Serial No. 6984

Date Issued 2-28-84

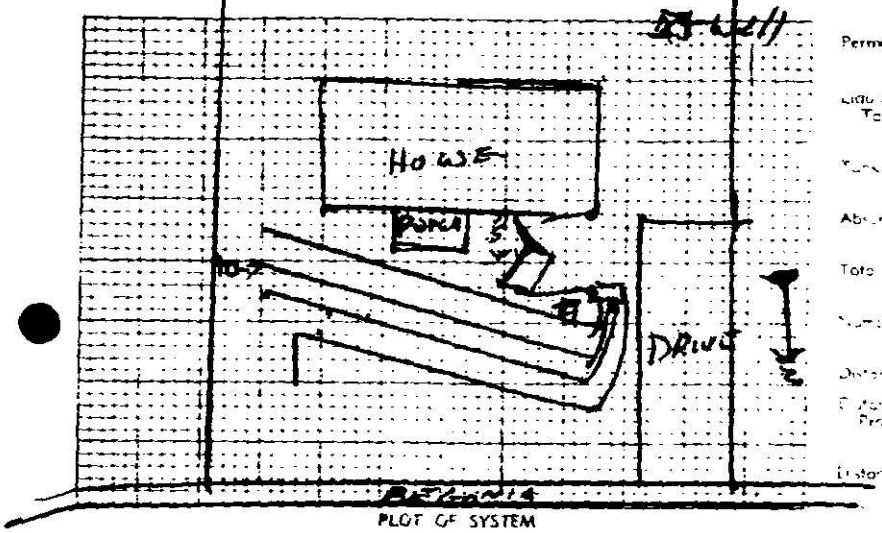
ICAR(S) Permit No. 19975

T C No. 105-183-16

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 19975, dated 12-14-83 and this permit shall be void and of no effect * the information provided in the application is not true or is erroneous. All work shall be completed on or before MARCH 28, 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S. 41A

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 300 LIN FT

Number of Lines Four.

Distance from House 5FT

Distance from Property Line 10FT

Distance from Well 75 FT.

NAME OF OWNER GRIFFIN ALAN WAYNE.

LOCATION OF PROPERTY ~~Lot~~ Site BEGONIA DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Four Trenches To be 75 FT x 3 FT x 12 inches stone-bayou stone
Comments: for 2" grade 26 PVC pipe w/in line into dist box

Division or Section Head

Environmentalist Ralph Mullen.

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19975

Date Issued MARCH 1ST 1984 Serial 6439 T. C No. 105-183-16

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner GRIFFIN, ALAN WAYNE.
LAST FIRST MIDDLE

Location of Property [redacted] BEGONIA DRIVE.

Application Number 19975 Permit Number 19975

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 LIN FT. Number of Lines FIVE

Depth of Filter Material 12 inches Cover Depth ONE FEET.

Water Supply Source Well Distance from Water Source [redacted] 100 FT.

Excavation Inspected 3-1-84 DATE Tank Inspected 3-1-84 DATE

Nitrification Field Inspected 3-1-84 DATE

Washing Machine Line Inspected, If Applicable — DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ___X___ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments _____

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19975

T.C. NO. 105-183-16

(Ground Absorption Sewage Disposal)

OWNER: AMON BAUCOM
ADDRESS: John Russell Rd 28215
LOCATION OF SITE: Begonia Dr.

PLAT NO:
LOT SIZE: 20,072

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 15	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 40-45" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	P. suitable			
10. SOIL SERIES	Ceci			

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

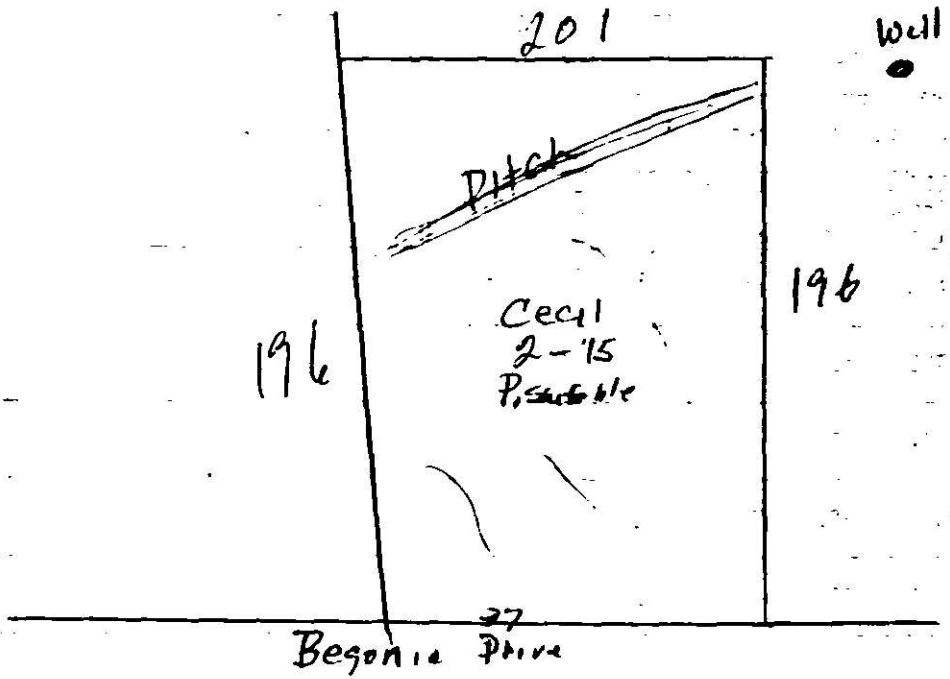
Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 8-27-83

EHD 539 (Revised: 6/82)

4


201
Well
Ditch
196
196
Cecil
2-15
Begonia Drive

SEE INSTRUCTIONS ON BACK

Date Received 14 Dec 83

ICAR (S) Application No. 19995

T. C. No. 105-183-16

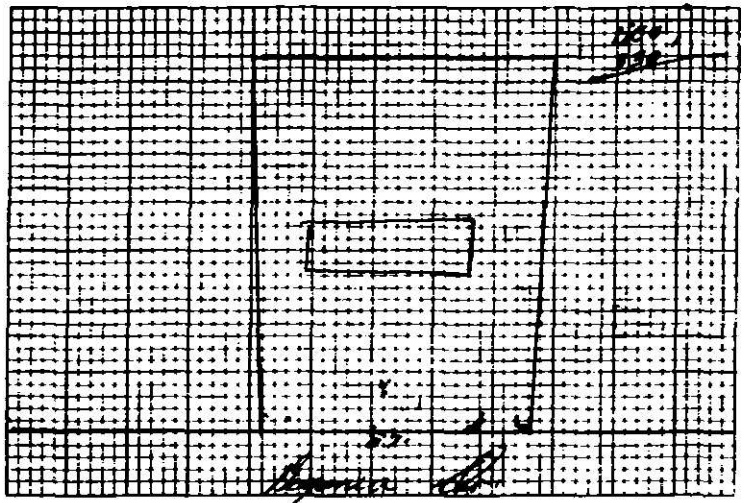
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER Griffin (LAST) Alan (FIRST) Wayne (MIDDLE)

14) ADDRESS OF OWNER 5024 Begonia Dr. Charlotte,

15) PHONE NO. Home 598-8222 Office ___

16) LOCATION OF SYSTEM 5168 Begonia Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Carol Ann Woods Lot No. 16 Block No. B

Map Book No. 18 Page No. 17

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

12-14-83
DATE OF APPLICATION

A. Wayne Griffin
OWNER

EHB-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE 12-15-83

Serial No. 7057

SIR No. 19975

Date Issued 12-14-83

T. C. No. 105-183-16

Map Date

CRT 8

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Griffin, (LAST) Alan (FIRST) Wayne (MIDDLE)

ADDRESS OF OWNER 5024 Begonia Dr., Charlotte, NC ZIP 28215

LOCATION OF LOT 5108 Begonia Drive (STREET OR COUNTY ROAD)

SUBDIVISION Carol Ann Woods LOT NO 16 BLOCK NO. B

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 19975. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed,altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

M. W. Kirby
Environmentalist

Bill D. Hawkins
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Send Copy to 598-8222

Date Received 8-23-83

A. Wayne Griffin
5024 Begonia Dr
Charlotte, N.C.
28215

SIR No. 19975

T. C. No. ~~105-183-16~~ 105-183-16

Map Date

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 23 1983
ENVIRONMENTAL

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Lawson (LAST) Hoxie (FIRST) R (MIDDLE)

2) ADDRESS OF OWNER John Russell Rd ZIP 28215

3) PHONE NO. Home _____ Office 596-3200

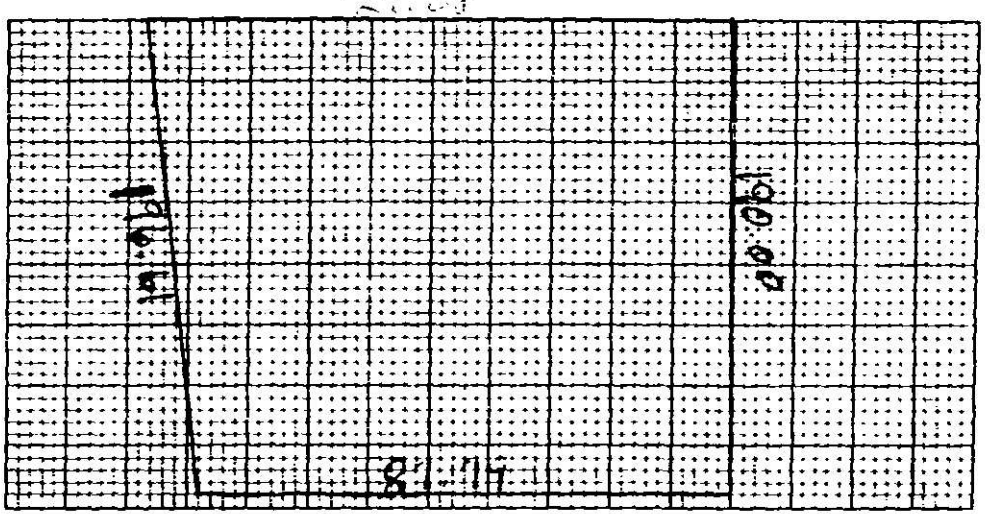
4) LOCATION OF PROPERTY Begonia Dr (STREET OR COUNTY ROAD)

5) SUBDIVISION Carol Ann Woods LOT NO. 16 BLOCK NO. 183

MAP BOOK NO. 105 PAGE NO. 15

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Begonia Dr

A. Wayne Griffin
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5190

SIR No. 19975

T. C. No. 105-183-16

Date Issued 9-8-83

Map Date

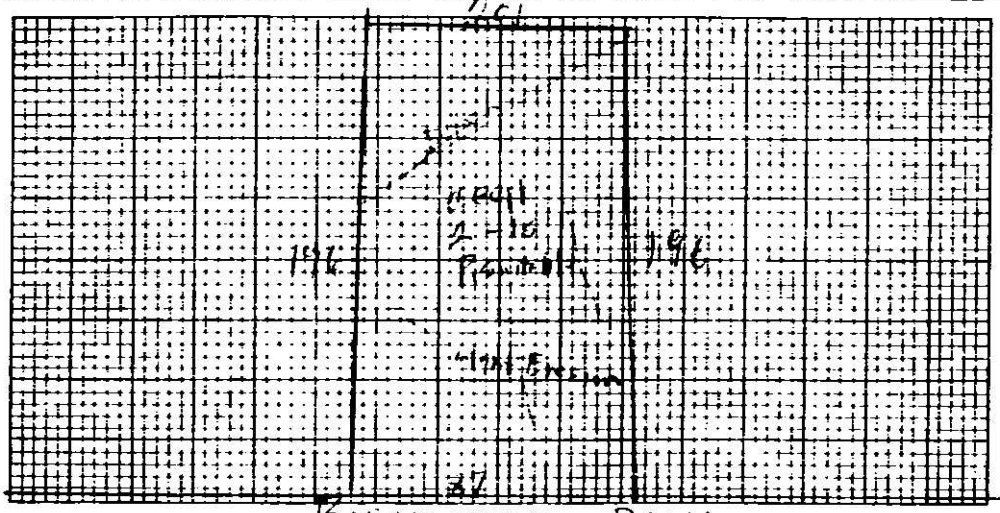
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Mr. Amon R. Baucom
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER John Russell Rd., Charlotte, NC ZIP 28215

LOCATION OF PROPERTY Begonia Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Carol Ann Woods LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **Provisionally Suitable**
The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon
3. This approval is void only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot
4. This approval is void if any grading, filling or construction including the drilling of wells is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SERVICE REQUEST/WORK ORDER

Parcel: _____ Emergency? Y N

Date: _____ Hour: _____

Section: _____ Log No.: 1283

REQUESTING PERSON: Anonymous Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 5108 Beamon Rd City Char. Zip 28215

SERVICE REQUESTED: Septic Leaking

ASSIGNED TO: Phil Judy TAKEN BY: _____

DATE	ACTIVITY REPORT
1/17	Sewage malfunction to road ditch at [illegible]
	Owners:
	Linda L. Burnett & [illegible] Baker
	5108 Beamon Rd.
	Charlotte, N.C. 28215
2/5	Violation Letter
2/5	Owners called discussed problem with septic tank. Think they have a spring contributing to problem. Advised they check plumbing and return application to repair.
2/11	Received application to repair & tells it is in shop.
2/19	Visited Site. Otis Septic Service pumped tank. Outlet line is a bog - was originally found malfunctioning in dry. Closing Complaint.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal (✓) Not Applicable

COMPLETED BY: Judy J. Kuhn P.S. 2/19/91

REVIEWED BY: _____ /

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: 1997 V
TC: _____
SERIAL: № 21638 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5108 Begonia Drive (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 105-183-16
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Linda (FIRST) J (MIDDLE) Burnett (Blossom) (LAST)
⑨ MAILING ADDRESS: 5108 Begonia Drive
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28205
⑬ PHONE: (WORK) ~~596 1065~~ ⑭ (HOME) 704 596 1065

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 2 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: Linda J Burnett
Date: 02-11-91

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 60 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.

Feb 11, 1991

Linda Burnett Bloxsom
5165 Bogania Drive
Charlotte NC, 28215

Ms Judy Kiser, R.S.
Individual Water & Wastewater Systems
Mecklenburg Cnty Health Dept.
Charlotte, N.C.

Dear Ms. Kiser:

In response to your letter of Feb 2, 1991 and as per our telephone conversation of Feb 11, 1991, we are making every effort to find and correct the sewage leakage on our property at 5165 Bogania Drive. To this end, we have to date:

1- Had a leaking toilet inside the house repaired. (See invoice copy enclosed.)

2- Had the septic tank and system professionally inspected and the tank pumped by Ronnie Cates Plumbing. (See invoice copy enclosed).

According to Mr. Cates, the problem lies in the distribution box portion of the septic system. There are five (5) drain lines running from the distribution box, but, due to the fact that the box is not sitting exactly level, the sewer water is running into primarily one drain line. The water is not being evenly distributed to the other four (4) drain lines, leading to the seepage in the area you observed during your recent inspection.

Mr Cates states that this can be repaired by his company fairly simply and should completely solve the seepage problem. He has dug up / exposed the distribution

Box and left & easily Available for Health Dept inspection prior to any Repair work done.

I have enclosed the filled out application form for Repairs and hope we can get this remedied as soon as possible.

I would greatly appreciate it, Ms Kisee, if you could personally oversee the follow-up on this problem. As you most recently inspected the property, and are familiar with the situation existing, I feel you are most qualified and desirable to assist in the appropriate resolution of the problem.

It is our intention and desire to cooperate with the Health Dept. fully and to remedy the problem as soon as possible. I appreciate your calling the problem to our attention, As we do not have owners and were not aware of it, especially with the active spring on our property in the general area of the septic, as we discussed on the phone.

Thank you for your assistance and consideration. You may reach me or my husband Harvey Blossom (or leave a message on machine) at 574-1063 any time.

Sincerely,

Linda S. Burnett (Blossom)

STATEMENT

RONNIE OAKS
PUMPING SERVICE
9300 Steele Creek Rd.
CHARLOTTE, NORTH CAROLINA 28273
(704) 588-2382

AMOUNT ENCLOSED $_____

DATE	TERMS
2/11/91	NET 0 to 10 DAYS

LINDA BOXSOM (596-0168)

5108 BEGONIA DR.

CHAR, N.C.

PAY LAST BALANCE IN THIS COLUMN

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

	PREVIOUS BALANCE →	
PUMPED SEPTIC TANK		$ 125.00
DRAIN LINE ARE NOT DRAINING TO DRAIN FIELD CORRECTLY SEEMS DIRT BOX,		
COMMODE LEAKING & POSSIBLE DRAINFIELD TROUBLE.	Ronnie Oakes	$ 125.00

RONNIE OAKS
PUMPING SERVICE

Thank You

SERVICE INVOICE

№ 19703

Pay Less Drain Service, Inc.

3909 Tuckaseegee Road
Charlotte, North Carolina 28208

Save $ $ $
Telephone (704) 393-9032
Federal I.D. #56-1483666

BILL TO _____

JOB LOCATION 5108 Begonia

DATE 2/9/91 ☐ CASH ☑ CHECK ☐ CHARGE – P.O. #

QUANTITY		DESCRIPTION	PRICE	AMOUNT
	FT ☐	N LINE		
	FT ☐	CHEN SINK	Replaced Flapper on commode in	35 00
	FT ☐	OR DRAIN	Master Bath	
	FT ☐	H TUB		5 00
	FT ☐	OWER DRAIN	Water was kaki's	
	FT ☐	LET BOWL	from commode.	
	FT ☐	UDY	Replaced flapper	
	FT ☐	HER LINE	& leaking shutoff	
	FT ☐	ER LINE		
			Service Call	

Serviceman Job Performance

	Poor	Good	Excellent
A	☐	☐	☐
C of Job	☐	☐	☐
Pr ce	☐	☐	☐

C ERCIAL ☑ RESIDENTIAL

☐ ROOTS ☐ OTHERS

T E ☐ NO GUARANTEE SERVICE MAN Glenn

MATERIAL

SALES TAX

TOTAL

LABOR

TOTAL AMOUNT 40 00

This is to acknowledge completion of the above described work which has been done to my satisfaction.

SIGNED X Linda J Blossom

PAYABLE UPON RECEIPT OF INVOICE NO OTHER STATEMENT WILL BE RENDERED NET 30 DAYS