

8525 VAGABOND RD

13927126

6/27/08

marliwr

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: ~~12214~~ 12214 DATE: 5/9/96

TC: 139 271 ~~26~~ 26 ☐ L ☐ CRT

SERIAL № 16574

Name of Owner Thomas Grimland Juris.:

Address of Property 8525 Vagabond Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 100'

Number of Lines 3 @ 33'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 5/9/96

Tank(s) Inspected –

Wash Line Inspected 5/9/96

High Water Alarm Inspected –

PLOT

Design 1996, Repair CTR# A.H. Stewart

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 for washer line system from 1978 or earlier

Type II

Phila S Walker R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).

2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground?
No

4) Is septic water backing up into the house --- gurgling pipes and/or slow draining toilets, etc?
No

This drain & line seems to be our problem - water seeps to surface area & dries out slowly

5) Is there a separate wastewater line from your washing machine? Dishwasher?
Yes - washing machine; no dishwasher

6) Has your septic tank ever been pumped out? If so, approximately when?
Yes - Fall 1995

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
We have dug several holes in an attempt to locate a drain line & locate the problem, but were unsuccessful.

8) Approximately what year was your septic system installed?
1975 - 1979

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
No

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

3-7



Philo – Please call her.

Washer
drain line problem

8525 Vagabond Rd
Charlotte NC 28227

545-2705 (H)
845-1163 (W)
Cynthia Grimlanb

Repair application
needed – sent in
mail
3-7-96

File
12214

139.271-26

Mecklenburg County
Health Department

Date Issued May 10, 1978 Serial No. 1491 C of A (s) No. 12214

T. C. No. 134-27-2

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Helms (LAST) Hurley (FIRST) (MIDDLE)

Location of Property Vagabond Rd. 7

Application Number 12214 Permit Number 12214

Inspection Data:

Liquid Capacity of Tank 1000/900 Tank Material PC

Total Length of Drain Tile 330 & 125 Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 5-10-78 (DATE) Tank Inspected 5-10-78 (DATE)

Nitrification Field Inspected 5-10-78 (DATE)

Washing Machine Line Inspected, If Applicable 5-10-78 (DATE)

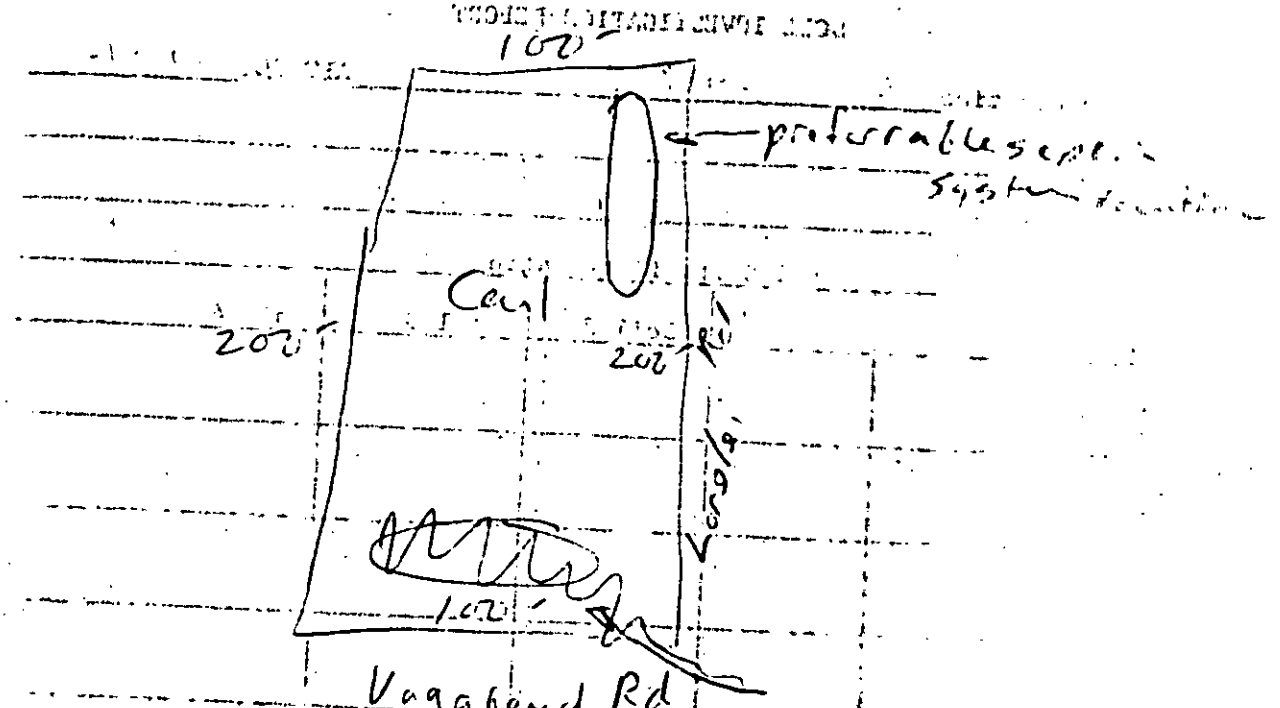
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

EHD-5-76

Environmental Health Department's Copy


100'
preferable septic location
Canal
200'
200'
Vagabond Rd

SOIL INVESTIGATION REPORT

Date of Investigation April 29, 1977

Owner Harley Hulse APT NO. 1221-1

Location of Property Vagabond Rd. lot No. 47

Soil Suitability Ratings Texas Co. Inc.

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	suitable 2-6%			
3. Soil Depth	suitable 72"+			
4. Soil Texture	provisionally suitable clay			
5. Soil Structure	provisionally suitable blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	Suitable well to moderately well			
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate 60 min/in			
9. Other	—			
10. Overall Rating	provisionally suitable			

Recommendations Based on this investigation the lot was found to have an adequate area of provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

(s) Edward Cannon
Soil Scientist

3/10/75

SEE INSTRUCTIONS ON BACK

Date Received 11/10/77

MECK COUNTY DEPARTMENT OF
RECEIVED
Nov. 10 1977
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 12214

T. C. No. 139-221-53

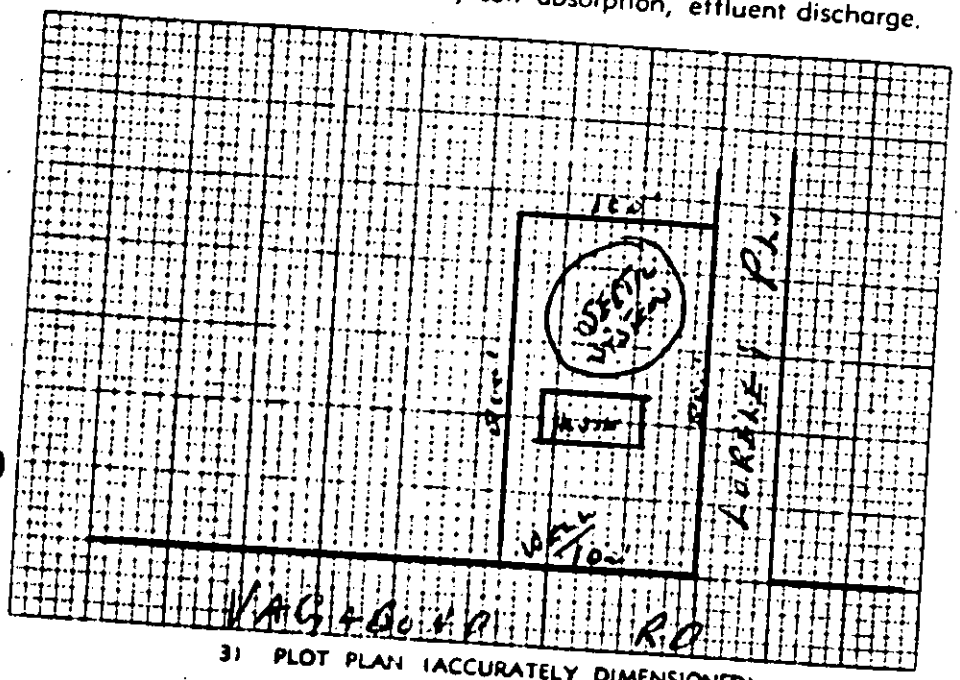
Map Date 10-15-75

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ___✓___ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
5) No. of Bedrooms 3
6) Business Use — Max. No. Employees _____
7) Washing Machine ✓ Yes ___ No
8) Garbage Disposal ___ Yes ✓ No
9) Dishwasher ___ Yes ✓ No
10) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
11) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
12) FHA Case No. _____
13) VA Case No. _____

13) NAME OF OWNER FAGNAN (LAST) FRANK (FIRST) X (MIDDLE)

14) ADDRESS OF OWNER 6309 MONROE RD. CHARLOTTE, N.C.

15) PHONE NO. Home 535-0637 Office _____

16) LOCATION OF SYSTEM VACANT RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION BUTTERFIELD PARK Lot No. 47 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 4/29/77 → GO

20) PTR NUMBER (See Instructions) 12214

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION _____

OWNER _____

EHD-5-76

Environmental Health Department's Copy

Date Issued May 5, 1975 Serial No. 1541

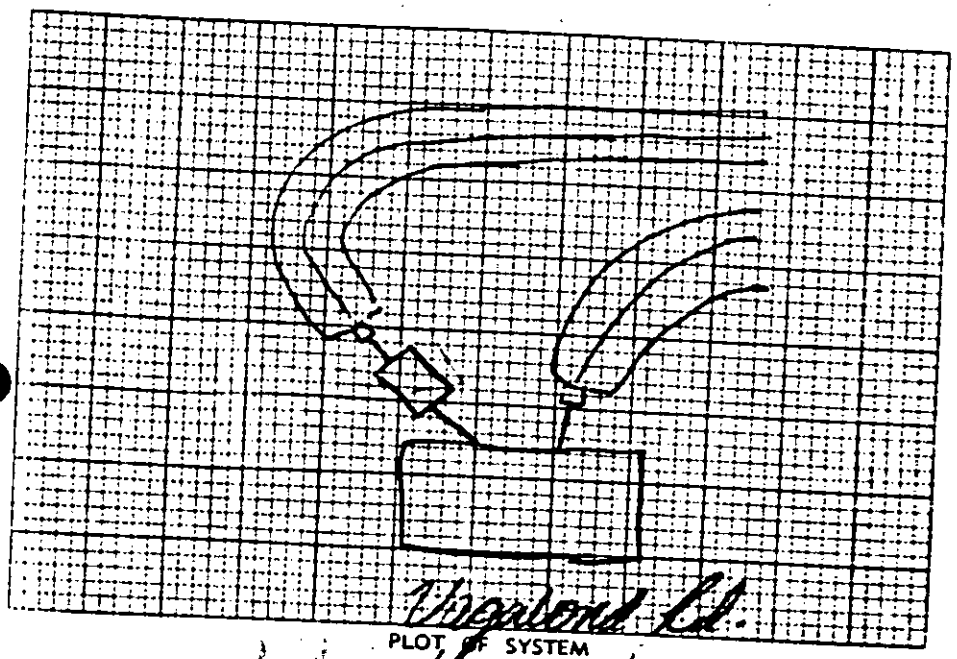
ICAR-S Permit No 1221-E

T C No 139-311-2

Map Date 12-5-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water 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 application 1221-E dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60 min/in

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 330' & 125'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Shirley Helms

LOCATION OF PROPERTY Hagaland Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **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.**

Comments: (15 x 66')

(12' x 32')

Division or Section Head

Eddie Reynolds
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

EHS-5-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

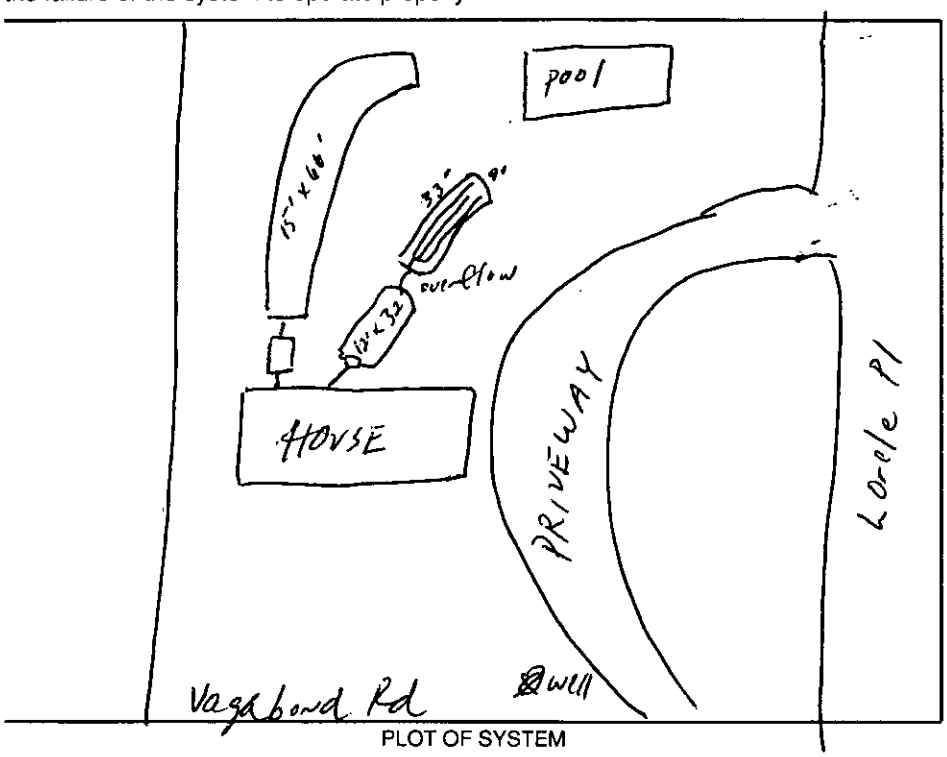
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12214 DATE: 3/20/96

TC: 139 27 126 ☐ L

SERIAL Nº 16680

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 3/12/96. All work shall be completed on or before 4/20/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth Bed 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Trench Walls Scored and Porous —

Total Line Length Bed 100' feet

Number of Lines Bed 3 (33')

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 Thomas Grimland

LOCATION OF PROPERTY 8525 Vagabond Rd

Comments: Washer bed Repair 9' wd x 33' long x 18" Stone Over flow to new bed

Phillip S. Wilkes R.S.
Environmental Health Specialist

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

FEE: NA
DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT;
HEALTH; AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 12214

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-271-26

STREET ADDRESS: 8525 Vagabond Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1100 approx.

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	X YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: GRIMLAND, THOMAS C + CYNTHIA L
(LAST) (FIRST) (MI)

ADDRESS: 8525 VAGABOND RD

CITY: CHARLOTTE STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 545-2705 // 704-8455538

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Cynthia L Grimland DATE: 3/12/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202, (704) 336-5102

Mecklenburg County
Health Department

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2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground?
No

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
No

This drain & line seems to be our problem - water seeps to surface - area dries out slowly

5) Is there a separate wastewater line from your washing machine? Dishwasher?
Yes - washing machine; no dishwasher

6) Has your septic tank ever been pumped out? If so, approximately when?
Yes - Fall 1995

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
We have dug several holes in an attempt to locate a drain line & locate the problem, but were unsuccessful.

8) Approximately what year was your septic system installed?
1975-1979

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