

111 EDGERLY CT

03125109

12/31/2007

duponbj

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

REPAIR 1 1 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 #: 26496

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION: 031-251-07

TAX/PARCEL NUMBER: 123 & 124 MB 361

STREET ADDRESS: 111 Edgerly Court

SUBDIVISION OR MOBILE HOME PARK NAME: NHA

TYPE OF BUILDING (CHECK ONE):

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

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3200

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE

FOUNDATION FOR RESIDENCE:

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

IF REPAIR OR ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: New septic system Repair for Washer & Kitchen

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X 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, GAS LINES, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASEMENTS OR RIGHTS-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Mullins Brent L
(LAST) (FIRST) (MI)

ADDRESS: 111 Edgerly Court

CITY Charlotte STATE: N.C. ZIP: 28209

DAYTIME PHONE: 704 391-0151

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: Brent G. Mullins DATE: 9/15/98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL [illegible] SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

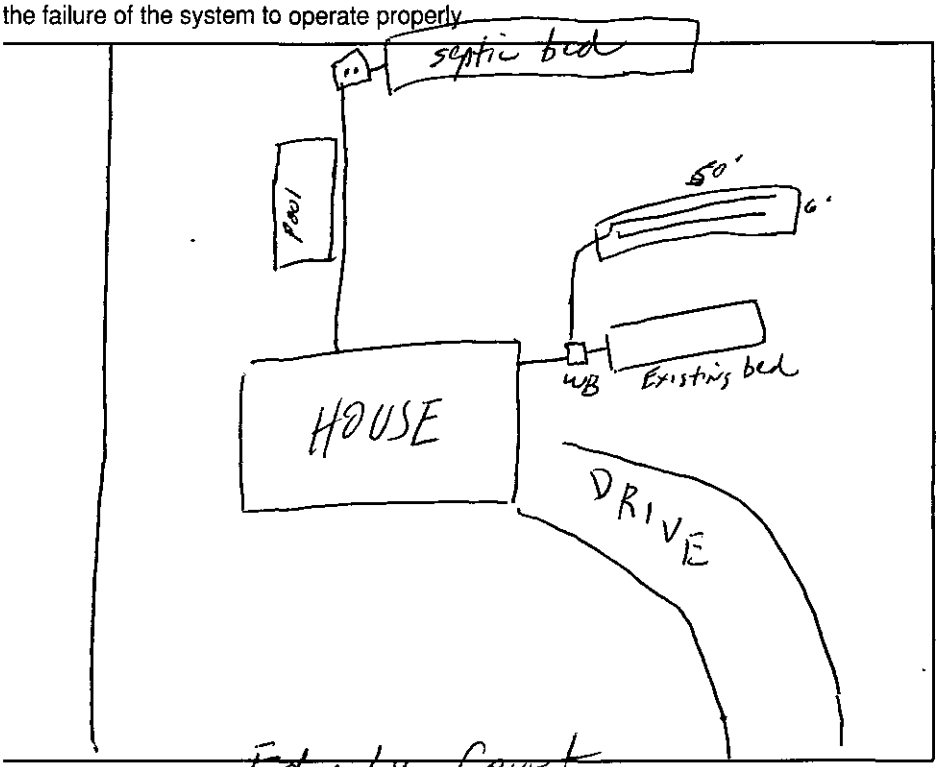
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2647B DATE: 9/16/98

TC: 031-251-09 ☒ L

SERIAL No 17813

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 9/15/98. All work shall be completed on or before 10/16/98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



Edgerly 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: Bed

Trench Width 6' feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well CMUD feet

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

NAME OF OWNER Brent Mullen

LOCATION OF PROPERTY 111 Edgerly Ct

Comments: Bed system repair, Washer box, Install bed 6'wd x 50'lng x 18" stone

Thelo A. Walker
Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2647B DATE: 9/16/98
TC: 031-251-09 L N/A CRT
SERIAL Nº 17727

Name of Owner Brent Mullen Juris.:

Address of Property 111 Edgerly Ct

Inspection Data:

Tank Material NA
Total Length Bed of Drainfield 100'
Number Bed of Lines 2 @ 50
Cover Depth 8"
Water Supply Source Municipal
Distance to Water Source >10'
Excavation Inspected 9/16/98
Tank(s) Inspected NA
Wash Line Inspected 9/16/98
High Water Alarm Inspected NA

PLOT

Design 1998, Repair to washer line, CON, 300SFB, 18" stone CTR# Affordable Septic

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 Existing Washer line

Phillip J Walker R.S.
Environmental Health Specialist

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

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/21/98 Parcel: 031 25 09 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: same as below Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Brent Mullen 391-0151 H 392-2674

Address 111 Edgerly Court City _____ Zip 28214

SERVICE REQUESTED: property ower request inspection of failing washer line

ASSIGNED TO: PW TAKEN BY: _____

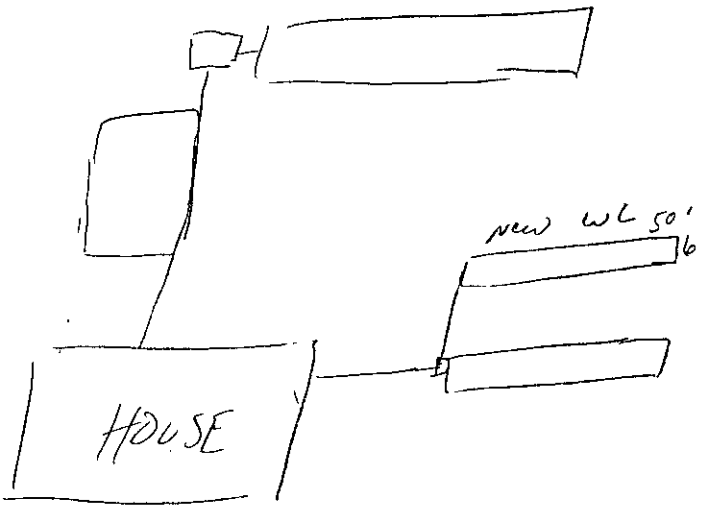
DATE	ACTIVITY REPORT
8/26/98	Met w/ B Mullen on lot for inspection of Washer line. The washer line drainfield appeared to be supersaturated during the time of my visit. I suggested to Mr Mullen that a repair to the existing washer line be installed. He stated that he would contact a septic contractor for the job.

see back

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applic

COMPLETED BY: _____ /

REVIEWED BY: _____ /



Edgerly Ct

Bed system
6'wd x 50'long x 18"stone