

8901 FAIRES RD

10522109

5/9/2007

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: 3748-A DATE: 4-25-88
PO
TC: 105-221-04 ☐ L ☑ CRT
SERIAL № 11043

Name of Owner Richard Brown Juris.:

Address of Property 8901 Fairview Rd.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth 12" - 24"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 4-25-88

Tank(s) Inspected 4-25-88

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988, 1500ST, CON, 1200SFT, 12", cecil 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 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:

B. R. Ferguson
Environmentalist

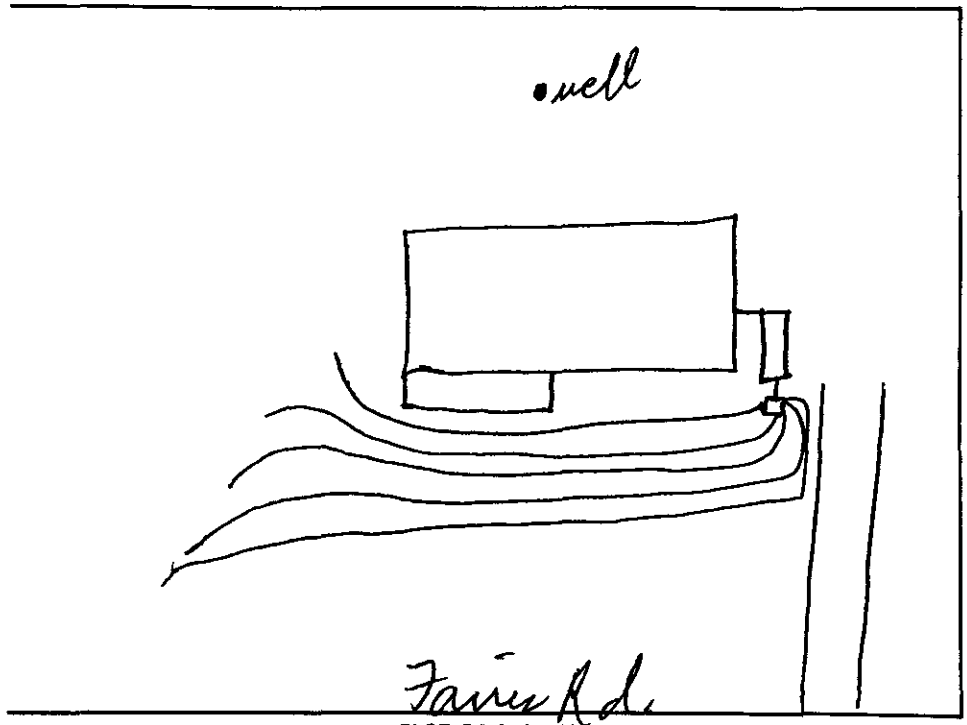
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 3748-A DATE: 4-18-88
PO TC: 105-221-04 ☐ L
SERIAL № 11751

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 12-16-87. All work shall be completed on or before 5-18-88, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction BCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400 feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 50 feet

NAME OF OWNER Richard Brown
LOCATION OF PROPERTY 8901 Fairview Rd.
Comments: 5 lines 3'X80'X12" stone

Jim Ericson
Division or Section Head

B.R. Ferguson
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

Fees: $50.00 Improvement Permit / $50.00 Installation Permit

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

12/16/87 Pd 100.00
CK #1471 JH

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

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(OFFICE USE ONLY)

FILE: 3748A

TC: _____

SERIAL: № 14992

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8901 (STREET NO.) Foizes Rd (STREET) ② FILE: 3748A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 10522104 PO

⑤ SUBDIVISION: N/A ⑥ LOT: #4 ⑦ BLOCK: _____

OWNER

⑧ NAME: Richard (FIRST) L (MIDDLE) Brown (LAST)

⑨ MAILING ADDRESS: 7512 Orr Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213

⑬ PHONE: (WORK) 596-0901 ⑭ (HOME) 537-5694

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? 4

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard A. Brown

Date: 12-16-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. LPO stationmay be required

B.R. Ferguson (Environmentalist) 12-21-87 (Date)

S.D. Daniel (Director or Authorized Section Head) 12-22-87 (Date)

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

PROPOSED PLOT PLAN

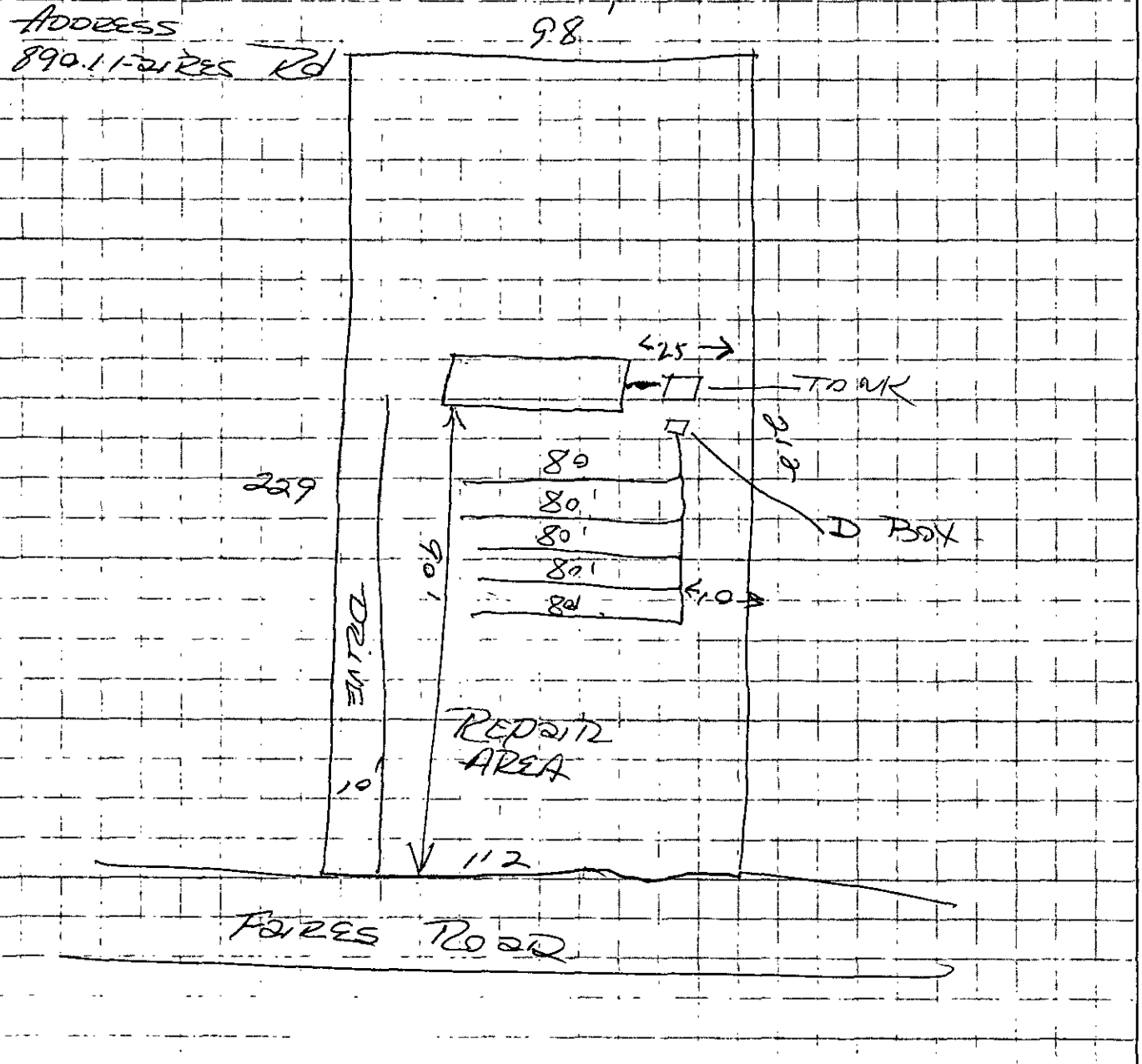
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 3748 A

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.



Signed: Richard A. Brown

Date: 12-16-87

MECKLENBURG COUNTY

Department of Environmental Health

August 5th, 1987

Joseph & Margaret Roumillat
Rt. 2 Box 2054
Mt. Gilead, NC 27306

RE: Property located at Faires Road 4
FILE: 3748A
PARCEL: 10522104PO

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 14472) 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 I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14472

File: 3748A Action /

Parcel: 10522104PO ☐ PC

Location: Faires Road

Subdivision:

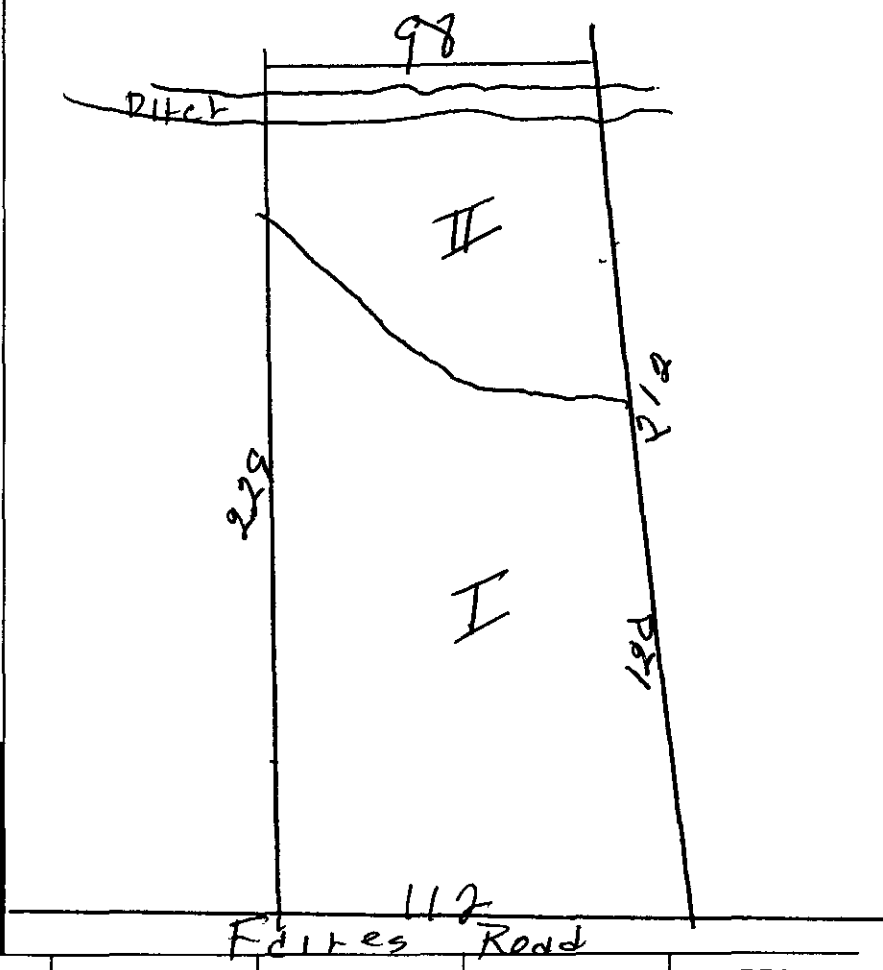
Lot: 4 Block: Acres: .52

Owner: Joseph & Margaret Roumillat
Address: Rt. 2 Box 2054
Mt. Gilead, NC 27306

Comments:

Described by: W. B. Ramsey

Date: 8-4-87



***** 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 2-8	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) H2O perched AT 20"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45-48	S (PS) U 36-38	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited Area	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVa Albemarle mottled				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3748A

TC: 105-221-04 PART OF

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 21 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: FAIRES RD CHARLOTTE NC.

② SUBDIVISION: REEDY CREEK ③ LOT: 4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 105 PAGE NO.: 221 PARCEL NO.: 04

⑥ DEED REFERENCE: BOOK NO.: 4637 PAGE NO.: 716

OWNER

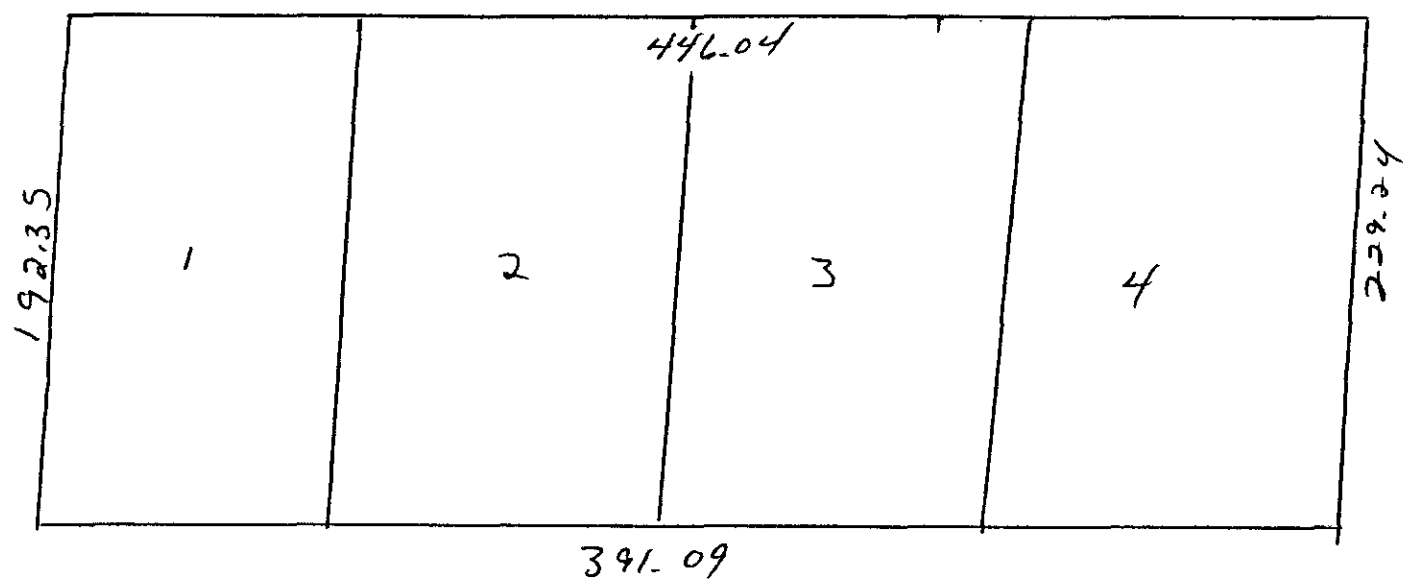
⑦ NAME: JOSEPH & MARGARET (FIRST) (MIDDLE) ROUMILLAT (LAST)

⑧ MAILING ADDRESS: RT 2 Box 2054

⑨ CITY: MT GILEAD ⑩ STATE: NC ⑪ ZIP: 27306

⑫ PHONE: (WORK) 919-983-6114 (HOME) 919-439-4142

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: X Joseph Roumillat X Margaret Roumillat

Date: July 18, 1987

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