

2300 BELMEADE DR

05327113

12/26/2007

duponbj

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: Jenny Jenett TELECOPIER # 393-7408

FROM: TWWS DATE 2/24/97

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: per request

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

700 North Tryon Street • Suite 712 • Charlotte, North Carolina 28202-2236

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: [redacted] 1790 DATE: 3-24-97

TC: 053-073-11 ☒ L ☐ CRT

SERIAL № 16767

Name of Owner Keith Clark Juris.:

Address of Property 2300 Belmeade Rd.

Inspection Data:

Tank Material WASHER BOX

Total Length of Drainfield

Number of Lines 9 @ 39'

Cover Depth 16"

Water Supply Source WELL

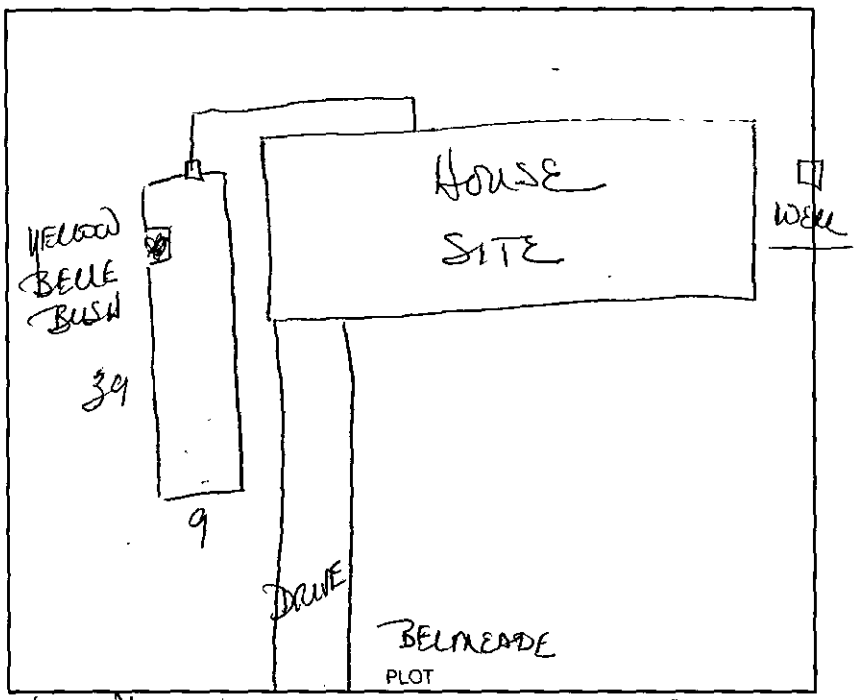
Distance to Water Source ≤50'

Excavation Inspected 3/24/97

Tank(s) Inspected 3

Wash Line Inspected 3/24/97

High Water Alarm Inspected —



Design 1 WASHER BOX, 1"B" 24"G, 6" SAND MARGINAL CTR# County Septic Divice

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: Washer box repair — "OD < 1987"

Tom Higgins Bussey R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

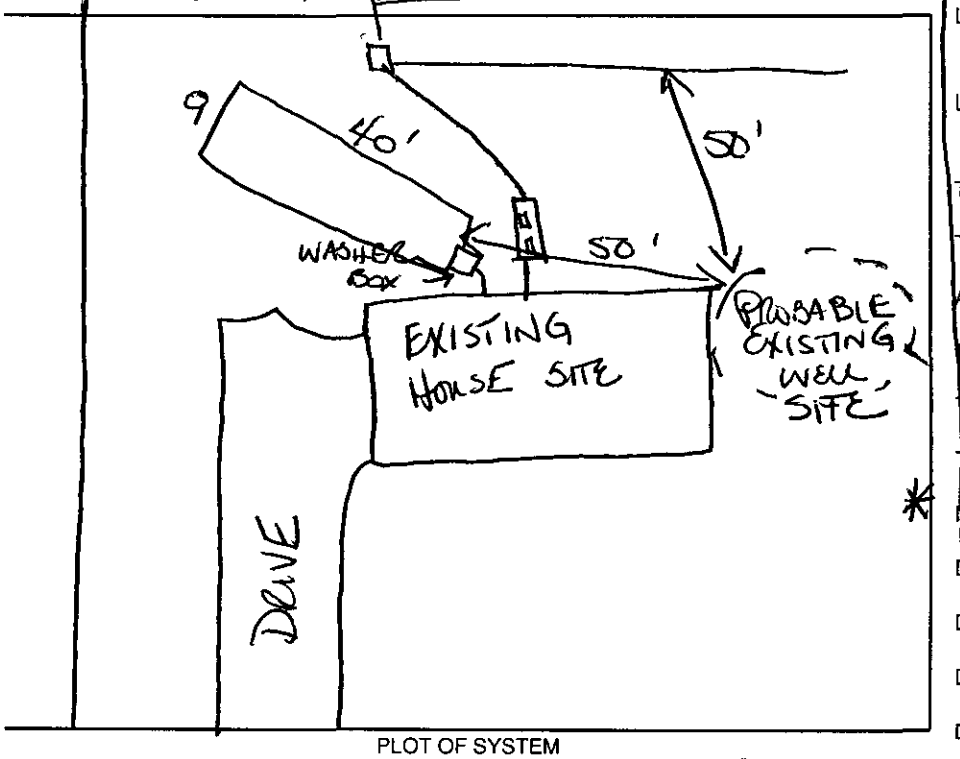
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1790B DATE: 2/24/97

TC: 053-073-11 ☐ L

SERIAL Nº 17117

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 2/24/97. All work shall be completed on or before 3/24/97, 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

BELMEADE RD.

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction N/A

Trench Depth N/A

Absorption and/or Nitrification Lines:

Trench Width 36" feet

(1) WASHER BOX

Trench Walls Scored and Porous _____

Total Line Length 130 feet

Number of Lines 3

Depth of Stone 18"/6" SAND inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 50' feet

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

NAME OF OWNER ~~Sandra Burke~~ Keith Clark

LOCATION OF PROPERTY 2300 Belmeade Rd.

Comments: (1) FURTHER REPAIRS TO THIS SYSTEM WILL REQUIRE ABANDONMENT OF WELL AND CONNECTION TO [redacted] CITY WATER.

*(2) ~~INFILTRATOR (CANCELLED) REPAIR MAY BE AN OPTION W/ 21 PANELS~~ AND 6" OF SAND.

(3) INSTALL WASHER LINE ON GRADE W/ 18" OF STONE AND 6" OF SAND.

Lori Higgins Burney, R.S.

Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/25/97 PERMIT NO: ~~18563~~ 17963
PARCEL NO: 053-073-11

JOB LOCATION ADDRESS: 2300 Bilmade Rd.
PROPERTY OWNER: Keith Clark
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jim Diggins Burney, R.S. DATE: 3-5-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation Approval Required.
Must maintain installation 50' feet from well

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Jerry Leach 3/5/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number ~~1826~~ 1790B

Tax Number: 053-07311

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional Bed ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
300' Absorption Area (Sq ft) 100' Total Trench Length (Ft)	24" Depth of Stone Trench 6" ~~STONE~~ SAND	9' Trench spacing (min. on centers)	36" Maximum Trench Depth
For existing system, enter the year originally installed: greater than 30 years (no washer line existed prior)			

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 Sewage, 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 Improvement permit is transferable.

Angie Higgins Bunny, R.S. 3/5/97
DEHNR Authorized Agent Date

Jerry Leach 3/5/97
Owner/Agent Signature Date

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

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

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Keith Clark MAILING ADDRESS 2300 Belmeade Road Charlotte 28214

OCCUPANT Same LOCATION Same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax parcel # 053-073-11

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

336-5572 Toni Higgins-Bunney.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

and

[X] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Pit Privy must be repaired/constructed.

[ ] Other Repairs (*specify*) _____

[ ] Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by March 24, 1997, appropriate legal action will be taken.

Notice Issued February 20, 1997 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

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

cc: Toni Higgins-Bunney, R.S.

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

053-073-11

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Well
Septic

Microbiological Analyses 2/4/97

Owner, System or Establishment: Clinton Burke

Address: 2300 Belmeade Rd.

Charlotte Zip: 28214

Collected By: Susan Bateman

Date Collected: 2-11-97 Time: 2:25 AM (PM)

Sample Source: outside faucet

Date Delvd. to Lab: 2-11-97 Time: 4:10 AM (PM)

Delivered By: S Bateman ☒ Received on Ice Initials SB

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: well inact. appears to be w/in 25' of bldg found well house has pump in it only - did not locate actual well

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform	Absent /100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	/100 ml.	Plate Count	/gm. or ml.
Fecal Strep	/100 ml.	Coliform Count	/gm. or ml.
Enterococcus	/100 ml.	Pseudomonas aeruginosa	/100 ml.

(eliminate kitchen sink dishwasher)

3/18/97 This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

Laboratory Comments:

Date Received: 2/11/97 Date Reported: 2/12/97

Received By: DTW Analyst: DTW/DW Lab #: 324

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

125
199 / 199
125

TIC REQUEST

Pd 85.00 CK 4449 gc 2/4/97

Mecklenburg County
Health Department

TAX PARCEL # 053-073-11

ADDRESS OF PROPERTY TO BE SERVICED: 2300 Belmeade Road
Charlotte, NC 28214

OWNER OR AGENCY NAME & ADDRESS: c/o Clinton I Burke, SR
Key Realty of Charlotte
226 E. Morehead ST
P.O. Box 37288
Charlotte NC 28237-7288

ADDRESS FOR RESULTS TO BE MAILED: Would like to be Called & Pick Up Results (thank you)
377-2488

No Dog or locked gate, fence occupied

Also FAX: Jenny Tench 393-7408

TELEPHONE NUMBER WHERE YOU CAN BE REACHED(DAY): 704-377-2488
FAX 377 8507

CHECK ONE: ✓ (WELL & SEPTIC) ____ (WELL ONLY) ____ (SEPTIC ONLY)

Sandra D. Burke
SIGNATURE OF AUTHORIZED PERSON

2/4/97
DATE

Jenny Tench
393-7408 FAX

Century 21
Murphy & Rudolph Westside
[illegible] 1994-98
300 E Boulevard
Woodlawn Shopping Center
Charlotte, North Carolina 28203
Business (704) 399-4848
Cellular (800) 438-5618
Fax 393-7408

Gwen please fax I.A.
to

Facsimile Cover Sheet

2-24-97
Toni Bunny

Number [illegible]

[illegible]

FAX #: 704-393-7408

Total number of pages including cover sheet 2

Application for employment
[illegible]

Additional information

Thank you!

FEE: N/A

DATE: 2-24-97

IMPROVEMENT PERMIT
FOR AN INITIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

PERMIT #

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 #: 1790B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053 073 11 (21

STREET ADDRESS: 2300 Belmead DR

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: NONE

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 988

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITH BASEMENT
__ [illegible]
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE 2-24-97

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ 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	__ YES __ NO	WELL, SPRINGS OR WATERLINES	✓ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASEMENTS OR RIGHT-OF-WAYS	__ YES __ [illegible]		

PROPERTY OWNER: Keith Clark

NAME: (LAST) Clark (FIRST) Keith (MI)

ADDRESS: 2300 Belmead

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: 704 392-1553

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE

NAME: (LAST) Tench (FIRST) Jennifer (MI) Elliott

DAYTIME PHONE: (704-399-4848

PS 613-3145

Wm 399 2853

WHAT DATE WAS THE PROPERTY ORIGINALLY PURCHASED?

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 [illegible] owner or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application and acknowledges that the contents of same are true and authorizes agents of the Mecklenburg County Health Department to enter the property as necessary for purposes of processing this request.

SIGNED: [signature]

DATE: 2-24-97

Mecklenburg County
Health Department

February 20, 1997

Corrected Copy

Keith Clark
2300 Belmeade Road
Charlotte, NC 28214

Dear Mr. Clark:

At the request of Clinton Burke, Key Realty of Charlotte, an investigation was made of the septic tank system and a well water sample was collected on the property located at 2300 Belmeade Road, Charlotte, North Carolina on February 11, 1997.

At the time of the investigation the septic system appeared to be supersaturated; therefore, it is recommended that a reinvestigation be made approximately sixty (60) days after occupancy by the new owner, if you desire.

At the time of the investigation a pipe for the washing machine was found which discharges wastewater directly to the surface of the ground. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. An application to repair is enclosed for your convenience. You must fill out the application to repair and contact Ms. Toni Higgins-Bunney, R.S., to arrange an appointment immediately. She can be reached at 336-5572.

You are hereby given notice to correct this situation by March 24, 1997. Failure to comply with this notice may result in legal action being taken against you.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

It appears as though the dwelling is served by an underground, offset well. Therefore, it is recommended that the following actions be taken to insure the continued integrity of the well:

-The casing be raised twelve (12) inches above the surface of the ground.
-A screened vent be installed in the sanitary seal.
-The annular space between the well casing and the surrounding soil be grouted to a minimum depth of twenty feet.
-A well house be constructed to provide protection from the elements.

It appears that the well is located closer than 25 feet from the house foundation. At the time the well was constructed no regulations existed that clearly addressed the location of a private well from a house foundation. Current rules require a separation distance of 25 feet. If an underground fuel storage tank is located in the vicinity of the well or if the house foundation has been subjected to pesticide treatment, you may want to consider having the well tested for petroleum products or pesticides. This office can provide that service for an additional fee.

The well pump is located within fifty feet of the septic tank system. It could not be determined if the well is the minimum distance of fifty feet from any part of the septic 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

cc: Toni Higgins-Bunney, R.S.
Clinton Burke, applicant