

6335 JIM KIDD RD

01308106

5/15/2007

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: 40541 DATE: 4-6-88

TC: 013-081-06 ☒ L ☑ CRT

SERIAL № 11022

Name of Owner Letitia white Murr Juris.:

Address of Property 6335 Jim Kidd Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source ≥50'

Excavation Inspected 4-6-88

Tank(s) Inspected 4-6-88

Wash Line Inspected —

High Water Alarm Inspected ✓

PLOT

Design: 1988, 1500ST, Con, 1200SFT, 12", Conc. 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:

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 ·

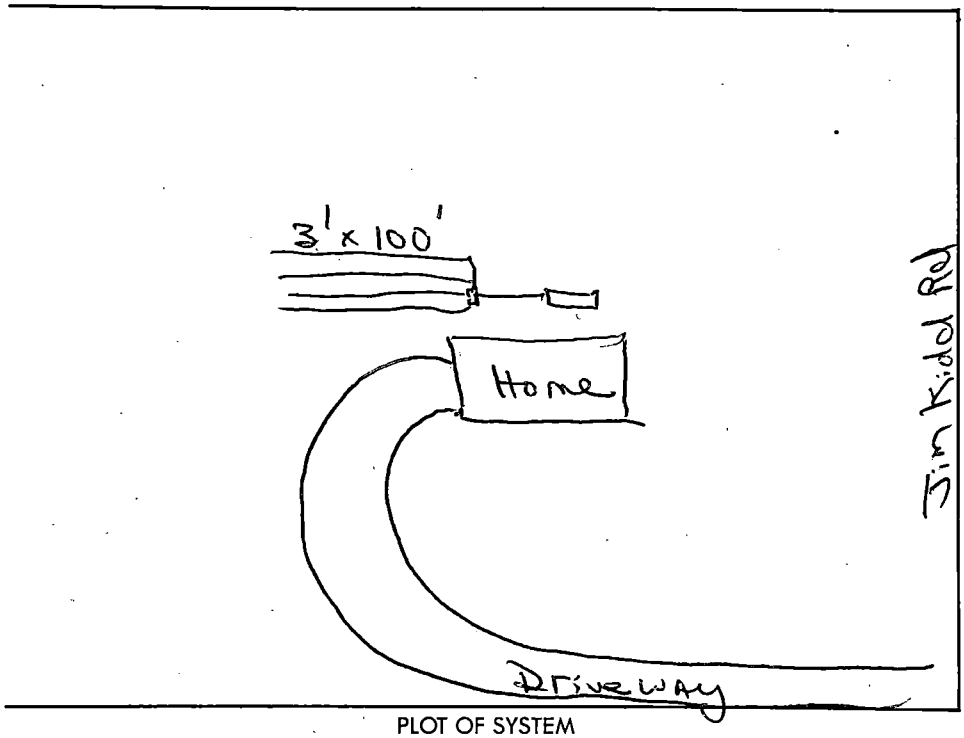
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4054A DATE: 4/4/88

TC: 013-081-06 PO. L

SERIAL Nº 11721

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 12/14/87. All work shall be completed on or before 5/4/88, 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 Pre Cast

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Not In feet
Minimum 50'

NAME OF OWNER Murr, Letitia White

LOCATION OF PROPERTY 6335 Jim Kidd Rd

Comments: Install 4 trenches 3' x 100', 12" Stone, Straw Cover -

Division or Section Head

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

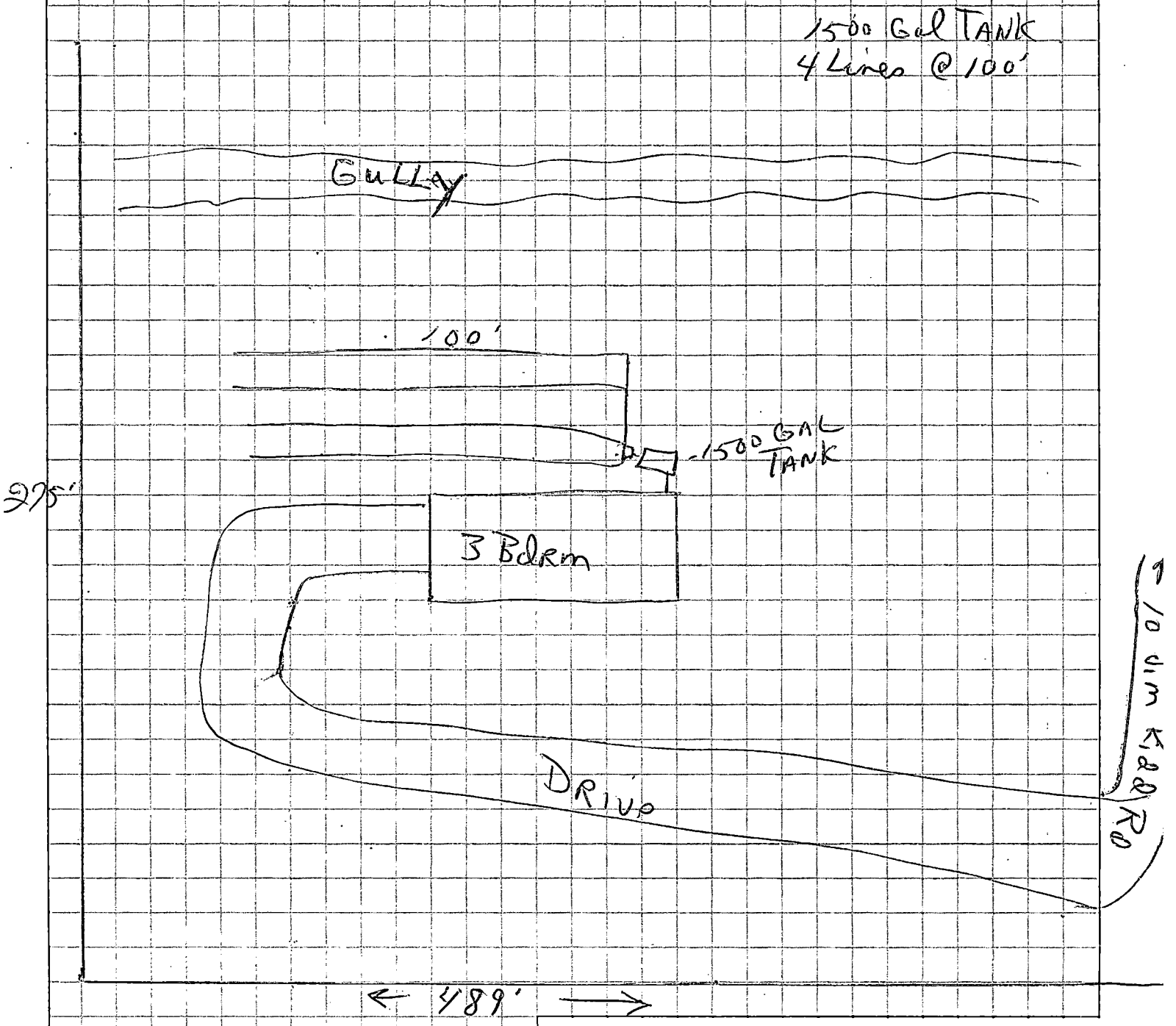
PROPOSED PLOT PLAN

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

FILE: 4054A

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 Williams

Date: 1-28-88

4/8/88 Pd 50 - CK# 1811 JM

APPLICATION FOR AN IMPROVEMENT PERMIT

DEC 17 1987

1/28/88 Pd 50.00
CK# 22471 JM

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: 4054A
TC: _____
SERIAL: № 14616 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: Jim Kidd Rd 6335 (STREET NO. / STREET) ② FILE: 4054A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 01308106 P.O.
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: LeTiTia (FIRST) White (MIDDLE) Murr (LAST)
⑨ MAILING ADDRESS: 413 Silversmith Lane
⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 366-8945 ⑭ (HOME) 847-7249

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
㉓ Maximum occupancy? 6
㉔ Basement? ☐ yes ☑ no
㉕ Type? _____
㉖ Maximum number of employees? _____
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: LeTitia W Murr
Date: 12/14/87

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.

Environmentalist — Date 12-2-88

Director or Authorized Section Head — Date 12-3-88

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

MECKLENBURG COUNTY

Department of Environmental Health

November 23rd, 1987

Letitia White Murr
413 Silversmith Lane
Matthews, NC 28105

RE: Property located at Jim Kidd Road
FILE: 4054A
PARCEL: 01308106 PO

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 14740) 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, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14740

File: 4054A Action: 1

Parcel: 01308106 PO ☐ PC

Location: Jim Kidd Road

Subdivision:

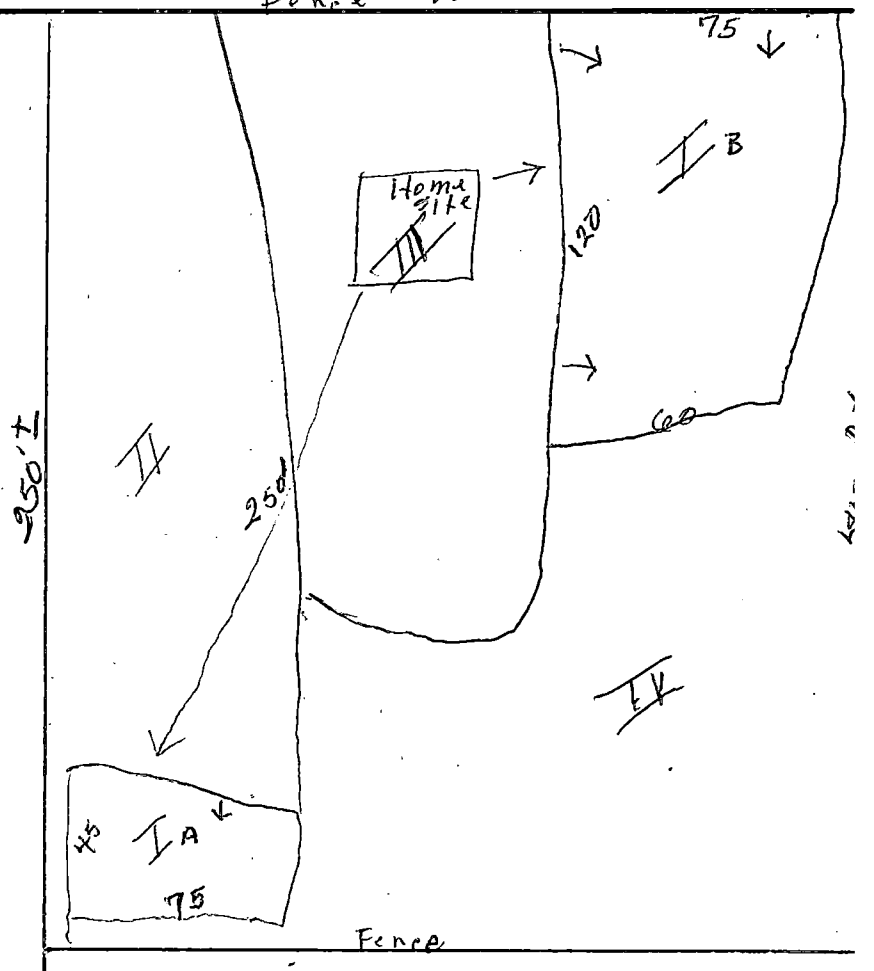
Lot: Block: Acres: 1 Portion HA

Owner: Letitia White Murr
Address: 413 Silversmith Lane
Matthews, NC 28105

Comments: IA For Washing Machine Lined + Repair
IB: For Septic Tank Field Lines + Repair

Described by: W. B. Ramsey

Date: 11 - 20 - 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 2–6	S (PS) U 4–12	S (PS) U 2–6	S PS (U) Complex	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)	S (PS) U	S (PS) U	S PS U	S PS U
Depth	S (PS) U 36–40	S PS (U) 20–25	S PS (U) 0–10'	S PS (U) Various	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 * System Should Be Separate To Ensure Repair Area	S (PS) U *	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 Poorly Defined	The Ceil	The Enon like	The In Enon Series	The eroded Enon		
Area Classification	S (PS) U	S PS U	S PS (U)	S PS (U)	S PS U	S PS U

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 21 1987
ENVIRONMENTAL HEALTH
DIVISION

APPLICATION FOR SOIL INVESTIGATION

10/23/87 pd $30.00 JMC CK#2036

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

(OFFICE USE ONLY)

FILE: 4054A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 4 1987
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: Jim Kidd Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: → _____ PAGE NO.: → _____ PARCEL NO.: 013-081-06

⑥ DEED REFERENCE: BOOK NO.: 5529 PAGE NO.: 0848

OWNER

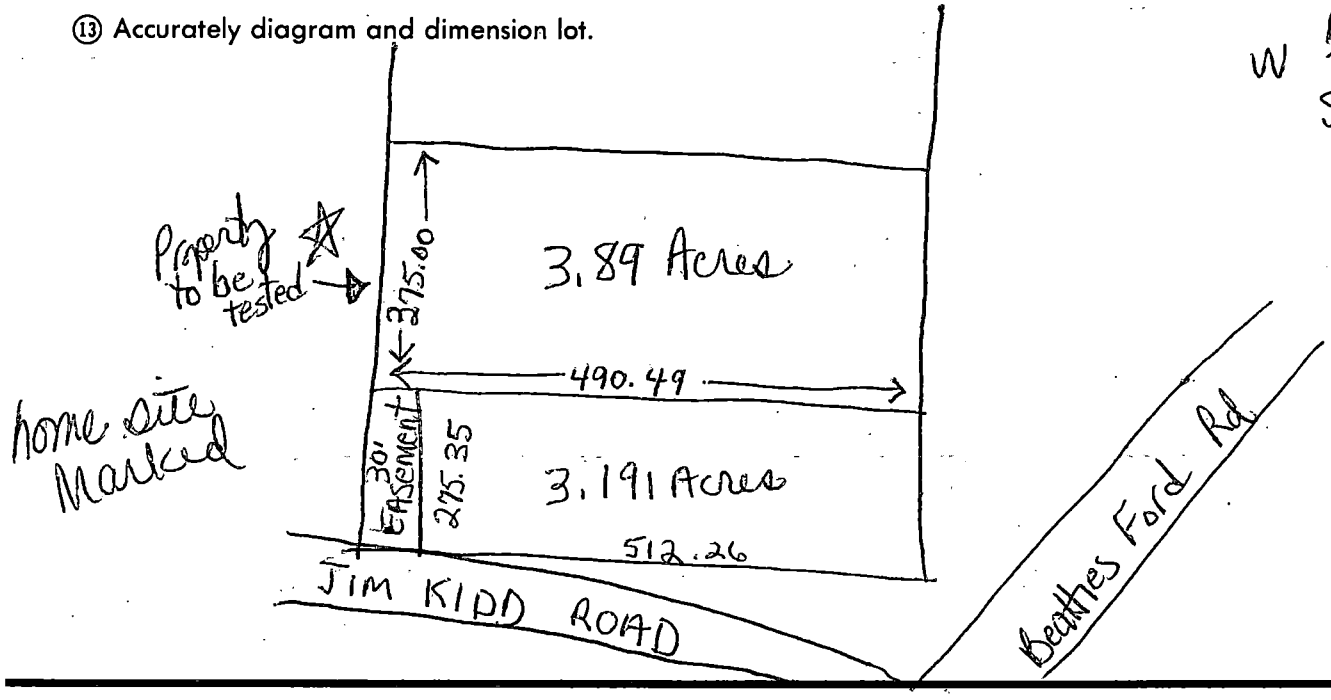
⑦ NAME: Letitia (FIRST) White (MIDDLE) Murr (LAST)

⑧ MAILING ADDRESS: 413 Silversmith Lane

⑨ CITY: Matthews ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 366-8945 ext 259 (HOME) 847-7249

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: Letitia Murr George Michael Murr

Date: 9/2/87

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