

10647 WALKERS FERRY RD

11325150

6/27/2007

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — 7923A
Health Department — Name of Establishment — Permit/Project No.

10647 Walkers Ferry Rd — residence — 240
Location — Type of Establishment — Design Flow

Roger Hamilton, 10647 walkers ferry rd, Charlotte 28278
Owner/Agent — Address — Phone

N/A
Operator — Address — Phone

Remarks IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pump septic tank
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	- Indoor alarm that is mounted outside
Floats/pipe/valves/disconnects in good working condition?	☑	☑	- Floats should be raised
Control panel enclosure/components in good condition?	☑	☐	- Duct seal needed around wires in conduit
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Looks good

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5.3.99 SIGNED: Jerry B. Thompson, Jr., L.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

113-251-50B

IIIb

Microbiological Analyses

Owner, System or Establishment: Steve Hamilton

Address: 10647 Walkers Ferry Rd

Charlotte Zip: 28278

Collected By: L. Thompson

Date Collected: 5-3-99 Time: 11:00 AM PM

Sample Source: Outside tap

Date Delvd. to Lab: 5-3-99 Time: 4:00 AM PM

Delivered By: LBT ☒ Received on Ice Initials LBT

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☒ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ _____ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 5-3-99 Date Reported: 5-4-99

Received By: hw Analyst: hw Lab #: 449

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

391-2938

pd. 85.00
ck #3352
V/O
4-23-99

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Roger D. & Linda B. Hamilton
10647 Walkers Ferry Road
Charlotte, NC 28208

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
Roger & Linda Hamilton	10647 Walkers Ferry Road	113-251-50A	7293A	2	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

5-3-99
OSV: no effluent surface
- duct seal
- raise lids
- pump tank
- in low alarm outside

BILL INFORMATION

Billing Date	Payment Due Date
4/19/99	5/19/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 19, 1999

Roger D. and Linda B. Hamilton
10647 Walkers Ferry Road
Charlotte, NC 28208

Dear Mr. and Mrs. Hamilton:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7293A DATE: 7/11/91

TC: ☒ L ☐ CRT

SERIAL Nº 13767

Name of Owner Roger Hamilton Juris.:

Address of Property 10647 Walter Ferry B.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 24"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 7/11/91

Tank(s) Inspected 7/11/91

Wash Line Inspected

High Water Alarm Inspected 7/15/91

PLOT

Design: 991/500ST/1000ST pl Con 810SFT 12"6 CTR# 73

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 2 bedroom home

Judy A. Kain R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

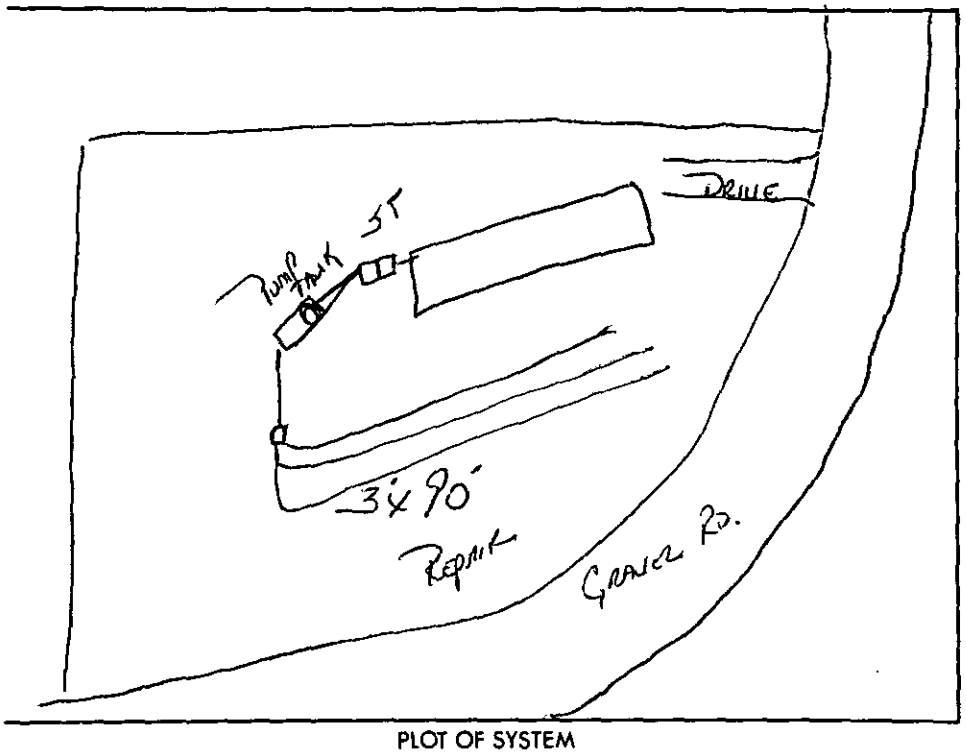
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7293A DATE: 7-2-91

TC: _____ ☐ L

SERIAL Nº 13752

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 7-2-91. All work shall be completed on or before 8-2-91, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 102 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Roger Hamilton

LOCATION OF PROPERTY 10647 Walkers Ferry Rd.

Comments: INSTALL 1500g ST, 1000g PT. KEEP SYS ON CONTOUR, 50' FROM WELL.

Division or Section Head _____ 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

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: 7293A
TC: 113-251-50
SERIAL: № 21800

✓ ☒ L ~~CRT~~

JOB LOCATION

① ADDRESS: 10643 (STREET NO.) Walker's Ferry Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-251-20
⑤ SUBDIVISION: Reece Hinson Prop. ⑥ LOT: TRACT 3 LOT 20 ⑦ BLOCK: 251

OWNER

⑧ NAME: Roger (FIRST) Dale (MIDDLE) Hamilton (LAST)
⑨ MAILING ADDRESS: 10643 Walkers Ferry Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208
⑬ PHONE: (WORK) 394-1598 ⑭ (HOME) 394-4796

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) MOVING TRAILER NEW SEPTIC SYSTEM

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type?
㉓ Maximum occupancy? 2
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 onto the property for the purpose of processing this request.

Signed: Roger D Hamilton
Date: 3/11/91

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 60 months from the date of issuance.

Environmentalist — Date 3/19/91

Director or Authorized Section Head — Date 3-21-91

*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

3

Date: 03/11/91

Name/Company: Roger Hamilton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sewage Treatment
Home - New Septic
Design
Fee # 7293A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 11 1991

Fee: $ 125.00 Cash 125.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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

DATE _____

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 113-251-~~89~~ 50

ASSIGNED ADDRESS 10647 Walkers Ferry Rd

EXISTING ADDRESS _____

PROJECT NAME _____

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: perk test applied under 10643 Walkers Ferry Rd.

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: JCD

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

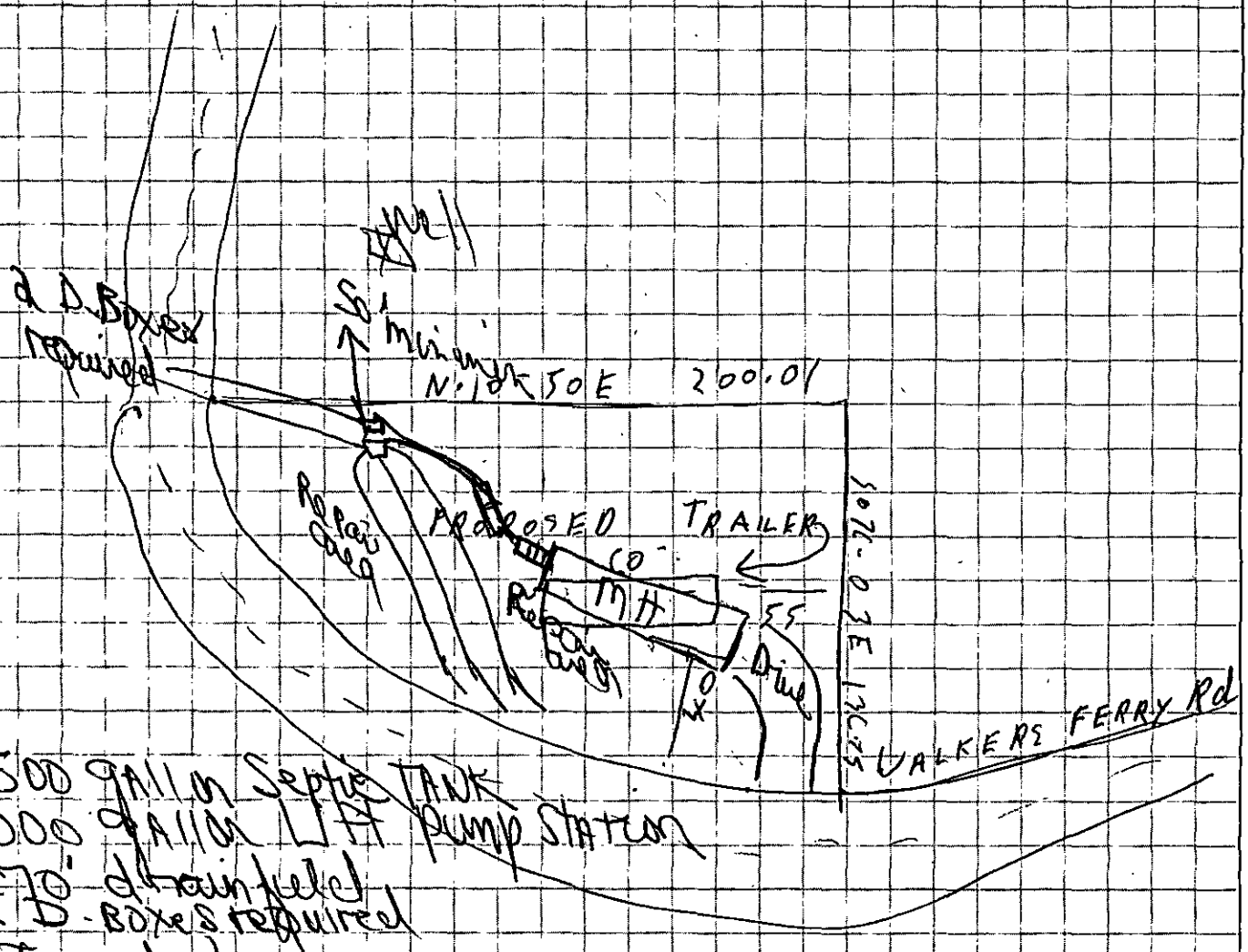
PROPOSED PLOT PLAN

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

FILE: 7293A

TC: _____

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.



1,500 GALLON Septic TANK
1000 GALLON LIFT pump STATION
270' drainfield
2 D. BOXES required
3 Trenches
3' X 90' = 270'

Water Supplied from Adjacent Property
50' from Well
Keep Water Supply line 5' from System.

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

February 27th, 1991

Roger Dale Hamilton
10643 Walker's Ferry Road
Charlotte, NC 28208

RE: Property located at 10643 Walker's Ferry Road Lot 20
FILE: 7293A
PARCEL: 113-251-20

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 17011) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17011

File:

Action 1

Parcel: 7293A

☐ PC

113-251-20

Location:

Subdivision 10643 Walker's Ferry Road

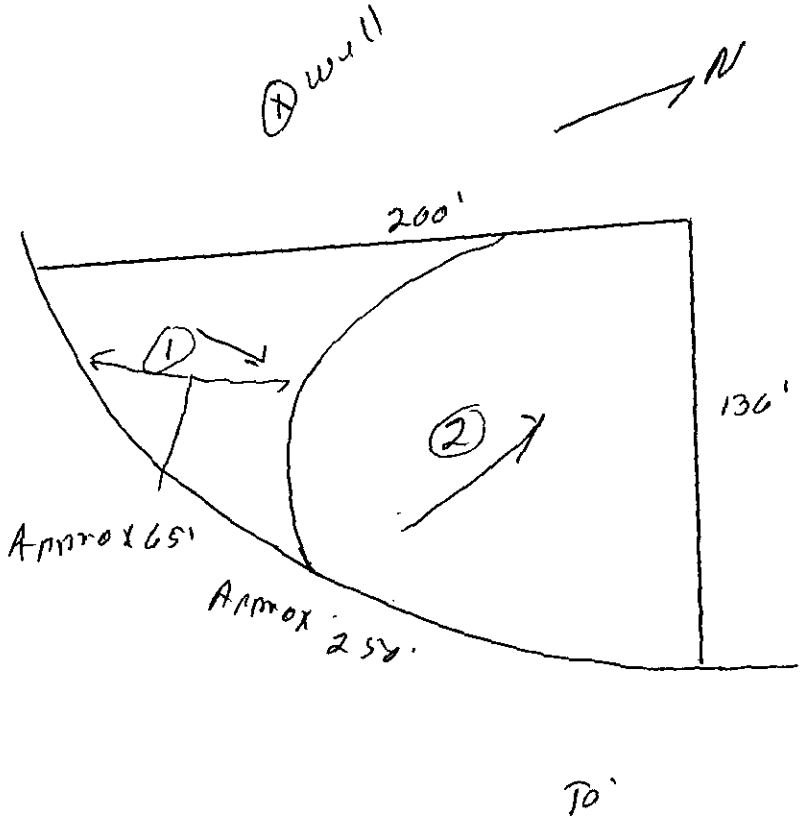
Lot: Block: Acres: .47

Lot 20
Owner:
Address:
Roger Dale Hamilton
10643 Walker's Ferry Road
Charlotte, NC 28208

Comments: 100% Repair -
Would need lift
pump

Described by: William R. Merli

Date: 2-26-91



***** 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 6-12%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Fill present	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Lloyd	Depression/ Fill				
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: 7293A

TC: 113-251-20

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: PO ~~10643~~ Walker's Ferry Rd.

② SUBDIVISION: Reece Gibson Prop. ③ LOT: Tract 3 Lot 20 ④ BLOCK: 251

⑤ PARCEL REFERENCE: BOOK NO.: ~~4~~ 4043 PAGE NO.: ~~2~~ 195 PARCEL NO.: Part of 113-251-20

⑥ DEED REFERENCE: BOOK NO.: 6017 PAGE NO.: 0148

OWNER

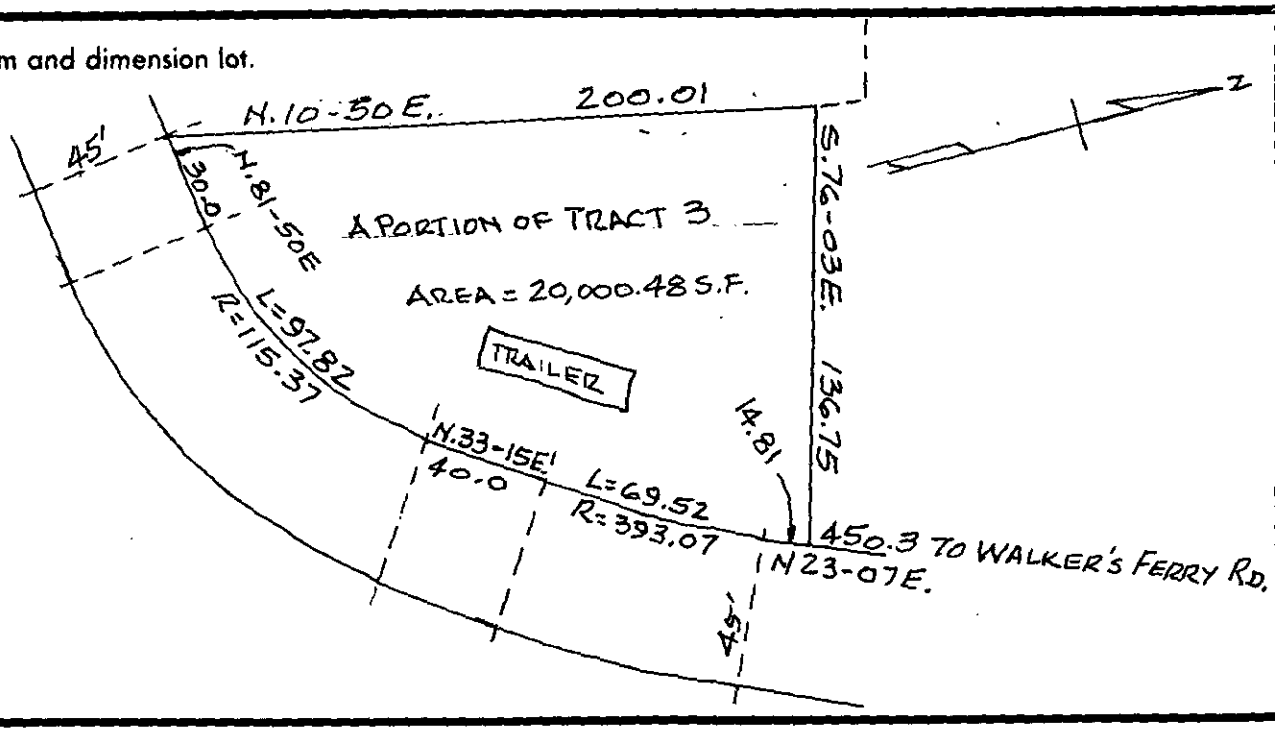
⑦ NAME: Roger (FIRST) Dale (MIDDLE) Hamilton (LAST)

⑧ MAILING ADDRESS: 10643 Walkers Ferry Rd

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28208

⑫ PHONE: (WORK) 394-1898 (HOME) 394-4796

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: Roger Hamilton

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

Date: 2/19/91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-19-91

Name/Company: Roger Dale Hamilton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App-Soil Test (app. 1 acre)
10643 Walter's Ferry Rd.
(Lot 20)
Case: 7293A
TP: 113-251-20

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 19 1991

Fee: $ 50.00 CC #50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

MECKLENBURG COUNTY
Health Department

July 10, 2014

10647 Walkers Ferry Rd
Charlotte, NC 28208

Dear Property Owner,

Re: Septic System Inspection

Please find the enclosed report for the septic system inspection conducted at 10647 Walkers Ferry Rd. on 5/21/14 . If you have any questions regarding the report please contact me at 704-336-5570.

Sincerely,

Philo Walker

Philo Walker , REHS
Senior Environmental Specialist

Enclosures (2):

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	HAMILTON RESIDENCE	7293A
Health Department	**Name of Establishment**	**Permit/Project No.**
10647 WALKERS FERRY RD	RESIDENCE	240
Location	**Type of Establishment**	**Design Flow**
STEPHEN RAY HAMILTON	10647 WALKERS FERRY RD	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE, NC 28208	
Operator	**Address**	**Phone**
IIIb	5/21/14	5/21/19
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
SYSTEM IN GOOD CONDITION OVERALL.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 5/21/14

SIGNED: Philo Walker REHS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER, REHS
Phone #: 704-336-5570

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

Inspection of Engineered Subsurface Wastewater System

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c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
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e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
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6. GROUND ABSORPTION FIELDS:				
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b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
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A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
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*Please visit http://groundwater.charmeck.org for additional information.

DATE: 5/21/14

SIGNED: Philo Walker REHS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER, REHS
Phone #: 704-336-5570

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

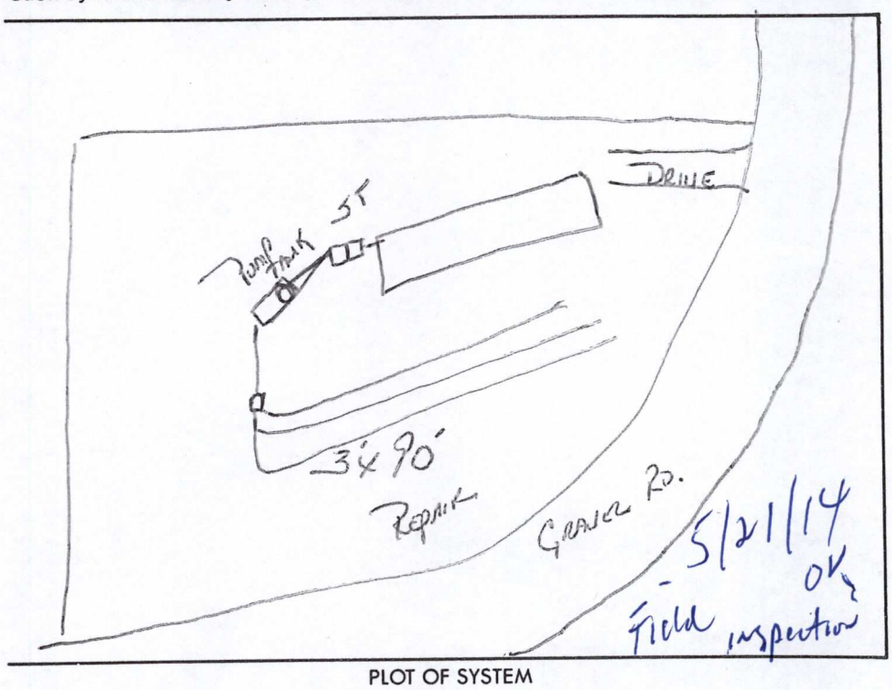
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7293A DATE: 7-2-91

TC: _____ ☐ L

SERIAL Nº 13752

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 7-2-91. All work shall be completed on or before 3-2-91, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House > 5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Roger Hamilton

LOCATION OF PROPERTY 10647 Walkers Ferry Rd.

Comments: INSTALL 1500g ST, 1000g PT. KEEP SYS ON CONTOUR, 50' FROM WELL.

Division or Section Head

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7293A DATE: 7/11/91

TC: ☒ L ☐ CRT

SERIAL Nº 13767

Name of Owner Roger Hamilton Juris.:

Address of Property 10647 Walters Ferry B.

Inspection Data:

Tank Material pcc.

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 18 24"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 7/11/91

Tank(s) Inspected 7/11/91

Wash Line Inspected

High Water Alarm Inspected 7/15/91

PLOT

Design: 991, 1500ST 1000ST p/ Con 810SF, 12"6, CTR# 73

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 2 bedroom home

Judy A. Kisiel R.S.

Environmentalist

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

Mecklenburg County
Land Use & Environmental Services Agency

WORK ORDER SUMMARY

Work Order

Work Order ID #	91448
Department	Groundwater/Wastewater Services
Description	PME Inspection
Status	In Progress
Address	10647 Walkers Ferry Rd.
Location	11325150
Jurisdiction	Mecklenburg
X Coordinate	1404666
Y Coordinate	538491
Submitted To	WALKER, P
Date Initiated	4/3/2014 3
Initiated By	MICHAEL,
Date Completed	
Completed By	
Closed By	
Unattached WO?	
Comments	
Cost Summary	
Total Cost	$0.00
Labor Cost	$0.00
Material Cost	$0.00
Equipment Cost	$0.00

no. file

Associated Service Request

Request ID	Status

Initiated By	Date Initiated	Dispatch To

Custom Fields

Field	Value
SYSTEM STATUS	
FILE NUMBER	7293A
SYSTEM CLASS	IIIb
WATER SUPPLY	
FEE	
INSPECTION YEAR DUE	
INSPECTION QUARTER DUE	

GIS Feature(s) Attached

Feature Type	Feature ID
PME_SITES	531



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
11325150	INDIVIDUAL		11325150A

Owner(s)

Owner Name	Mailing Address	City/State
HAMILTON STEPHEN RAY	10647 WALKERS FERRY RD	CHARLOTTE NC 28208

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	WEST MECKLENBURG	2.01

Total Parcel Assessment

Building	Land	Features	Total
Under Reval Review			

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Oct 3 2007			LESS $3000	IMP	WARRANTY D	22895-463	HAMILTON,ROGER D
Apr 28 1989	0			VAC		06017-148	

Land Use

Use	Units	Type	Neighborhood	Assessment
R200	2.01	AC	L301	

Building Information

Bldg	Description	Type	Year	Property Location
1	Manufactured	MFD HOME-DW	1992	10647 WALKERS FERRY RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1368	1368	CRAWL SPACE	ALUM,VINYL -	AVERAGE 01	

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP2	AC-CENTRAL		2	1		1

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1368

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 23.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	78500	0
May 23 2008	2008	Division of Land and/or New Parcel	75700	0
May 23 2008	2008	Division of Real Estate and/or New Parce	75700	0
Apr 23 1993	1993	New Improvement	42420	
Feb 22 1991	1991	Countywide Revaluation	12000	
Jan 2 1991	1991	Countywide Revaluation	12000	

Groundwater and Wa
700 N. Tryon St., Suit
Charlotte, NC 28202

U.S. POSTAGE PITNEY BOWES
ZIP 28208 $ 001.40⁰
02 1W
0001379755 JUL 21 2014

File # 7293A

NIXIE 282082043-1N 07/29/14
RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

Stephen Ray Hamilton
10647 Walkers Ferry Rd
Charlotte, NC 28208