

16335 BELLE ISLE DR

00131243

6/18/08

marliwr

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

Cornelius NC 28031

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11340 DATE: _____

TC: 001-312-43 ☐ L ☐ CRT

SERIAL № 17657

001-312-43

Name of Owner William A. & Sherry L. Augustine Juris.: _____

Address of Property 16335 Belle Isle Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 60'

Number of Lines #1 27' #2 23' #3 @ 16'

Cover Depth 6"

Water Supply Source Priv. well

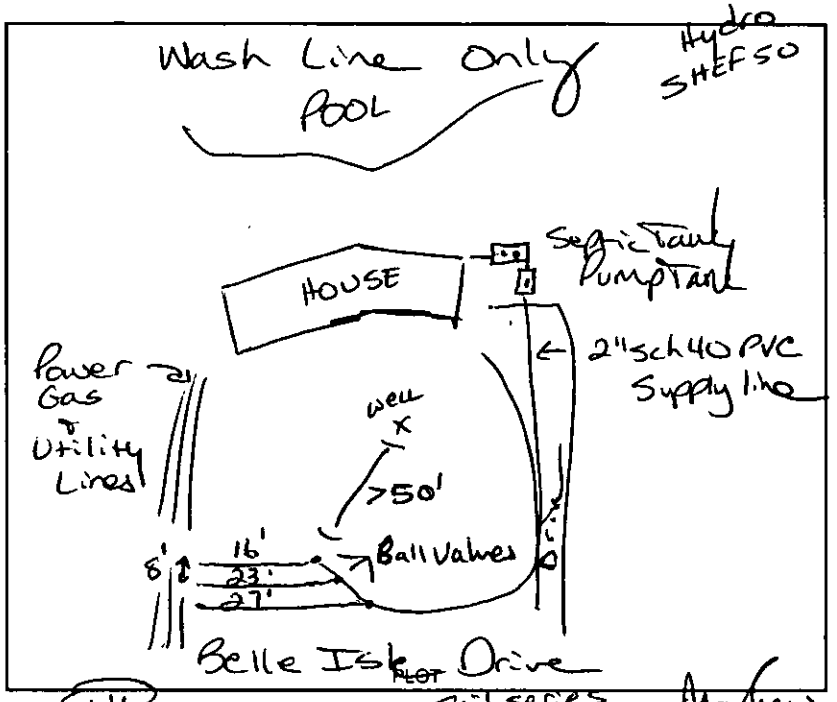
Distance to Water Source 50'+

Excavation Inspected 7-8-98

Tank(s) Inspected 7-8

Wash Line Inspected 7-8

High Water Alarm Inspected _____



Design 1500 ST, 1000 DT, P1, PPBPS, 120 SF, T, 30" sand (WL) soil series not determined CTR# Mayhew 79

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 IVa PPBPS washer line alteration 4 bedrooms * System originally designed for 90' of line – due to site limitations 60' of line is all that could be installed. Kelly Randall was notified before installation was complete

_____
Environmental Health Specialist

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

11370

MECKLENBURG COUNTY
Health Department

August 27, 2004

Robert Qutub
16335 Belle Isle Drive
Cornelius, NC 28031

Dear Mr. Qutub:

It has come to my attention you are recently in receipt of a letter from this department concerning the maintenance contract with your Certified Septic System Operator serving your residence. Due to a clerical error this letter was sent to you erroneously and I regret any confusion this may have caused you or Tri County Wastewater. I have personally spoken with Mr. Bannister and am assured that all contracts concerning your septic system are in force.

Please call me personally at (704) 336 5575 if you have any questions concerning this matter.

Sincerely,

Kelly H. Randall, R.S.
Senior Environmental Health Specialist
Mecklenburg County Health Department

N. C. Department of Environment and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

Owner William A. & Sherry L. Augustine Mailing Address 16335 Belle Isle Drive Cornelius, 28031

Occupant _____ Location 16335 Belle Isle Drive Cornelius, 28031

☒ Residence ☐ Business ☐ Other Tax Parcel #001-312-43

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568 / 336-5103.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) Obtain a valid maintenance with a Certified Operator in accordance with .15A NCAC 18A. 1961 (e)

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 25, 2000, appropriate legal action will be taken.

Notice Issued March 22, 2000 (Date) Signed Larry Thompson, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

Mecklenburg County
Health Department

February 16, 2000

William A. and Sherry L. Augustine
16335 Belle Isle Drive
Cornelius, NC 28031

Dear Property Owner:

Bobby Mayhew, certified operator, has notified this office that he will no longer be performing the required maintenance inspections for the septic systems that he has previously managed within Mecklenburg County.

To our knowledge, Mr. Mayhew has not performed the required inspections of the systems that he was to manage during the previous year. Periodic maintenance of low-pressure pipe distribution wastewater systems is a critical factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect the public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This office cannot stress enough the importance of a good management program as it relates to your septic system and protecting your investment. You are requested to submit a new contract with a certified operator to our office by March 17, 2000. Enclosed you will find a list of certified operators in the immediate vicinity of Mecklenburg County. If I can be of further assistance in this matter, please feel free to contact me at (704) 336-5568.

Sincerely,

L.B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems Program

Enclosure

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg
Agreement Number _____

AGREEMENT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEM

This Agreement is entered into this 7th day of April, 2000, by and between Tri-County Wastewater Management Inc. ("Tri-County") of Charlotte, N.C., a North Carolina Corporation and William Augustine ("Owner").

Preamble

Tri-County is contracting with the Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV, or V system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for type IV and V systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. Tri-County is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage and inspect type II, III, IV, and V systems.

In consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and Tri-County as stipulated below.

Conditions of the Contract

A. Tri-County, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local health department or other regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

a) to notify the local health department within 48 hours.

b) to give notice to the Owner of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then at the Owner's request, Tri-County will provide an estimate and, at the authorization of the Owner, will perform the necessary repairs at Tri-County's then prevailing charges for services and materials.

4) If Tri-County's services are terminated, Tri-County will notify the local health department within 48 hours, and notify any other regulatory agency requiring notice as required.

B. The Owner, in consideration of the services performed, agrees:

1) To pay Tri-County for its services according to the schedule of charges set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize Tri-County to complete the needed repairs.

3) To notify Tri-county promptly of any emergency or malfunction which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To provide and to maintain at all times, such access to the System as is reasonably necessary for Tri-County to comply with its obligations under this Agreement.

C. **TERMS OF THE AGREEMENT**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this Contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party, and not less than 30 days notice to the local health department or other regulatory agency having jurisdiction.

5) This Agreement may be terminated for cause for breach, which remains unremedied after 15 days written notice to the defaulting party.

D. **LIMITED WARRANTY**

TRI-COUNTY'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TRI-COUNTY UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TRI-COUNTY OR ACCEPTANCE OF THE WORK BY TRI-COUNTY DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TRI-COUNTY.

E. **MISCELLANEOUS**

1) Transfer of rights, responsibilities, and duties under this Agreement by either party shall be valid only on written notice and consent signed by both parties, which consent shall not be unreasonably or arbitrarily withheld.

2) Tri-County may perform its duties and responsibilities by subcontract but Tri-County will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by either party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner:
William Augustine
16335 Belle Isle Dr
Cornelius NC 28031

Tri-County Wastewater Management, Inc.
8037 Fairview Road
Suite G
Charlotte, NC 28227

Health Department:
Mecklenburg County Environmental Health
700 N. Tryon St., Suite 211
Charlotte NC 28202

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

Attest: _____ **Owner:** _____

Attest: _____ **Tri-County Wastewater Management, Inc.**

By: _____

Title: President

North Carolina Certified Operator

By: _____

License number: SS 12248
SI 23910
2WW 24666

ATTACHMENT A

1. **COST**: INITIAL CONTRACT YEAR - $ 250.00
RENEWAL YEARS - $ 250.00

a. The Owner shall pay to Tri-County the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual fees may be amended upon 60 days advance notice to the Owner. The Owner shall pay to Tri-County his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to Tri-County and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

2. **PERFORMANCE DUTIES**:

- Inspection procedures and services that meet or exceed all state and local regulatory requirements.
- Inspections performed: X bi-annually ___quarterly ___monthly ___weekly ___annually
- Inspection report copies are sent to the Health Department as required.
- Inspection report copies are sent to the homeowner at each inspection.
- Emergency service calls at no additional charge.
- 24-hour accessibility through toll free 800 number or digital pager.
- The Owner will be advised with the need for pumping the individual septic tanks.

ATTACHMENT B

1. **PHYSICAL ADDRESS OF SYSTEM(S)**

a. 16335 Belle Isle Dr.
Cornelius NC 28031
T & J Panel System

b.

c.

d.

Mecklenburg County
Health Department

December 20, 1999

William A. and Sherry L. Augustine
16335 Belle Isle Drive
Cornelius, NC 28031

Dear Mr. and Mrs. Augustine:

The required inspections for the Type IVa septic system that serves as the washing machine wastewater treatment and disposal system for the residence located at 16335 Belle Isle Drive, Cornelius, North Carolina is past due.

A review of our files reveals that the required maintenance contract for this system has never been submitted. Mayhew Septic Service originally agreed to provide this service for the property, however, the paperwork has not been forthcoming. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment, Health, and Natural Resources, Division of Environmental Health On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

Enclosed is a copy of the information we have on file. Please submit a new contract with a certified operator to our office by January 19, 1999.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5568 between 8:00 – 9:00 a.m., Monday through Friday, or leave a message on my voice mail.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Certified Operators List
Maintenance Contract

cc: Mayhew Septic Service

Mecklenburg County
Health Department

July 9, 1998

William & Sherry Augustine
16335 Belle Isle Drive
Cornelius, NC 28031

Re: 16335 Belle Isle Drive
File: 11340
Parcel: 001-312-43

Dear Mr. & Mrs. Augustine:

At your request, an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection, it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal Systems 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design and .1961 Maintenance of Sewage Systems. "Our comments follow:

1} (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finish grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2} (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

3} (1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

4} (3) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit

that subsequent owners of the systems execute such a contract.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is **required** for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5568 to discuss any questions you may have concerning this matter.

Sincerely,

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gc

CK# 16362

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/4/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-21-98 **PERMIT NO:** 11340
PARCEL NO: 001-312-43

JOB LOCATION ADDRESS: 16335 Belle Isle Drive
PROPERTY OWNER: Sherry C. Augustine
BUILDING CONTRACTOR: Hopkins & Hopkins
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson, R.S. **DATE:** 1-21-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: See Conditions Of The Improvement Permit
(Certified Operator Required for Maintenance of PPBPS)

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.

X _____ 2-4-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 11340

Tax Number: 001-312-43

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
*Alteration is a type IV

- ✓ Conventional Existing Septic
- * 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

.3 Long-term acceptance rate	490 Max gallons/day wastewater flow	180 Absorption Area (sq ft)	8' Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	90' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone SAND 30"	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions:
SYSTEM ALTERATION CPP/PPBPS washer drainfield
* Septic and pump tank added in the event septic needs to be repaired in the future.
* Management Entity (certified operator contract) required to operate type IV PPBBS system for this lot

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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

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 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 Approval is granted by this Department.
- This Improvement permit is transferable.

Larry B. Thompson, Jr. RS 1-21-98
DEHNR Authorized Agent (Date)

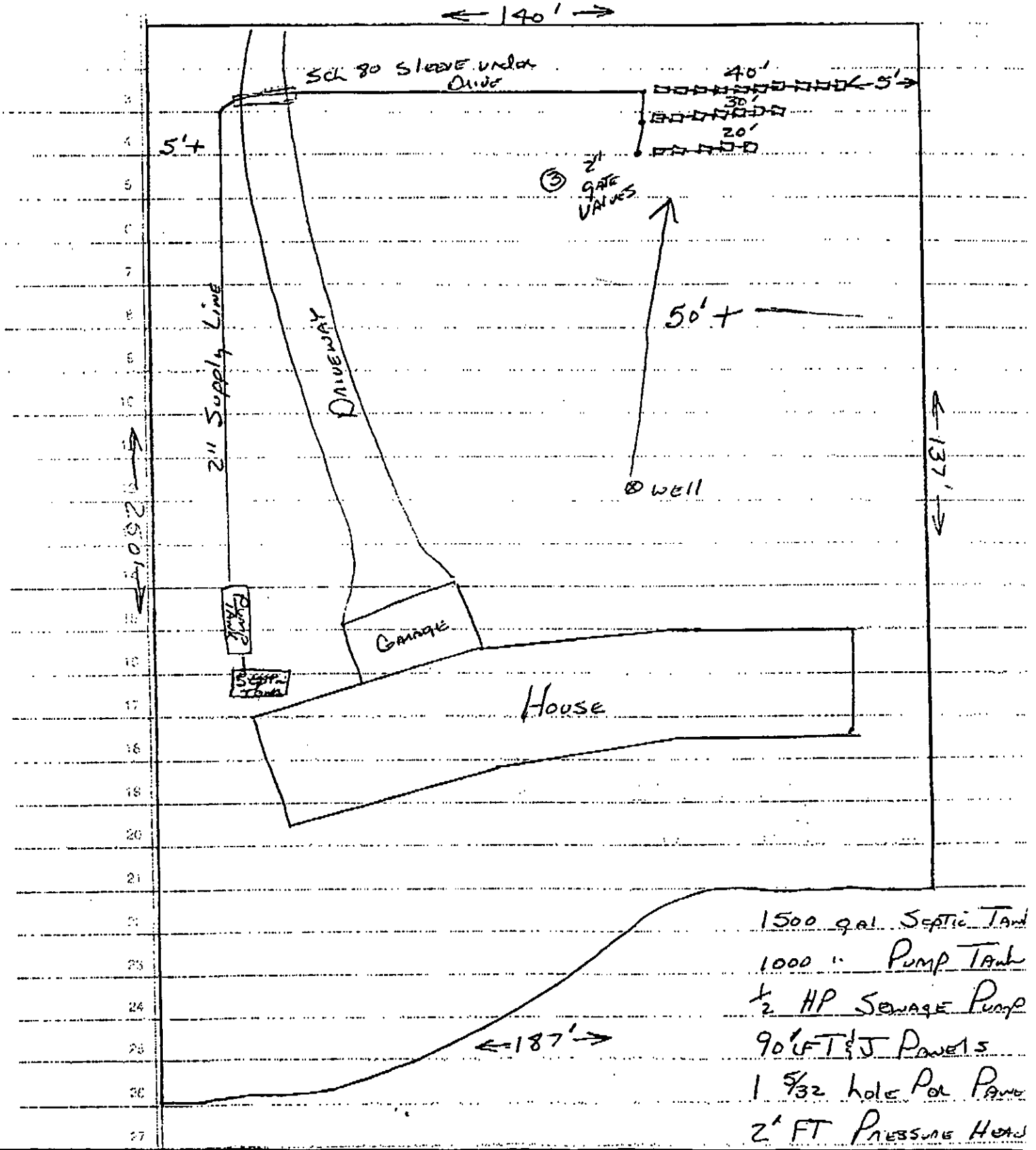
X [signature] 2 4 98
Owner/Agent Signature Date

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

Sherry Augustine's

16335 Belle Isle Drive



1500 gal Septic Tank

1000 " Pump Tank

½ HP Sewage Pump

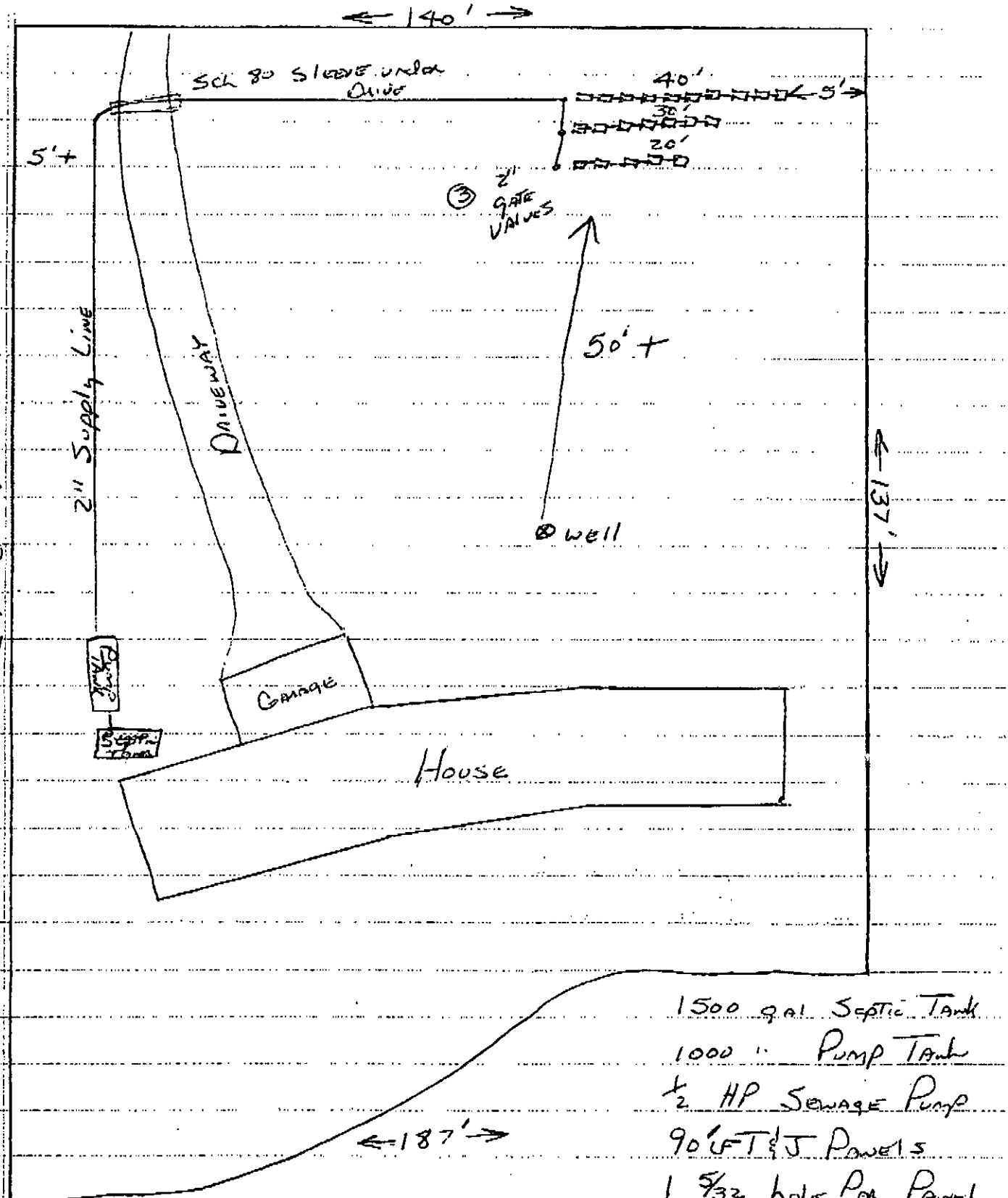
90' FT & J Panels

1 5/32 hole Per Panel

2' FT Pressure Head

Sherry Augustine's

16335 Belle Isle Drive



1500 gal Septic Tank
1000 " Pump Tank
½ HP Sewage Pump
90' FT & J Panels
1 5/32 hole Per Panel
2' FT Pressure Head

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11340

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

X PERSON FILING APPLICATION:
NAME: Augustine (last) Sherry (first) L. (mi)
ADDRESS: 16335 Belle Isle PHONE: 704 895 8798
CITY: Cornelius STATE: NC ZIPCODE: 28031

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-312-43
STREET ADDRESS: 16335 Belle Isle Dr
ZONING:

PROPERTY OWNER: WILLIAM &
NAME: ~~HOME~~ AUGUSTINE SHERRY (last) (first) (mi)
ADDRESS: Same as above PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

X ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
baths bedrooms total of 4
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Sherry Augustine Date: 10/15/97

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

... 10.24.97 House addition will be over washing machine drainfield.
1-20-98 Bobby Thurlow has submitted Plan for pressure panel block washing machine drainfield - approved by L. Lankford

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Thompson Jr. R.S. 1-21-98
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

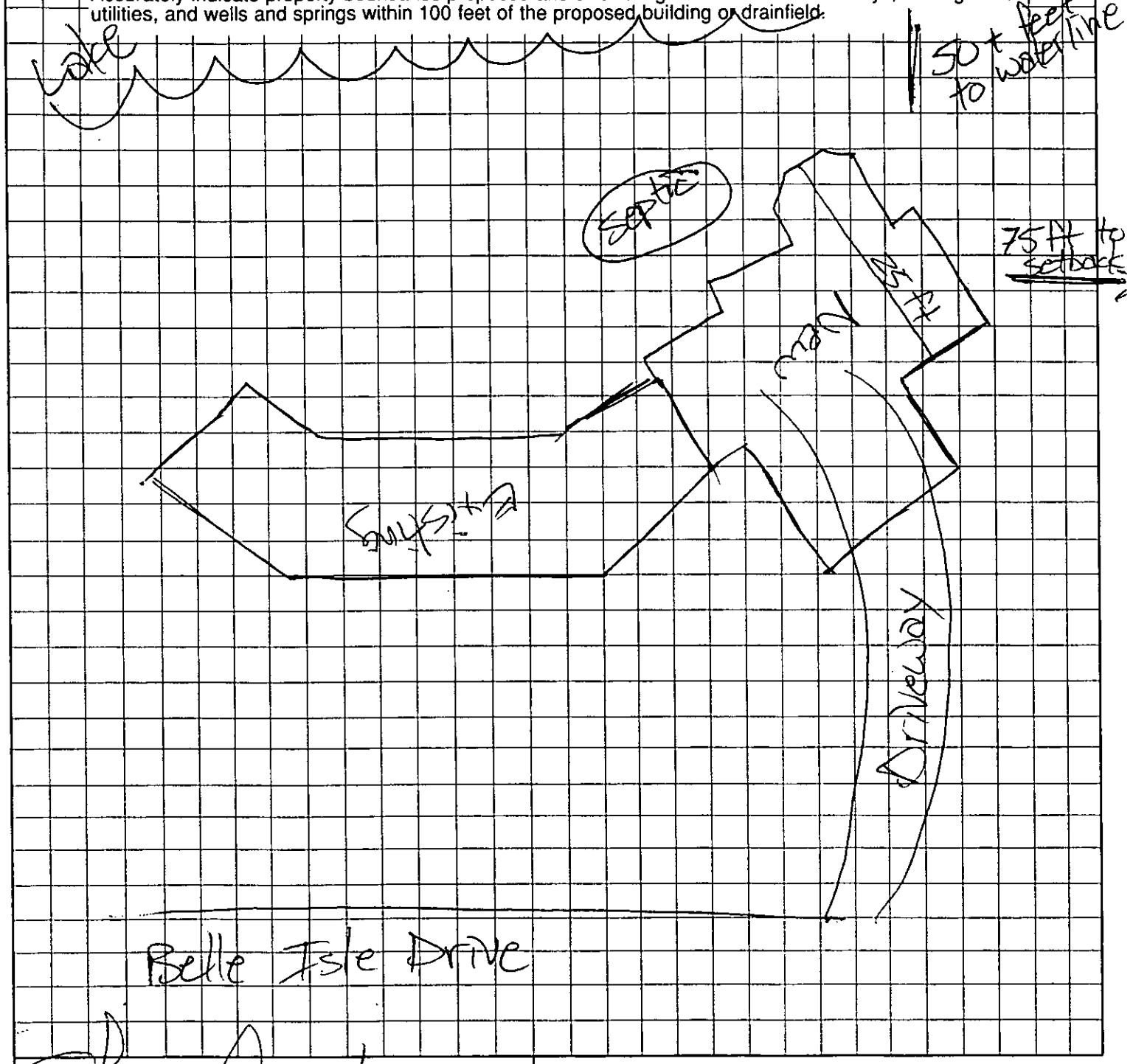
COPY

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

FILE: 11340

TC: 601-312-43

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.



Sherrie Augustine
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Mecklenburg County
Health Department

file copy

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: August 5, 1997

Ref: 16335 Belle Isle Drive/File 11340

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Sherry Augustine originally paid $200.00 for an alteration of septic system for rennovations on July 23, 1997.

A refund should be issued for $150.00 because the rennovations did not warrant an alteration of the septic system, it was determined that the existing system could be used as it was.

Please make check payable to: Sherry Augustine
16335 Belle Isle Drive
Cornelius, NC 28031

FEE: 200.00 CK # 2125
DATE: 7/22/97 SC

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

-- - 400.00
[X] 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 #: 11340

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-312-43

STREET ADDRESS: 16335 Belle Isle Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 49 sec 2

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: ≈2400 sq. ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 8-4-97 Use existing system for 4 bedroom renovation. JCT

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Second level addition including 3 bedrooms; existing bedrooms will be eliminated. Total renovated bedrooms will be 4; existing permit is for 3.

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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Augustine William A.
(LAST) (FIRST) (MI)

ADDRESS: 16335 Belle Isle Drive

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 895-8798

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: Sherry Augustine DATE: 7/22/97

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

COPY

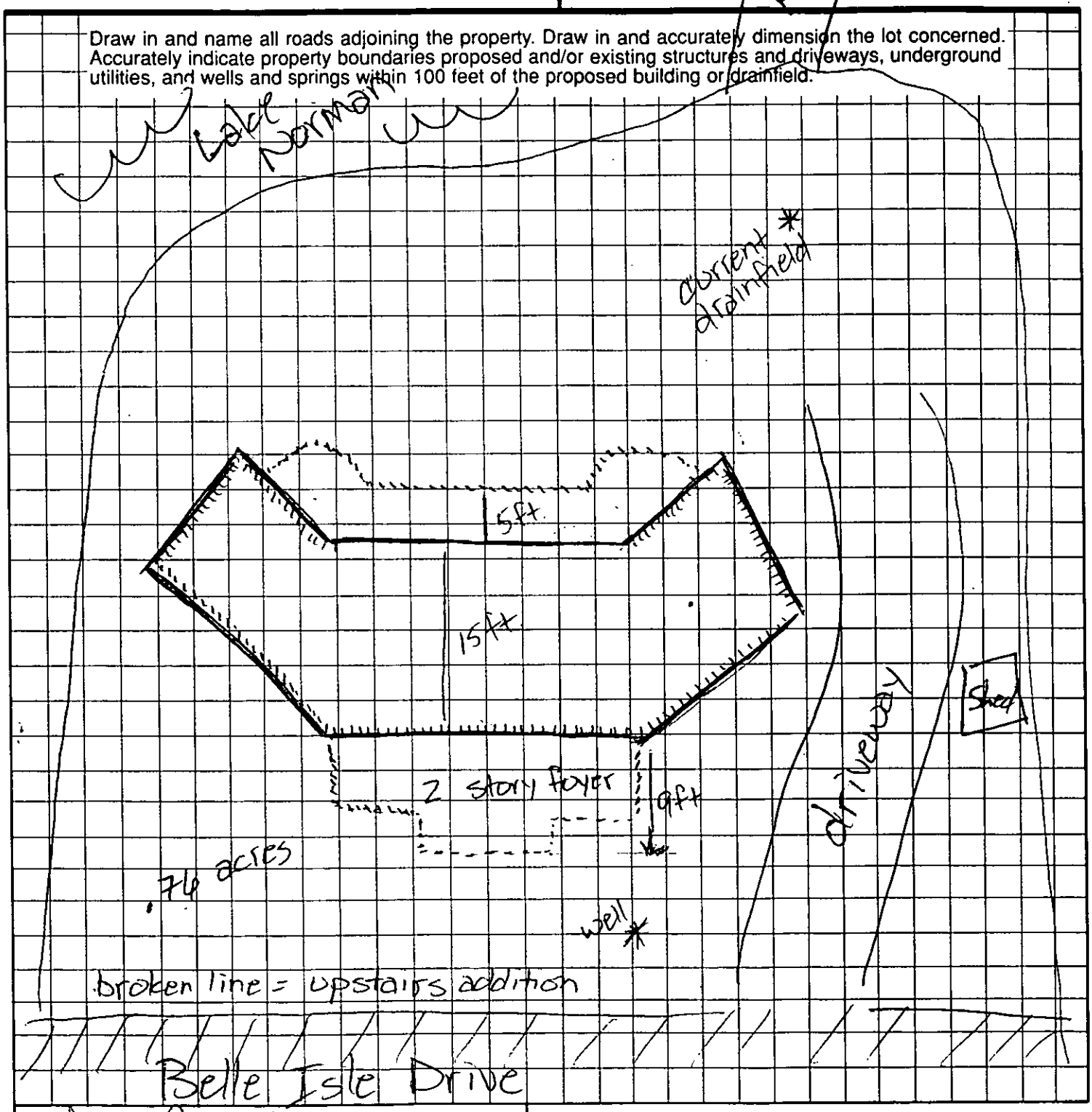
PROPOSED PLOT PLAN

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

FILE: 11340

TC: 001-312-43

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.



Sherry Augustine
OWNER/AGENT SIGNATURE

DATE 7/22/97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy