

11037 MONTECARLO DR

01518102

4/14/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

D2400

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

FILE: 1035A DATE: 1-17-95

TC: 015-181-02 ☐ L ☒ CRT

SERIAL Nº 16114

Name of Owner Billie McCain Juris.:

Address of Property 11037 Montecarlo Dr

Inspection Data:

Tank Material FCC

Total Length of Drainfield 270'

Number of Lines 4 @ 67'-70' each

Cover Depth 16"

Water Supply Source well - not installed at time of visit

Distance to Water Source well not installed yet

Excavation Inspected 1-13-95 + 1-17-95

Tank(s) Inspected 1-13-95

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1995, conv, 1500 gal st, 12" stone, Davidson-like CTR# 87 Parker & Sons

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 15A 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 15A 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: Designed for 2 bedroom house. Deck not built at time Lagoon II

Susan Gentleman
Environmental Health Specialist

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

2400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

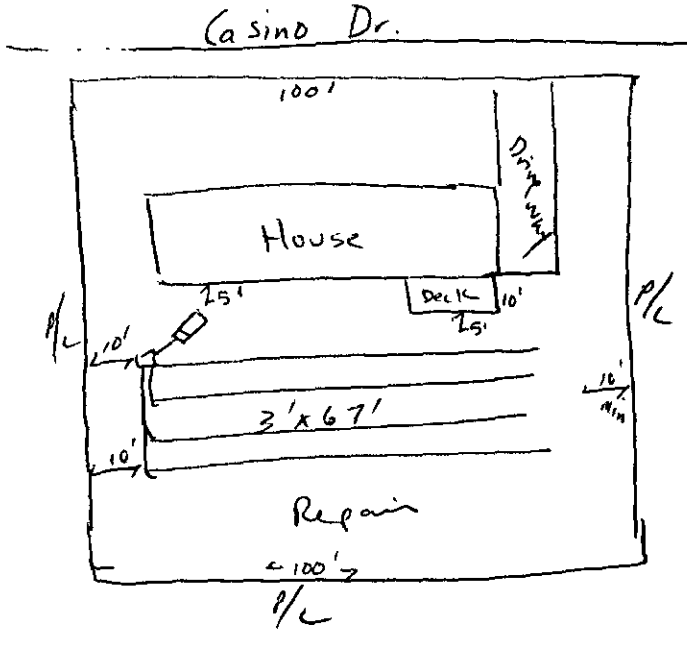
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1035A DATE: 12-29-94

TC: 015-181-02 ☐ L

SERIAL Nº 16121

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 8-26-94. All work shall be completed on or before 1-29-95, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction RCC

Trench Depth No deeper than 33" to trench bottom

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length ~~270'~~ 268' feet

Number of Lines 4 at 67' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

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

NAME OF OWNER Billie McCain

LOCATION OF PROPERTY 11037 Montecarlo Dr.

Comments: Install lines on contour. 9' min on centers.
Keep well min 50', preferably 100', from any part of septic tank system.

R Burney Jr & Donut

Susan Gatewood
Environmental Health Specialist

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

400D

1035A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#15 8/26/94 #33 #150 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: McCain (last) Billie (first) A. (mi)
ADDRESS: 1129 Comstock Dr PHONE: 704 5270380
CITY: Charlotte STATE: NC ZIPCODE: 28217

Date: 082694

PROPERTY OWNER:
NAME: McCain (last) Billie (first) A. (mi)
ADDRESS: 1129 Comstock Dr PHONE: (704) 5270380
CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015.181.02
STREET ADDRESS: 11037 Monte Carlo Dr Charlotte NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] 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: 2 NUMBER OCCUPANTS: 2

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 [ ] None
[ ] Garage (CARport) [X] Storage Building [X] 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: Billie A. McCain Date: 082694

NOTICE:

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

...This permit is not transferable.

...2 bedroom house design

[X] 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 9-14-94 Date

Director or Authorized Section Head 9-21-94 Date

WATER : 122791

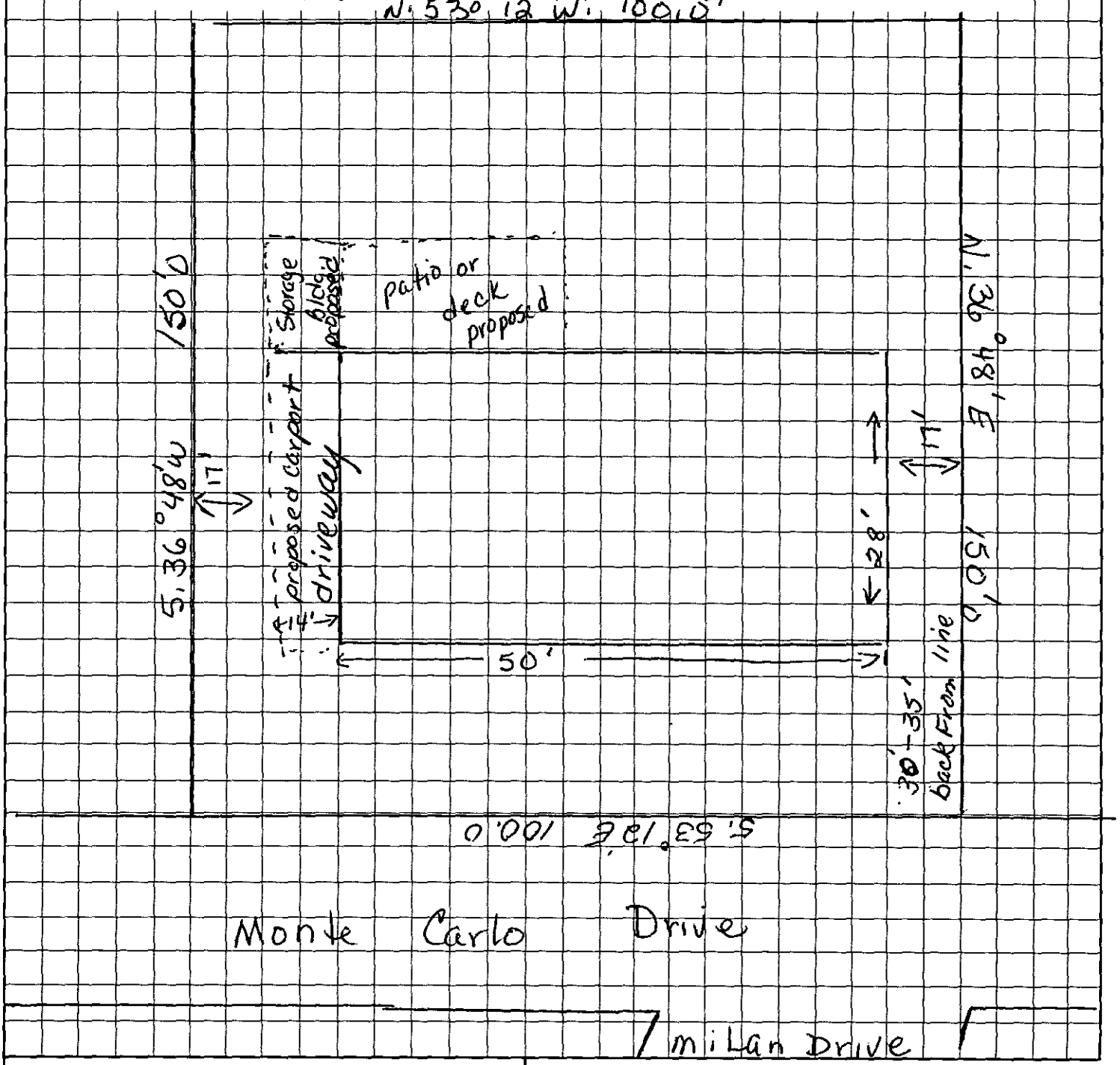
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1035A

TC: 015-181-02

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 8/26/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Merk

PARCEL NUMBER 015-181-02

ASSIGNED ADDRESS 11037 Montecarlo Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

ECKLENBURG COUNTY HEALTH DEPARTMENT
ITE EVALUATION REPORT
ERIAL NUMBER 20459

Q400

File: 1035A Action 1

Parcel: 015-181-02 ☐ PC

.ocation: 11037 Monte Carlo Dr

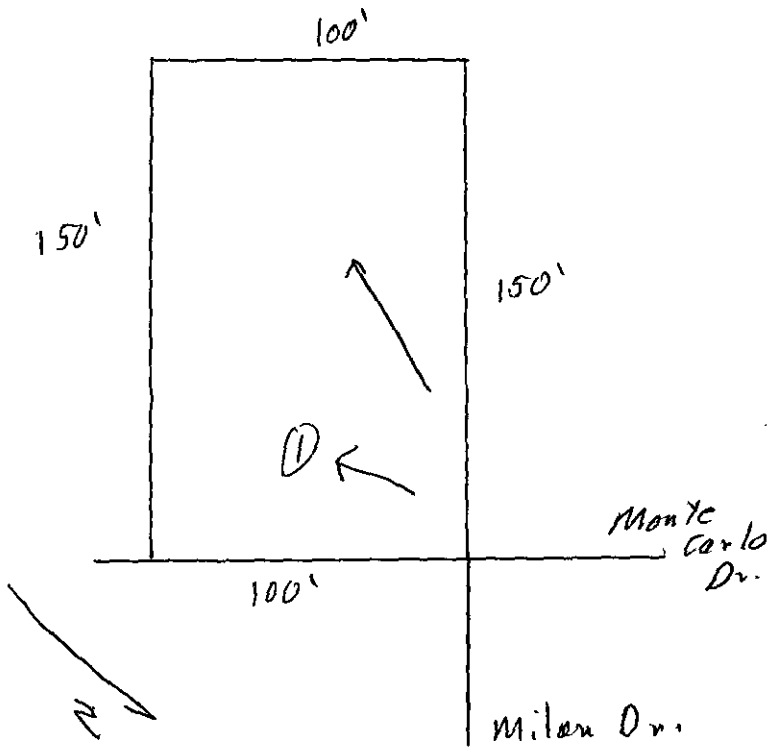
Subdivision:

Lot: 22, 23 Block: Acres: .34

Owner: Billie A. McCain
Address: 1129 Comstock Dr
Charlotte, N.C. 28217

Comments: .3gal/ft²/day LTAR-
100% repair apparently
not needed

Described by: William R. Mauldin
Date: 9-6-94



***** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >46" TO soil	S PS U wetness	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >43"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IIE Davidson-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

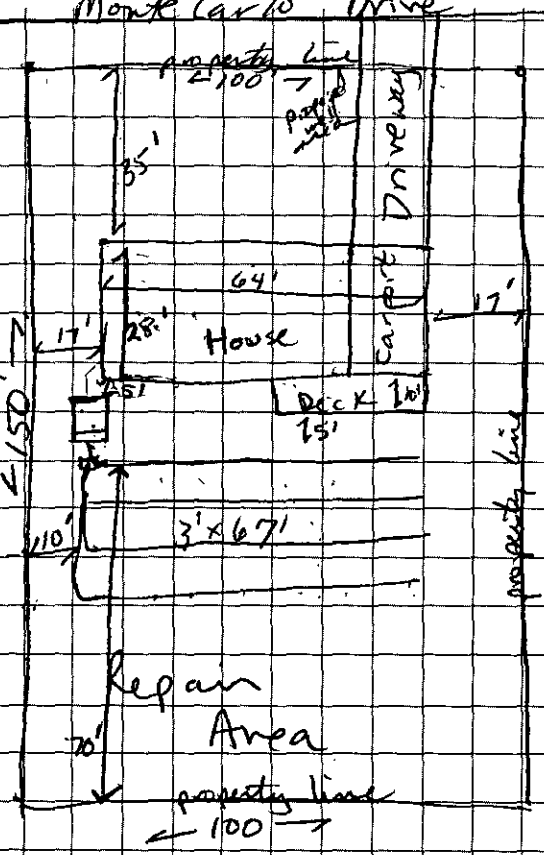
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2 bedroom house design 1500 g septic tank 810 sq ft drainfield at 4 lines at 3'x67'x12" stone each. Keep 5' from any bldg foundation (including deck) with septic system. Keep well min 50', preferably 100', from any part of septic tank system (Contact Div. of Env. Management Private Water Supplies concerning private wells 663-1695).

Billie G. McCain
OWNER/AGENT SIGNATURE

DATE 09/14/94

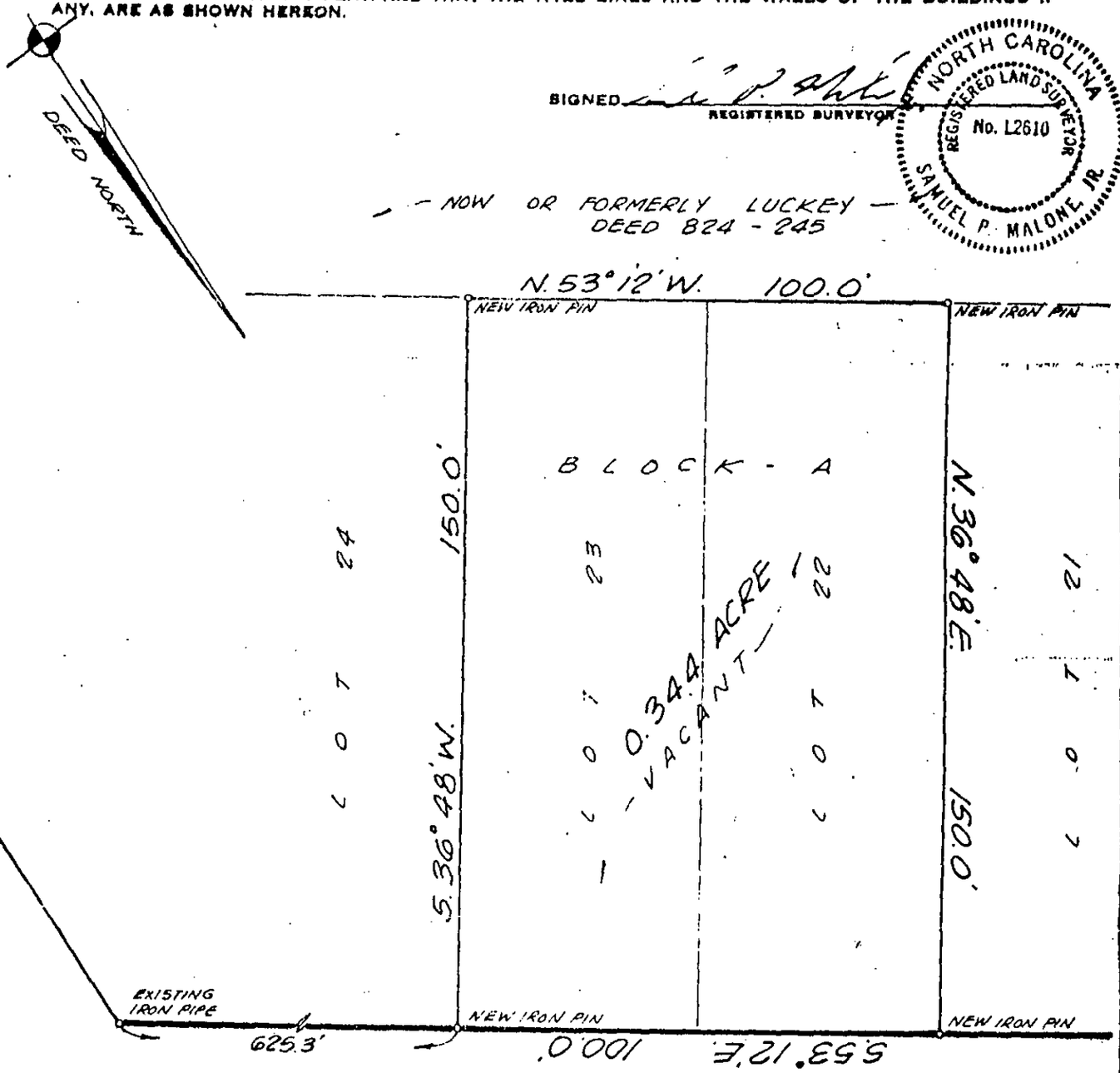
APPROVAL DATE 9-14-94 S. Dalton

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

THIS IS TO CERTIFY THAT ON THE 29TH DAY OF APR. 1982 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR No. L2610 SAMUEL P. MALONE, JR.



BOUNDARY SURVEY OF

LOTS 22 & 23, BLOCK A, "NORMAN WOODS DEV."

SCALE 1" = 30' LONG CREEK TWP., MECKLENBURG CO., N.C.

THE PROPERTY OF DELORIS T. DAVIS

MAP RECORDED IN BOOK 9 AT PAGE 571 DEED RECORDED IN BOOK _____ PAGE _____