

12001 RANBURNE RD

19703129

6/13/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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10th/17

GWEN,

CHECK TO SEE IF I
ASSIGNED THE CORRECT FILE#

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 10542 DATE: 3-3-98

TC: 197-03129 ☒ L ☐ CRT

SERIAL Nº 17124

Name of Owner NANCY DULIN Juris.:

Address of Property 12001 RANBURNE DRIVE ROAD

Inspection Data:

Tank Material

Total Length of Drainfield REPAIR 600'

Number of Lines 1 6' LINE @ 100' LONG

Cover Depth 18" SOIL

Water Supply Source MUNICIPAL

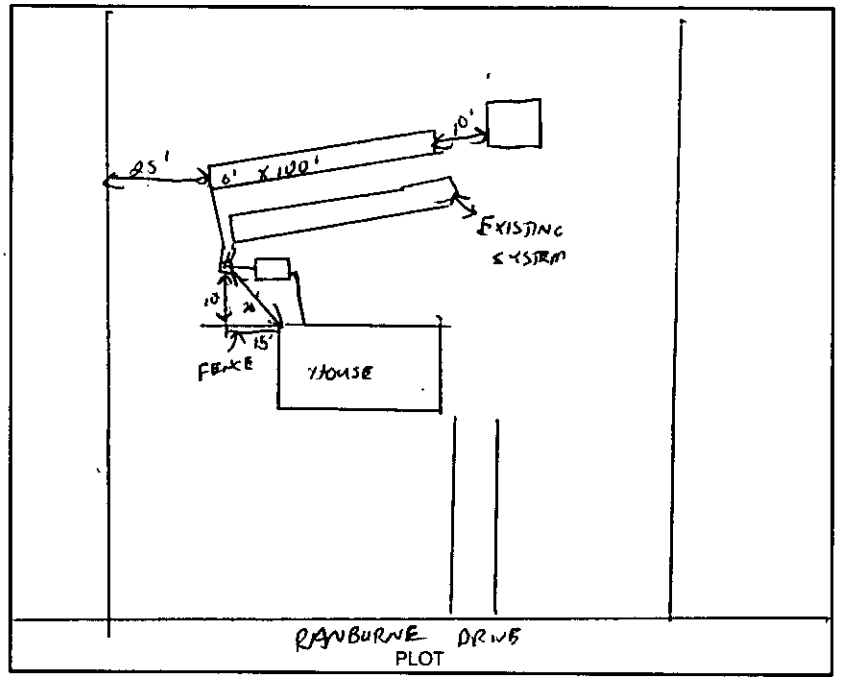
Distance to Water Source 2100'

Excavation Inspected 3-2-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



PLOT

Design REPAIR / 1 BED 6' X 100' W/ 12" STONE 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 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: D-BOX LOCATED 20' FROM CORNER OF HOUSE

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

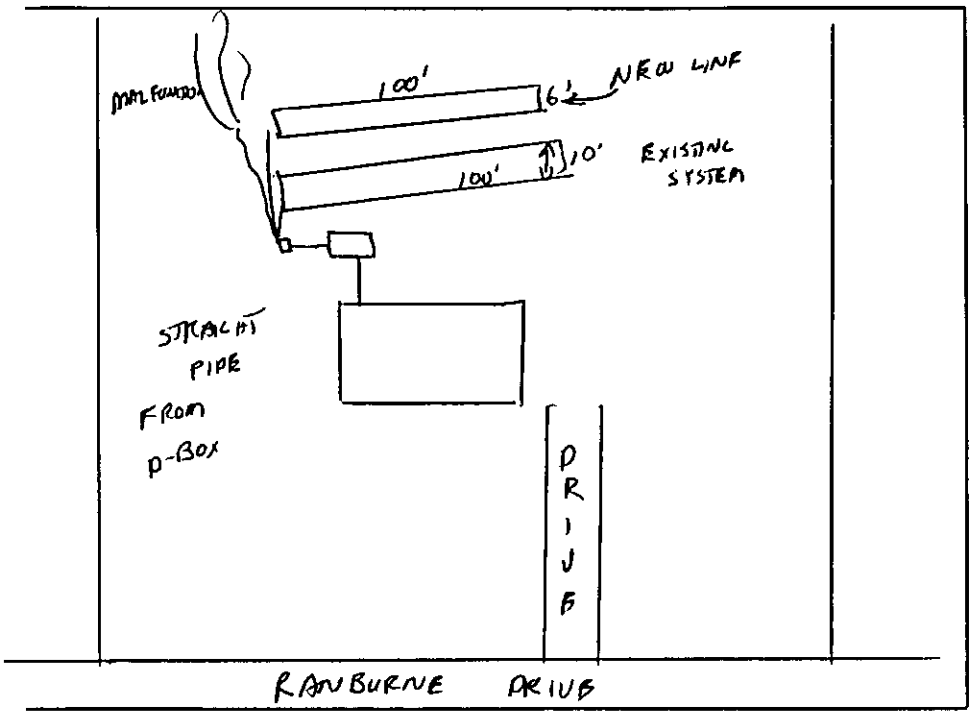
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10542 DATE: 2-26-98

TC: 19703129 ☐ L

SERIAL Nº 17638

Permission is hereby given to _____ Install or Construct, ___U___ 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 3-26-98, 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 NA gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 100' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 40' feet

Distance from Property Line 25' feet

Distance from Well >100' feet

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

NAME OF OWNER NANCY DULIN

LOCATION OF PROPERTY 12001 RANBURNE ~~DRIVE~~ RD

Comments: _____

J. Andrew Atwater RS
Environmental Health Specialist

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

FEE: NA

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 #: 10542

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197 031 29

STREET ADDRESS: 12001 Ranburne Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: 1900

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)
___ 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: Dulin Nancy C
(LAST) (FIRST) (MI)

ADDRESS: 12001 Ranburne Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 704-845-7137

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

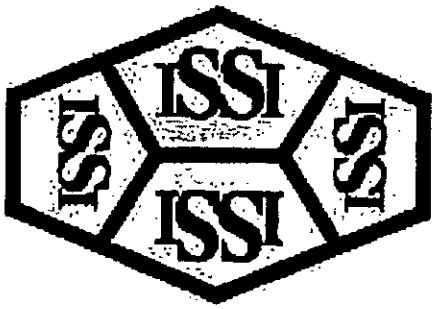
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1976

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: Nancy Dulin DATE: 3/3/98

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



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ISSI Operations Center Staff

Serial No. 7028

Cat A (s) No 10542

T C No 97-031-29

CERTIFICATE OF COMPLETION

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Name of Owner SEAGGS JACK L (FOR SALE)
LAST FIRST MIDDLE

Location of Property 207 12 KINGSTON RD.

Application Number 10542

Permit Number 10542

Inspection Data:

Liquid Capacity of Tank 1000 gal/wm

Tank Material PE

Total Length of Drain Tile 300 + 150

Number of Lines 3 3

Depth of Filter Material 17"

Cover Depth 19"

Water Supply Source ON WELL

Distance from Water Source 90' ± S.

Excavation Inspected 6/29/96
DATE

Tank Inspected 6/29/96
DATE

Distribution Field Inspected 6/27/96
DATE

Washing Machine Line Inspected If Applicable 6/29/96
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been X installed / constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve the person from all responsibility for repairing or replacing such system if the system does not operate properly. This Certificate of Approval is issued subject to the terms of said permit and conditions of the permit as modified to those listed below under comments. This Certificate of Approval is to be null and void if any information contained in the application is untrue. If any additions are made to the property which would increase the requirements for said system, [illegible]

Comments THIS SYSTEM - NOT ADEQUATE FOR WASHER & OR GARBAGE DISPOSAL

Environmentalist

HEALTH DEPARTMENT COPY

Serial No. 1052

ICAP-SF Permit No. 10542

T C No. 197-091-19

Map Date

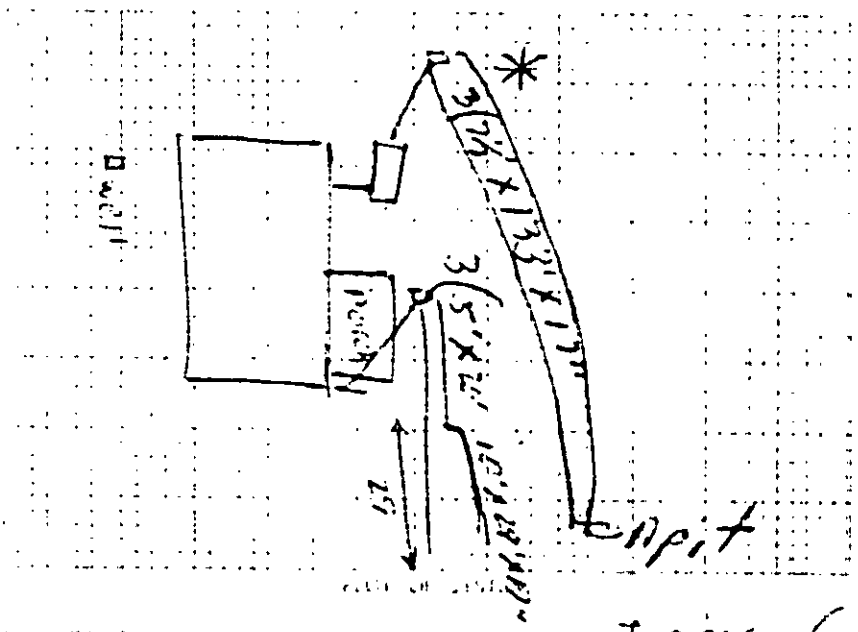
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

...is hereby issued to X Install Construct Alter or Repair the individual septic tank waste ... and all appurtenances. Effluent discharge ... feet at the discharge location. This permit is granted based upon the information supplied on application 10542 ... 7/16/96 ... and the permit shall be void if not effective ... Work shall be completed before 7/16/96 ... permit is to be posted ...



Property size 60

Tank Capacity 1000 gal

PC

400 150

x 3

10'

10'

90 ft

Name of Owner JACK L. SIGGLES

Location of Property 10217 KNOBCONE RD.

... the Rules Governing ... set forth ... the Mecklenburg ... the Health Director ... Certificate of Approval ... be void if the ... are not complied with ... and upon ... and upon ... said system.

Section VI. 4(10' x 100' x 12"

Environmental Health Specialist

Date

SOIL INVESTIGATION REPORT

Date of Investigation: FEBRUARY 4, 1976 A.I. No. 10542

Name of Owner: Mr. Delmatic Jr.

Location of Property: BIRCH BAY R.V. Lakewood Estates

Soil Suitability Ratings: Lino 17 T(N 19)-031-29

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Coc.1	Coc.1	Chemanus	
2. Soil Slope	acceptable 2-6%	acceptable 6-20%	—	
3. Soil Depth	acceptable >48"	Same	—	
4. Soil Texture	acceptable clay	Same	—	
5. Soil Structure	acceptable Subangular blocky	Same	—	
6. Restrictive Horizons	—	—	—	
7. Soil Drainage	acceptable water table >36"	Same	unacceptable seasonal high water table <18" from surface poorly drained	
8. Soil Permeability (Percolation Rate)	acceptable 60 min/in	acceptable 60 min/in	unacceptable	
9. Other	—	—	unacceptable	
10. Overall Rating	acceptable	acceptable	unacceptable	

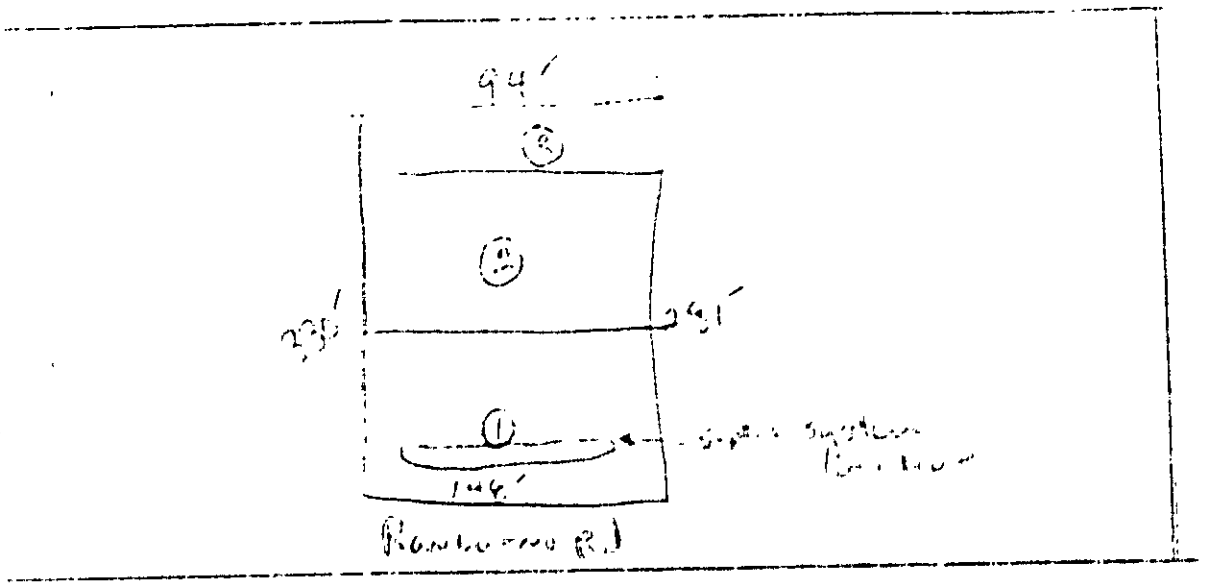
Recommendations: Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/inch and should be placed in the area near the front portion of the lot.

See diagram on back

Co Edward Comment
Soil Scientist

3/13/75

DIAGRAM OF PROPERTY



3/15/75

SHD 530