

6725 SARDIS RD

18927189

12/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2410 B DATE: 3-6-98

TC: 169-22-85 ☒ L ☐ CRT

SERIAL Nº 17515

Name of Owner J.A. TROUTMAN Juris.: _____

Address of Property 6725 SARDIS ROAD

Inspection Data:

Tank Material NA

Total Length of Drainfield NA

Number of Lines NA @ NA

Cover Depth NA

Water Supply Source NA

Distance to Water Source NA

Excavation Inspected ~~AS~~ 3-6-98

Tank(s) Inspected NA

Wash Line Inspected 3-6-98

High Water Alarm Inspected NA

PLOT

X SEE INSTALLATION APPROVAL

Design WASH LINE REPAIR - CTR# _____

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 ☒ ~~O~~peration 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: REPAIR WAS TO REPLACE 2" LINE FROM HOUSE TO EXISTING WASH LINE.

Andrew Chandler NS
Environmental Health Specialist

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

FEE: NA
DATE: 2/26/98

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

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

COPY

FILE #: 2410B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 189-271-89

STREET ADDRESS: 6725 Sardis Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE): 1764

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

CLOSING DATE

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
✓ ON SLAB
___ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

596-1949
596-1909
11:00 Monday
JACK STEWART
MARCH 2,

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
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: J A TROUTMAN	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: TROUTMAN (LAST) (FIRST) J (MI) A	NAME: THOMAS WILLIAMS (LAST) (FIRST) (MI) R
ADDRESS: 6725 SARDIS ROAD	DAYTIME PHONE: (536-0593
CITY: CHARLOTTE STATE: N.C. ZIP:	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 changed. 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: William R. Thomas DATE: 2-26-98

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

DW

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

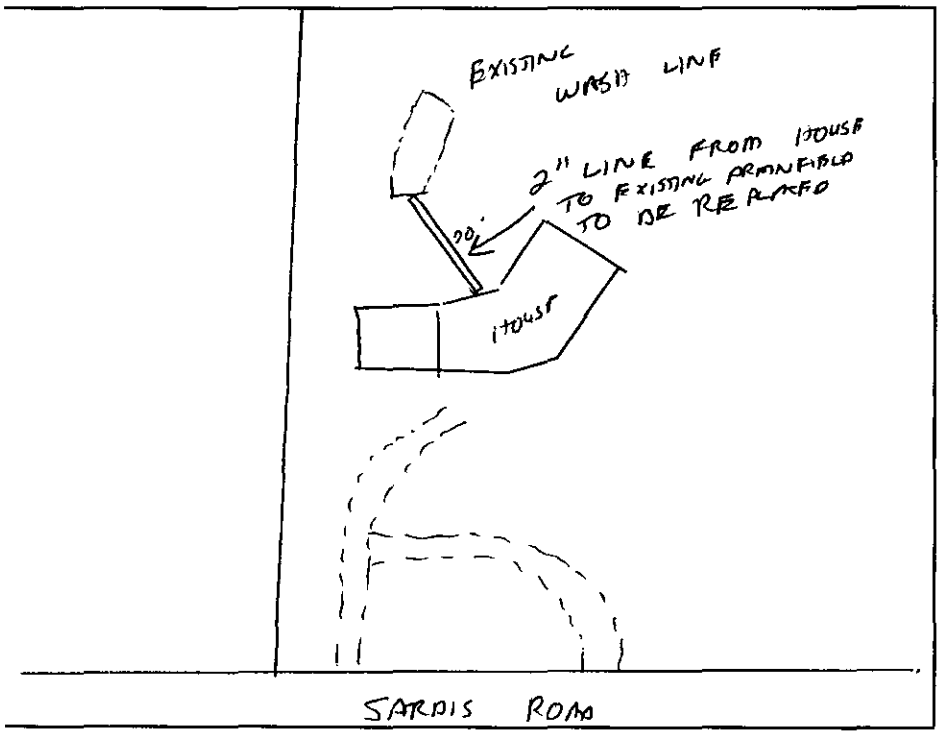
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 0410 B DATE: 3-25-98

TC: 189-221 87 ☐ L

SERIAL Nº 17651 X

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 _____, 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 _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER J.A. TROUTMAN

LOCATION OF PROPERTY 6725 SARDIS ROAD

Comments: WASH LINE IS BACKING UP IN HOUSE. APPEARS TO BE CLOGGED WASH LINE. GRAVEL IN BED APPEARS DRY. REPAIR IS TO REPLACE 2" LINE.

J Andrew Wallace
Environmental Health Specialist

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

FEE: NA
DATE: 2/26/98

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EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER: J A TROUTMAN

NAME: TROUTMAN (LAST) (FIRST) J (MI) A

ADDRESS: 6725 SARDIS ROAD

CITY: CHARLOTTE STATE: N.C. ZIP:

DAYTIME PHONE: ( ) ---

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: THOMAS WILLIAM (LAST) (FIRST) R (MI)

DAYTIME PHONE: (536-0593

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