


10800 TARA OAKS DR

19714121

6/12/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6021LA DATE: 6-18-91

TC: 197-141-01 ☐ L ☑ CRT

SERIAL № 12383

Name of Owner CHARLES M. ACORD Juris.:

Address of Property 10800 TARA OAKS DR.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 10"

Water Supply Source P WELL

Distance to Water Source > 70'

Excavation Inspected 6-18-91

Tank(s) Inspected 6-18-91

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1991, 1500g ST, Conv Sys., 1600SFt, 10" @ Cecil Clay CTR# 113

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS:

Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

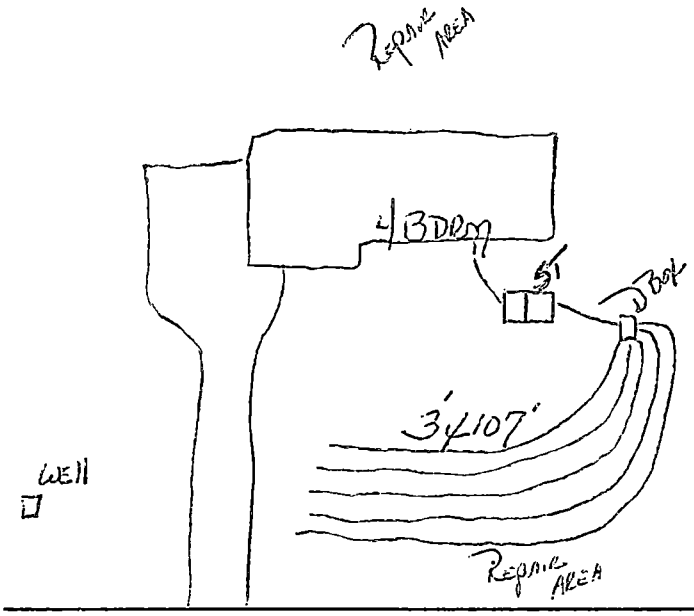
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6021A DATE: 6-13-91

TC: 197-141-21 ☒ L

SERIAL Nº 15075

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 6-13-91. All work shall be completed on or before 7-15-91, 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 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5

Depth of Stone 10" inches

Distance from House >10 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER CHARLES M. ALORD

LOCATION OF PROPERTY 10800 TARA OAKS DR.

Comments: INSTALL 5 LINES @ 3'x107' ON CONTOUR

Division or Section Head

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

197

# 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: 6211 A

TC: 197-141-21

SERIAL: № 21161 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 10800 (STREET NO.) TARA OAKS DRIVE (STREET) ② FILE: 6211A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 197-141-21

⑤ SUBDIVISION: TARA OAKS ⑥ LOT: 8-B ⑦ BLOCK: _____

**OWNER**

⑧ NAME: CHARLES (FIRST) MARSHALL (MIDDLE) ACORD (LAST)

⑨ MAILING ADDRESS: 9303 BLAIR ROAD

⑩ CITY: MINT HILL ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) 821-9912 ⑭ (HOME) 545-3241

**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? 4 ㉕ Type? _____

㉓ Maximum occupancy? 5 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 th[illegible]e contents of same are true, and authorizes agents of the M[illegible]LENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Charles M. Acord

Date: 9-4-90

## 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.

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 9-4-90

Name/Company: Charles Marshall Arond
Universal Electrical Constructors, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App for Dup - Res)
10800 Gara Oaks Dr.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

197-141-21

Tele # 6211-A

SEP 4 1990

Fee: $ 200.00

Ck 2647
200.00
RC

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

W. Thompson
Completed by

Sherrill
Collected by

# Mecklenburg County
# Health Department

November 20th, 1989

Charles Accord
9303 Blair Rd.
Mint Hill,, NC 28227

RE: Property located at Tara Oaks Dr.
FILE: 6211A
PARCEL: 197141121

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16514) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16514

File: 6211A  Action 1

Parcel: 19714121  ☐ PC

Location: Tara Oaks Drive

Subdivision:

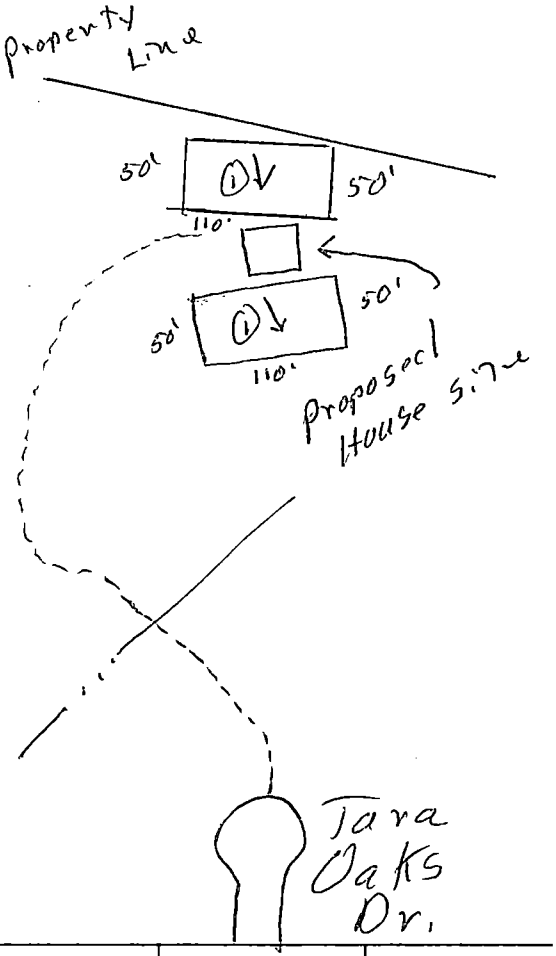
Lot: Block: Acres: Approx .27

Owner: Charles Acord
Address: 9303 Blair road
Mint Hill, NC 28227

Comments: Could use leveraven for initial system - prompto repair if repair is needed. Three site could be shifted

Described by: William R. Marlin

Date: 11-17-04




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 6-15% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" TO water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | WA Cecil-like | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 10/6/89

Name/Company: Charles Acord

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil

6211A

Lacie (Ed) 40.00

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 6 1989

Fee: $ 40.00

CK # 192

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by

BILLING — WHITE CUSTOMER COPY — YELLOW

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

FILE: 6211A

TC: _____

☐ PC ☐ REPT

ENVIRONMENTAL HEALTH DIVISION

**JOB LOCATION**

① ADDRESS: 10800 TARA OAKS DRIVE

② SUBDIVISION: TARA OAKS ③ LOT: 8-B ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197 PAGE NO.: 141 PARCEL NO.: 21

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

**OWNER**

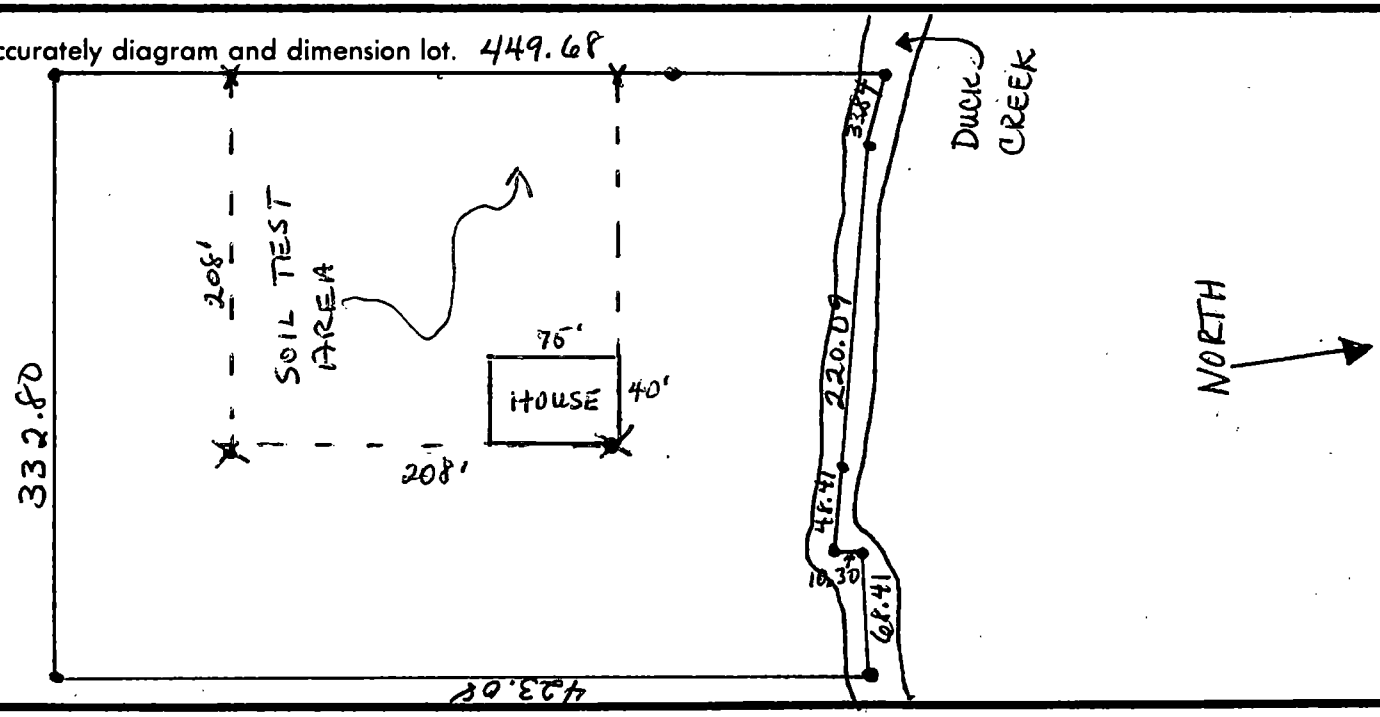
⑦ NAME: CHARLES (FIRST) MARSHALL (MIDDLE) ACORD (LAST)

⑧ MAILING ADDRESS: 9303 BLAIR ROAD

⑨ CITY: MINT HILL ⑩ STATE: N.C. ⑪ ZIP: 28227

⑫ PHONE: (WORK) 821-9912 (HOME) 545-3241

⑬ Accurately diagram and dimension lot. 449.68




⑭ 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: Charles M. Acord

Date: 4/10/89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY