

2403 MARY ANN DR

05911308

7/3/2007

duponbj

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

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

FILE: 7478A DATE: 8/5/91

TC: 059-113- ☒ L ☐ CRT

SERIAL № 13854

Name of Owner John Gardner Juris.:

Address of Property 2403 Maryann Drive

Inspection Data:

Tank Material

Total Length of Drainfield

Number of Lines @

Cover Depth

Water Supply Source

Distance to Water Source

Excavation Inspected

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1991 Repair CTR# 5

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: Re-Checked D-Box - Re-Grouted Box And System is Connected And D-Box Accepting Effluent. Lower line Is Leaking; Plumbing At Toilet Still Continues to Leak - Advised Property owner to have Plumber Check Leaks And Repair - This was 2nd Time So Advised.

Judy J Klein RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7478A DATE: 7/23/91

TC: 059-113-08 ☑ L

SERIAL Nº 13774

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 _____. All work shall be completed on or before 8/23/91, 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 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 _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER John Gardner

LOCATION OF PROPERTY 2403 Maryann Dr.

Comments: Check D-Box and Supply Line. Owner should have Plumber Repair Air Toilets Repaired. Reset box.

Division or Section Head

Environmentalist Judy J. Kain R.S.

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7478A DATE: 6/5/91

T: 059-113.08 ☐ L ☐ CRT

SERIAL № 11019

Name of Owner Gordon John S. Juris.:

Address of Property 2403 Mary Ann Dr

Inspection Data:

Tank Material

Total Length of Drainfield 100'

Number of Lines 1 @ 65 35

Cover Depth 12"

Water Supply Source City Water

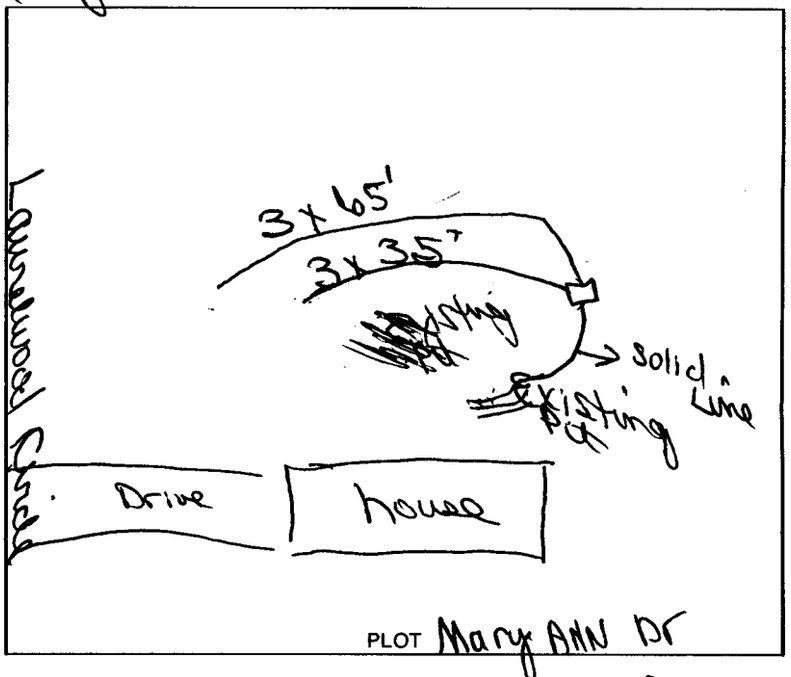
Distance to Water Source ≥ 10'

Excavation Inspected 6/5/91

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 1991 Repair CTR# 5

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

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COMMENTS: Encountered Seepage from original pit at 1st line. extended 2nd line to allow for 100' TOTAL footage

for Judy J. Rivers R.S
Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

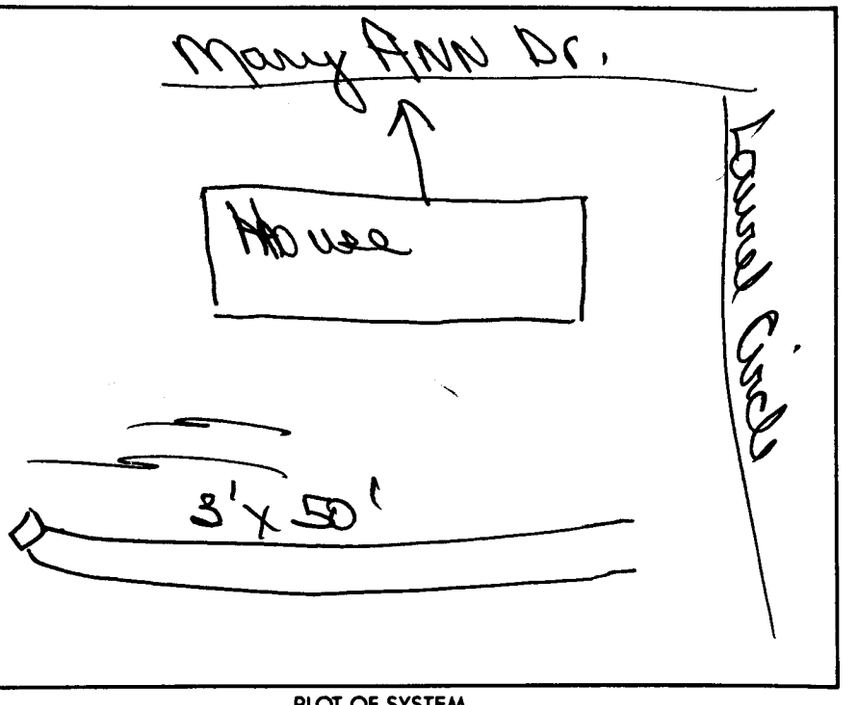
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7478A DATE: 6/3/91

TC: 059-113-08 ☐ L

SERIAL Nº 15084

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 5/24/91. All work shall be completed on or before 7/3/91, 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 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 ____

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City feet

NAME OF OWNER Gardner, John S.

LOCATION OF PROPERTY 2403 Mary Ann Dr.

Comments: Install New D-Box and 2 Trenches 3'x50'x 12 inches Stone

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 7478A
TC: _____
SERIAL: № 10360 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 2403 (STREET NO.) Mary Ann (STREET) Dr. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 059-113-08
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: John (FIRST) S. (MIDDLE) Gardner (LAST)
⑨ MAILING ADDRESS: 2403 Mary Ann Dr
⑩ CITY: CLT ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 392 4293 ⑭ (HOME) 392 7110

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

SYSTEM

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

lersigned, owner of the property described above as the ION" has read the foregoing application, acknowledges ents of same are true, and authorizes agents of the G COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH he property for the purpose of processing this request.

[signature] Gardner
5-27-91

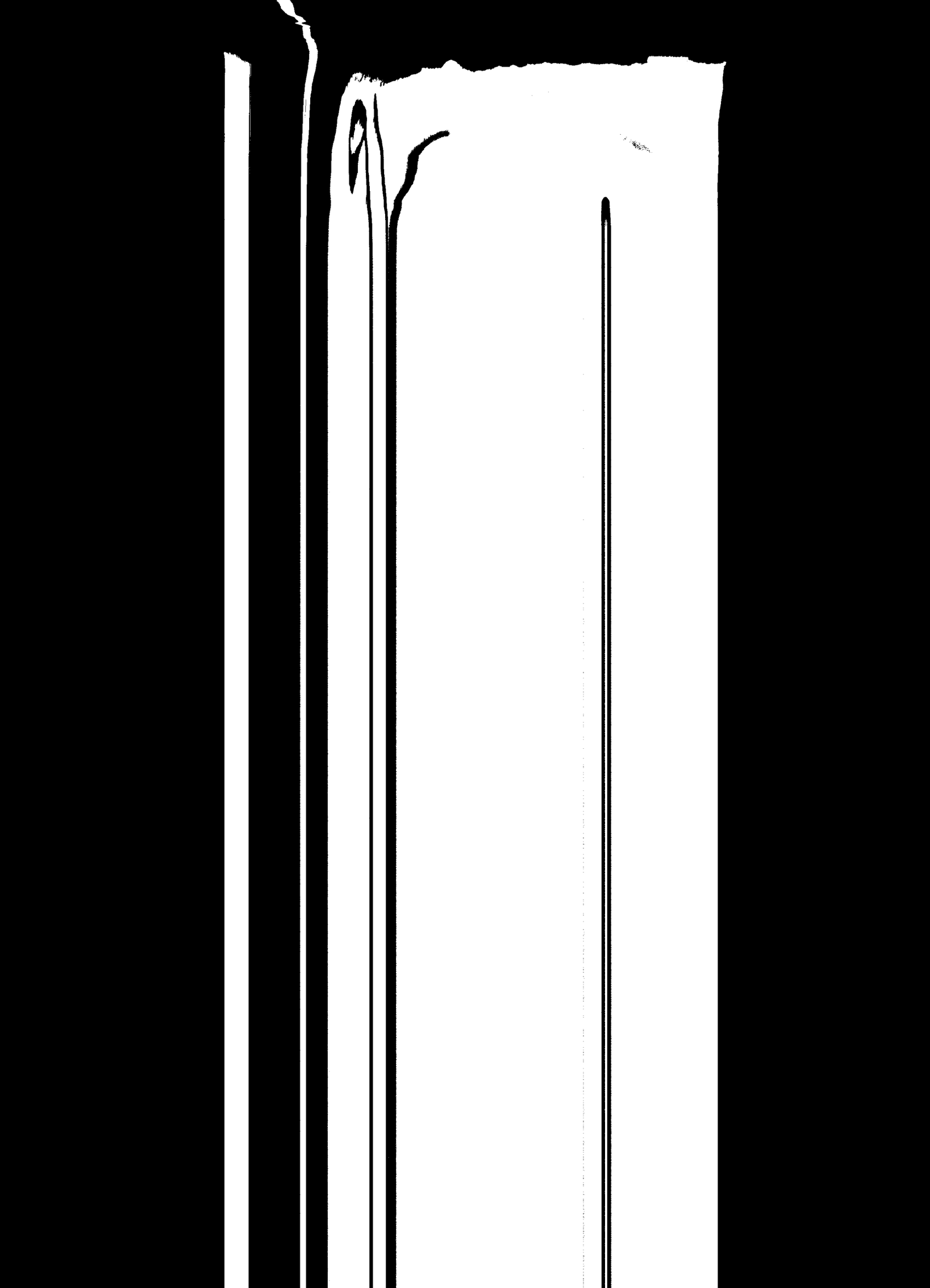
IMPROVEMENT PERMIT

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

Director or Authorized Section Head / Date

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



6-13-91

Memo to File: 7478A

2403 MARYANN Dr.

Spoke w/ Steve Autry,
Septic Contractor
And then Mrs Gardner.
regarding recent repair.
Autry says Mrs Gardner
called saying System was
leaking in some area.
He stated he re-visited
lot and landscaper had
been in and unearthed
& pulled/took the overflow
pipe placed at time of
repair - did not note a lid.

information
related this to Ms. Gardner
and she stated she had had
a landscaper in but
thought repair didn't
have sufficient cover.
I advised her cover was
within regulations
(minimum of 6" but they
had 12" at least).
Advised her I would
meet with her & Mr. Autry
at a convenient time. (She
requested Mr. Autry back on job)