

5412 COUNTRY WOODS DR

19514126

8/20/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

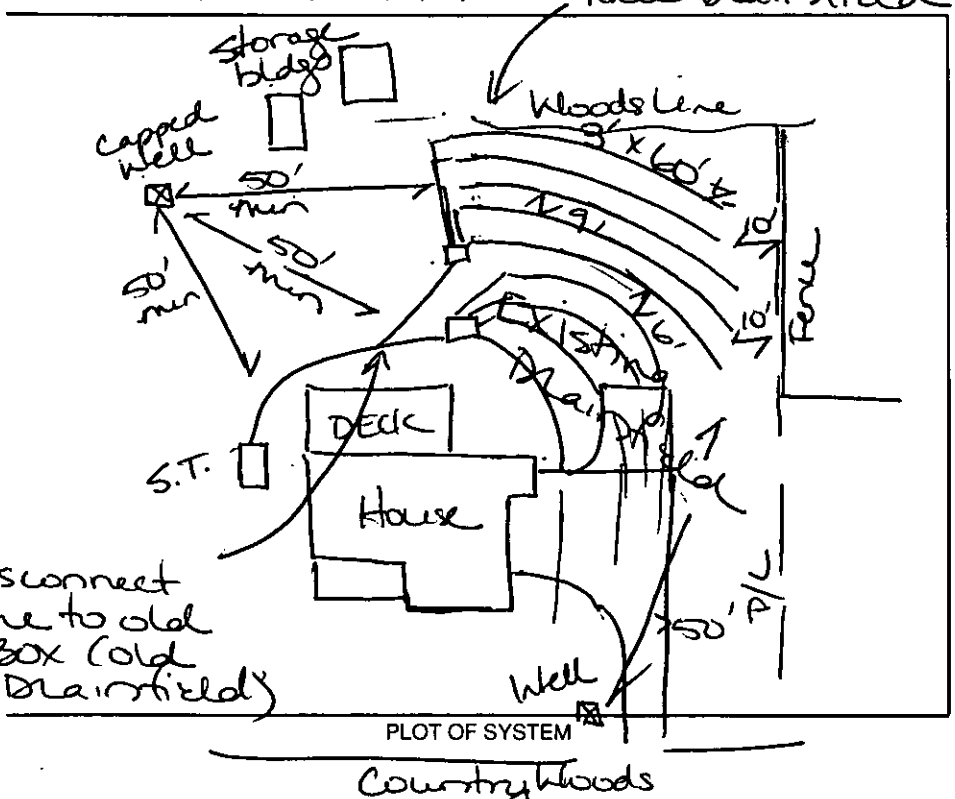
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19130 DATE: 4/8/97

TC: 195-141-26 ☐ L

SERIAL Nº 17168

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 4/8/97. All work shall be completed on or before 5/8/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction N/A

Trench Depth ~30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300 feet

Number of Lines 5 @ 60' (±) each

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min. feet

Capped well AND well in front yard

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

NAME OF OWNER Richard + Diane Speight

LOCATION OF PROPERTY 5412 Country Woods Drive

Comments: Repair -

- Eliminate use of old drainfield - install new drainfield - 5 lines @ 3'W x ~60'L x 18" Gravel

- Keep 50' minimum from ANY Well

- Check Septic tank for sludge depth - pump if necessary.

Iba B. Malik, RS
Environmental Health Specialist

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

FEE: N/A
DATE: 4/8/97

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 #: 19130

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-141-26

STREET ADDRESS: 5412 COUNTRY WOODS DR.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1600 ft

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE: BRICK

__ 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	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: SPEIGHT RICHARD H.
(LAST) (FIRST) (MI)

ADDRESS: 5412 COUNTRY WOODS DR.

CITY: MINT HILL STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 845-3171

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JULY 1983

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: Richard H. Speight DATE: APR 8, 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: NA **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/8/97 PERMIT NO: 19130
PARCEL NO: 195-141-26

JOB LOCATION ADDRESS: 5412 Country Woods Drive
PROPERTY OWNER: Richard + Diane Speight
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: Country Woods
AUTHORIZATION ISSUED BY: Shea B. Malik RS DATE: 4/8/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19130, 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:
Repair
See repair approval

OWNER CERTIFICATION

PREPAID

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.

Richard D. Speight 4/8/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 19130 — 5812 Country Woods Dr — Tax Number: 195-141-26

- 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	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Y/S Serviced by private well	___ 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)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair Eliminate use of old drainfield. Install new drainfield, - 3 lines 3'W x 160'L x 18"D. Keep 50' minimum from any well			
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
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	18" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth
For existing system, enter the year originally installed: 1983			

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.

Lora B. Mialik, RS 4/8/97
DEHNR Authorized Agent — Date

Owner/Agent Signature — APR 8, 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



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ISSI Operations Center Staff

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195-14-1-26

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

WELL ABANDONMENT RECORD

CONTRACTOR SELF REG. NO.

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

Nearest Town: MINT HILL N.C. County MECKLENBURG

5412 COUNTRY WOODS DR. Quadrangle No.
(Road, Community, Subdivision, Lot. No.)

2. OWNER: RICHARD H & DIANE SPRUNT

3. ADDRESS: 5412 COUNTRY WOODS DR.

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

5. USE OF WELL: NOT USED DATE: 4/1/97

6. TOTAL DEPTH: 140' DIAMETER: 6"

7. CASING REMOVED:

feet	diameter

8. SEALING MATERIAL:

Neat cement: bags of cement 1 QT gals. of water ____

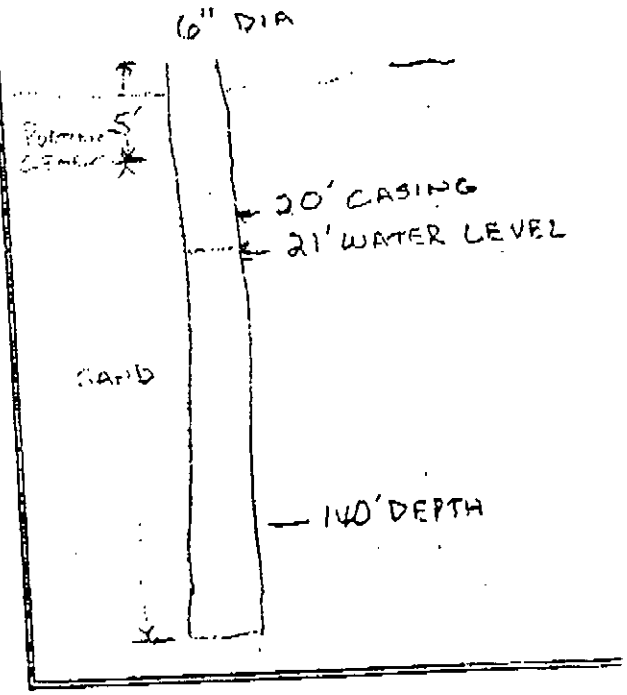
Sand cement: bags of cement ____ yds. of sand ____ gals. of water ____

Other: Type material SAND / PORTLAND CEMENT

Amount 1/4 YD SAND 94 LB BAG PORTLAND

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
SHOVELED SAND / WET IT THEN POURED IN
MIXED PORTLAND W/ WATER SAND TO CREAM

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.

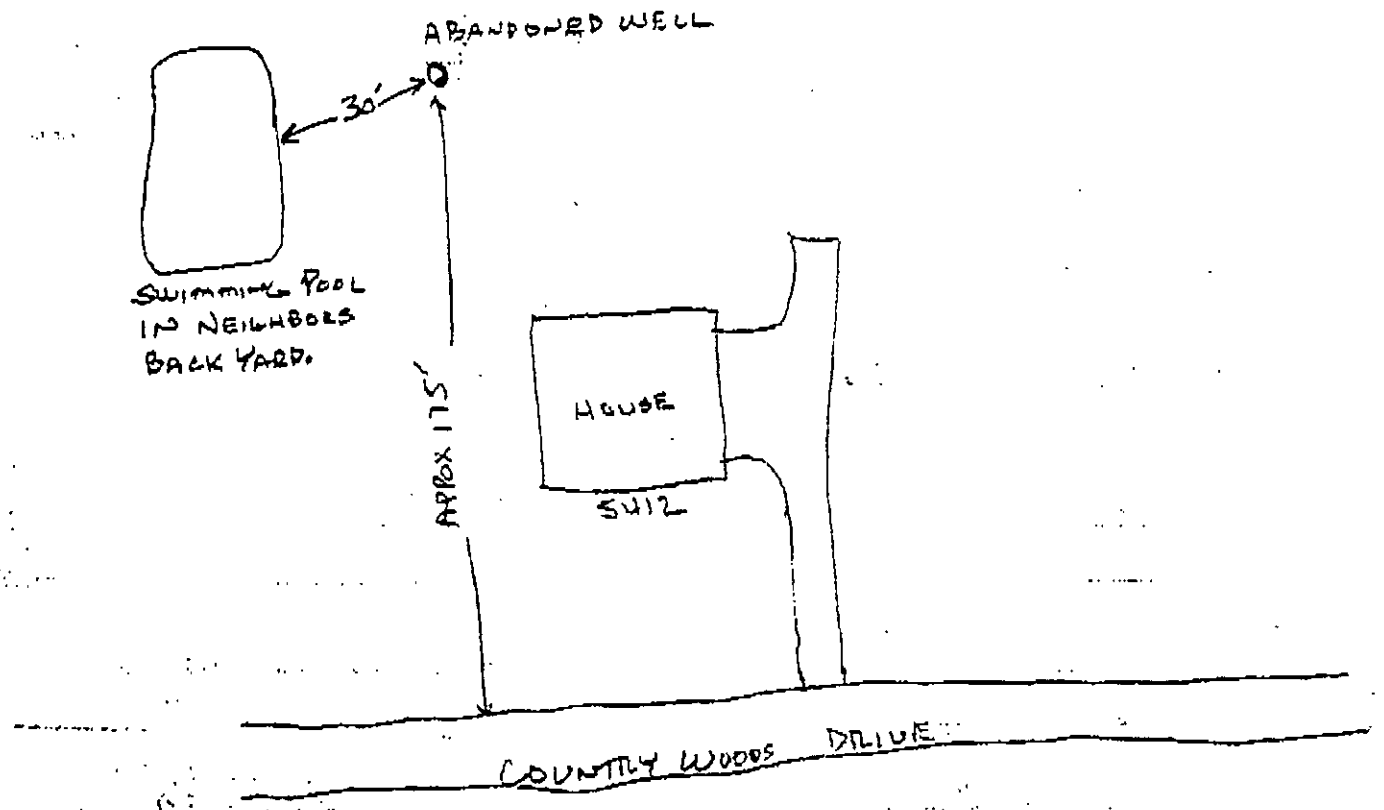
Signature of Contractor or Agent Richard H. Sprunt Date APR 1, 97

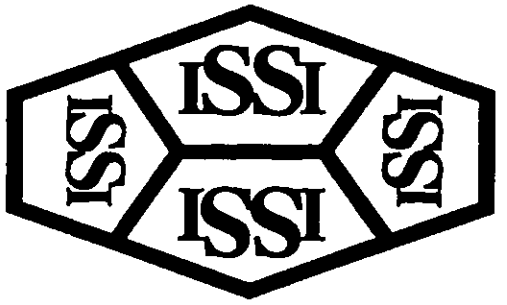
WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

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

GW-30

Per PC w/ Chuck Pippin @ DEM - maintain 50' from well. Problem w/ abandonment method.


ABANDONED WELL
30'
SWIMMING POOL IN NEIGHBORS BACK YARD.
APPOX 175'
HOUSE
SUI2
COUNTRY WOODS DRIVE



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feet	diameter

8. SEALING MATERIAL:

Neat cement: bags of cement 1 94# ; gals. of water ____

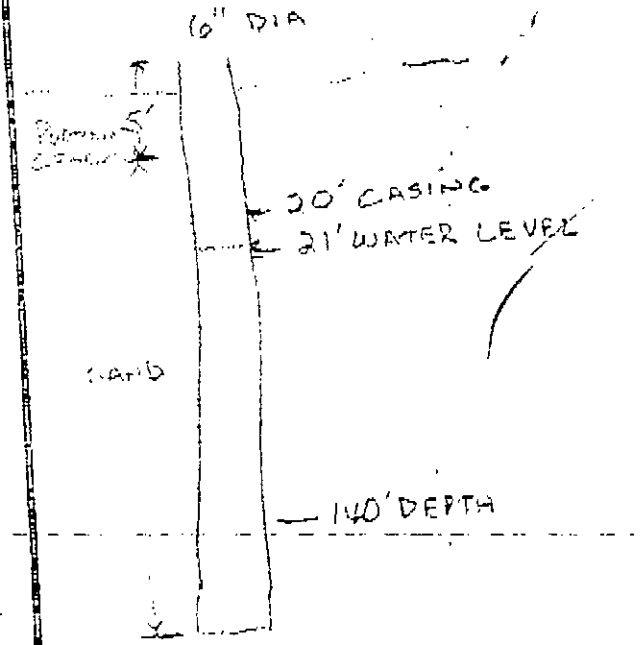
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Other
Type material SAND / PORTLAND CEMENT

Amount 1/2 YD SAND .. 94 LB BAG PORTLAND

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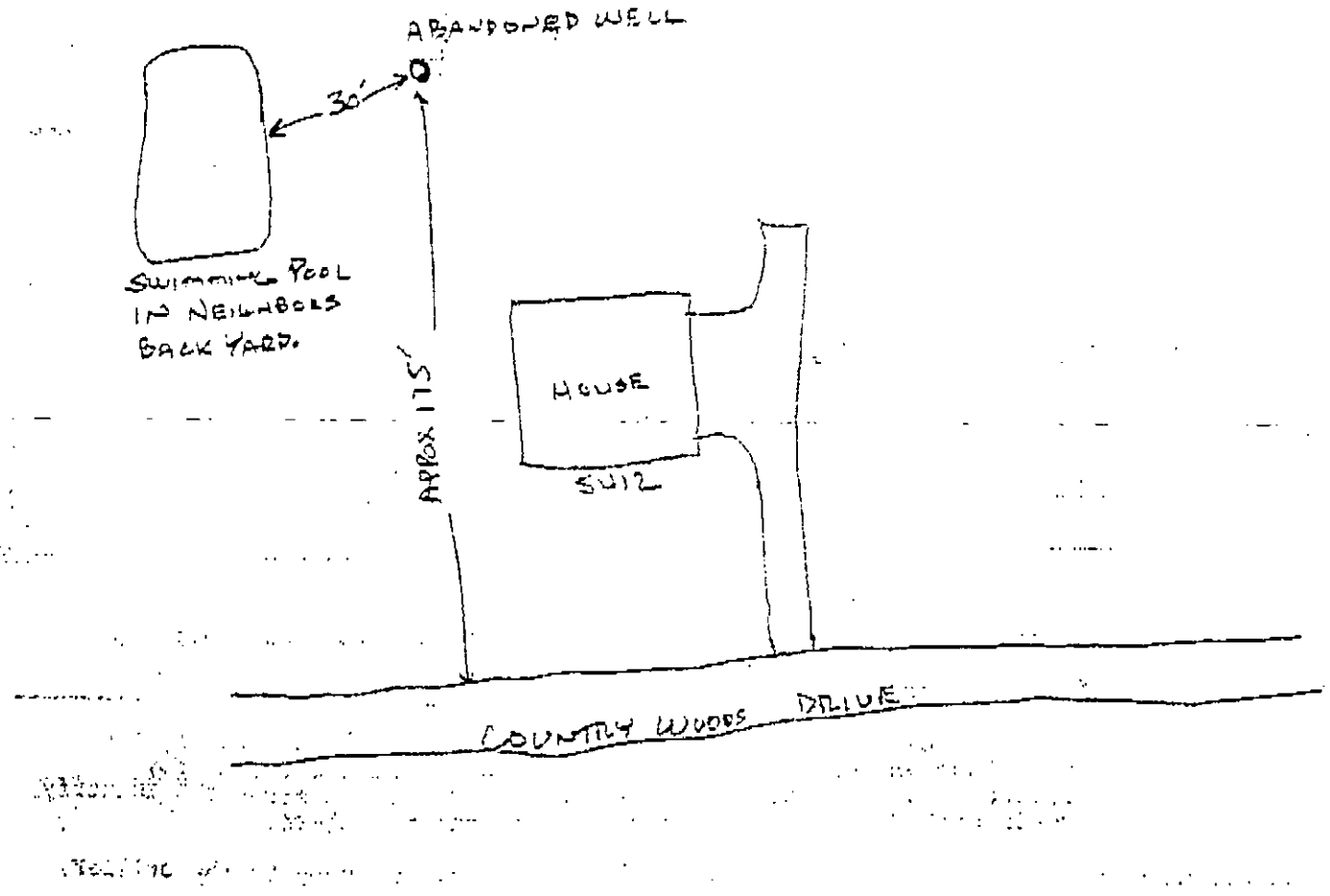


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GW-30


ABANDONED WELL
30'
SWIMMING POOL
IN NEIGHBORS
BACK YARD.
APPOX 175'
HOUSE
SUIZ
COUNTRY WOODS DRIVE

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: Cathy Hudson TELECOPIER # 289-5560
FCS

FROM: Lisa Mialik DATE 4/9/97
Meck. Co. Health Dept

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
Repair approval for 5412 Country Woods Dr.
* Utilize solid corrugated @ D-Box or PVC @ D-Box
so that speed levelers can be used.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

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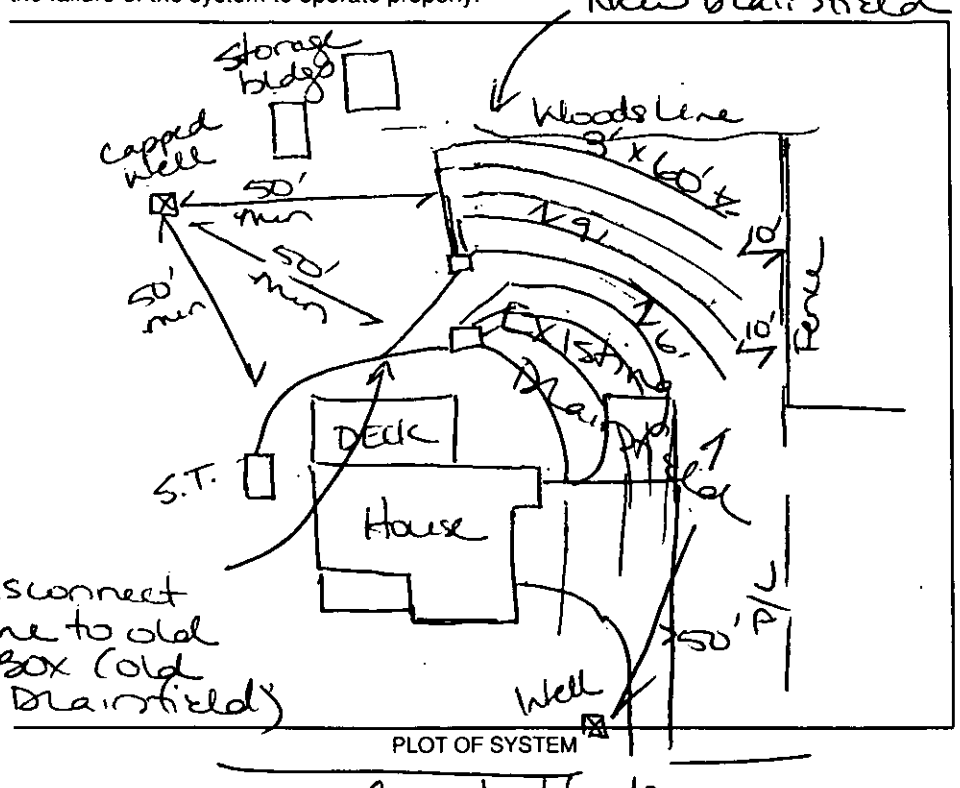
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