

5700 MATTHEWS-MINT HILL RD

19522115

7/2/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County	Charles Burdick	12926
Health Department	Name of Establishment	Permit/Project No.
5700 Matthews Mint Hill Road	Residence	240
Location	Type of Establishment	Design Flow
Charles Burdick	5700 Matthews Mint Hill Road	
Owner/Agent	Address	Phone
NA		
Operator	Address	Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☑	☐	
Free of blockages/solids buildup in lines or manholes?	☑	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☑	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Could not access tanks
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	Could not locate alarm
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	NA
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM:

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Have tanks pumped every 3-5 years	

DATE: 5/10/21 SIGNED: Larry P. Mahler R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

COPY

Charlie Burdick
5700 Mint Hill-Matthews Road
Charlotte, NC 28227

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Charlie Burdick	5700 Mint Hill-Matthews Rd	195-041-12	12926	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name CHARLES L & JANE M BURDICK

Site Address 5700 MATTHEWS MINT HILL RD
CHARLOTTE NC 28227

# of Bedrooms 2

Paid 85.00 Check 6982 4/18/01 SC

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 5, 2001

Charlie Burdick
5700 Mint Hill – Matthews Road
Charlotte, NC 28227

Dear Mr. Burdick:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. The State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Charlie Burdick
5700 Mint Hill-Matthews Road
Charlotte, NC 28227

Please Make Check Payable To

Mecklenburg County Health Department
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Charlie Burdick	**5700 Mint Hill-Matthews Rd**	**195-041-12**	**12926**	**IIIB**

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

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4/05/2001	5/7/01

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12926

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 500 9/22/93
CAST 50 00
OFF [ ] 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

Date:

PERSON FILING APPLICATION:
NAME: MACINN (last) MADISON (first) L (mi)
ADDRESS: P.O. Box 3066 PHONE: (704) 847-5000
CITY: MATTHEWS STATE: N.C ZIPCODE: 28106

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-041-12
STREET ADDRESS: 5700 MATTHEWS Mint Hill Rd. Mint Hill, N.C.
ZONING:

PROPERTY OWNER:
NAME: Buddick (last) Charlie (first) (mi)
ADDRESS: 5700 Mint Hill Rd. PHONE: (704) 377-7347
CITY: Mint Hill STATE: N.C. 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):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Den / Carport / Bath / Deck
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 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) [ ] Other 'spring' (O)
[X] 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: Madison L. McGinn / Date: 9-28-93

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.

... Installation permit issued and certificate of completion on 10/20/93

[ ] 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

John H Newell, RS 10/21/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

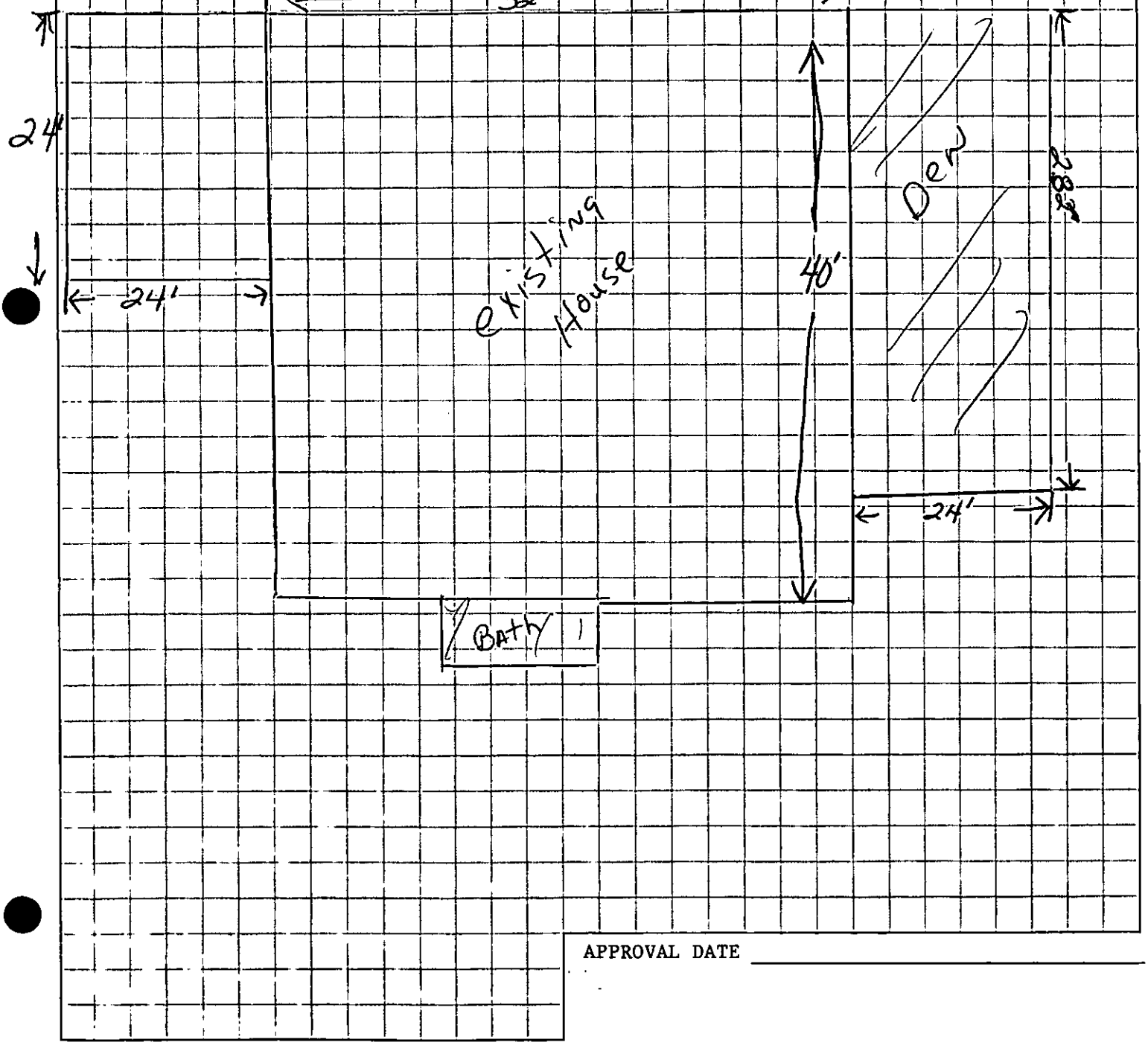
PROPOSED PLOT PLAN

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

FILE: 12926

TC: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

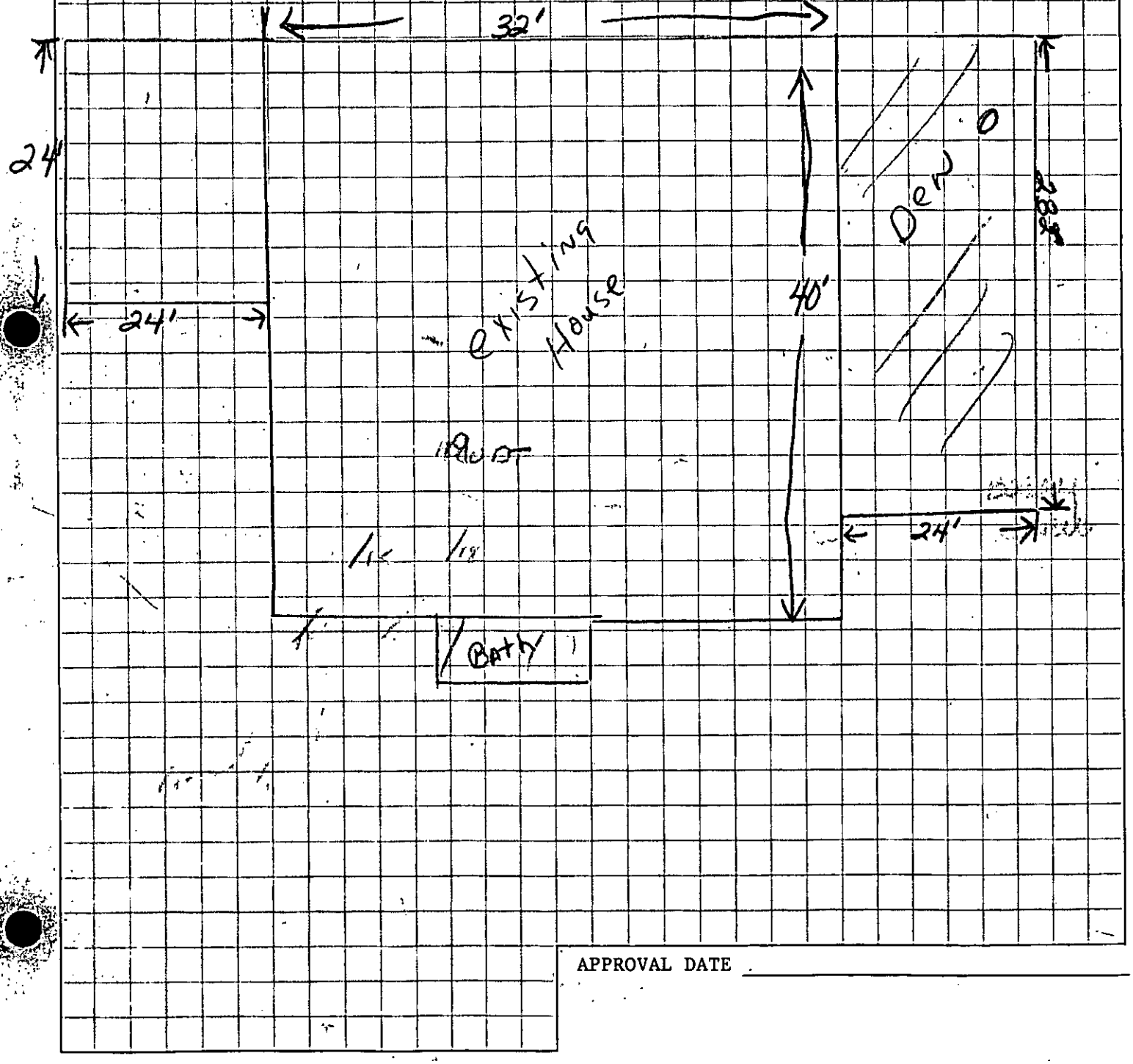
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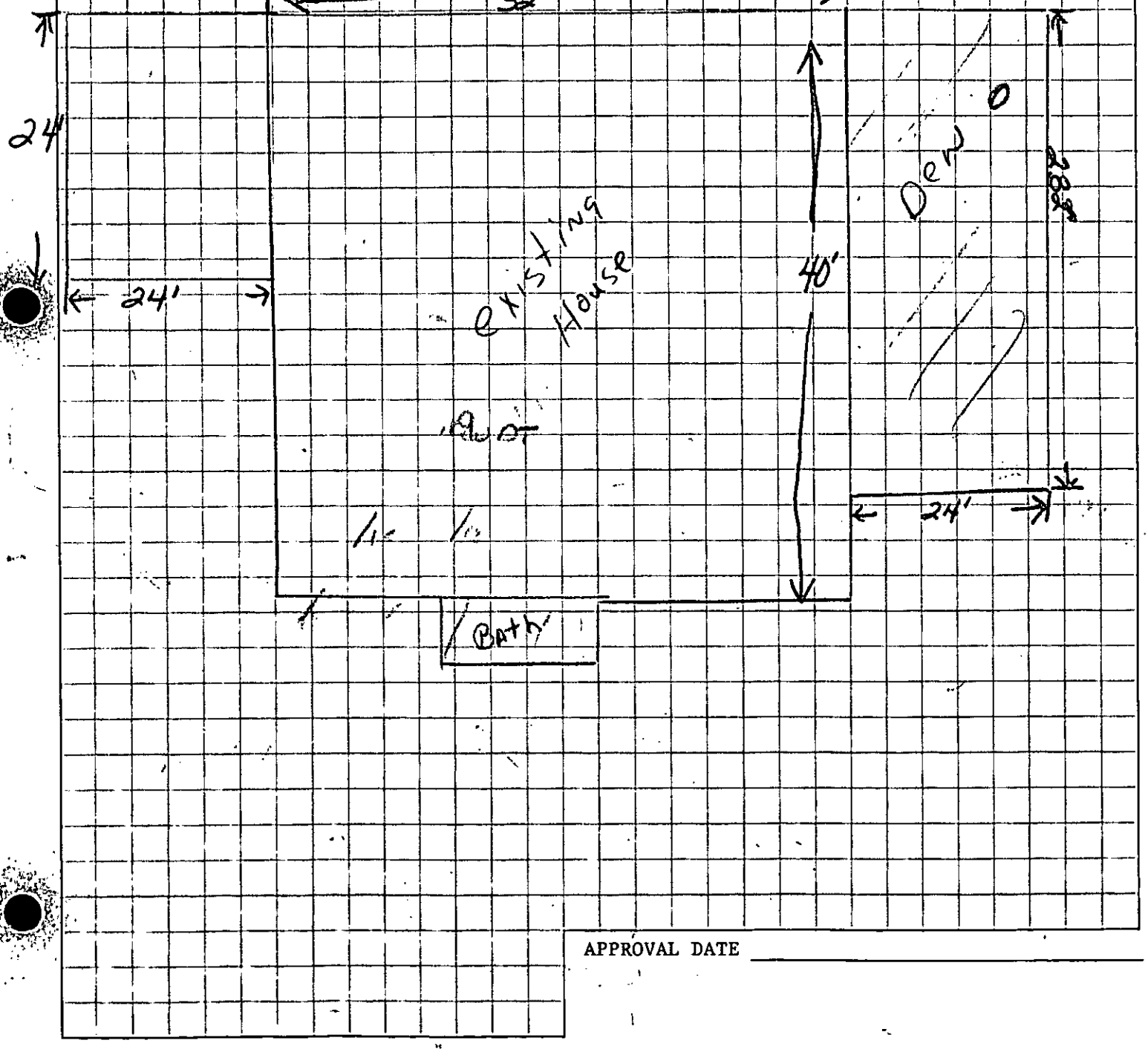
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12926

TC: _____

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APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12926 DATE: 10/20/93
TC: 195-041-12 ☐ L ☒ CRT
SERIAL Nº 15262

Name of Owner Charlie Buedick Juris.:
Address of Property 5700 Mint Hill - Matthews Rd.

Inspection Data:

Tank Material 1500
Total Length of Drainfield 300
Number of Lines 3 @ 100
Cover Depth 12
Water Supply Source ~~50'~~ well
Distance to Water Source 50
Excavation Inspected 10/20/93
Tank(s) Inspected 10/20/93
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design: 1993 repair, 1000 DT 900 sq. ft., 12" G, CEALLIKE CTR# Bobby Howell

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: Unable to locate existing system and existing septic tank under house.

David H Newell R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

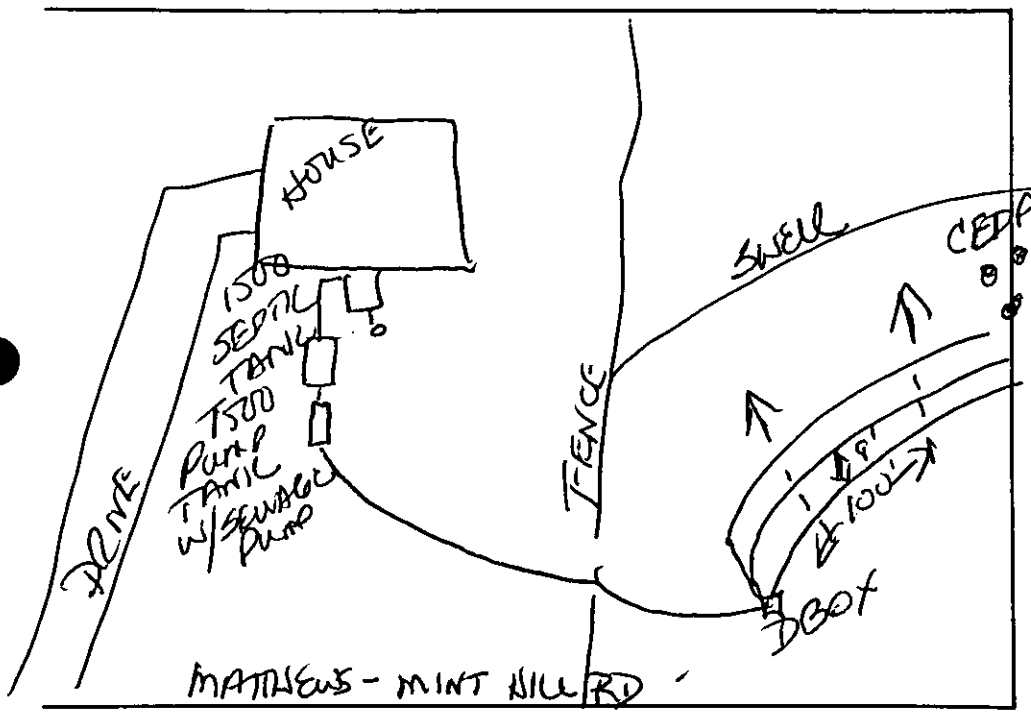
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 12926 DATE: 10/18/93

TC: 195-041-12 ☐ L ☐ 400

SERIAL Nº 15572

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 10/18/93. All work shall be completed on or before 10/18/93, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 300 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER MADISON McGINN

LOCATION OF PROPERTY 5700 Mint Hill Rd.

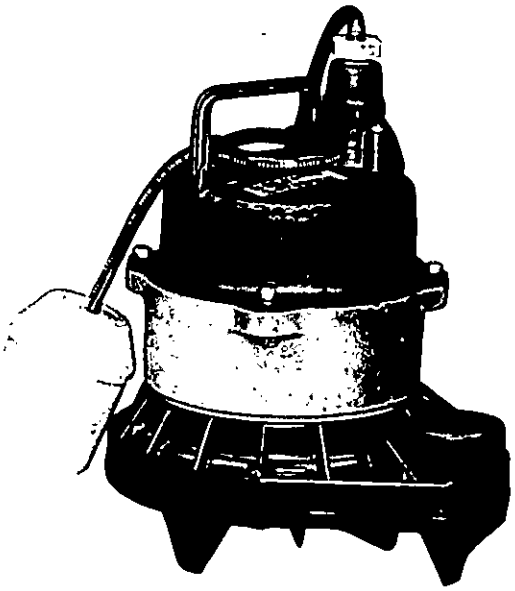
Comments: 1@1500 ST w/ 1000 DT 3@ 3'X100'X12"
EXISTING SEPTIC TANK UNDER HOUSE AND MALFUNCTIONING - SYSTEM SHALL BE INSTALLED ON CONTOUR.

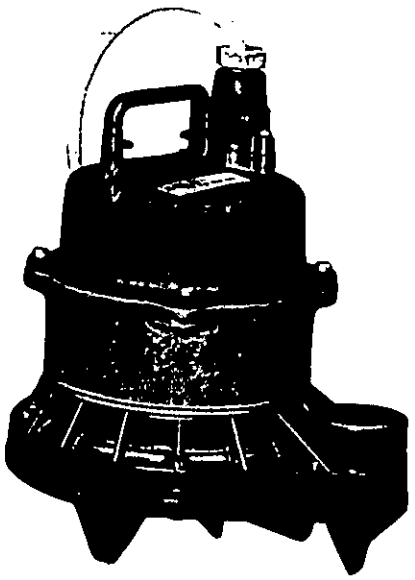
Division or Section Head

Jane H Newell, R.S.
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





Goulds

Submersible Effluent Pumps

MODEL

3871

APPLICATIONS

Specifically designed for the following uses:

- Effluent systems
- Homes
- Farms
- Heavy duty sump
- Water transfer
- Dewatering
- S.T.E.P. systems
- Pressure dosing systems

SPECIFICATIONS

Pump:

- Solids handling capability: 3/4" maximum.
- Capacities: up to 55 GPM.
- Total heads: up to 24 feet.
- Discharge size: 1 1/2" NPT.
- Mechanical seal: carbon-rotary head/ceramic-stationary seat, BUNA N elastomers.
- Temperature: 140°F (60°C) maximum.
- Fasteners: 300 series stainless steel.
- Capable of running dry without damage to components.

MOTOR

- Single phase: 0.4 HP, 115 or 230 V, 60 Hz, 1550 RPM, built in over load with automatic reset.
- Power cord: 10 foot standard length, 16/3 SJTO with NEMA 5-15P 3 prong grounding plug. Optional 20 foot length, 16/3 SJTW with NEMA 5-15P 3 prong grounding plug.
- Designed for continuous operation submerged.

Available for automatic and manual operation. Automatic models include mechanical float switch assembled and preset at the factory.

FEATURES

Impeller: Thermoplastic Semi-Vortex design with pump out vanes for mechanical seal protection.

Casing and Base: Rugged thermoplastic design provides superior strength and corrosion resistance.

Motor Cover: Thermoplastic cover with integral handle and float switch attachment points.

Power Cable: Severe-duty rated oil and water resistant.

O-Ring: Provides positive sealing. No gaskets to replace during maintenance.

Stainless steel fasteners.

© 1992 Goulds Pumps, Inc.