

2924 SUNSET RD

03705401

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: 4014A DATE: 4/12/02

TC: 037-054-18 ☒ L ☐ CRT

SERIAL Nº 18838

Name of Owner _____ Juris.: _____

Address of Property 2900 Sunset Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 300'+

Number of Lines 4 @ 75'

Cover Depth 16"

Water Supply Source Municipal

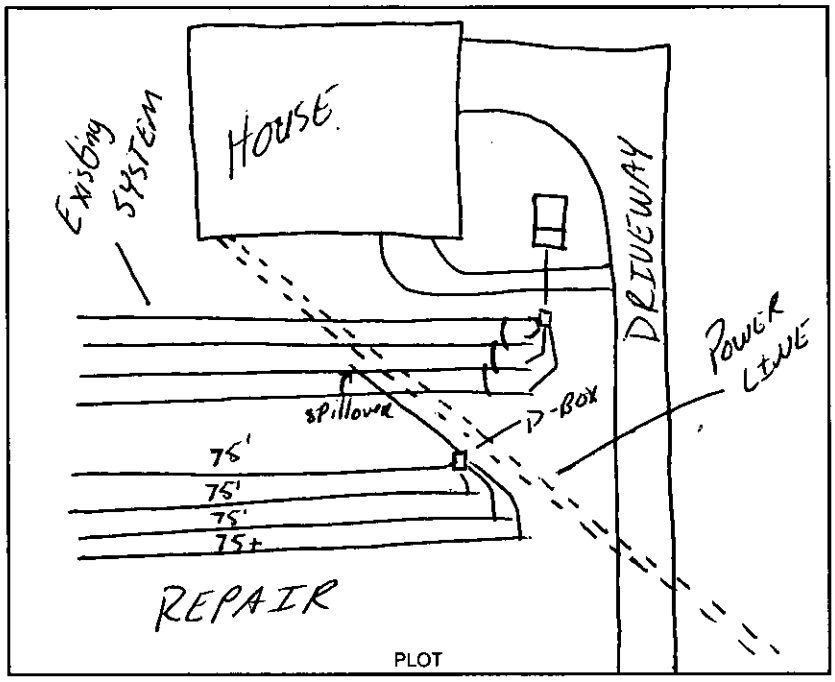
Distance to Water Source NA

Excavation Inspected 4/12/02

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2002 Repair, 900 SFT, CON, 12"Stone CTR# Autrey

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: Repair to System

4 lines x 75' x 3' x 12" Stone

Type II Conventional System

Jimmy P. Michael 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

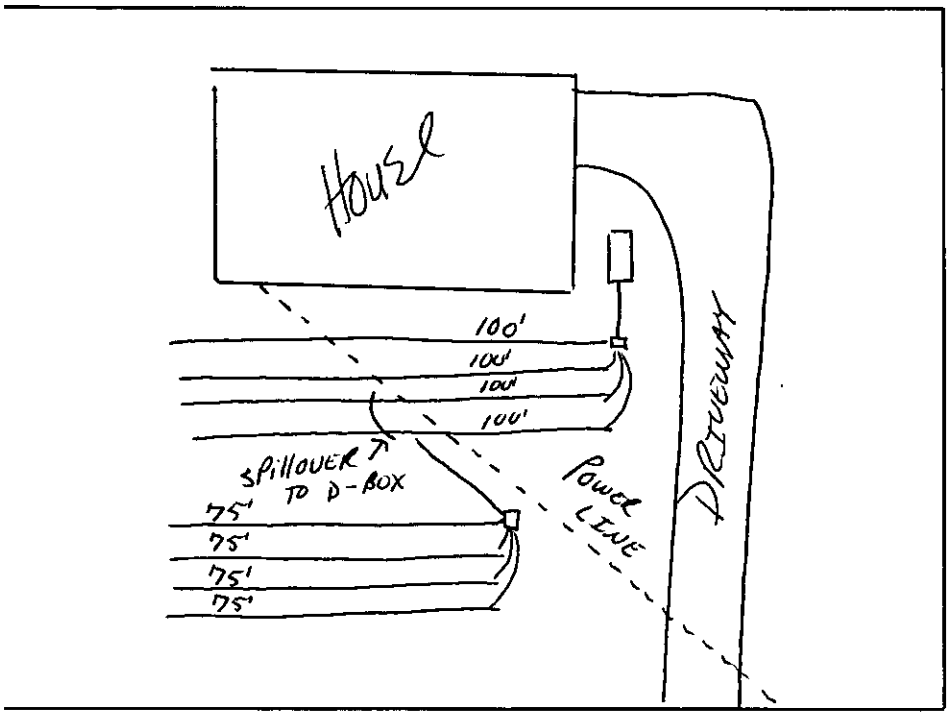
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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4014A DATE: 4/12/02

TC: 037-054-18 L

SERIAL No 18728

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 4/12/02. All work shall be completed on or before 5/12/02, 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

SUNSET ROAD

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 4 x 75'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line 710' feet

Distance from Well 7100' feet

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

NAME OF OWNER Jeffrey W. Page

LOCATION OF PROPERTY 2900 Sunset Road

Comments: Repair to system

4 lines x 75' x 3' x 12" Stone

Type II Conventional System

Tommy F. Mickle R.S.

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

[ ] 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

FILE #: 4014A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-054-18

STREET ADDRESS: 2900 Sunset Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1988

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: 2,250

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 7

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

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:

NAME: (LAST) Page (FIRST) Jeffrey (MI) W.

ADDRESS: 2900 Sunset Road

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: (704) 393-0268

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

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: Mildred L. Page DATE: 4-12-02

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

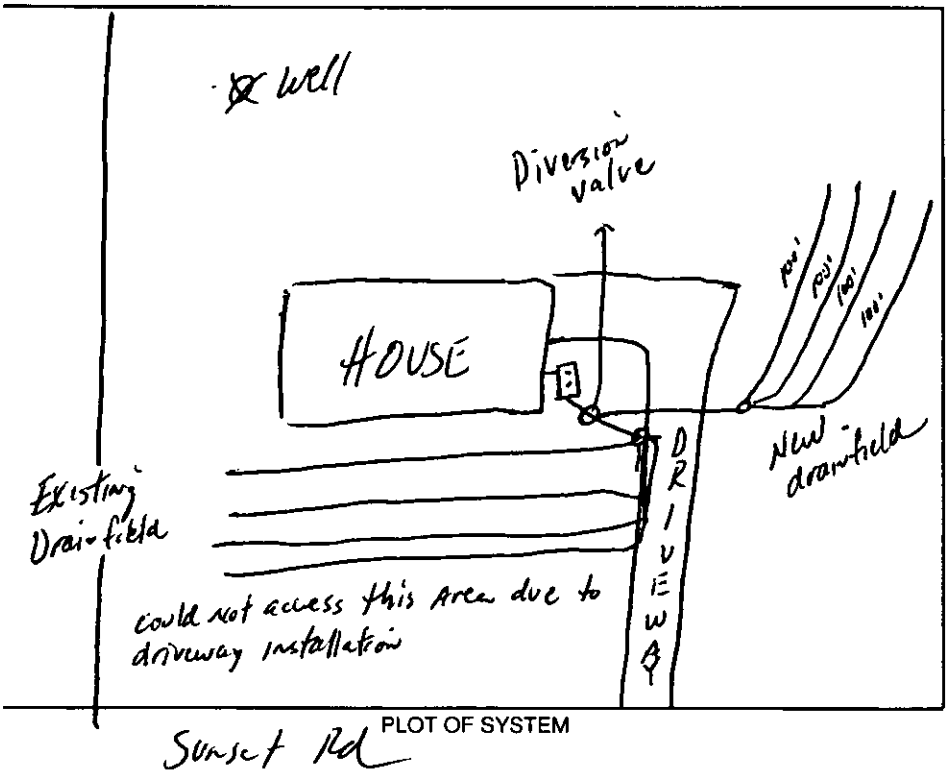
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4014A DATE: 3/8/01

TC: 037054 18 ☒ L

SERIAL Nº 18709

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 3/7/01. All work shall be completed on or before 4/8/01, 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 NA gallons

Tank Construction Existing

Trench Depth 22"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

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 Jeffery Page

LOCATION OF PROPERTY 2900 Sunset Rd

Comments: Repair to the existing system, Existing system D-Box and supply lines located particially under the driveway. Install diversion valve, 4 lines x 100' long x 3' wid x 12" stone

Phillip S. Walker RS
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

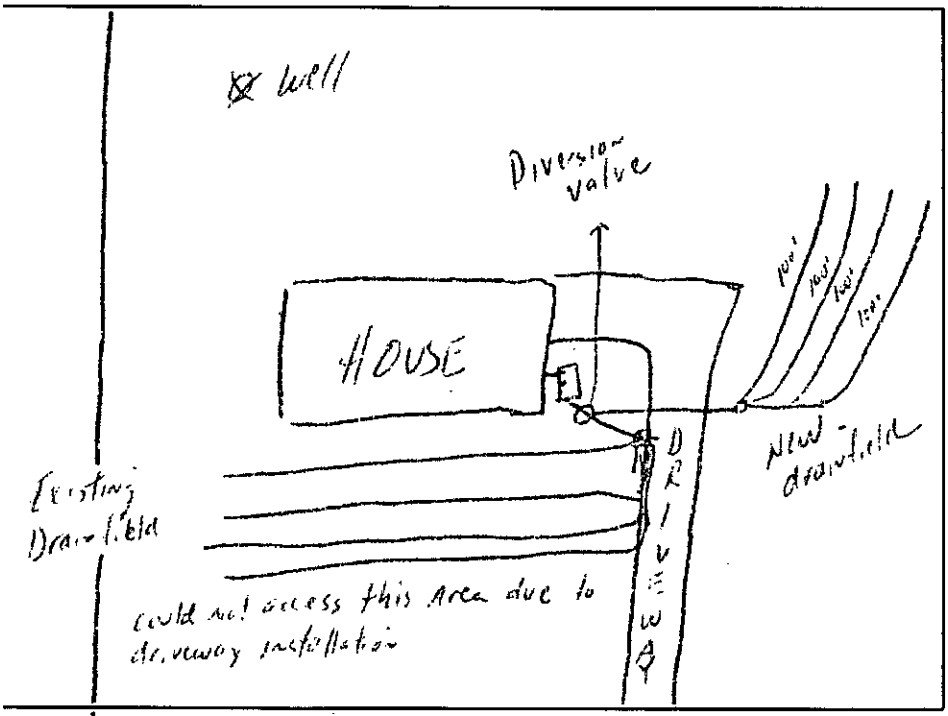
HEALTH DEPARTMENT
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PHONE (704) 336-5102

FILE: 4014A DATE: 3/8/01

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 22"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 1' feet

Distance from Well > 50' feet

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

NAME OF OWNER Tetley Page

LOCATION OF PROPERTY 2900 Sunset Rd

Comments: Rejg. to the existing system. Existing system D-Box and supply lines located partially under the driveway. Install diversion valve, 4 lines x 100' long x 3' wd x 12" stone

Phil J Little RS

Environmental Health Specialist

FEE: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 4014A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1988

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 7

CLOSING DATE_____

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)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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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		

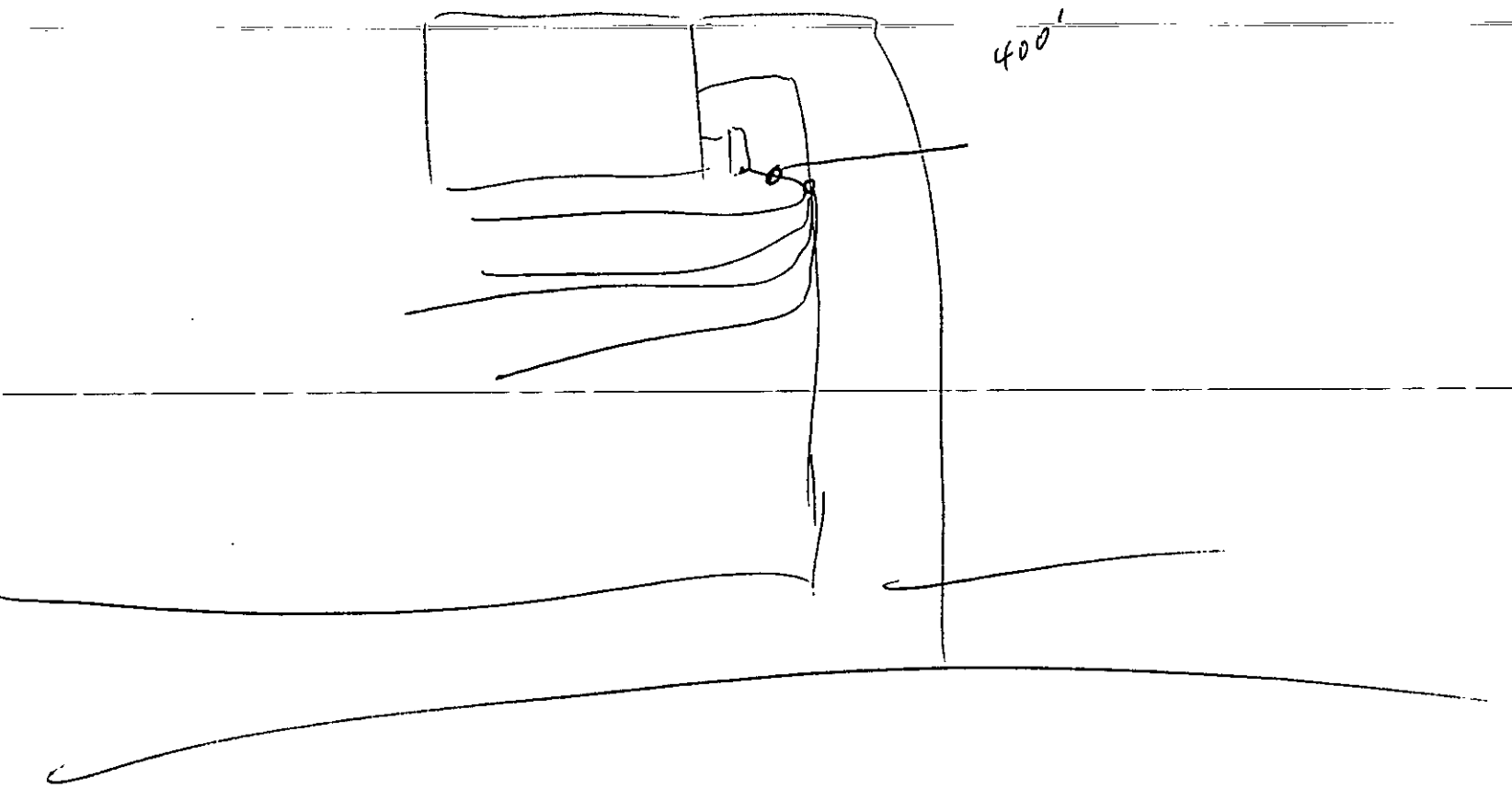
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Page (FIRST) Jeffrey (MI) W.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2900 Sunset Rd.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: 704 393-0268	

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SIGNED: Mildred L. Page DATE: 3-7-01

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


400'

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: IWWS Hazard? ( ) yes ( ) no

Date: 2/26/01 Parcel: 0370548

REQUESTING PERSON: Mildred Page Phone 393.0268

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 2900 Sunset Rd. City Char. Zip 28216

SERVICE REQUESTED: need inspection of septic for possible repair work to be done.

ASSIGNED TO: Phila TAKEN BY: Ruby

DATE	ACTIVITY REPORT
2/26/01	spoke w ms page. will call stanley septic for appt

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ : WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date