

8511 ARLINGTON CHURCH RD

13904123

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Terry Mcguirt

MAILING ADDRESS 8511 Arlington Church Road, Char. 28227

OCCUPANT Same as above

LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel: 139-041-23

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 336-5570/336-5102.

10/9

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

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by October 23, 1995, appropriate legal action will be taken.

Notice Issued September 20, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

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

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

10/19/95 Septic system repaired and finaled

10/19/95 closed PSW

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 927B/879BA DATE: 10/19/95

TC: 139 041 13 PO ☐ L ☐ CRT

SERIAL Nº 14295

Name of Owner Terry W. Mc Guirt Juris.:

Address of Property 8511 Arlington Church Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 16"

Water Supply Source well

Distance to Water Source 100 +

Excavation Inspected 10/19/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1995, Repair CTR# RCS 90

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: Repair, Speed levels installed, new D-Box installed and leveled,

Phila S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

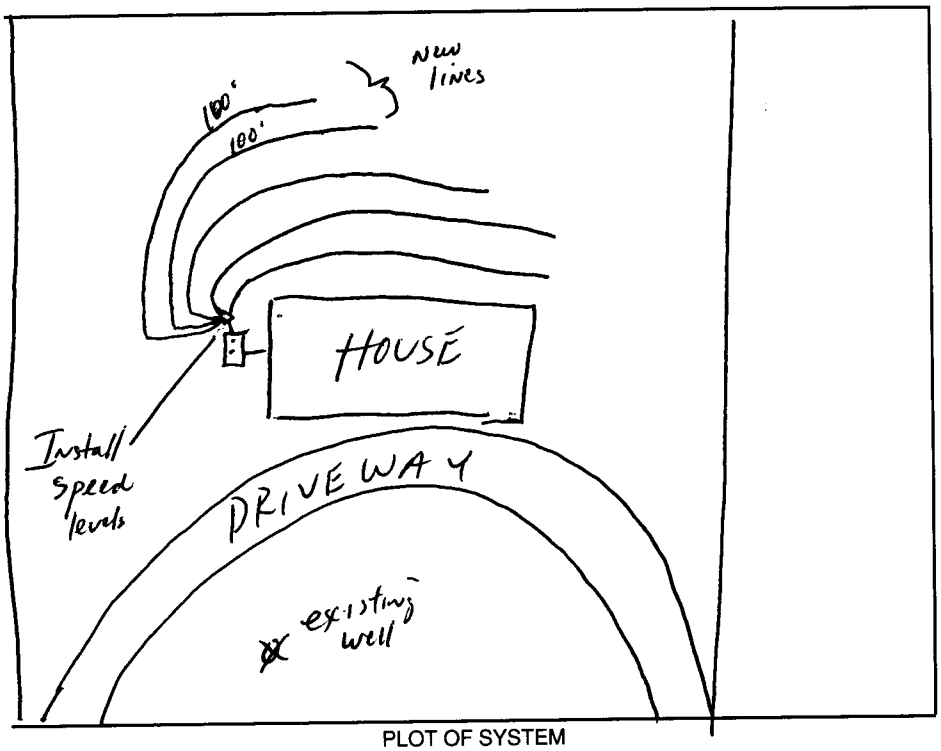
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 927B/8798A DATE: 9/26/95

TC: 139 041 13 P0 L

SERIAL Nº 16514

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 9/26/95. All work shall be completed on or before 10/26/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 2'

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous –

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7100' feet

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

NAME OF OWNER Terry W. McGuirt

LOCATION OF PROPERTY 8511 Arlington Church Rd

Comments: Level D-Box, 2 lines x 100'long x 3' ~~wide~~ x 12" stone
Keep lines on contour of land | Keep septic system 7100' from well
Install speed levels

Philo S. Walker R.S.
Environmental Health Specialist

927B/8798A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Autry (last) Steve (first) (mi)
ADDRESS: 8918 Byrum Dr PHONE: ( ) 3571250
CITY: STATE: ZIPCODE: 28217

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-041-13 pt
STREET ADDRESS: 8511 Arlington Ch Rd
ZONING:

PROPERTY OWNER:
NAME: McGuirt (last) Michael (first) R (mi)
ADDRESS: 8511 Arlington Ch Rd PHONE: 704 545-9568
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 5

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Steve Autry Date: 3-18-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

9278 (8798 A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: McGuirt (last) Terry (first) W (mi)

ADDRESS: 8511 Arlington Ch Rd PHONE: (704) 545-9568

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139041-13 PO

STREET ADDRESS: 8511 Arlington Church Rd

ZONING:

PROPERTY OWNER:

NAME: same as above (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

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WATER SUPPLY (check one):

☐ Community (C) ☐ Shared Well (S)
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☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☒ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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Signed: Terry McGuirt Date: 9-26-95

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... Repair

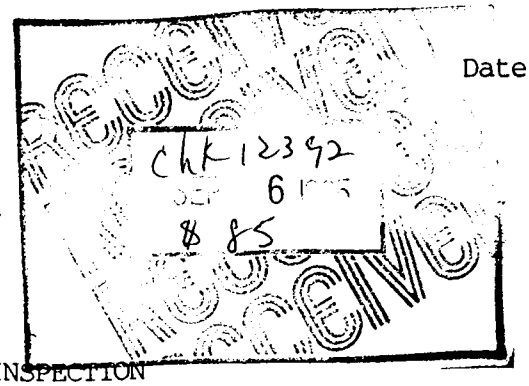
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Repair

Phila A. Walker
Environmentalist Date

Director or Authorized Section Head Date

WATER 2279

Date:



I W W S
Department of Environmental Health
700 N. Tryon St., Suite 211
Charlotte, North Carolina, 28202

REQUEST FOR WELL AND SEPTIC TANK INSPECTION

The cost of inspections is $65.00 for an inspection of each system if only one is requested, and $85.00 if both are to be inspected. 8798 A

Please specify which inspection is being requested: 139 041 13

_____ Well inspection only

_____ Septic tank inspection only

__X__ Both well and septic tank to be inspected

8511 Arlington Church Rd Property Address

(704) 545-9568 Phone number

139 041 23 Tax code number

Look up record

Please complete the above inspection as soon as possible as this property has been sold and the settlement of the sale is dependent on the results.

A copy of your findings is to be mailed to the real estate agent representing the person requesting the inspection.

Mail to: Tom Alexander
c/o Wanda Smith & Associates, Realtors
423 S. Sharon Amity
Charlotte, NC 28211

The amount enclosed for the inspection(s) requested is $_____.

William Thweatt
(Signature of Person Requesting).

Note: It is understood that the property to be inspected must be occupied at the time the inspection is made, and that you will not issue a report on unoccupied property.
William Goodwin, Adm. Officer 336-5102

Septic malfunction
9/12/95 MW

927B/8798A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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COPY

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Signed: Steve Autry Date: 3-18-93 Mick McGuirt

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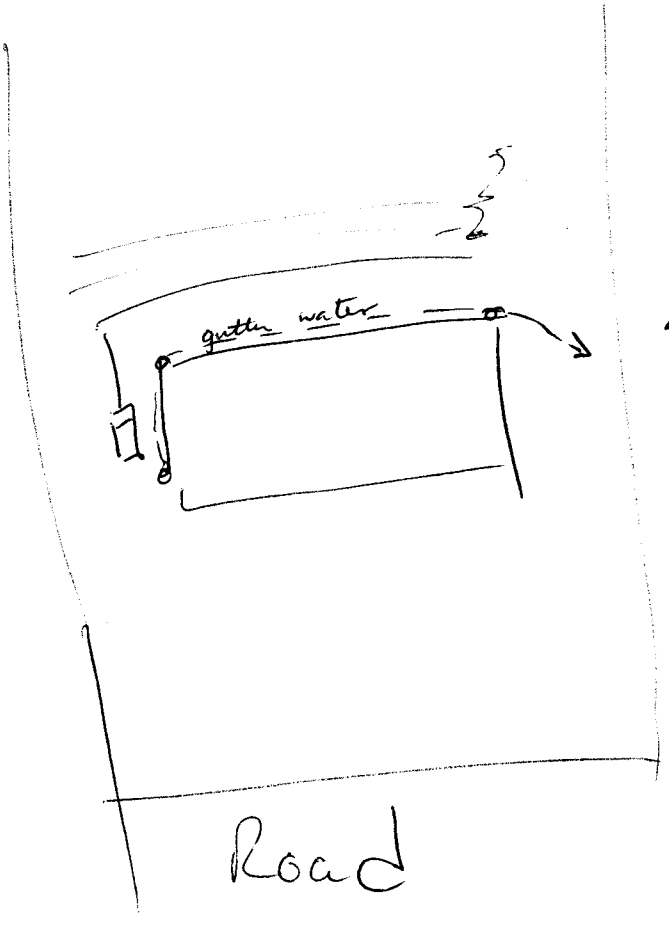
_____ Environmentalist Date

_____ Director or Authorized Section Head Date

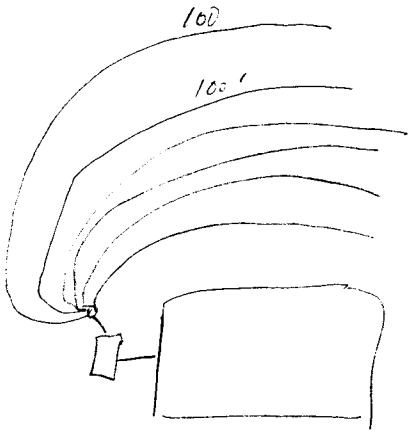
WATER - 122791

Forte
515 2781
Mr. Gwin Williams
S. Tenn

4/1/93 Met Autry & McGuirt at property. commode leaking. Mr McGuirt turned off H_2O supply to commode. Will check back on This in 1-2 weeks to see if situation is resolved.



4/22/93
commode fixed & malfunction (sewage on ground) almost all better. Area still a bit mushy but not running out like on 4/1 site visit. Problem appears cleared up.


100
100'