

22312 JOHN GAMBLE RD

00116304

8/12/08

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: 16643 DATE: 7-2-98

TC: 001-163-04 ☒ L ☒ CRT

SERIAL Nº 17656

Name of Owner Peter Crupi Juris.:

Address of Property 22312 ~~Country Club Lane~~ John Crumbk Rd

Inspection Data:

Tank Material PCL

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12-24"

Water Supply Source Cmud

Distance to Water Source keep 10' from line

Excavation Inspected 7-2-98

Tank(s) Inspected 7-2-98

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design 1998 1500 ST CON 1200SFT 12G CECIC 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:

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

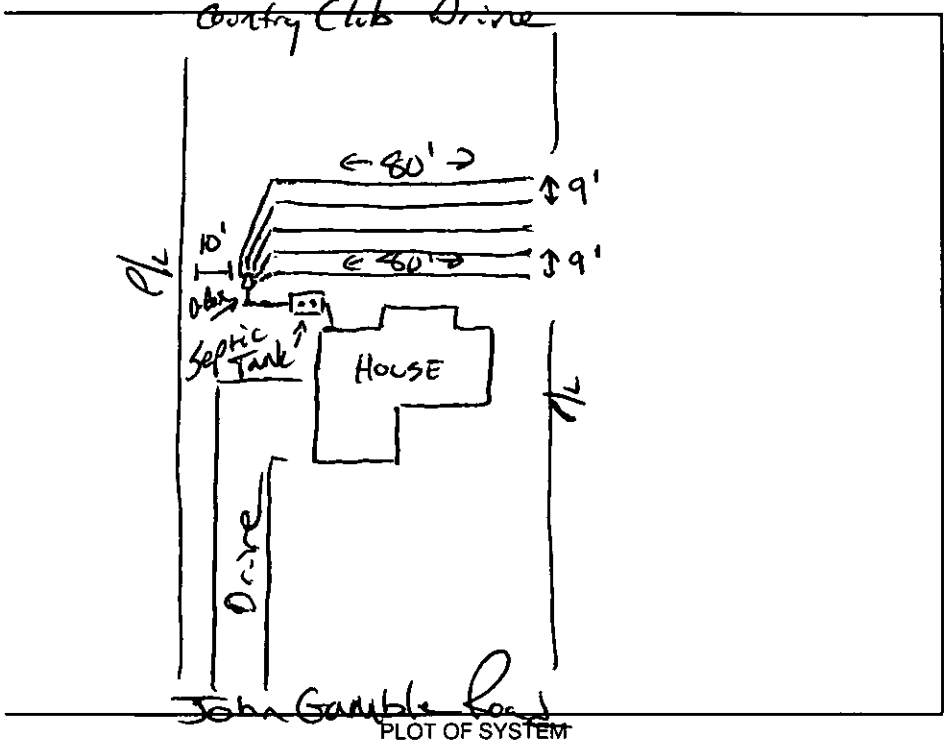
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16643 DATE: 6-26-98

TC: 001-163-04 X L

SERIAL Nº 17579

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 11-18-96. All work shall be completed on or before 7-26-98, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PVC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

→ 10' Municipal H₂O line

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

NAME OF OWNER Peter Cupi

LOCATION OF PROPERTY 22312 ~~Country Club Lane~~ John Gamble

Comments: Type IIa 3 bedrooms

(5) 3'W x 80'L x 24" deep - 12" stone

Larry B. Thompson, Jr, R.S.
Environmental Health Specialist

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

CK# 2067

FEE: 260.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: CK# 2067 12/5/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-5-96 John Gamble **PERMIT NO:** 16643
PARCEL NO: 001-163-04

JOB LOCATION ADDRESS: 22312 ~~County Club Lane~~
PROPERTY OWNER: Peter Crupi
BUILDING CONTRACTOR:
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. RS **DATE:** 12-5-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16643, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: * House will be serviced by municipal water.
* Lot does not require the 100% repair area

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Peter Crupi × 12-5-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100 a/c CK 10 ck
DATE: 11/18/96 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: X 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 #: 116643

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-163-04 001

STREET ADDRESS: 22312 ~~COUNTRY CLUB LANE~~ John Gamble

SUBDIVISION OR MOBILE HOME PARK NAME: COUNTRY CLUB SHORES

LOT NUMBER: LOT # 4 DEED Book/Page 4611 0303

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):

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

HEATED SQUARE FOOTAGE: 1700

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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: SULLIVAN (LAST) ROBERT B (FIRST) (MI)

ADDRESS: 353 BILMORROW DR

CITY: CHARLOTTE STATE: N.C. ZIP: 28214

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: (Buyer)

NAME: CRUPI (LAST) PETER (FIRST) (MI)

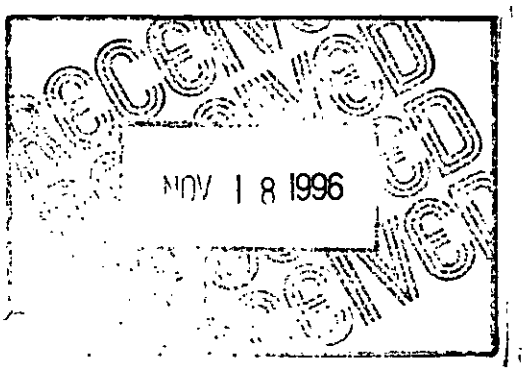
DAYTIME PHONE: (704) 948-0722

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12-'82

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: Peter Crupi DATE: 11-18-96

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


RECEIVED
NOV 18 1996

PROPOSED PLOT PLAN

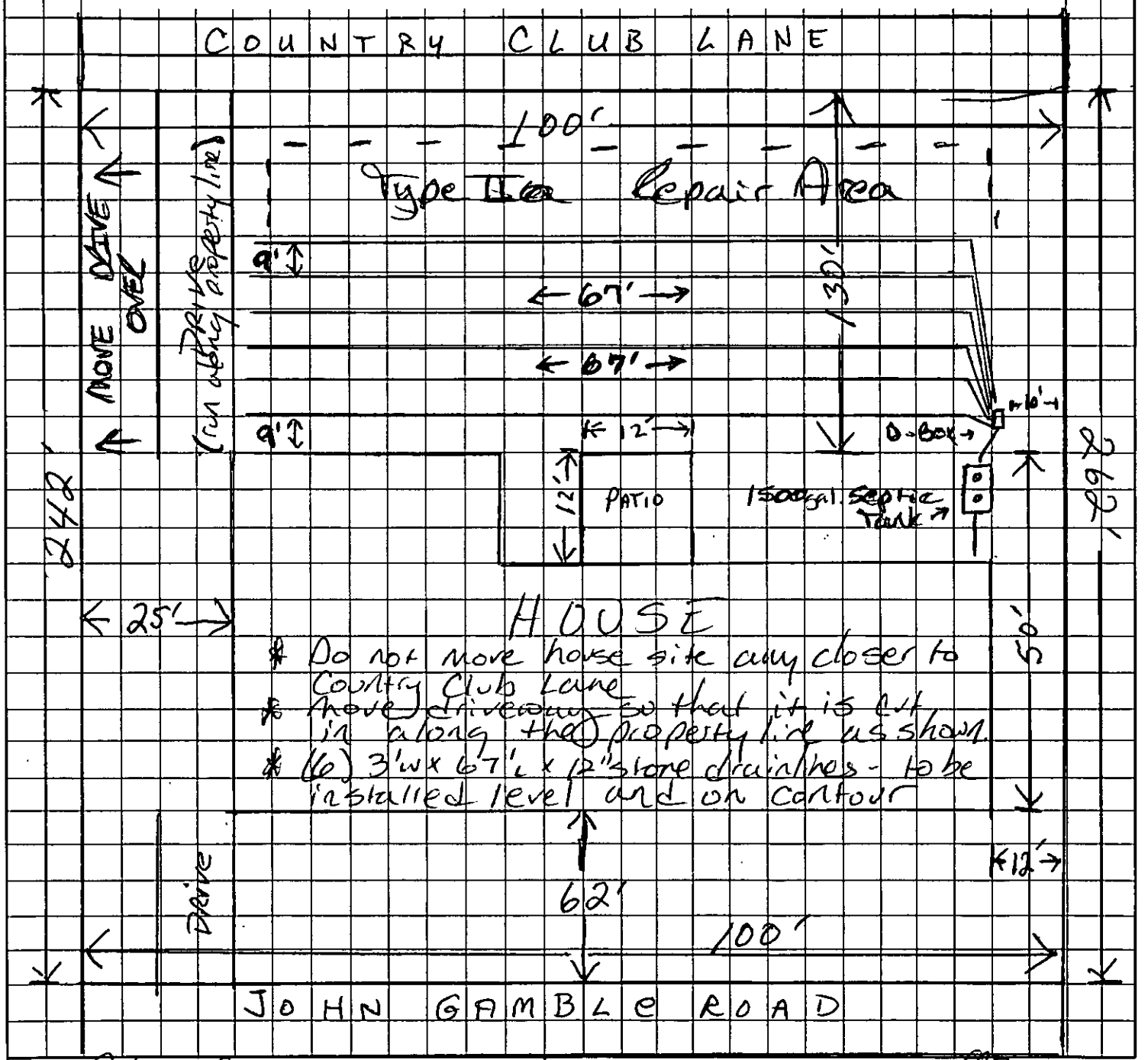
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

* This is not an installation permit - Septic Contractor must obtain an installation permit.

FILE: 16643

TC: 001-163-04

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.



Peter Crupi Buyer
OWNER/AGENT SIGNATURE

DATE 11-18-96

APPROVAL DATE 12-5-96 JB?

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

To: Mr. Larry Thompson

From: Mr. Peter Cupi

TAX PARCEL INFORMATION

PARCEL # 001-163-04 001 ADDRESS 22312 COUNTRY CLUB LN
OWNERS NAME SULLIVAN ROBERT B &WF CAROLYN L
MAILING ADDR 353 BILMORROW DR CHARLOTTE NC 28214
LEGAL DESC L4 M12 227 COUNTRY CLUB LN

TAX LAND VALUE	25,000	ACRES 0.574	YEAR BUILT 0000
TAX BLDG VALUE	0	HEAT SF	0 ZONING R2
TAX OBLDG VALUE	0	AUX SF	0 PRES USE SINGLE FAMILY R
TAX TOTAL VALUE	25,000	TOT SF	0 FARM HISTORIC

	CURRENT SALE	PREVIOUS SALE	PREVIOUS SALE
SALE DATE	12/82	/	/
SALE PRICE	8,000	0	0
SOURCE	DS		
DEED BOOK/PAGE	4611 0303		

MUNICIPALITY	CORNELIUS	RES BATH	0	A/C	RESTROOMS 0
TOWNSHIP	LEMLEY	RES HBATH		HEAT	FLOORS
SPECIAL TAX		RES BDRM	0	FUEL	APT UNITS
FIRE DISTRICT	CORNELIUS	FIRE PLACE			

TAX PARCEL INFORMATION

PARCEL # 001-163-04 001 ADDRESS 22312 COUNTRY CLUB LN

BLDG SF	BLDG SF	STRUCTURAL ELEMENTS
0	0	STYLE
0	0	EXTERIOR WALL
0	0	EXTERIOR WALL
0	0	ROOFING STRUCTURE
0	0	ROOFING COVER
0	0	INTERIOR WALL
0	0	INTERIOR WALL
0	* DENOTES HTAR	FLOORING
		FLOORING

THIS INFORMATION MAY BE SUBJECT TO ERRORS AND SHOULD BE VERIFIED BY THE USER.

Permit Number: 16643 Tax Number: 001-163-04

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N/A Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: * House will be serviced by Municipal water.
* Lot does not require the 100% repair area.

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 Sewage, 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 Improvement permit is transferable.

Larry B. Thompson, R.S. 12.5.96 DEHNR Authorized Agent Date

X [signature] X 12-5-'96 Owner/Agent Signature Date

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

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

IWWS-100195

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. No. 10443
T.C. No. 021-163-04

OWNER: Carolina Development Corp.
ADDRESS: 421 E. Boulevard Suite F
COUNTY: Gaston N.C. 28054
LOCATION OF SITE: 2 2312 County Club Lane

DATE REQUESTED:
PLAT NO: Lot #4
LOT SIZE: 25,200

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-8%	S (PS) U — 2-8%	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U — clay	S (PS) U — silt	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — blocky	S (PS) U — massive	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U — 48"	S PS U — 48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S PS U — None	S PS U — Fill	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U — 36" to ground water	S PS U — 36" to ground water	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) U — moderate	S PS U — 45 min	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil	Fill		

S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments:

Described By: William R Marlin
Title: Soil Scientist
Date: 2-20-04

DHS Form 2601
Sanitation
EHD 539 (2/80)