

11916 SWANSBORO LN

01730151

8/26/08

marliwr

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

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

FILE: 20182 DATE: 7/10/03

TC: 017-301-5X ☒ L ☐ CRT

SERIAL 19227

Name of Owner James + Mary Oxendine Juris.: _____

Address of Property 11916 Swansboro Lane

Inspection Data:

Tank Material existing

Total Length of Drainfield 85'

Number of Lines 2 @ 45'

Cover Depth 12"

Water Supply Source well

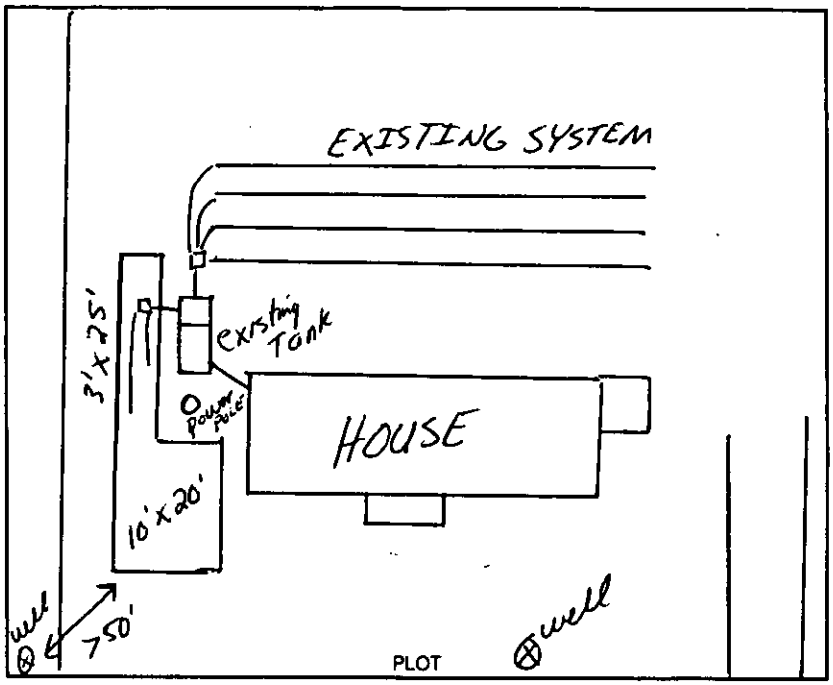
Distance to Water Source >50'

Excavation Inspected 7/10/03

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2003 Repair, 275 SFB, CON, 24"+ stone CTR# Claudius Morrison

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: Repair to system

Type II Conventional System

Built 1995

Tommy Medlin 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

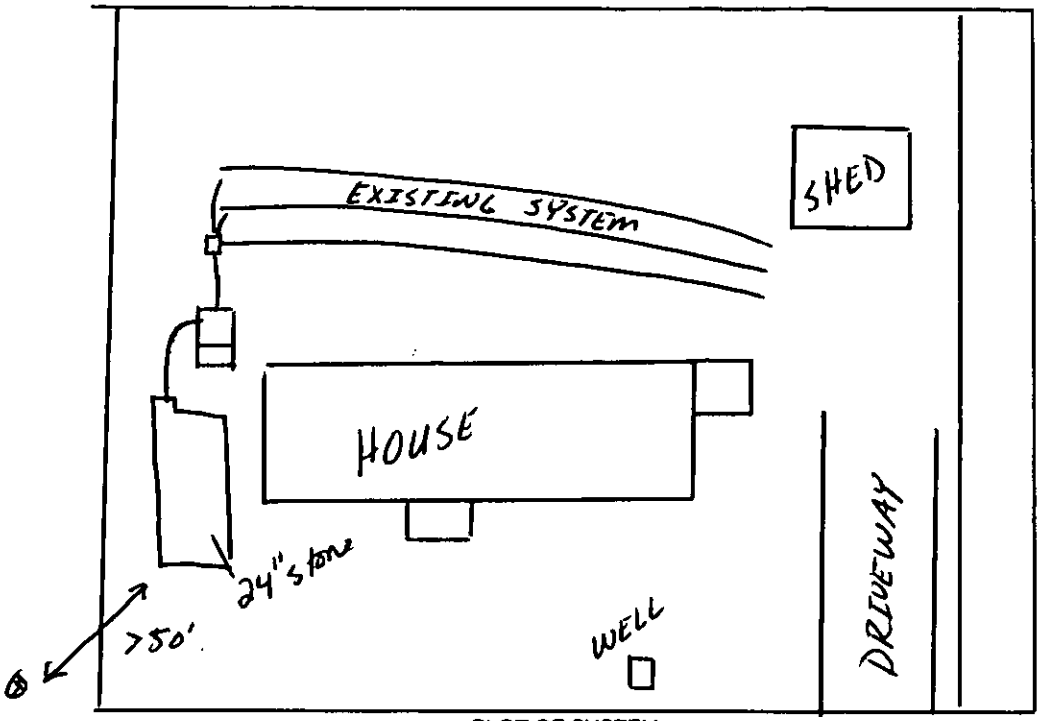
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20182 DATE: 6/4/03

TC: 017-301-54 L

SERIAL 19357

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 6/4/03. All work shall be completed on or before 7/4/03, 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 existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12'x30' feet

Trench Walls Scored and Porous yes

Total Line Length 120' feet

Number of Lines 4 x 30'

Depth of Stone ~~18"~~ 24" 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 James + Mary Oxendine

LOCATION OF PROPERTY 11916 Swansboro Lane

Comments: Repair to Existing System
Install 12'x30'x24" stone Bed
Type II Conventional System

Jimmy Mickelson R.S.
Environmental Health Specialist

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

2400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $50 4/27/95 ck #1381

~~#~~ 20182

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: Oxendine (last) Miriam (first) K (mi)
ADDRESS: 11911 Swansboro Dr PHONE: (704) 875-2990
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-301-51
STREET ADDRESS: 11911 Swansboro Dr. Huntersville NC 28078
ZONING:

PROPERTY OWNER:
NAME: Oxendine (last) James (first) D (mi)
ADDRESS: 11911 Swansboro Dr PHONE: (704) 875-2990
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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 (M)
☐ 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☒ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ 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: James D Oxendine Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...use existing system. Keep mobile home min 5' from any part of septic tank system

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☒ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Gutierrez 5-1-95
Environmentalist Date

Philip S. Walker for S. Daniel 5/10/95
Director or Authorized Section Head Date

WATER : 22 91

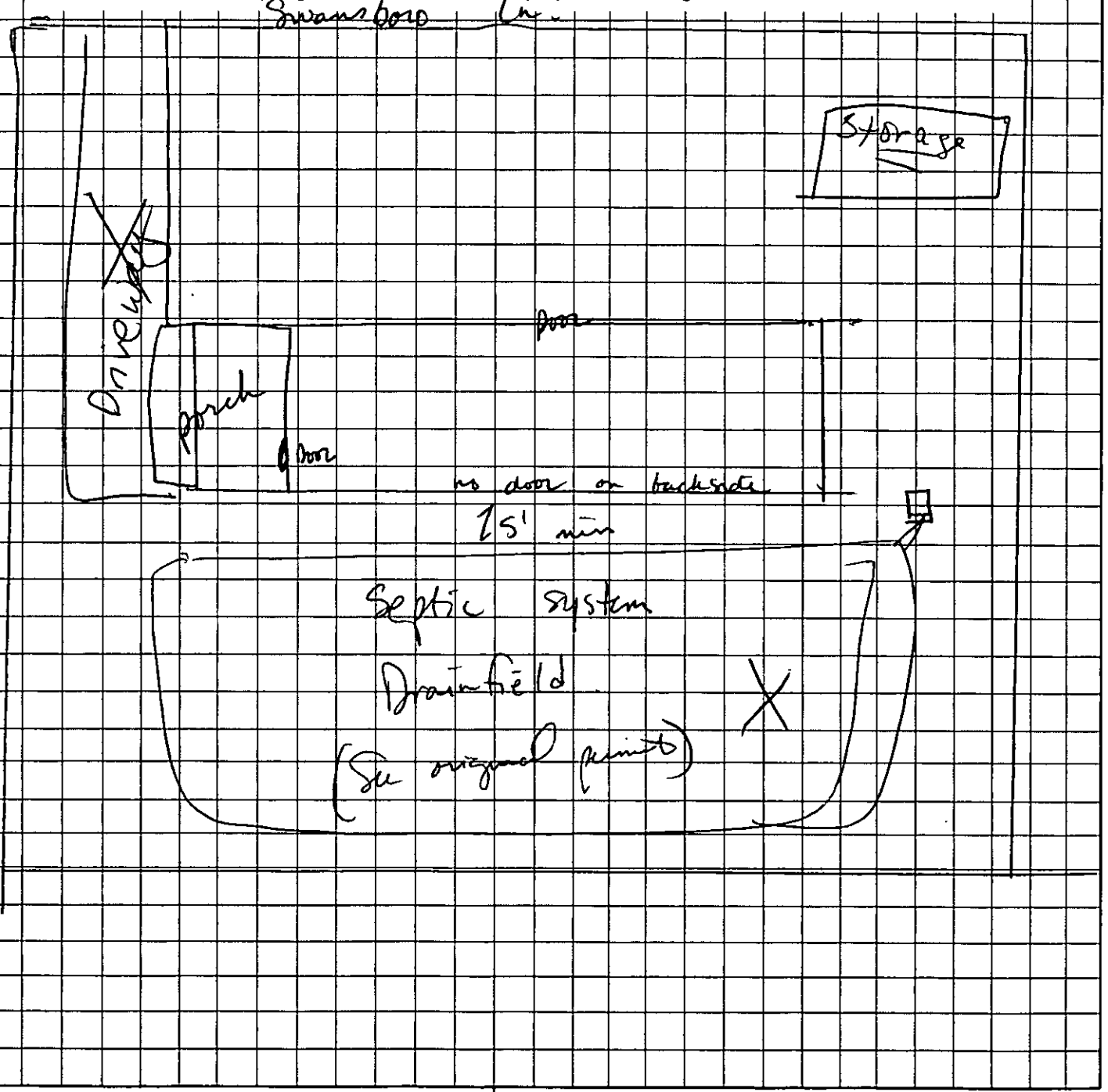
PROPOSED PLOT PLAN

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

FILE: 20182

TC: 017-30-151

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.



James D. Ofenduer
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5-1-95 SB

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20182 DATE: 7/7/88
TC: 017-301-51 ☒ L ☐ CRT
SERIAL No. 11267

Name of Owner James Oxendine Juris
Address of Property 11916 Swansboro Ln

Repair

Inspection Data:
Tank Material —
Total Length of Drainfield 134'
Number of Lines 2 @ 67'
Cover Depth 18"
Water Supply Source Well
Distance to Water Source 750
Excavation Inspected 7/7/88
Tank(s) Inspected —
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design: 1988, repair CTR# 103

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:

Karla W Johnson RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

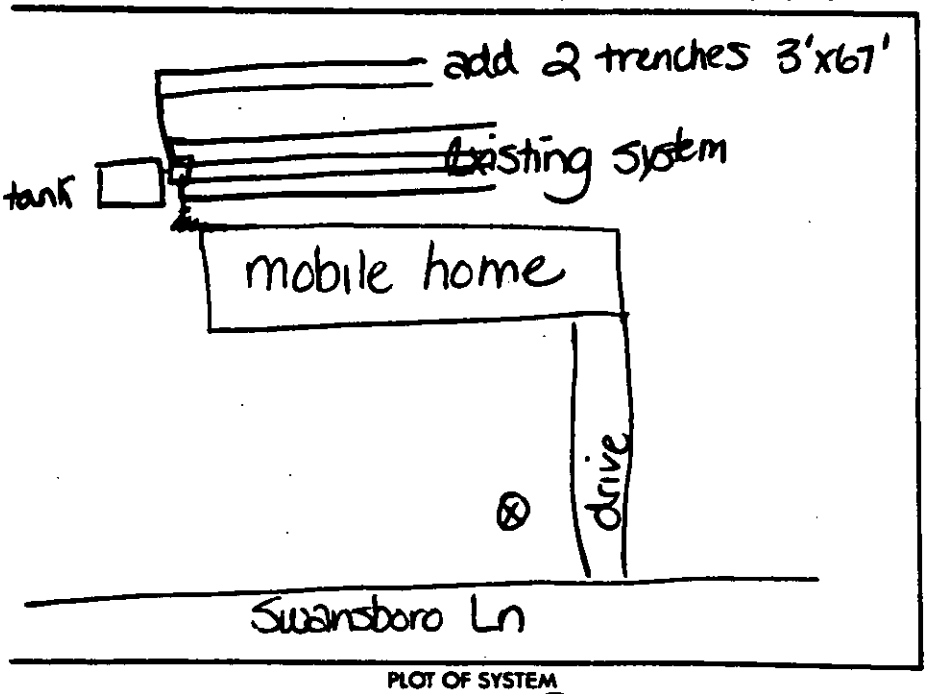
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20182 DATE: 6/28/88

TC: 017-301-51 & 1

SERIAL № 11997

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 5/23/88. All work shall be completed on or before 8/15/88, 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

Repair

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 134 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line ~~>50~~ 10 feet

Distance from Well >50 feet

NAME OF OWNER James Oxendine

LOCATION OF PROPERTY 11916 Swansboro Ln

Comments: 2 trenches 3' x 67' x 12" stone; Straw cover drainfield space added to upgrade to 3 bedrooms tie into existing distribution box

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

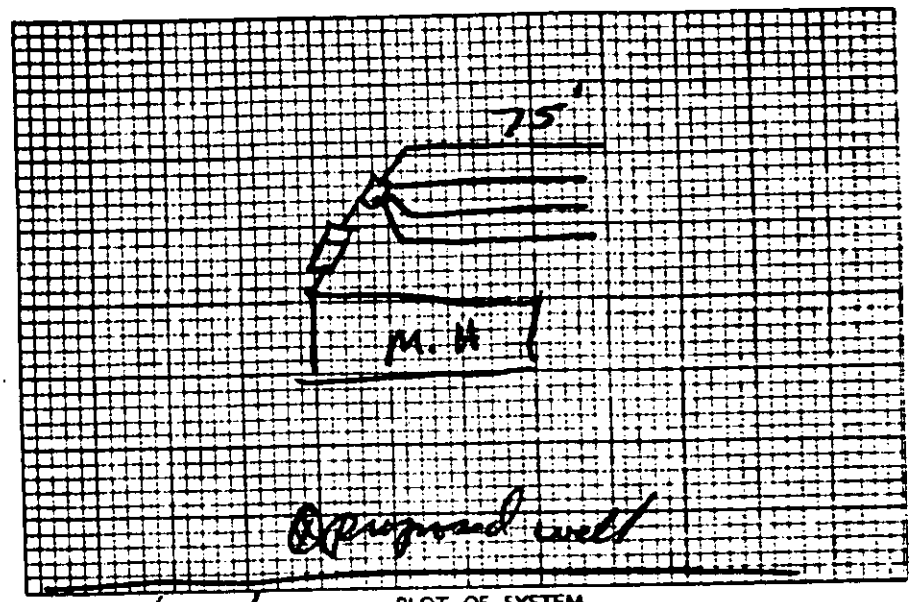
Date Issued 12-19-83 Serial No. 6860 ICAR(S) Permit No. 20182

PO T.C. No. 017-232-09

Map Date 30/-57

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 20182 dated 12/2-83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1-31-84 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction Precast

Absorption and/or Nitrification Lines.

Total Line Length 300'

Number of Lines 4

Distance from Home 5'+

Distance from Property Line 10'+

Distance from Well 50'+

Swans tow Ln

NAME OF OWNER Donco Properties Inc

LOCATION OF PROPERTY 11916 Swanstone Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

4 - 75' X 3' X 12" stone trenches on 9' centers

Comments: _____

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 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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 12-13-83

RECEIVED
DEC 13 1983
ENVIRONMENTAL HEALTH

Application No. 20182

T.C. No. 83-017202-02

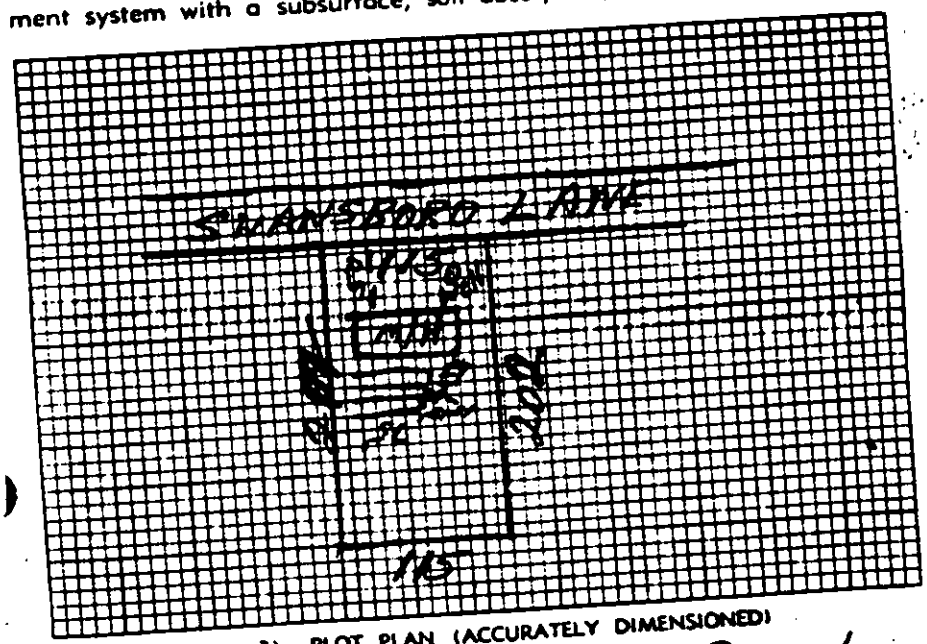
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ✓ Yes ___ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Donco Properties Inc (LAST FIRST MIDDLE)
14) ADDRESS OF OWNER 1720 E. Independence Blvd, Charlotte 28205
15) PHONE NO. Home _____ Office 372-6549
16) LOCATION OF SYSTEM 11916 Swansboro Lane (STREET OR COUNTY ROAD)
17) SUBDIVISION Yorkdale Lot No. 10 Block No. _____
Map Book No. _____ Page No. _____
18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____
19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 11-4-83
20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

12.12.83
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY