

4101 PEGGY LN

19504333

5/15/07

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: 3966A DATE: 03-14-01

TC: 195-043-33 ☒ L ☐ CRT

SERIAL Nº 18063

Name of Owner Mrs. Edwards Juris.:

Address of Property 4001 Peggy Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 12"-24"

Water Supply Source Mun.

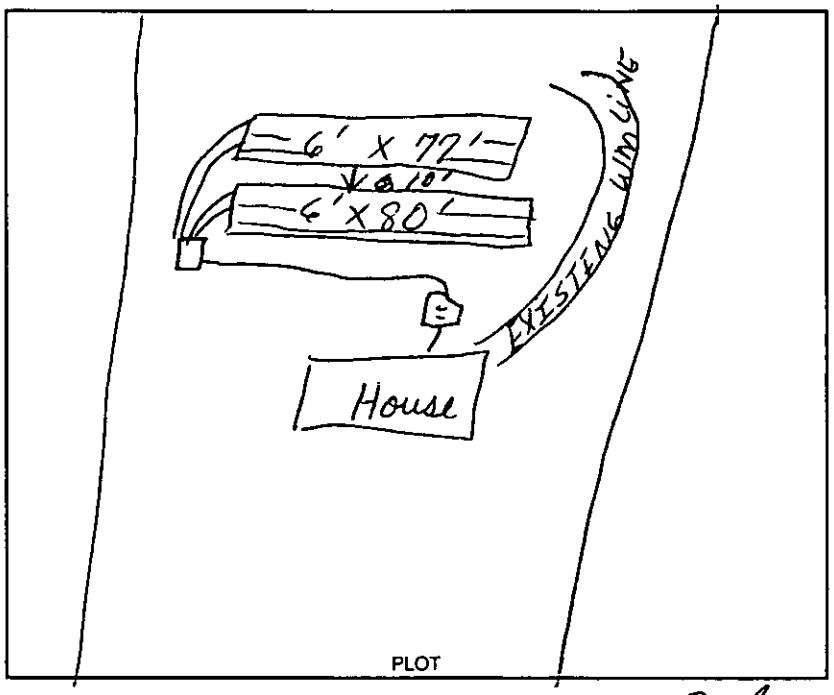
Distance to Water Source >100'

Excavation Inspected 03-14-01

Tank(s) Inspected Existing

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2001 Repair 1200SFB 126 PS. CTR# P. Laney

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 I5A 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 I5A 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: System Repaired 2001 2 beds 77', 80' 2 lines in each Bed.

Joshua R. Sellers 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

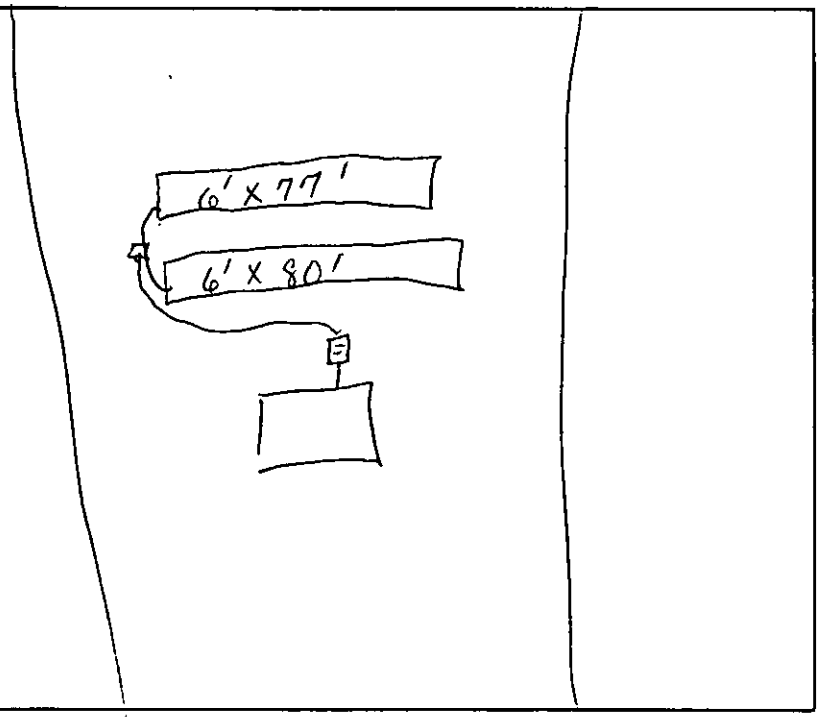
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3966 A DATE: 03-12-01

TC: 195-043-33 L / L

SERIAL Nº 18763

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 03-12-01. All work shall be completed on or before 04-12-01, 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 Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6'x77' / 6'x80' feet

Trench Walls Scored and Porous yes

Total Line Length 1200 SFB feet

Number of Lines 2 @ 6'x77' / 6'x80'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER Mary Edwards

LOCATION OF PROPERTY 4801 Peggy Lane

Comments: Type II Repair

Joshua R. Sellers R.S.
Environmental Health Specialist

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

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

__X__First Class Mail

___ Hand Deliver

Owner Clerod W. & Mary P. Edwards

Mailing Address 4021 Peggy Lane
Charlotte. NC 28227

Occupant Renter

Location 4101 Peggy Lane
Charlotte. NC 28227

☒ Residence
☐ Business
☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions 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.

On February 27. 2001 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage on surface of ground	G.S. 130A-335a
	15 NCAC 18A .1961(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☐ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other (specify) _____

If the wastewater violation is not brought into compliance by April 3. 2001, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte. NC 28202 (704) 336-5572, phone; (704)336-6894, fax).

Notice Issued March 1. 2001 (Date) Signed Judy J. Kiser, R.S. (DENR/DEH) Agent

Compliance 03-15-01 (Date) Signed Joshua L. Lillard R.S. (DENR/DEH) Agent

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

"FINAL NOTICE"

11-08-00 JRS.
mailing date initials

___Certified Mail
(Return Receipt)

x First Class Mail

___ Hand Deliver

Owner Clerod W. & Mary P. Edwards

Occupant Renter

Mailing Address 4021 Peggy Lane
Charlotte, NC 28227

Location 4101 Peggy Lane

☒ Residence
☐ Business
☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions 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.

On Sept. 15, 2000, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage on surface of ground	G.S. 130A - 335A
	15 NCAC 18A . 1938(b)
	15 NCAC 18A . 1961(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

XX Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☐ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other (specify) _____

If the wastewater violation is not brought into compliance by November 22, 2000, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202 (704) 336-5569, phone; (704) 336-6894, fax).

Notice Issued Oct. 23, 2000 (Date) Signed Joshua R. Sellers, R.S. (DENR/DEH) Joshua R. Sellers R.S. Agent

Compliance _____ (Date) Signed _____ (DENR/DEH) Agent

FEE: ~~2,300.00~~

DATE: March 14 2001

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

ACS

I I CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

Josh

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

FILE #: 3964A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-043-33

STREET ADDRESS: 4101 Peggy Lane.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 Block B of P Thomas Property

TOWNSHIP (CHECK ONE): 1967

TYPE OF BUILDING (CHECK ONE):

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

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

CLOSING DATE Sept 14 1990

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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) City Water 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
EXISTING WASTEWATER SYSTEMS septic YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ~~Park~~ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS ✓ YES ~~✓~~ NO

PROPERTY OWNER: Mary R. Edwards	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Edwards (LAST) (FIRST) Mary (MI) R.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 4021 Peggy Lane	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: N.C ZIP: 28227	
DAYTIME PHONE: (704) 545-6108	

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: Mary R. Edwards DATE: March 12 2001

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