

2809 HORSESHOE LN

14311112

12/19/2007

duponbj

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

4002

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 879B/8750A DATE: 3/12/93

TC: 143-111-12 ☐ L ☐ CRT

SERIAL № 14154

Name of Owner Alice Gorden Juris.:

Address of Property 2809 Horseshoe Ln

Inspection Data:

Tank Material –

Washer Bed system Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 8"

Water Supply Source well

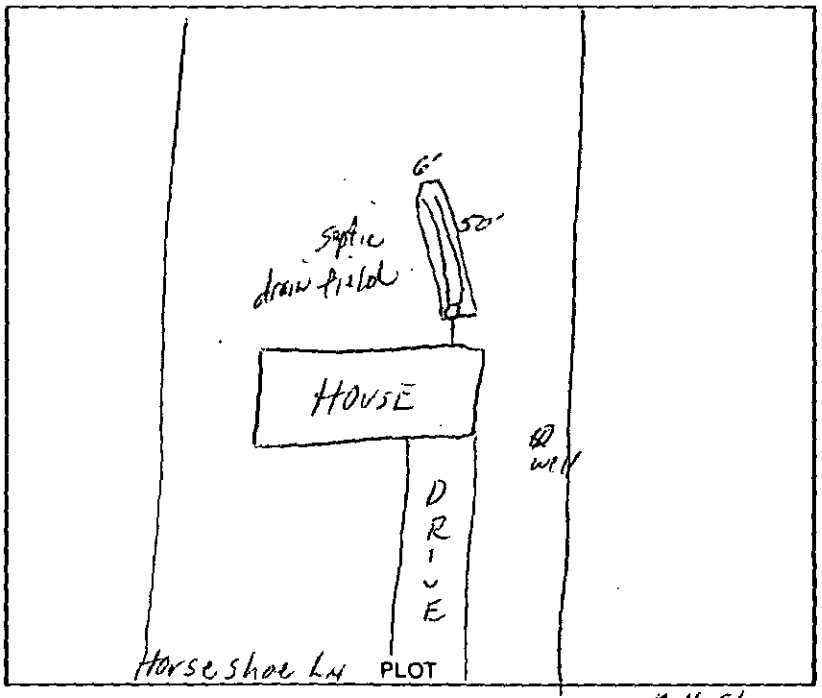
Distance to Water Source 750

Excavation Inspected 3/12/93

Tank(s) Inspected –

Wash Line Inspected 3/12/93

High Water Alarm Inspected –



A.H Stewart

Design: 1992, Repair 12" Stone CTR#

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: Washer line repair

Discussed layout with Mr Gordon Son of Owner - NO Permit issued.

○ Before 1983

Philo A. Walker R.S.
Environmentalist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

879B/875A

[] 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

PERSON FILING APPLICATION:

NAME: Gordon (last) Alice (first) B. (mi)

ADDRESS: 9928 Hatfield Rd PHONE: (__) 588-2476 375-9151

CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 2/23/93

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 143-111-12

STREET ADDRESS: 2809 Horseshoe Lane Charlotte, NC 28208

ZONING:

Township (check-one):
[] 9 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[/] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[/] REPAIR TO SYSTEM (R)

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: 4

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)
[/] 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: Alice B. Gordon Date: 2/22/93

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.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 16, 1993

Alice Barker Gordon & Jetter A. Barker
9928 Hatfield Road
Charlotte, NC 28278

Dear Mrs Gordon:

During a recent investigation of your property at 2809 Horseshoe Lane(Tax Parcel No. 143-111-12), Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground, creating a public health hazard. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to correct this situation by March 15, 1993. Failure to comply with this notice will result in legal action being taken against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

JK:lw

3/22/93