


2710 BELMEADE DR

05307210

12/31/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 25830 DATE: 11-9-00

TC: 053-072-10 ☒ L ☐ CRT

SERIAL Nº 18298

Name of Owner Jamie Harris Juris.: _____

Address of Property 2710 Belmeade Drive

**Inspection Data:**

Tank Material existing

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 18"

Water Supply Source Municipal

Distance to Water Source >50'

Excavation Inspected 11-9-00

Tank(s) Inspected ———

Wash Line Inspected ———

High Water Alarm Inspected ———

sel
Installation
Permit

PLOT

Design 2000, Repair, 300 SFB, COW, 24" Stone CTR# Lorie

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 15A 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 15A 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: Repair to system
Type II Conventional System

Built 1921

Tommy P. Mickler
Environmental Health Specialist

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

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

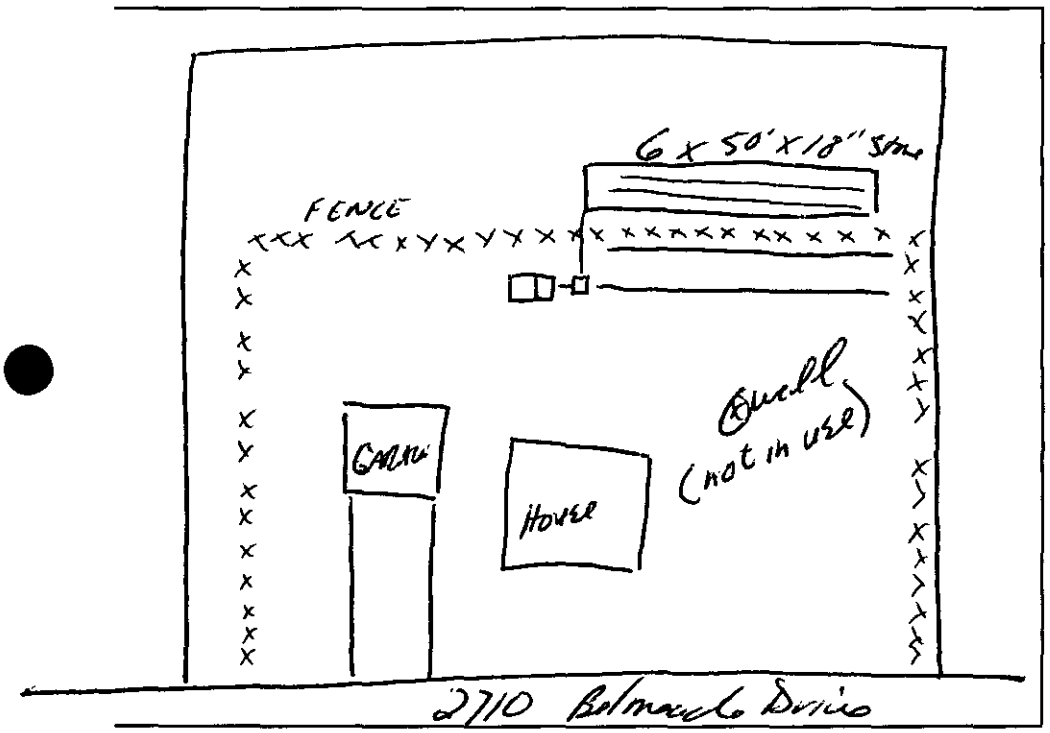
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 25830 DATE: 11/7/00

TC: 053-072-10 L

SERIAL Nº 18565

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 11-7-00. All work shall be completed on or before 12-7-00, 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.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 6' x 50' x 18" feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 x 50'

Depth of Stone 18" inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Jamie Harris

LOCATION OF PROPERTY 2710 Belmeade Drive

Comments: Repair to system
Install 6' x 50' x 18" stone
Type II Conventional System

Tony P. Michelson
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 25838

PERSON FILING APPLICATION:
NAME: Connie (last) Simpson (first) E (mi)
ADDRESS: 141 Elmwood Dr. PHONE: (704) 393-1200
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-072-10
STREET ADDRESS: 2710 Belmeade Dr.
ZONING:

PROPERTY OWNER:
NAME: Harris (last) James Belmeade (first) L. (mi)
ADDRESS: 2710 Belmeade Dr. PHONE: (704) 392-8025
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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):

Built 1924

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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) [X] Other 'spring' (O) City
[ ] 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: Connie Simpson Date: 6-29-98

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

[ ] 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

7/2/98 - Made inspection. Sink & washer machine plumbed to open drain in back field and crosses septic bed (may be connected) Kitchen & Washer line plumbed 7/9/98
Advised Mr. Simpson's mother to call Mr. to T.H. to tank for washer machine repair and to determine if septic system is also plumbed to field

Approval granted for a garage add. from (no plumbing) use existing system.

Phila A. Walker R.S. 7/9/98
Environmentalist Date

WATER : 12275

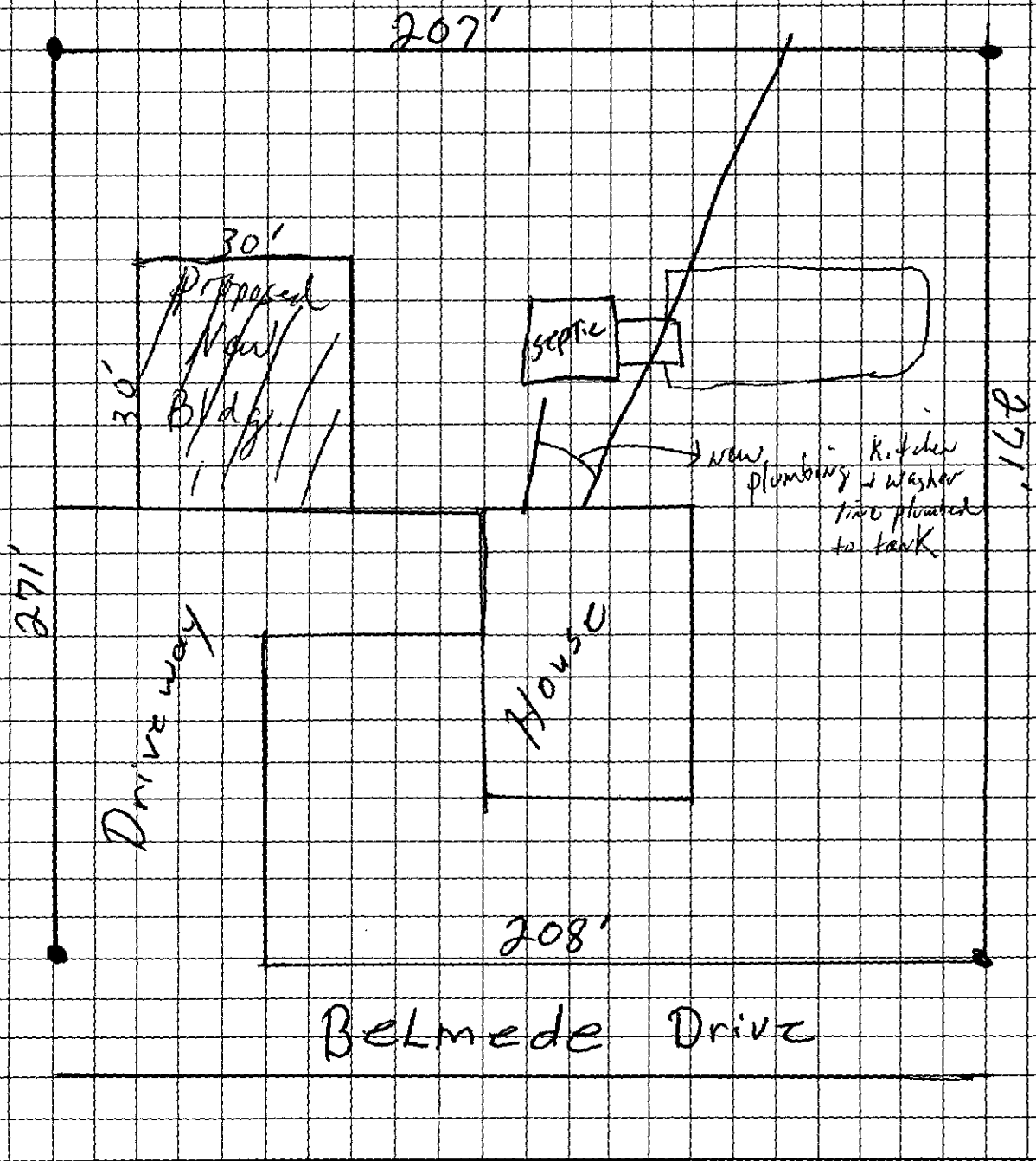
# PROPOSED PLOT PLAN

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

FILE: 25838

TC: 053-072-10

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.




Ronnie Simpson
OWNER/AGENT SIGNATURE

DATE 6-29-98

APPROVAL DATE PBW 7/9/98

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

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# APPLICATION FOR SERVICES

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NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1
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Signed: Ronnie Simpson Date: 10-29-98

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Environmentalist Date

WATER : 122791

T.H.

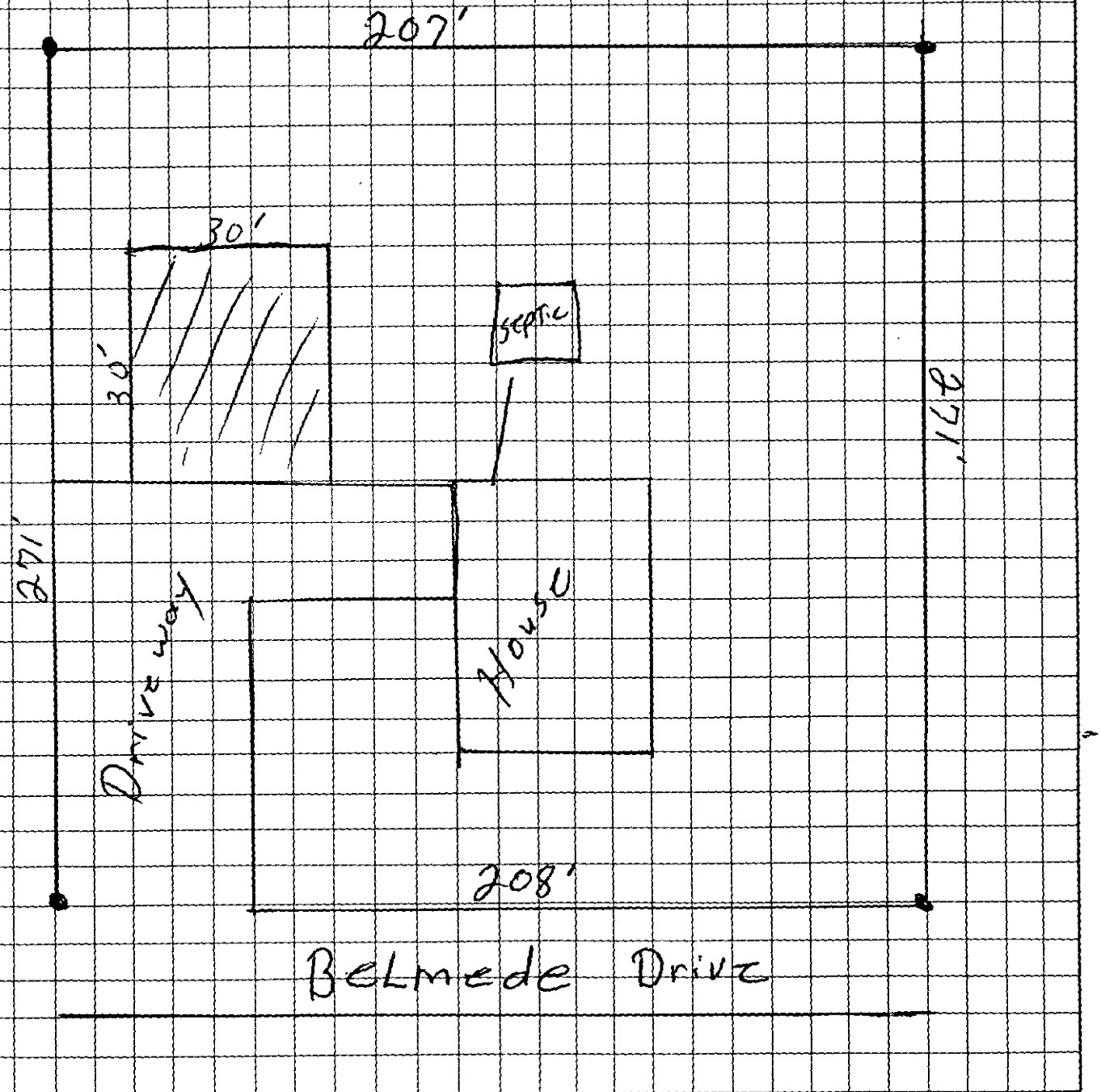
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Ronnie Simpson
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