

4434 HAMILTON CR

04122306

6/1/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

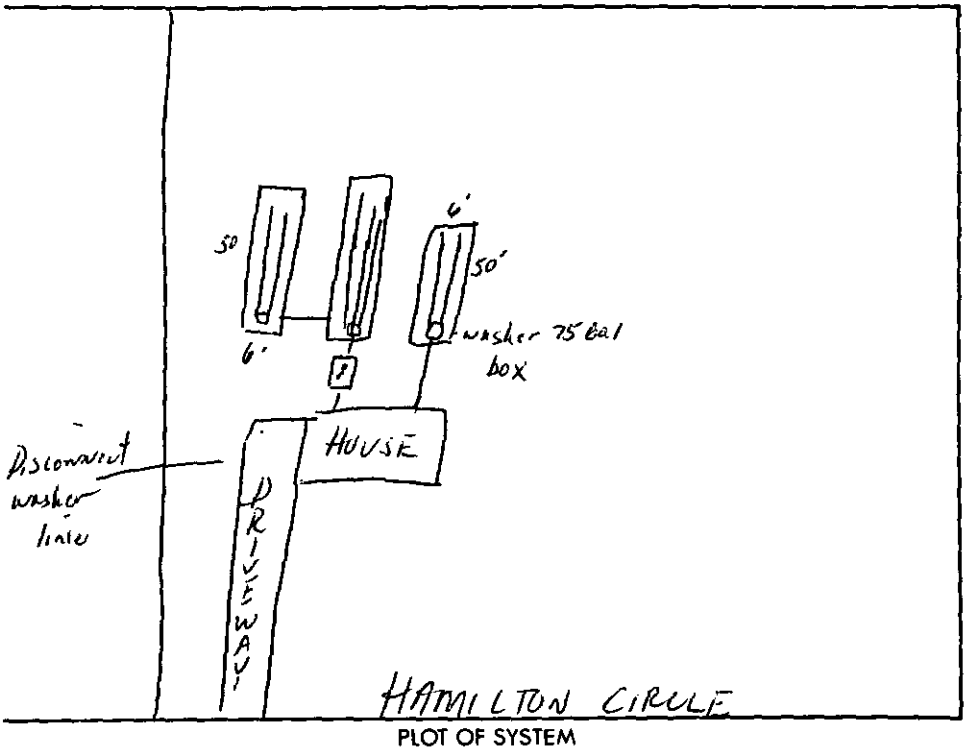
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5526 A DATE: 11/16/89

TC: _____ ☐ L

SERIAL Nº 13045

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 9/28/89. All work shall be completed on or before 12/16/89, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:	Washer line	Bed Repair
Trench Width	6'	6' feet
Total Line Length	100'	100' feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER McArthur Sanders

LOCATION OF PROPERTY 4434 Hamilton Circle

Comments: Disconnect Washer line straight pipe. Washer line 6' x 50' x 12" old Repair 6' x 50' x 18" stone

Division or Section Head

Phila A. Walker
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

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
On Premises Waste Disposal Section

Field I.D. Number 171431 Phone:

Site Sampled _____ Home _____

Address Hamilton Circle Creek Work _____ Lab I.D. # 396

Source Sampled Creek Delivered To Lab On: Rec'd By Williams

Sample & Evaluation By P. Walker Date 10/18/89 Time 2:30 ☐AM ☒PM Data Rec'd OCT 18 1989

Date Sampled 10/18/89 Time 11:00 ☒AM ☐PM Delivered By P. Walker Time 1600

Chloride ☐ _____ ppm Total Colifarm ☐ _____ /100 ml Cu ☐ _____ ppm Ca ☐ _____ ppm

Nitrate ☐ Non-Colifarm ☐ _____ /100 ml Fe ☐ _____ ppm Mg ☐ _____ ppm

UV spec _____ ppm Fecal Colifarm ☒ 160 /100 ml Mn ☐ _____ ppm Hardness ☐ _____ ppm

Chromatrophic acid _____ ppm Fecal Strep ☒ 100.00 /100 ml Zn ☐ _____ ppm pH ☐ _____ Units

Remarks 160 ÷ 10,000 = .016 fecal Coliform

Analyst [illegible]

Date OCT 20 1989

Date Completed _____ Lab Director _____

(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/NA*
(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/NA*
(11)	Septic tank effluent absent on surface of ground?	☐ Y	☐ N	☐ NR/NA*

*SPECIFY IN COMMENT SECTION.

COMMENTS:

!naa! _____ !salutation! _____

PARAGRAPHS

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Notified _____

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

September 7, 1989

McArthur Sanders
4434 Hamilton Circle
Charlotte, NC

Dear Mr. Sanders:

On March 9, 1987 an improvement permit application was processed in our office for the purpose of repairing your septic system malfunction.

After numerous contacts with you by members of this department a repair permit was issued to James Stewart (septic contractor) in your behalf on June 28, 1989. This permit was valid for thirty (30) days.

Your failure to act on this permit prompted a call to you on August 22, 1989 and may result in legal action being taken against you.

On August 24, 1989 we again failed to speak with you directly but left a message with you daughter stressing the need for responsive action to be taken.

On August 28, 1989 during a phone conservation you indicated to me that you would furnish this office with a statement of why there was a delay and when you would be able to repair your septic system.

On September 5, 1989 a call was again placed to you and your son Darren indicated your admittance to the hospital for short term medical treatment.

This department has no alternative but to require that this repair be completed by September 15, 1989. Failure to do so will result in a criminal summons being filed against you by this department. As indicated above we have assisted you as much as possible in resolving this problem.

If we may be of further assistance please call between the hours of 4:00-4:30 p.m. at 376-4603.

Sincerely,

Philo S. Walker R.S.

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

PSW/ir

Mecklenburg County
Health Department
ENVIRONMENTAL HEALTH DIVISION

LOG NO: 1

REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: 08 / 24 / 89 (MONTH / DAY / YEAR)

SECTION: OPWP (AQ, WQ, FOOD, DC, MILK, POC, S&HW, OPNS, VC)

TO: **DIRECTOR**

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER: _____

Against: MCARTHUR SANDERS

Violation: SEWAGE GS 130A-335A

Circumstances: (Outline Briefly) Septic system malfunction, effluent surfacing to ground ~~surface~~.

Philo S. Walker
ENVIRONMENTALIST

Violation Notices (Date & Results):

6/28/89 Repair permit issued to James Stewart.

8/22/89 Call left message with wife on criminal summons procedures

8/24/89 Left message with daughter, Regions father will be out of town until Sat.

8/28 Contacted Mr. Sanders at work. Said that he would bring statement by office explaining why & when he would be able to repair system. 8/29/89

Other Contacts: Sept 7, 1989 Violation letter sent to Mr. Sanders. No response was made in regards to the letter

9-19-89 - Called work # - Mr. Sanders is out of work due to illness

loan from Associates - stewart contacted

9-21-89 - Mr. Sanders working ECMND for Health Hazard Mr. Vaughan to supervise survey of area

Approved for proceeding with action:

Supervisor: _____ DATE: _____

Ass't Director: _____ DATE: _____

Director: _____ DATE: _____

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

10-5-89 Site visited with w Ramsey Soil Scientist to determine Repair Soil Suitability. while at location observed effluent at approximately the location of the tank. Apparent non Activated Effluent Line to the System was located crossing onto the adjoining property. Soils appear to be marginal for onsite Repair. Vagh

10-12-89 Vaughn / walker Hamilton Circle Neighborhood Survey Lot # 7 Straight pipe Seen. No malfunctions noted on Lots Checked. Vagh

10-18-89 walker Sanders Creek Basin Neighborhood for Fecal Coliform. Results within Normal Limits. Vagh

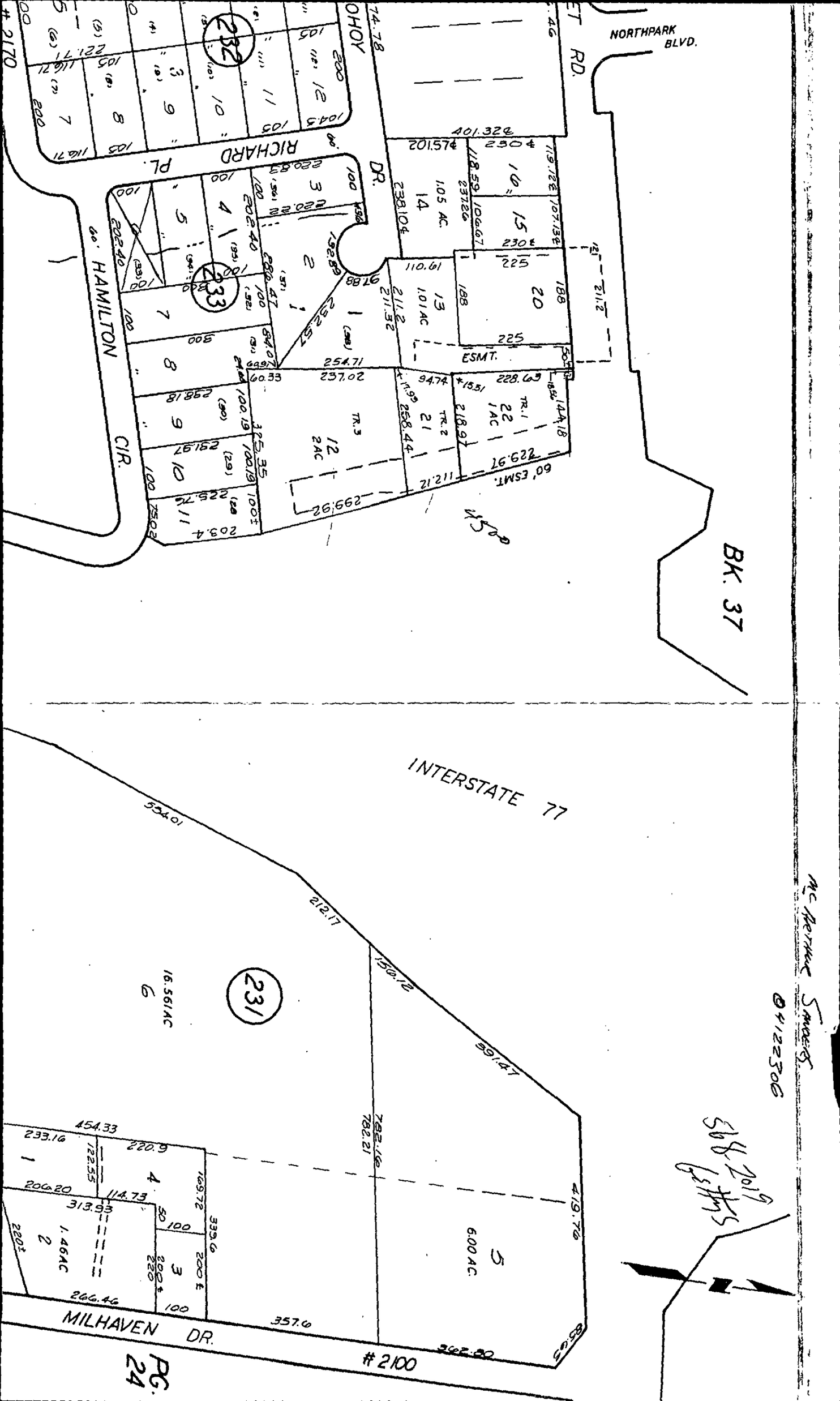
11/2/89 Violation Notice sent to Mr. Sanders 4434 Hamilton Cir

11/2/89 violation notice sent to Frank Headen Asso. 4426 Hamilton Cir.

Violation Notice

(1) Repair the Septic

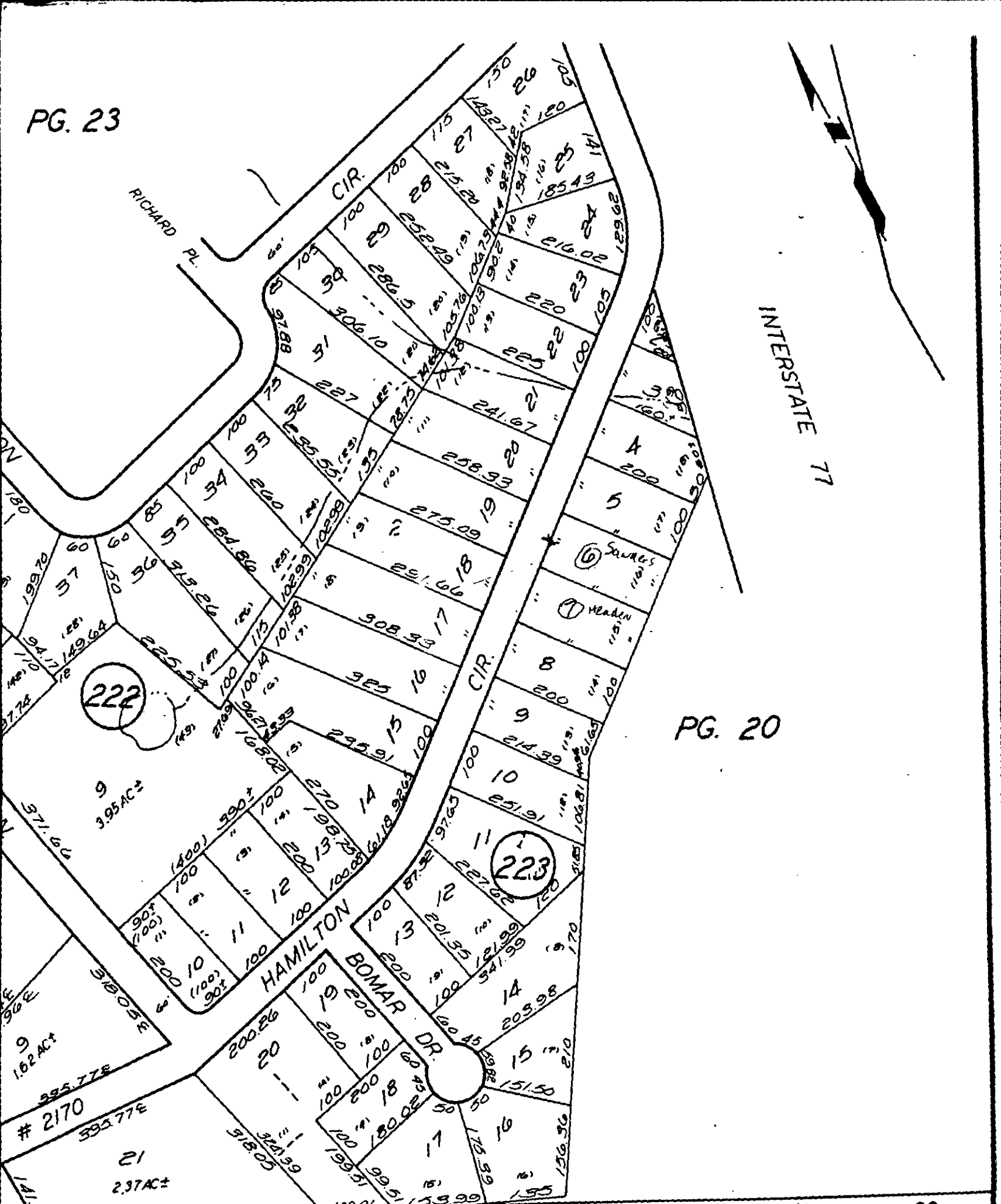
(2) Development Survey. Extension + Top on Ea. Shred Participant


NORTHPARK BLVD.
RICHARD PL.
DR.
HAMILTON CIR.
60' HAMILTON
ET RD.
OHOY
ESMT.
60' ESMT.
BK. 37
INTERSTATE 77
MILHAVEN DR.
2100
2170
PG. 24
232
233
231
TR. 1
TR. 2
TR. 3
1.05 AC.
1.01 AC
2 AC
1.46 AC
16.561 AC
6.00 AC.
401.32
201.57
238.10
110.61
254.71
237.02
94.74
228.63
218.97
229.97
299.92
212.17
150.12
591.47
782.16
419.76
454.33
233.16
220.9
200.20
114.73
313.93
246.46
357.6
362.80
50.58
MC ARTHUR SURVEYS
04122706
5684 2019

Check
Listed
Water Monument

4500
4508

Hwy 75 & 2504



TAX LINE MAP BOOK 41 PAGE 22

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED AUG 18 1988 | SCALE 1" = 200'

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

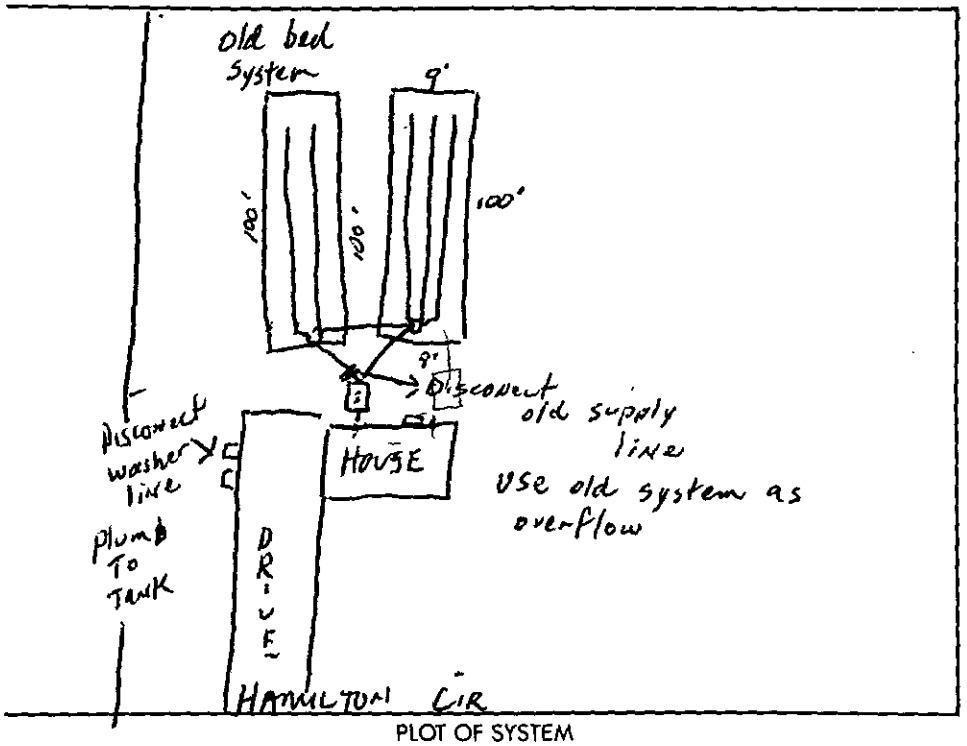
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5526 A DATE: 6/28/89

TC: — ☐ L

SERIAL № 12789

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 6/28/89. All work shall be completed on or before 7/28/89, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines (Bed)

Trench Width 9' feet

Total Line Length ~~300'~~ 100' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 7100' feet

NAME OF OWNER McArthur Sanders

LOCATION OF PROPERTY 4434 Hamilton Cir

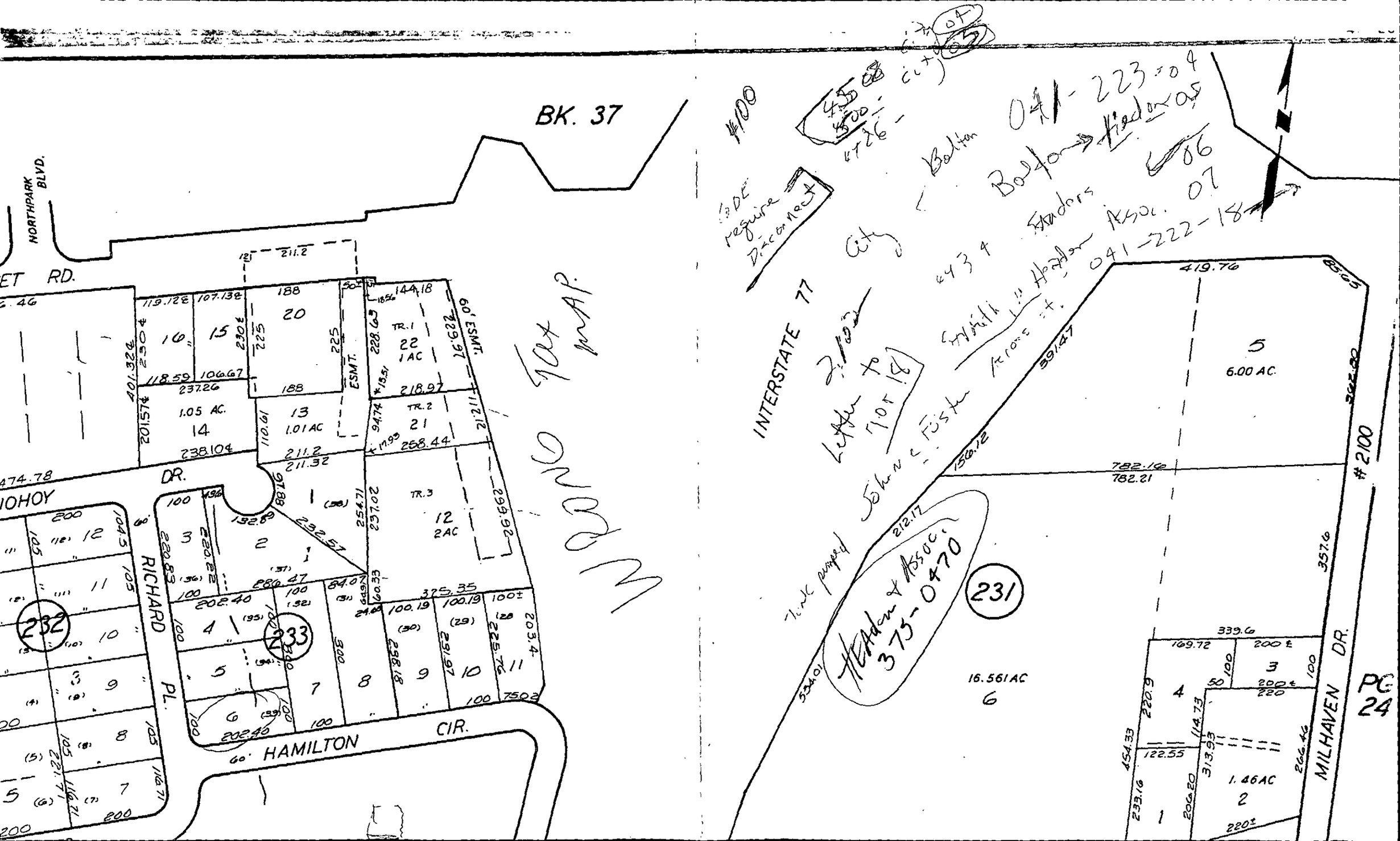
Comments: Disconect washer line straightpipe. Plumb washer line to tank
Used old bed system as overflow
Bed 100'X9'X12" Stone

Division or Section Head

Philo S. Walker
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY


BK. 37
NORTHPARK BLVD.
ET RD.
DR.
IOHOY
RICHARD PL.
HAMILTON CIR.
60' ESMT.
ESMT.
INTERSTATE 77
MILHAVEN DR.
#2100
PG 24
231
232
233
TR.1
TR.2
TR.3
22 1AC
21
12 2AC
1.05 AC.
14
1.01 AC
13
6.00 AC.
5
16.561AC
6
1.46AC
2
Heaton & Assoc. 375-0470
Walnut Tax Map
Bolton 041-223.04 → Hedgon 05
Bolton 06
Standers 07
Sewell to Hazlett Assoc. 041-222-18
City of Bolton
Lutter to Lot 14
Sekuler Fuste
Acres ±
Tank pumped
Code requires Disconnect
#100
455 5500 (city)
4726 -
64.34
2.150
Lot 14
1.46 AC
2
1
1.05 AC.
14
1.01 AC
13
22 1AC
21
12 2AC
6.00 AC.
5
16.561AC
6
231
232
233
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#100
455 5500 (city)
4726 -
64.34
2.150
Lot 14

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5526A
TC: _____
SERIAL: № 17909 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4434 (STREET NO.) Hamilton Circle (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 011-233-06
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: McArthur (FIRST) _____ (MIDDLE) Sanders (LAST)
⑨ MAILING ADDRESS: 4434 Hamilton Circle
⑩ CITY: Charlotte, N.C. ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 597-9820 Ext 330 ⑭ (HOME) 399-7264

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? 2
㉕ Type? _____
㉓ Maximum occupancy? 4
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: McArthur Sanders
Date: 3/9/89

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.