

9044 NOLESGATE RD

10514506

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

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

March 29, 1994

Ms. Judy Miller
9044 Nolesgate Road
Charlotte, NC 28215

Re: 9044 Nolesgate Road
File: 3016B(9387A)
Tax Parcel: 105-145-06

Dear Ms. Miller:

An application for services was received by our Department in regards to a repair to your septic tank system. A repair permit was issued in which the washing machine line was split off from the septic tank system with its own drainfield. The septic tank contractor, Mr. Steve Autry, inadvertently covered the new drainfield before it could be inspected by this Department. Mr. Autry uncovered portions of the system and it appears that it was installed as permitted. However, a certificate of completion cannot be issued because it could not be fully inspected. At that time I recommended the septic tank be pumped and the pipe from the tank to the distribution box be checked to make sure the pipe was not broken. It is my understanding that the tank was subsequently pumped out.

It is recommended that strict water conservation measures be taken to limit the amount of sewage flow into the sewage treatment and disposal system to prevent any future malfunctions of the system.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

cc: Mr. Steve Autry

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CR?

2016B/9387A

LD #00

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: MILLER (last) Judy (first) B. (mi)
ADDRESS: 9044 NOLESGATE RD PHONE: (704) 536-5282
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:
NAME: MILLER (last) CHARLES Judy (first) R. B. (mi)
ADDRESS: 9044 NOLESGATE RD PHONE: (704) 536-5282
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-145-06
STREET ADDRESS: 9044 Nolesgate Rd
ZONING:

Township (check one):
[] 0 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 (O)
[] 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)
[X] 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: 3 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: Judy B. Miller Date: 3/9/94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Repair permit issued for washer line

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

SBateman 3-9-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval
D460

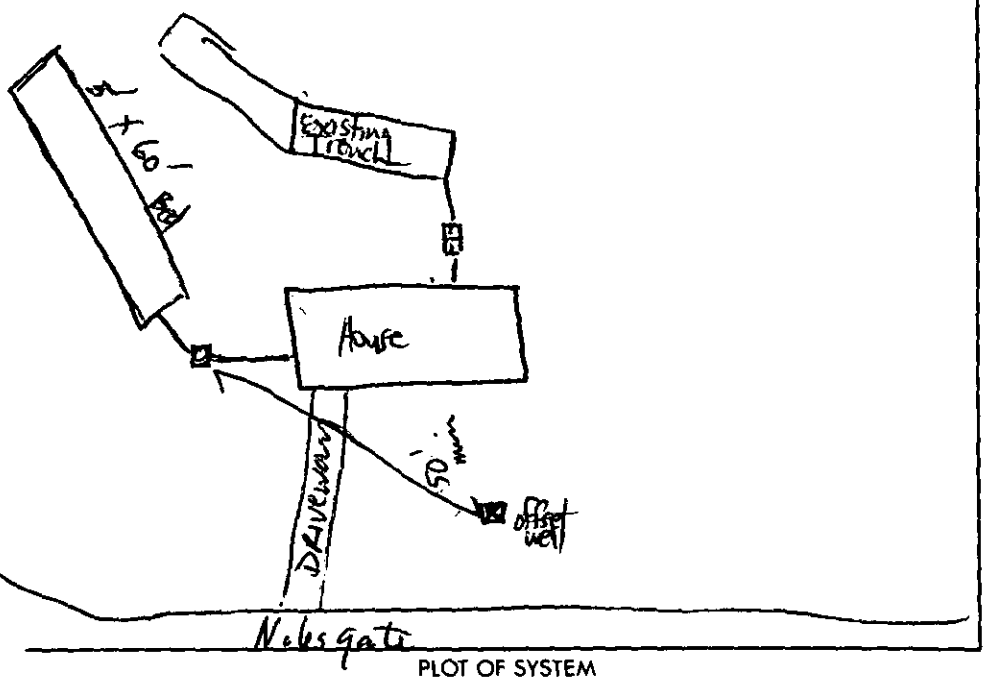
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3016B/9387A DATE: 3-09-94

TC: 105-145-06 ☐ L

SERIAL Nº 15699

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 3-9-94. All work shall be completed on or before 4-9-94, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 5' feet

Total Line Length 60' feet

Number of Lines 2

Depth of Stone 14" inches

Distance from House > 10' feet

Distance from Property Line >15' feet

Distance from Well > 50' feet

12"/16" soil cover

NAME OF OWNER Judy B. Miller

LOCATION OF PROPERTY 9044 Noles Gate Rd

Repair Permit

Comments: TRENCH: 5' wide x 60' long with 6" sand, 14" stone

Solid Line (pipe) from house to Distrib box must meet N.C. Plumbing Code.

_____ Division or Section Head

Susan Peterson 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