95' DIAMETER: 2"

7. CASING REMOVED:

feet	diameter
0	

8. SEALING MATERIAL:

Neat cement
bags of cement ____
gals. of water ____

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

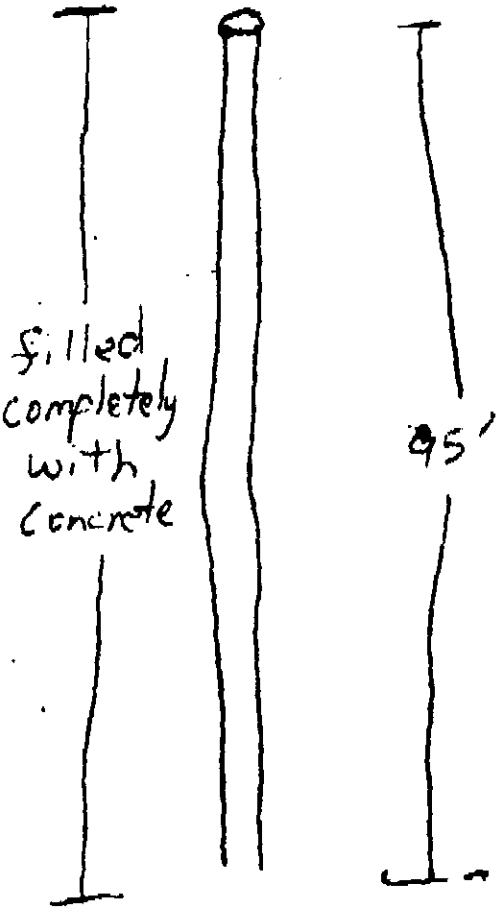
Other
Type material Concrete
Amount 7 Bags

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
Poured by hand

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

Michael Francis 10-14-96
Signature of Contractor or Agent Date

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.

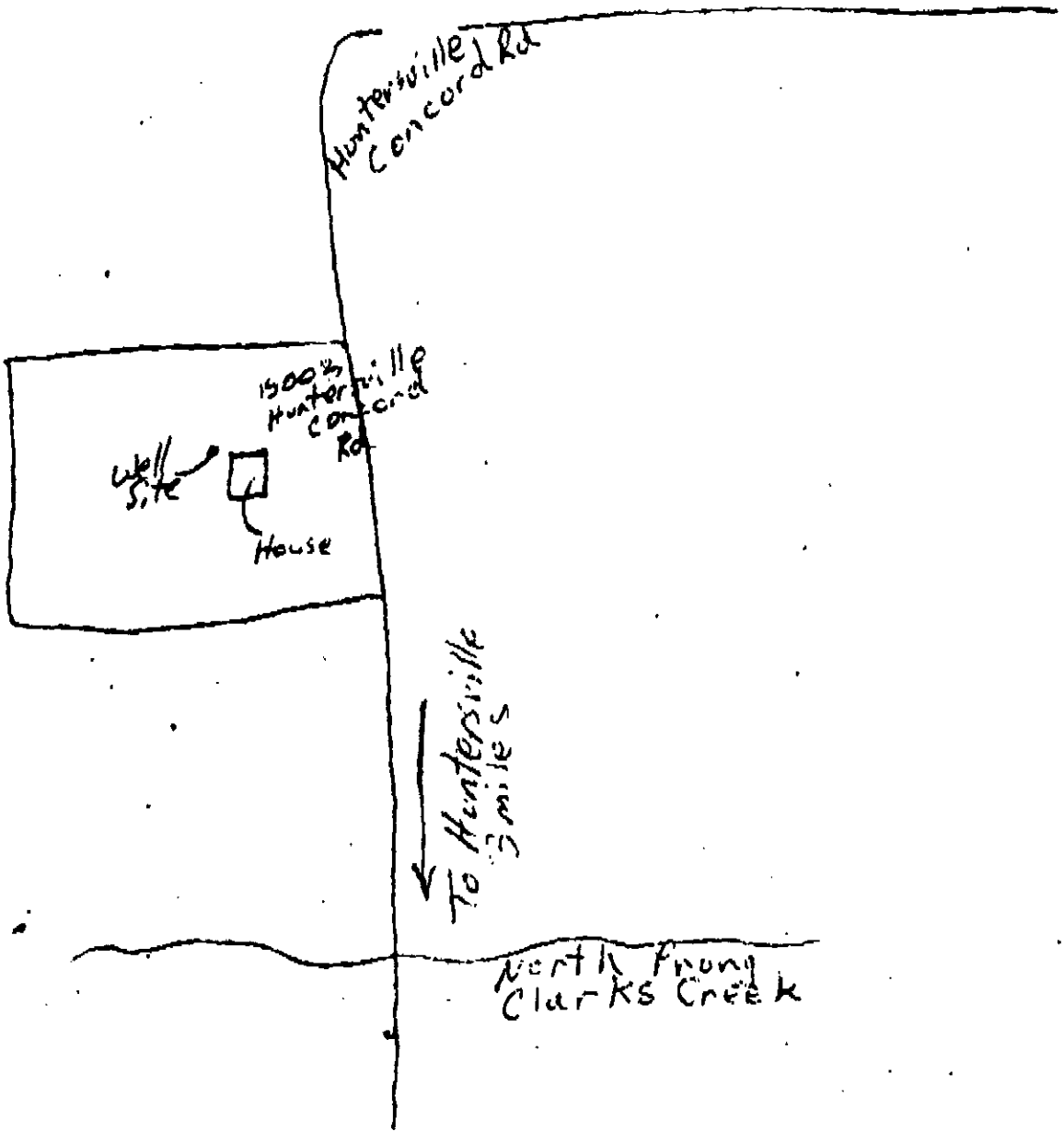


Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 2/28/90

File 1586B

WELL LOCATION: Draw a location sketch 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. .



File 1586B

North Carolina
Department of Environment, Health, and Natural Resources
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Michael Francis REG. NO. 1644

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Huntersville County Mecklenburg

15003 Huntersville-Concord Rd Quadrangle No. _____
(Road, Community, Subdivision, Lot. No.)

2. OWNER: Scott Bradford

3. ADDRESS: 15003 Huntersville Concord Rd

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

5. USE OF WELL: Domestic DATE: 10-14-96

6. TOTAL DEPTH: 95' DIAMETER: 2"

7. CASING REMOVED:

feet	diameter
0	

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement ____	bags of cement ____
gals. of water ____	yds. of sand ____
	gals. of water ____

Other

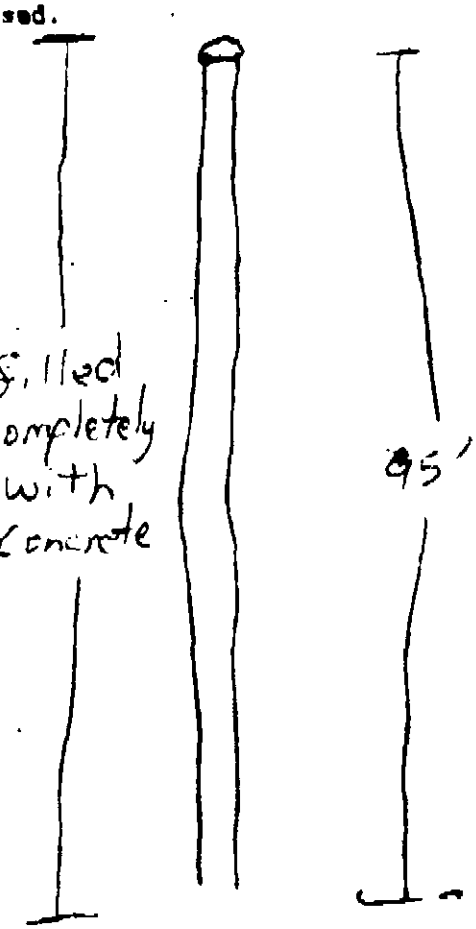
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