


5340 ROCKWOOD RD

03925111

5/20/08

marliwr

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

Forest 2983

# SERVICE REQUEST/WORK ORDER

Completed 10/3 2983

Log No.: _____ Section: IWINS Hazard? [ ] Yes [ ] No

Date: 4/3/95 Parcel: 039-251-11 <60 Days? [ ] Yes [ ] No

COPY

File 2983

REQUESTING PERSON: Bill McCurry (Builder) Phone 392-9007

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 5340 Rockwood Rd 5312 Rockwood Rd (?) City Char Zip 28216

SERVICE REQUESTED: washer. lines. straight pipes . . . . discharging onto 5306 Rockwood Rd from properties to left + rear.

ASSIGNED TO: S. Bateman TAKEN BY: S. Bateman/L. Mialik

| DATE | ACTIVITY REPORT |
|---|---|
| 4/4/95 | OSV w/ S. Daniel @ 5306 Rockwood Rd. observed straight pipe beyond rear property line. |
| | OSV w/ S. Daniel @ 5304 Rockwood Rd. (to rear of 5306) Tenant, Cindy Blackburn (392-6114) present, stated her grandmother, Dixie Byars (803-249-3789) owns property, septic tank recently pumped because it was backing up into house. Washing machine operated, observed discharge from pipe in direction of 5306 Rockwood Rd. Advised Mrs. Blackburn that ① pumping of tank temporary remedy ② corrective measures regarding washer line, etc. would be required of Mrs. Byars - tap on most probable option. (Sewer in Street |
| 4/5/95 | Tax records indicate |
| | 039-251-11 |
| | card 1 of 3 5348 Rockwood Rd } Legal: 5340 Rockwood Rd |
| | card 2 of 3 5344 Rockwood Rd } |
| | card 3 of 3 5340 Rockwood Rd } |
| | owner: Dixie Miller Byars, 823 Wayne St, N. Myrtle Bch S.C. 29582 |
| | 039-251-12 Vacant |
| | owner: Buford Howell Byars - wife: Dixie Miller 823 Wayne St, N. Myrtle Beach, SC 29582 |

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Mialik, RS , 9/1/95

REVIEWED BY: for [illegible], Program Chief 19-8-95

# SERVICE REQUEST/WORK ORDER



Date: 4/3/95 Log No.: 2983

5340 Rockwood Rd

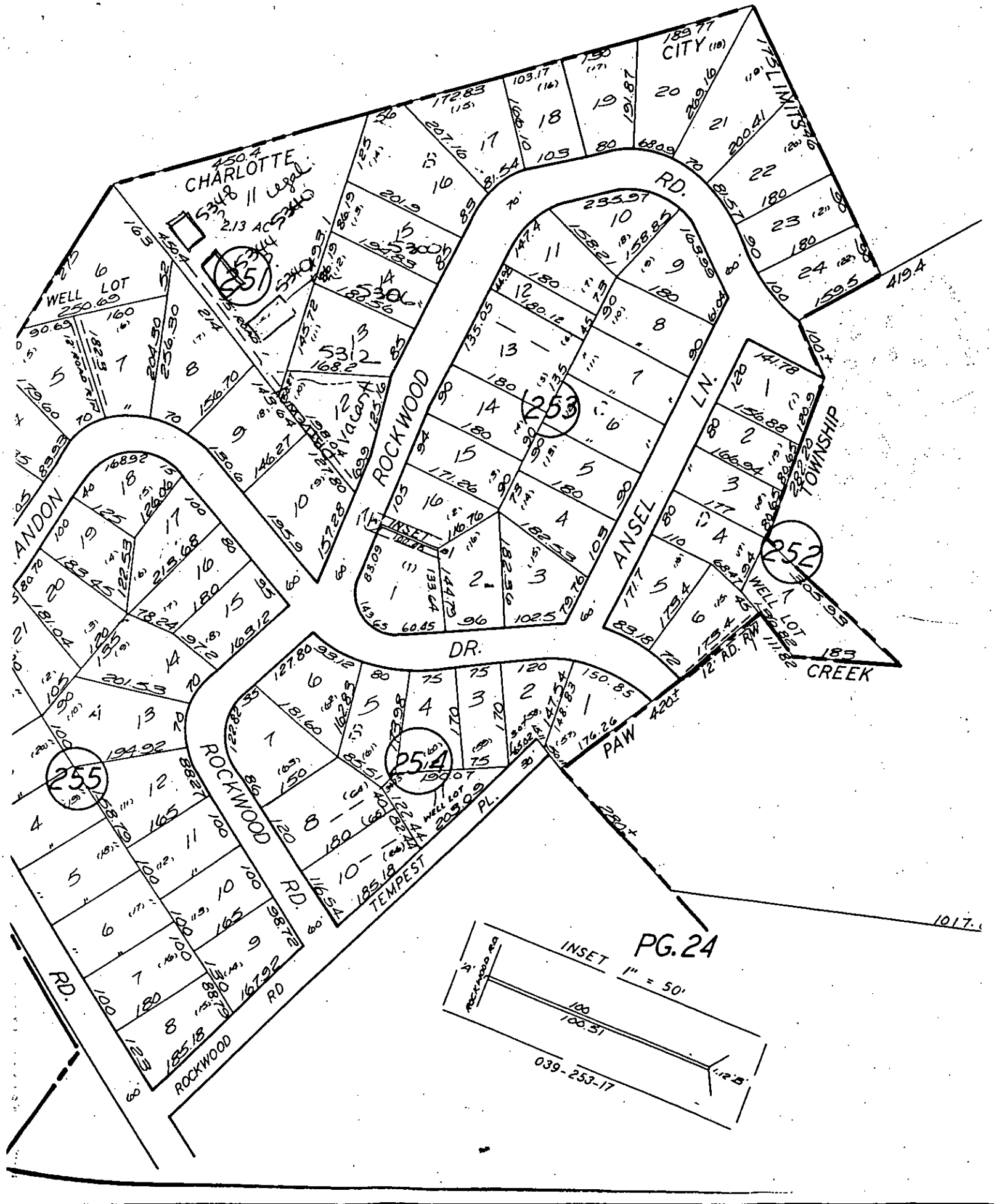
| DATE | ACTIVITY REPORT |
|---|---|
| | Tax records indicate: owner: Christine Lee Kirley |
| | 039-251-13 5312 Rockwood Rd |
| | Charlotte, NC 28216 |
| 4/11/95 | OSV w/S. Bateman @ 5312 Rockwood Rd. Owner(?) |
| ~1:00 | not. Witherspoon present - referred to his wife by the |
| | name Chris, stated that washerline discharge towards |
| | 5306 Rockwood Rd did exist - however, problem |
| | recently corrected by re-plumbing washerline to existing |
| | washer drainfield located behind house. Per crawlspace |
| | inspection, observed that line to ~~drainfield~~ straight pipe had been |
| | cut/disconnected & replumbed to plumb. outlet @ rear |
| | of house (separated from plumb. to septic tank) per |
| | Builder, Doug McCurry, arrived immediately prior to |
| | S. Bateman's my departure from premises. |
| 7/21/95 | Received work order back from S. Bateman (who retrieved work order from a pending a) |
| 7/25/95 | OSV @ 5340 Rockwood. Tenant, Gina Blackburn present; stated ST pumped ~1 month ago - toilets overflowing onto floor. Observed washerline straight pipe. The work order never directed to S Bateman |
| 8/8/95 | NOV; Due 9/6/95 |
| 8/9/95 | OC w/ Mr. Moose - Bldg Stds - Plumb. Div. Filed complaint |
| ~9:00 am | regard. Mrs. Blackburn's statements that sewage |
| | (allegedly) backs up into residence |
| 8/10/95 | PC to Mrs. Blackburn. NC. LM referring her to |
| 9:45 | Comm. Dev. @ 336-2751. |
| 8/14/95 | OC w/ Tim Freeman. Plumb. Div. of Bldg Stds; Stated |
| | no authority - referred to City Housing Nikki Miller. |
| | 336-3489 |
| 8/15/95 | Byars ~~s/t. Randall~~ - left VM mess. w/ R. Randall. |
| 8/16/95 | PC to Mrs. Byars. NC. LM. |
| 9:30 | |
| 8/16/95 | PC w/ Mrs. Byars @ (803) 249-5789. Discussed situation. |
| | NOV for washer; however advised by Mrs. Blackburn that |
| | plumb. fixtures backing up into house - recommend |

# SERVICE REQUEST/WORK ORDER



Date: 4/3/95 Log No.: 2983

| DATE | ACTIVITY REPORT |
|---|---|
| | having ST contractor check line from tank to D-Box prior to washerline repair because best solution maybe to connect to CMUD sewer. Per Mrs. ~~Blackburn~~ Byars will contact Cindy Blackburn; have her contact ST contractor to check D-Box, etc. ② have Mrs. Blackburn fill out repair application as her agent ③ ST contractor to coordinate visit w/me; no work (repairs) authorized until she (Mrs. Byars) & I discuss situation. w# (803) 280-0060. h# (803) 249-3789 |
| 8/17/95 | mailed 2nd application to Mrs. Byars. |
| 8/28/95 10:10 | PC. Rec. VM mess. from Mrs. Byars Scheduled OSV appt. for 1:00 8/30/95 |
| 8/30/95 | VM mess from Steve Audrey, will meet OS today @ 1:00. |
| 8/30/95 | Prepair approvals issued. Mr. & Mrs. Dixie Buyers present. JSR due to cost factor chose repair versus tap to CMUD. Advised Mrs. Buyers that washer straight pipe repair required, however, septic system repair only recommended at this time because effluent not discharging onto ground surface. |
| 9/1/95 | finals. PC to complainant. NC. LM on answer machine. Complaint closed. JSR |


CHARLOTTE
11 Legal
2.13 AC
WELL LOT
ROCKWOOD RD.
ANSEL LN.
ANDON DR.
ROCKWOOD RD.
TEMPEST PL.
PAW CREEK
CITY LIMITS
TOWNSHIP
Vacant
INSET
1" = 50'
100
100.31
039-253-17
PG. 24

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2983 DATE: 9/1/95

TC: 039-251-11 ☐ L ☐ CRT

SERIAL Nº 16395

Name of Owner Dixie Byars Juris.: _____

Address of Property 5340 Rockwood Road

**Inspection Data:**

Tank Material Existing - New tee

Total Length of Drainfield 200' (12'x50' Bed)

Number of Lines 4 @ 50'

Cover Depth 17-27"

Water Supply Source Well

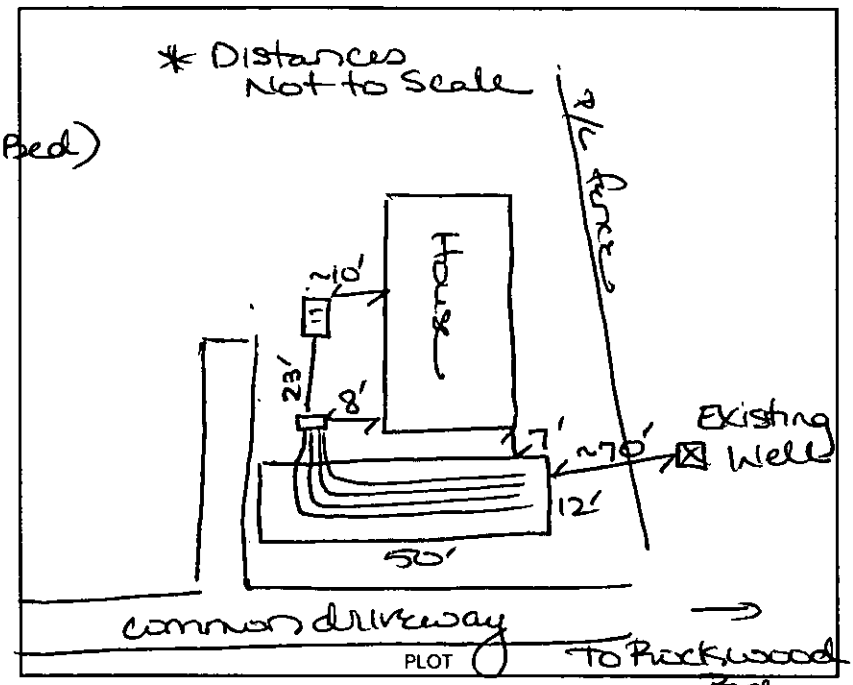
Distance to Water Source >100'

Excavation Inspected 9/1/95 (D-Box K. Prandall)

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA




Design 1995 Repair, D-Box, 600 ft 2, 12'x50' Bed, 18" G cecil-11 fine CTR# 5

Steve Autrey

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 I5A 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 I5A 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 at owner's request due to slow drainage of plumbing fixtures.

OD <1985

Bed installed at depth of original nitrification field.

Type II

Lisa B. Mialik, RS
Environmental Health Specialist

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

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

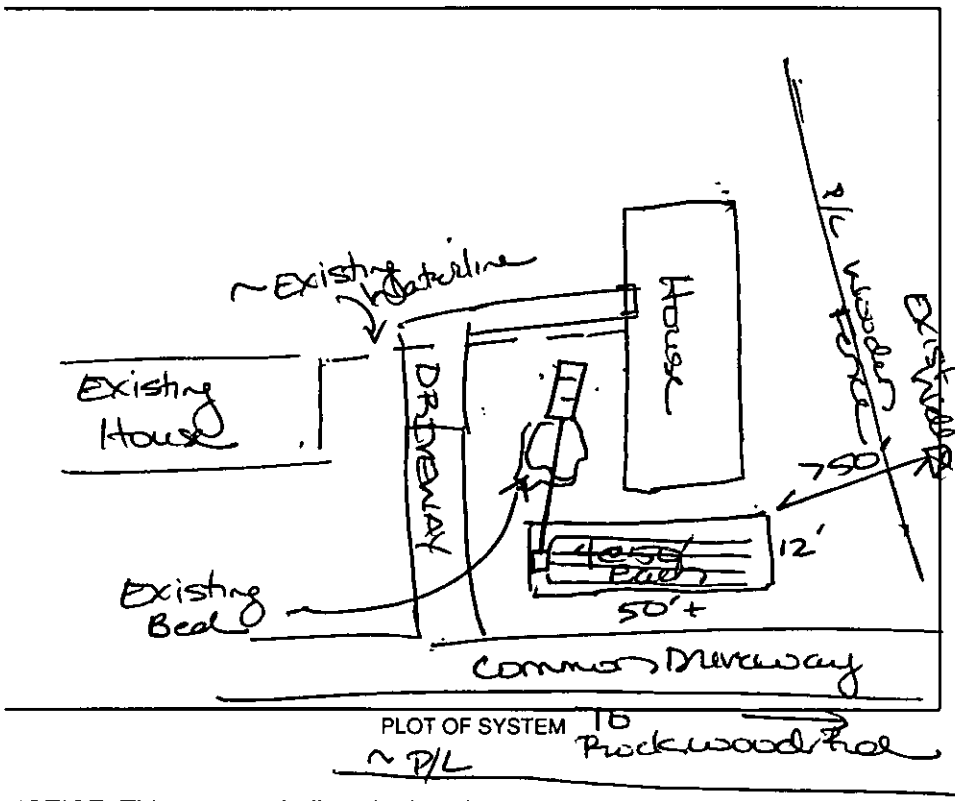
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2983 DATE: 8/30/95

TC: 039-251-11 ☐ L

SERIAL Nº 16507

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 8/19/95. All work shall be completed on or before 9/30/95, 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 TO

Liquid Capacity of Septic Tank Existing NA gallons

Liquid Capacity of Dosing Tank / gallons

Tank Construction /

Trench Depth 24-36" max

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous ✓

Total Line Length 200 feet

Number of Lines 4@50' (12'x50' Bed)

Depth of Stone 18" inches

Distance from House min 5' feet

Distance from Property Line 10 feet

Distance from Well 75' feet (50' minimum)

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

NAME OF OWNER Dixie Byars

LOCATION OF PROPERTY 5340 Rockwood Road

Comments: Repair approval issued at owner's request due to slow drainage of plumbing fixtures; recommended tapping onto municipal sewer as best repair option. However distance to tap would be ~200'.

Lisa B. Mialik, RS.
Environmental Health Specialist

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2983 DATE: ~~8/30/95~~ 9/1/95 jbm

TC: 039-251-11 ☐ L ☐ CRT

SERIAL № 16393

Name of Owner Dixie Byars Juris.:

Address of Property 5340 Rockwood Road

**Inspection Data:**

Tank Material 40 gal washer box PCC

Total Length of Drainfield 180

Number of Lines 2 @ 90'

Cover Depth 9-16"

Water Supply Source well

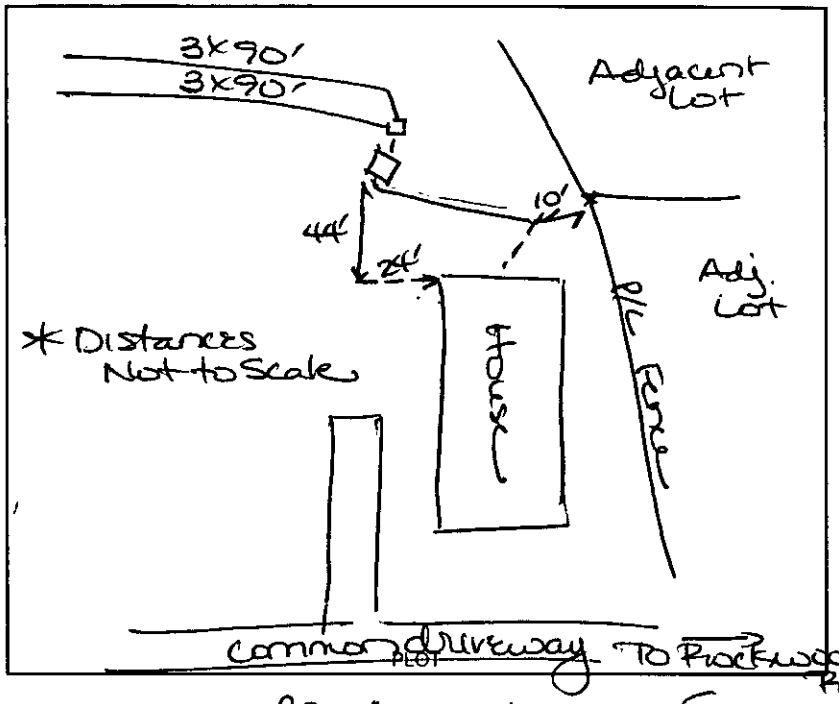
Distance to Water Source >100'

Excavation Inspected 9/1/95

Tank(s) Inspected NA

Wash Line Inspected 9/1/95 (D-Box - R. Randall)

High Water Alarm Inspected NA




Design 1995 Repair, 40g Wash. Box, D-Box, 270ft², 12"G, cecil-like CTR# 5

Steve Autry

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

jbm

and meets the provisions of I5A 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 I5A 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: 1995 repair due to washer straight pipe

OD<1985 Type II

Lisa B. Malik, RS
Environmental Health Specialist

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

9x60

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

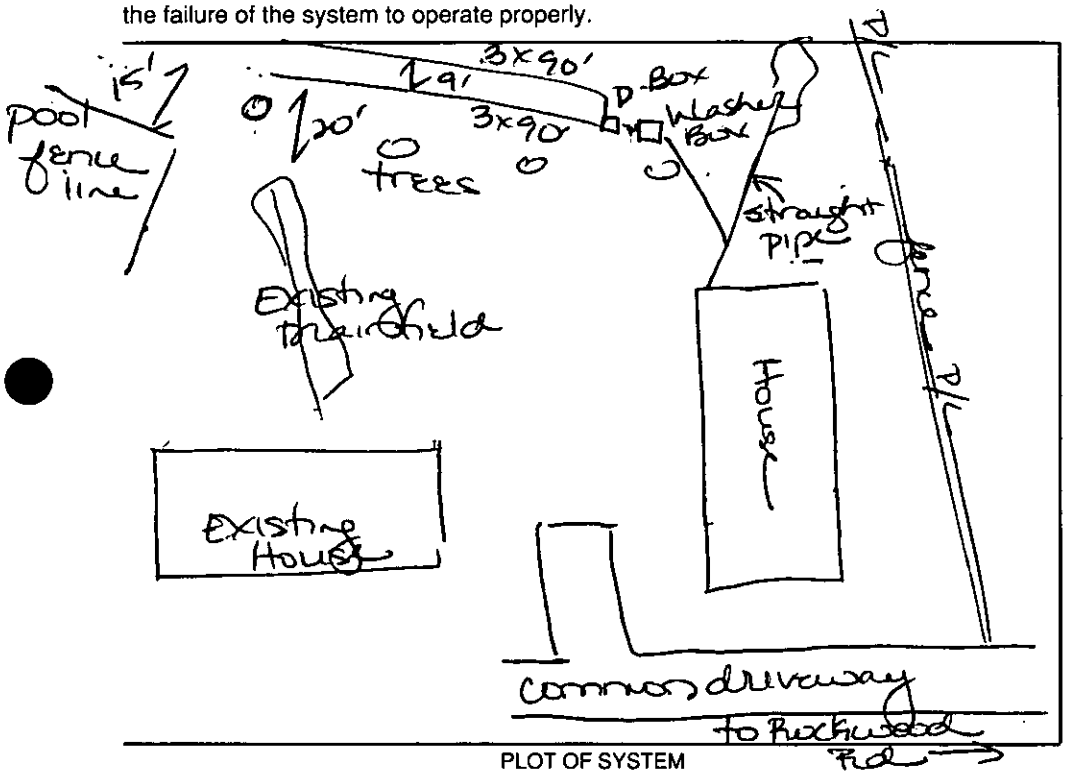
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2983 DATE: 8/30/95

TC: 039-051-11 ☐ L

SERIAL Nº 16398

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 8/19/95. All work shall be completed on or before 9/30/95, 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 Washer Box 40 gal PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 180' feet

Number of Lines 2@90'

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Dixie Byars

LOCATION OF PROPERTY ~~923~~ 5340 Rockwood Road

Comments: 1995 Washer line straight pipe repair. Best repair solution would be to tap into municipal sewer, however due to distance required to get to CMUD tap, issued repair approval at owners request.

Joe B. Malik, RS.
Environmental Health Specialist

* Keep nitrification trenches upslope as much as possible, maintaining appropriate set backs as indicated.

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

2400

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

2983

☐ 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: Aug. 19 - 1995

**PERSON FILING APPLICATION:**
NAME: Byars (last) Dixie (first) M. (mi)
ADDRESS: 823 Wayne St. PHONE: 803 249-3789
CITY: N. Myrtle Beach STATE: SC ZIPCODE: 29582

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**
TAX/PARCEL NUMBER: 039-251-11
STREET ADDRESS: 5340 Rockwood Rd
Charlotte NC 28210
ZONING:

**PROPERTY OWNER:**
NAME: Byars (last) Dixie (first) M. (mi)
ADDRESS: 823 Wayne St. PHONE: 803 249-3789
CITY: N. Myrtle Beach STATE: SC ZIPCODE: 29582

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

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 (M)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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: Dixie M Byars Date: Aug 19-1995

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.

...8/30/95 Repair approvals issued

✓ Repair
☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Malik, RS 8/30/95
Environmentalist Date

Director or Authorized Section Head Date

WATER - 2279

# GENCO



448-7116 Toll Free 1-800-262-5991

Aug 19-1995

Lisa,

I can be reached at these phone no.

work 272-7181

home- 249-3789

Store- 280-0060

My daughters 280-6578

thanks

Onifia Ryan

Cleaning Supplies / Paper Products
Motel, Restaurants & Home
*Myrtle Beach, SC*

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

# ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Dixie M. Byars

MAILING ADDRESS 823 Wayne St., N. Myrtle Beach, SC 29582

OCCUPANT tenant

LOCATION 5340 Rockwood Rd., Charlotte

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel 039-251-11

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 336-5573.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system. or connect to municipal sewer system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Other Repairs (*specify*) _____

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by September 6, 1995, appropriate legal action will be taken.

Notice Issued August 8, 1995 (Date) Signed Lisa B. Mialik, R.S. (Division of Environmental Health) Agent

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

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