

6111 MCGREGOR DR

19707233

7/2/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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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

COPY

FILE #: 12847

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 191-072-33

STREET ADDRESS: 6111 MacGregor Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1050

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

7/1/96 Made OSV with homeowner, C. Hudson REHS - Washer line area was damp but no effluent on ground surface. However, homeowner stated that system overflows on occasions. (see back)

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

3/13/96 Met w/c Blakley - Instructed Mr Bl. to extend sump pump pipe to ditch and install pentrate in trench to prevent septic system leakage

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: CONSTANTINIDIS

NAME: ~~CON~~ (LAST) ADRIAN (FIRST) (MI)

ADDRESS: 6111 MacGregor Dr

CITY: Cha STATE: ZIP: 28209

DAYTIME PHONE: 704 536 - 1410 ext 282 or 704-568-5510 Deidre Constantinidis

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: _____ DATE: 06-06-96

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

Date Issued Dec. 19, 1978

Serial No. 2265

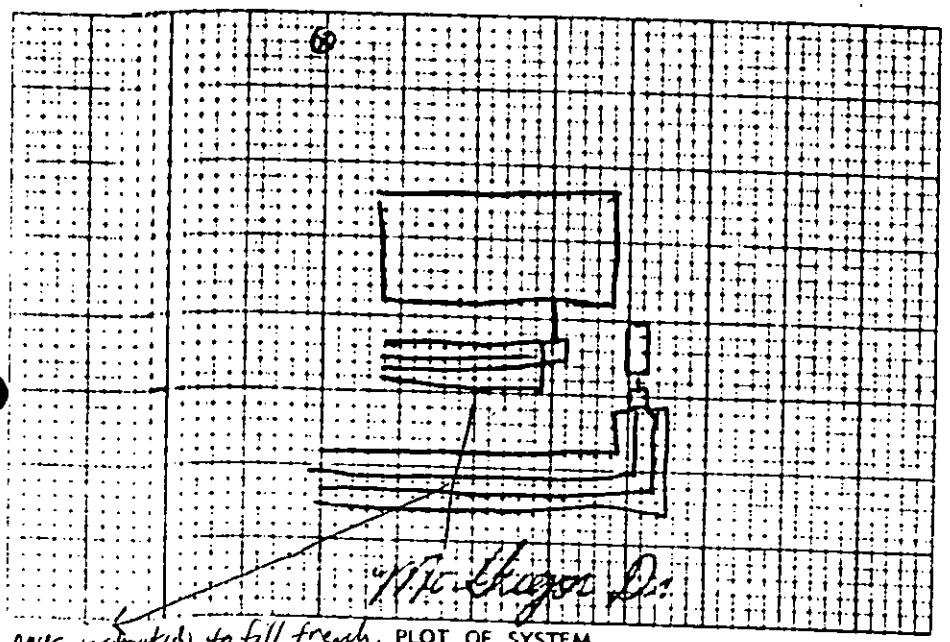
ICAR (S) Permit No. 12847

P.O. T.C. No. 197-072-03

Map Date

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 12847, dated ____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ~

Liquid Capacity of Tank 1500/gal.

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 495'/125

Number of Lines 5/4

Distance from House 10'

Distance from Property Line 10'

Distance from Well

3/13/98

property owner instructed to fill trench w/ bentinite filling material and extend pipe to ditch so property owner will call health dept. to inspect job. PBW 3/13/98

NAME OF OWNER sump pump American Home Builders, Inc.

LOCATION OF PROPERTY N. McGregor Dr.

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** owning now or hereafter owning, controlling or using such system **from any liability** resulting from the failure of the system to operate properly.

15 x 94 x 17' stone

12 x 52 x 17' stone

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a branch 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.

Environmental Health Department's Copy

Date Issued Dec. 22, 1978 Serial No. 2201 C of A (s) No. 12847

P.O. T. C. No 197-012-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

~~IMPROVEMENT PERMIT~~

CERTIFICATE OF APPROVAL

CERTIFICATE OF COMPLETION

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

Name of Owner American Home Builders, Inc.
LAST FIRST MIDDLE

Location of Property McGregor Dr.

Application Number 12847 Permit Number 12847

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material PC

Total Length of Drain Tile 495 ; 125 Number of Lines 5 ; 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected - DATE Tank Inspected 12-22-78 DATE

Nitrification Field Inspected 12-22-78 DATE

Washing Machine Line Inspected, If Applicable 12-22-78 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Eddie Liggins
Environmentalist

EHD 5-76

Environmental Health Department's Copy

The septic bed was probed and appeared to be dry. May be some possible blockage. Mr. Cons stated that he would be selling house at the end of the month. I advised Mr. Cons to plumb washer line into tank and check septic drainfield for blockage. I also explain that he may have to put money in escro because of septic system alteration.

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 #: 12847

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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STREET ADDRESS: 6111 McGregor Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1050

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
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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)
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EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: CONSTANTINIDIS

NAME ~~Cos~~ (LAST) Adrian (FIRST) (MI)

ADDRESS: 6111 McGregor Dr

CITY: Cha STATE: ZIP: 28211

DAYTIME PHONE: 704 536- 1410 ext 282 or 704-568-5510 Deidre Constantinidis

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: _____ DATE: 06-06-96

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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FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

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

COPY

FILE #: 12847

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CLOSING DATE _____

7/1/96 made OSW with homeowner, C. Hudson RCS - Washer line area was damp but no effluent on ground surface. However, homeowner stated that system overflows on occasions. (see back)

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: CONSTANTINIDIS

NAME: ~~Costa~~ Adrian
(LAST) (FIRST) (MI)

ADDRESS: 6111 MacGregor Dr

CITY: Cha STATE: ZIP: 28211

DAYTIME PHONE: 704 536 - 1410 ext 282 or 704-568-5510 Deidre Constantinidis

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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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

The septic bed was probed and appeared to be dry. May be some passable blockage. Mr. Cons. stated that he would be selling house at the end of the month. I advised Mr. Cons. to plumb washer line into tank and check septic drainfield for blockage. I also explain that he may have to put money in escro because of septic system alteration.

Date Issued Dec. 22, 1978 Serial No. 2201 C of A (s) No. 12847

P.O. T. C. No 197-012-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

~~IMPROVEMENT PERMIT~~

CERTIFICATE OF APPROVAL CERTIFICATE OF COMPLETION

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

Name of Owner American Home Builders, Inc.
LAST FIRST MIDDLE

Location of Property McGregor Dr.

Application Number 12847 Permit Number 12847

Inspection Data:

Liquid Capacity of Tank 1500/gal. Tank Material PC

Total Length of Drain Tile 495'/125 Number of Lines 5/4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected — DATE Tank Inspected 12-22-78 DATE

Nitrification Field Inspected 12-22-78 DATE

Washing Machine Line Inspected, If Applicable 12-22-78 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Eddie Liggett
Environmentalist

EHD-5-76

Environmental Health Department's Copy

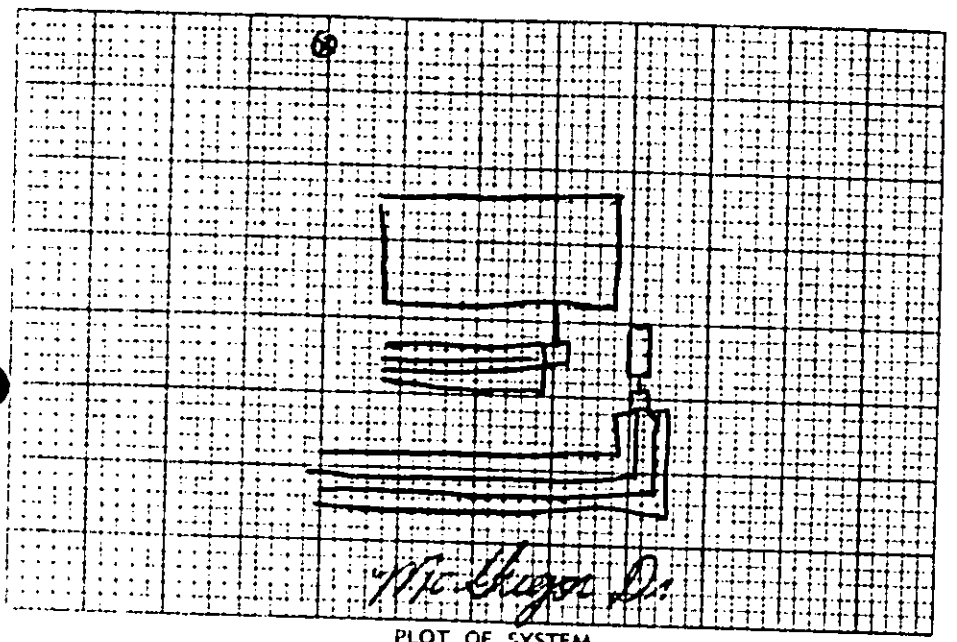
Date Issued Dec. 19, 1978 **Serial No. 2265** ICAR(S) Permit No. 12847

P.O. T.C No 197-072-03

Map Date

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 waste-water 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 12847, dated ____ _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank 1500/gal.

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 495'; 125

Number of Lines 5; 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well _____

NAME OF OWNER American Home Builders, Inc.

LOCATION OF PROPERTY McGregor Dr.

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.**

15' x 99' x 17" stone

12' x 32' x 17" stone

Sanitarian Head

Ellis Reynolds
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or area 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.

Environmental Health Department's Copy