

GAINESWOOD DRIVE
001-353-23

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5794 A DATE: 8/10/89

TC: 001-353-23 ☐ L ☐ CRT

SERIAL № 12097

Name of Owner Sherry Garner Juris.:

Address of Property 16619 Gainswood Dr

Inspection Data:

Tank Material —

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 8"

Water Supply Source well

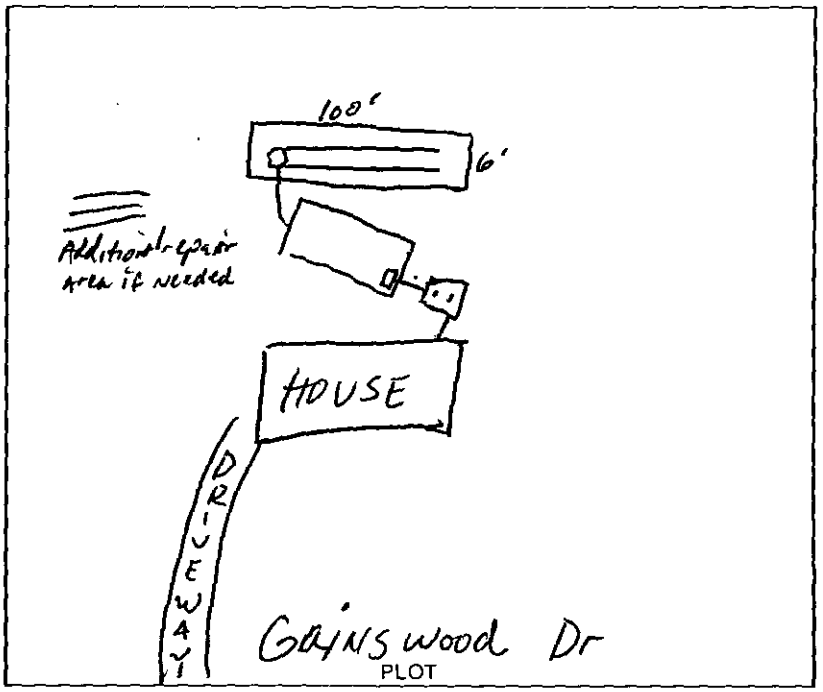
Distance to Water Source 750

Excavation Inspected 8/10/89

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



PLOT

Design: 1989 Repair CTR# 3

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: ~~2 lines x 100' x 3~~

1 bed 6' x 100' x 12" G

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

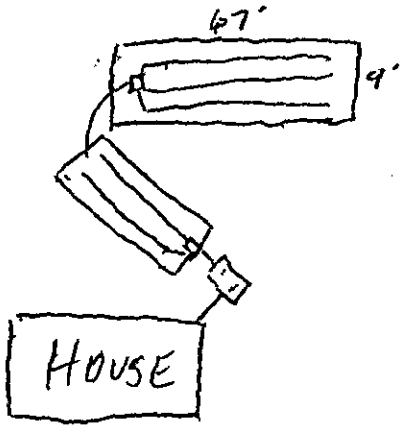
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5794 A DATE: 7/13/89

TC: 001-353-23 ☐ L

SERIAL № 12833

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 ____. All work shall be completed on or before 8/13/89, 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 Department of Environmental Health 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.



Gainswood

PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or ~~Nitrification Lines~~: Bed

Trench Width 9' feet

Total Line Length ~~67'~~ 201' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line ~~10'~~ 10' feet

Distance from Well >50 feet

NAME OF OWNER Sherry Garner

LOCATION OF PROPERTY 16619 Gainswood Dr

Comments: Bed system 9' x 67' x 12" stone x 3 lines x 67'

Division or Section Head

Philo S. Walker
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 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 7 1989
ENVIRONMENTAL HEALTH
DIVISION

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: 5794A
TC: _____
SERIAL: № 18496 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16619 (STREET NO.) GAINESWOOD DR. (STREET) ② FILE: 5794A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Sherry (FIRST) Camille (MIDDLE) Garner (LAST)
⑨ MAILING ADDRESS: Rt. 6 Box 721
⑩ CITY: MOORESVILLE ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) 704-374-7675 ⑭ (HOME) 704-664-1079

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 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: Sherry Garner
Date: 6/5/89

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 36 months from the date of issuance.

Phila S. Walker, 8/10/89
Environmentalist — Date

_____
Director or Authorized Section Head — Date

*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

Basil G. Velta, M.D., M.P.H.
Health Director

May 22, 1989

Sherry Garner
16619 Gaineswood Drive
Mooresville, NC 28115

Dear Ms. Garner:

At your request, an investigation was made of the septic tank system on the property located at 16619 Gaineswood Drive, Mooresville, North Carolina on May 19, 1989.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

You are hereby given notice to correct this situation by June 22, 1989. Failure to comply with this notice will result in legal action being taken against you.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
On Premises Waste Disposal & Water Supply Section

5/11

Mr. Erickson,

I apologize, but I forgot to enclose the #35 with my letter requesting the inspection at 16619 Gainswood Dr Mooresville NC.

Sherry Garner

Sherry Garner
16619 Gainswood Dr
Mooresville, 28115

#170724

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/15/89

Name/Company Sherry Parker

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: septic

16619 Sparrowood Dr

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 15 1989

check 1562
7135.a

Fee: $35 00

R Rinehardt
Completed by

Collected by