


12011 PLATON AV

01515137

5/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4101-A DATE: 5-8-89

TC: 015-151-37,38 ☐ L ☑ CRT

SERIAL № 11751

Name of Owner Arthur Wallace Jr. Juris.:

Address of Property 12011 Platon ave

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 402

Number of Lines 6 @ 67

Cover Depth 12"

Water Supply Source well not in yet

Distance to Water Source >50'

Excavation Inspected 5-8-89

Tank(s) Inspected 5-8-89

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1989, 1500 ST, conv, 1206 SFT, 126, conv CTR# 80

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: System designed for Three bed room House

Jim Gunn
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

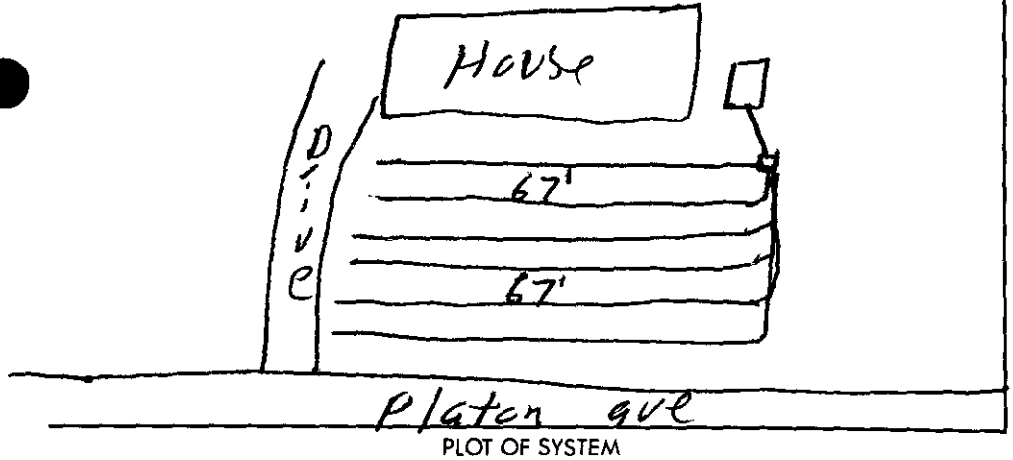
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4101-A DATE: 5-3-89

TC: 015-151-37,38 ☐ L

SERIAL № 12615

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 3-3-88. All work shall be completed on or before 6-3-89, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 402 feet

Number of Lines 5.5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 not In yet feet

Distance from Well >50' feet

NAME OF OWNER Arthur Wallace Jr.

LOCATION OF PROPERTY 12011 Platon Ave

Comments: 5.5 Trenches 67' X3' X12" stone

Jim Emmi
Division or Section Head

Jim Emmi
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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date 4/26/89

Name/Company Hutton Wallace Jr

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Installation
4/1C/A

MECKL COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 26 1989

Fee: $ 75.00

Completed by

Collected by

Septic Permit Paid $50.00 3/3/88

# 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: 4401A
TC:
SERIAL: № 15645 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 1201 (STREET NO.) Pleston ave (STREET) ② FILE: 4401A
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 015-15-132,38
⑤ SUBDIVISION: Warman Park ⑥ LOT: 35-36 ⑦ BLOCK:

**OWNER**

⑧ NAME: Arthur (FIRST) Lee (MIDDLE) Wallace Jr (LAST)
⑨ MAILING ADDRESS: 9926 Rockmeadow Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) ⑭ (HOME) 3941876

**REQUEST**

This request is for a(n):

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

**DESIGN CRITERIA**

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?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

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

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Arthur L Wallace

Date: 3 3 1988

## 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.

Judy J Rivers RS. 3/11/88
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.

# PROPOSED PLOT PLAN

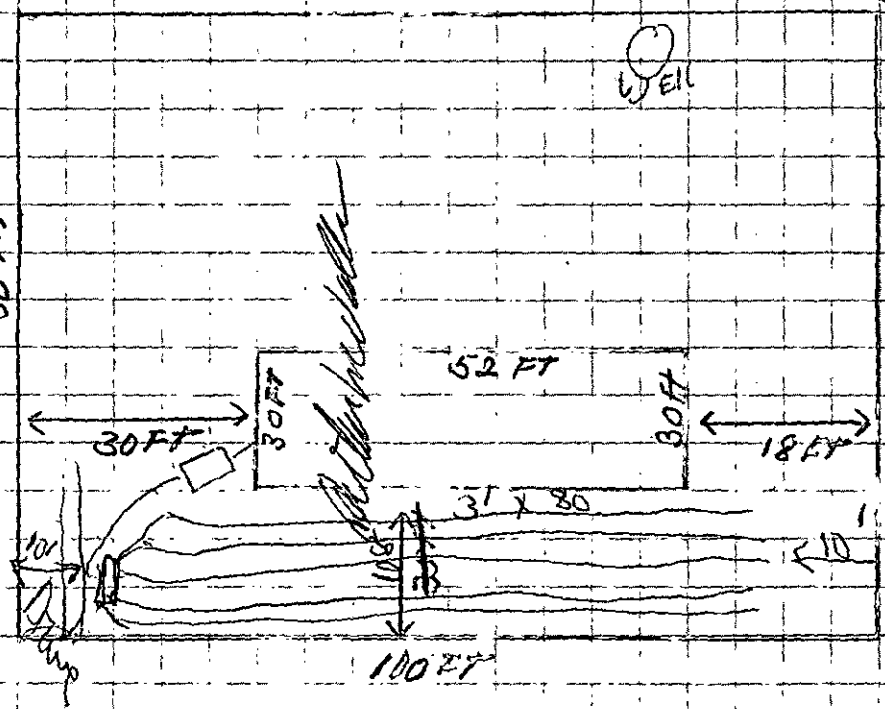
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4101A

TC: 015/5137 38

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.

1500 gal Septic TANK
400' drainfield
12" Rock




Signed: Arthur L Walker Jr

Date: 3 2 88

700 N. Tryon

DATE: 3-2-88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 015-151-37+38

ASSIGNED ADDRESS 12011 Platon Av

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | NOT APPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | | * |
| 2. FLOODWAY REGULATIONS | | * |
| 3. EROSION CONTROL REGULATIONS | | * |
| 4. COMMERCIAL DRAINAGE PLAN | | * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | * YES | NO |
| 6. PROPERTY FRONTS ON THOROUGHFARE | * YES | NO |
| 7. DRIVEWAY PERMIT REQUIRED | * | |

* **If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 02/86

# MECKLENBURG COUNTY

Department of Environmental Health

December 15th, 1987

Americana Park, Inc.
P. O. Box 36509
Charlotte, NC 28236

RE: Property located at Platon Avenue 35 & 36
FILE: 4101A
PARCEL: 01515137,38

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14779) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 14779

File: 4101A Action 1

Parcel: 01515137,38 ☐ PC

Location: Platon Avenue

Subdivision:

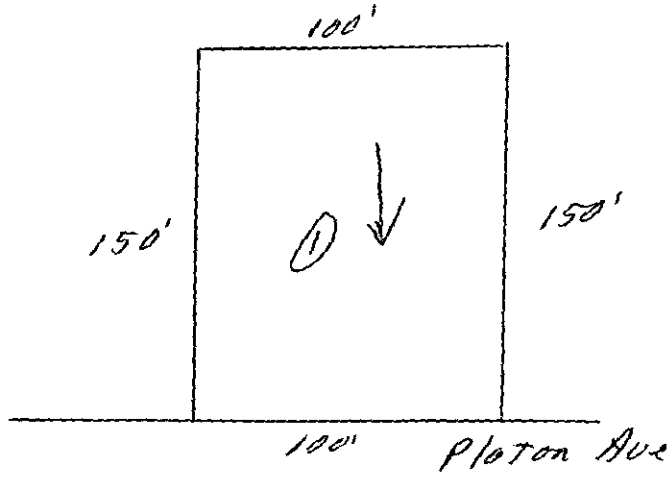
Lot: 35 & 36 Block: Acres: .34

Owner: Americana Park, Inc.
Address: P. O. Box 36509
Charlotte, NC 28236

Comments: _____

Described by: William R. Marbis

Date: 12-15-87




*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-6% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 736" To water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 736" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 736" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U Very limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IVA Cecil-like | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

called

# APPLICATION FOR SOIL INVESTIGATION

pd 11/12/87 $30.00
ck# 2320 DR

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4101A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV 10 1987
ENVIRONMENTAL HEALTH
DIVISION

**JOB LOCATION**

① ADDRESS: 321 Platon Ave.

② SUBDIVISION: Norman Park ③ LOT: 35 & 36 ④ BLOCK: A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 01515137 01515138

⑥ DEED REFERENCE: BOOK NO.: 10 PAGE NO.: 321

**OWNER**

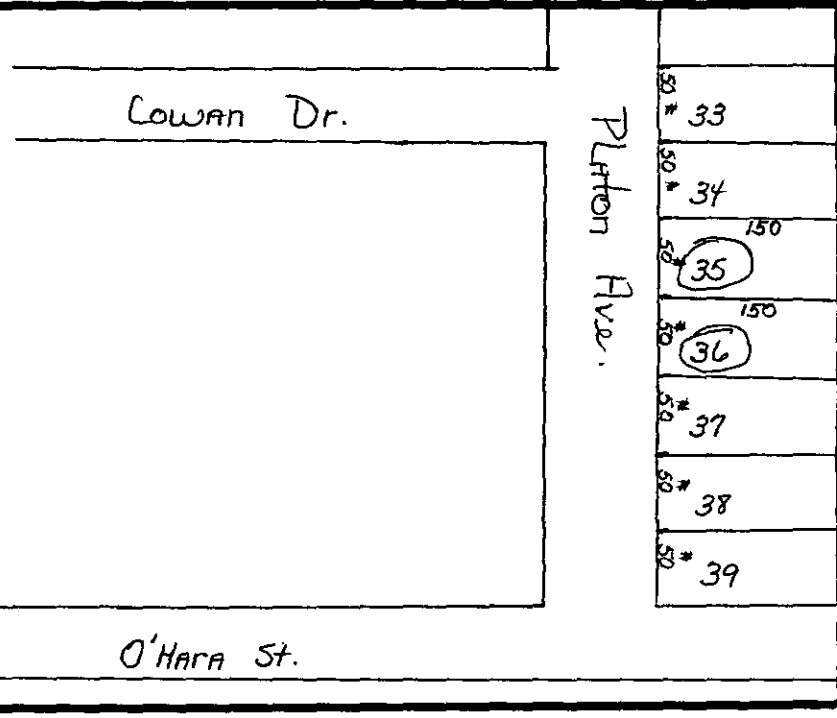
⑦ NAME: Americana Park, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 36509

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28236

⑫ PHONE: (WORK) 377-6451 (HOME) _____

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 11-9-87

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY