

19325 BARRNETTE AVE

5/31/2007

duponbj

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Danny N. & Sharyn K. Skidmore

MAILING ADDRESS P. O. Box 1046, Cornelius, NC 28031

OCCUPANT same

LOCATION 19325 Barnette Avenue, Cornelius, N.C.

Tax Parcel No. 005-105-01 File 5418A

[X] RESIDENCE [ ] BUSINESS [ ] OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5573.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by October 23, 1996, appropriate legal action will be taken.

Notice Issued September 20, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Agent) Division of Environmental Health

Compliance _____ (Date) Signed _____ (Agent) Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5418 DATE: 9/29/89

TC: 005-10-501 ☐ L ☐ CRT

SERIAL № 12185

Name of Owner John A. Mayhew Juris.:

Address of Property ~~19325~~ 19325 Barnette St, Corn.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 10"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 9/29/89

Tank(s) Inspected 9/29/89

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1989, 1500ST, CON, 1200SFT, 12" stone cecil CTR# 74

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: System designed for 3 bedroom house

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

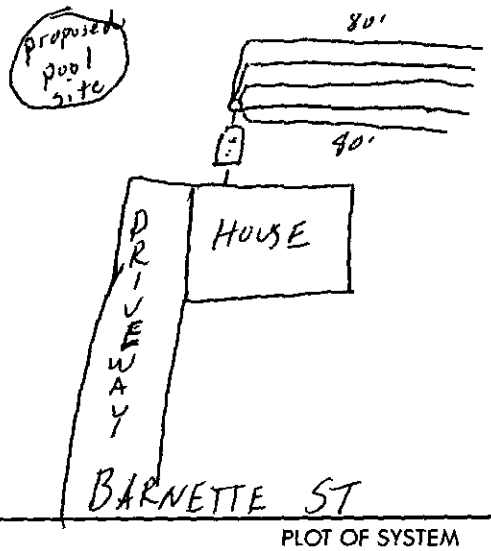
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5418 A DATE: 9/20/89

TC: 005 10 501 ☒ L

SERIAL № 12928

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 8/13/89. All work shall be completed on or before 10/20/89, 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 Department of Environmental Health 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length ~~400~~ feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER John A. Mayhew

LOCATION OF PROPERTY 1935 Barnette St, Corn.

Comments: 5 Trenches x 80' long x 3' x 12" Stone
Easement obtained to join 2 lots

D. R. Daniel, R.S.
Division or Section Head

Philo S. Walker
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 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

PROPOSED PLOT PLAN

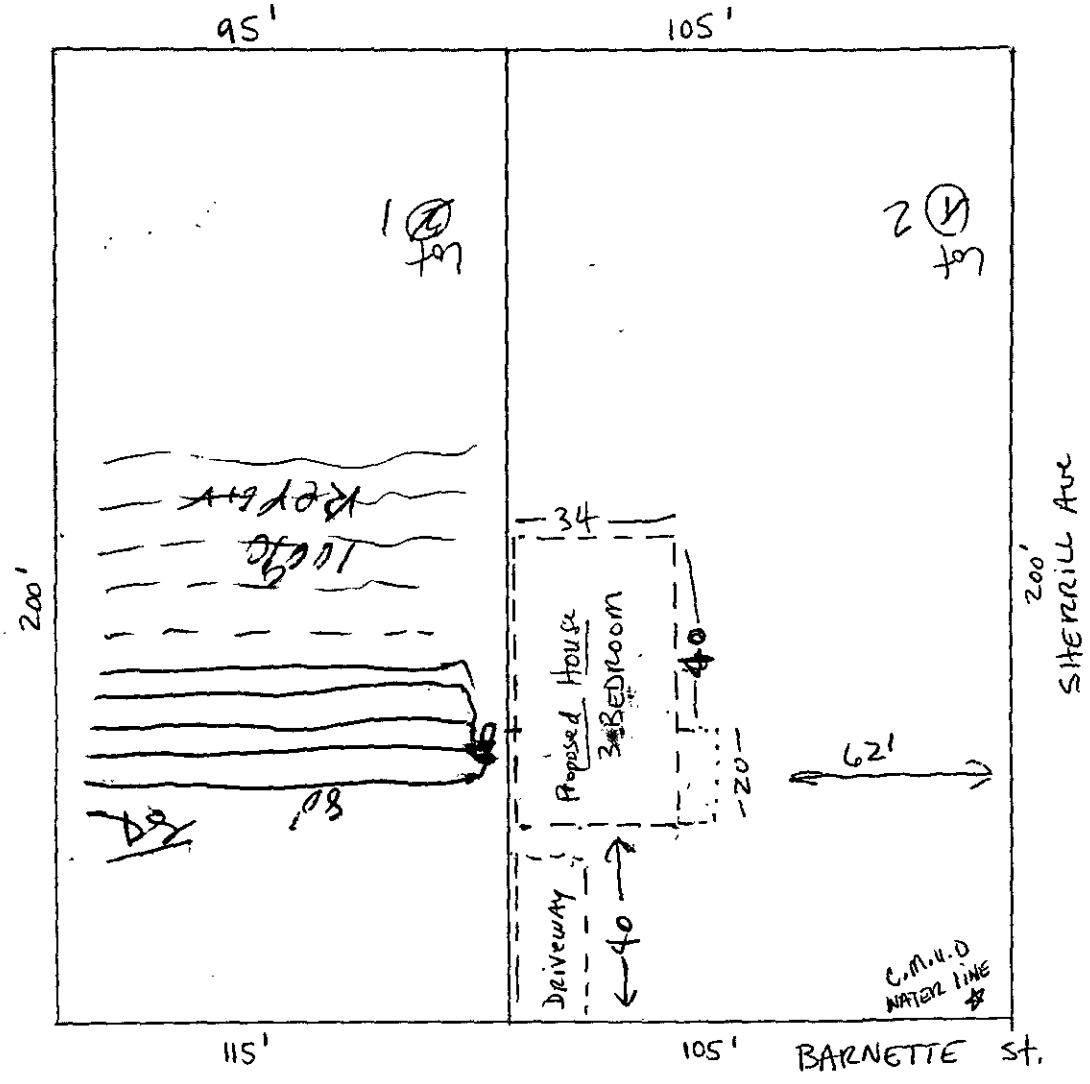
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5418A

TC: 00510501

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.



1500 gal septic tank
5 Trenches 80' each

D Smilmore

Signed: Danny Smilmore

Date: 2-13-89

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE Feb 13, 89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Cou

PARCEL NUMBER 005-105-01

ASSIGNED ADDRESS 19325 Barnette Av

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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: 548A
TC: 0051050 1
SERIAL: No 17781
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: Lot # 1 (19325) BARNETTE St. Cornelius NC ② FILE: 548A
(STREET NO.) STREET

③ JURISDICTION: (19325) ④ TAX PARCEL NO.: 00510501

⑤ SUBDIVISION: ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: John (FIRST) A (MIDDLE) MAYHEW (LAST)

⑨ MAILING ADDRESS: PO Box 54

⑩ CITY: Cornelius ⑪ STATE: NC ⑫ ZIP: 28031

⑬ PHONE: (WORK) 892 4841 Hoke Lumber ⑭ (HOME) 892 5921

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? 4 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 on the property for the purpose of processing this request.

Signed: Mary Bridmore

Date: 2-13-89

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.

Jim Turin, 4-12-89
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: 2/13/89

Name/Company: Calvin Mayhew

(Robin Dawn Boat Co. 1046 - Cornelius, NC 28031)
(Name of Boat)

Sanitation: ____

Vector Control: ____

P.O.T.: ✓

Service: Ump - new permit
5418A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 13 1989

Fee: $ 150.00 CK # 4512 $150.00

Sanitarian: K. Faulkner Collected: [signature]

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

January 30th, 1989

John Alvis Mayhew
P. O. Box 54
Cornelius, NC 28031

RE: Property located at Barnette Street 1
FILE: 5416A
PARCEL: 00510501

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 15959) 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,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15959

File: 5418A

Parcel: 00510501

Action 1

☐ PC

Location: Barnette Street

Subdivision:

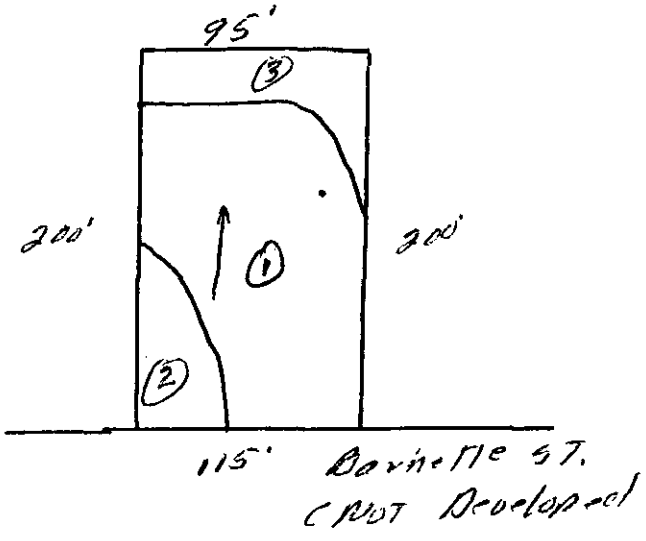
Lot: 1 Block: Acres: .52

Owner: John Alvis Mayhew
Address: P. O. Box 54
Cornelius, NC 28031

Comments: _____

Described by: William A. Marlin

Date: 1-27-09



***** 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 2-8%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS (U) 2-1 clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U —	S PS (U) Perched water-30-36"	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U —	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	S PS U —	S PS (U) Restricted	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	IvA Appling-Like	complex slopes	IvB Helena-Like			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 54/18A

TC: 005-105-01

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Barnette Ave St.

② SUBDIVISION: _____ ③ LOT: 1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 4869 PAGE NO.: 0980

OWNER

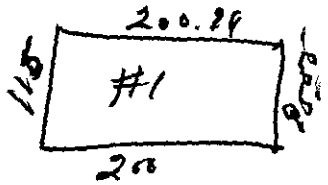
⑦ NAME: John (FIRST) Alvis (MIDDLE) Mayhew (LAST)

⑧ MAILING ADDRESS: P.O. Box 54

⑨ CITY: Cornelius ⑩ STATE: N C ⑪ ZIP: 28031

⑫ PHONE: (WORK) 892-4841 (HOME) 892-5921

⑬ Accurately diagram and dimension lot.



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: John A Mayhew

Date: 11-23-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/24/89

Name/Company Mrs. John A. Mayhew

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5418A + 5419A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 24 1989

CR#4155

Fee: $ 60 — 11 60

Completed by

Collected by