

5127 SANDY PORTER RD

20107101

12/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2414 B DATE: 3-27-98

TC: 201-071-01 ☒ L ☒ CRT

SERIAL Nº 17485

Name of Owner MARK MORGAN / MORGAN LANDSCAPE CO Juris.: _____

Address of Property 5127 SANDY PORTER Rd

Inspection Data:

Tank Material 1000 PCC

Total Length of Drainfield ~~220~~ 270'

Number of Lines 1/9' @ 90'

Cover Depth 18" SOIL

Water Supply Source MUNICIPAL

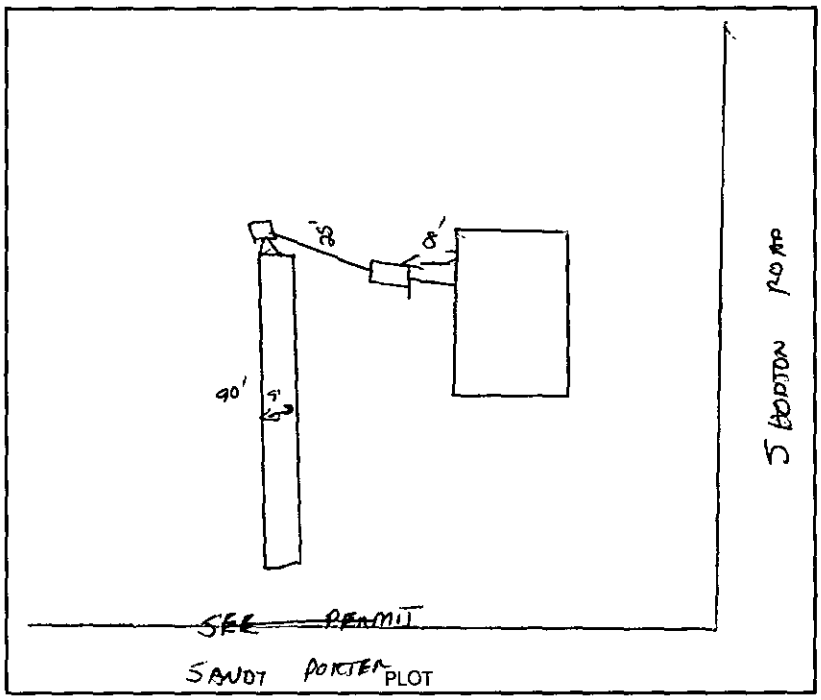
Distance to Water Source >10'

Excavation Inspected 3-27-98

Tank(s) Inspected 3-27-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1000 ST CONV 18 G. 270 FEET 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 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: TYPE II-C

J Andrew Wolk 98
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
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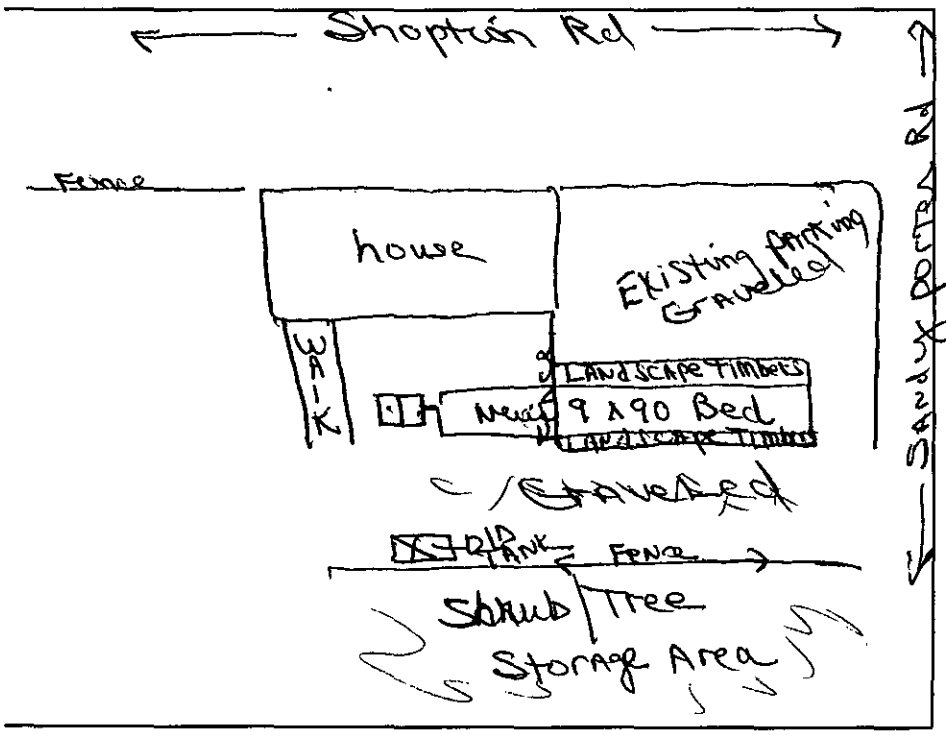
FILE: 2414B DATE: 3/16/98

TC: 201-071-01 ☐ L

SERIAL Nº 17654

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 3/2/98. All work shall be completed on or before 4/16/98, 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.

Replacement TANK



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 9 x 90' feet

Trench Walls Scored and Porous ✓

Total Line Length 810 SF Bed feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well City water feet
10' from Line

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

NAME OF OWNER Mark Morgan / Morgan Landscape Corp.

LOCATION OF PROPERTY 5127 Sandy Porter Rd.

Comments: Install 9'x90' Bed, 18" Stone - Drainfield Sized and located at request of owner - Limited area on lot to repair - This is a Landscape business with parking & Driving over entire side & Rear of property, except small bed area designated

Teddy Rivers R.S.
Environmental Health Specialist

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

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

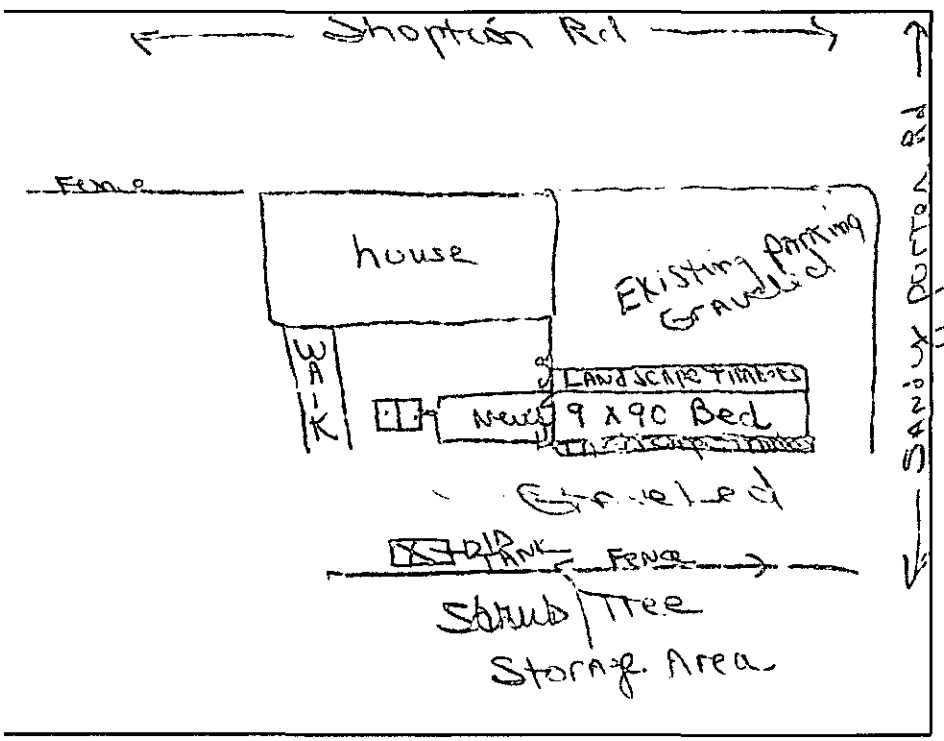
FILE: 24148 DATE: 3/16/98

TC: 201-071-01 ☐ L

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Replacement Tank



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This is a Landscape business with parking & Driving over entire side & Rear of property, except small pool area designated

Environmental Health Specialist

3-2-98 #30 cash paid see attached check slip

Original

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 24/4B

PERSON FILING APPLICATION:

NAME: Little (last) Douglas (first) (mi)

ADDRESS: 14000 E Independence Blvd. PHONE: (704) 821-3113

CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: Morgan (last) Mark (first) (mi)

ADDRESS: 5127 Sandy Porter Rd. PHONE: (704) 521-9808

CITY: Charlotte STATE: N C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 201-071-01

STREET ADDRESS: 5127 Sandy Porter Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

House converted to Landscape Business Employees Office

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached garage + carport

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
[X] 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: Douglas Little Date: 3-2-98

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

COPY

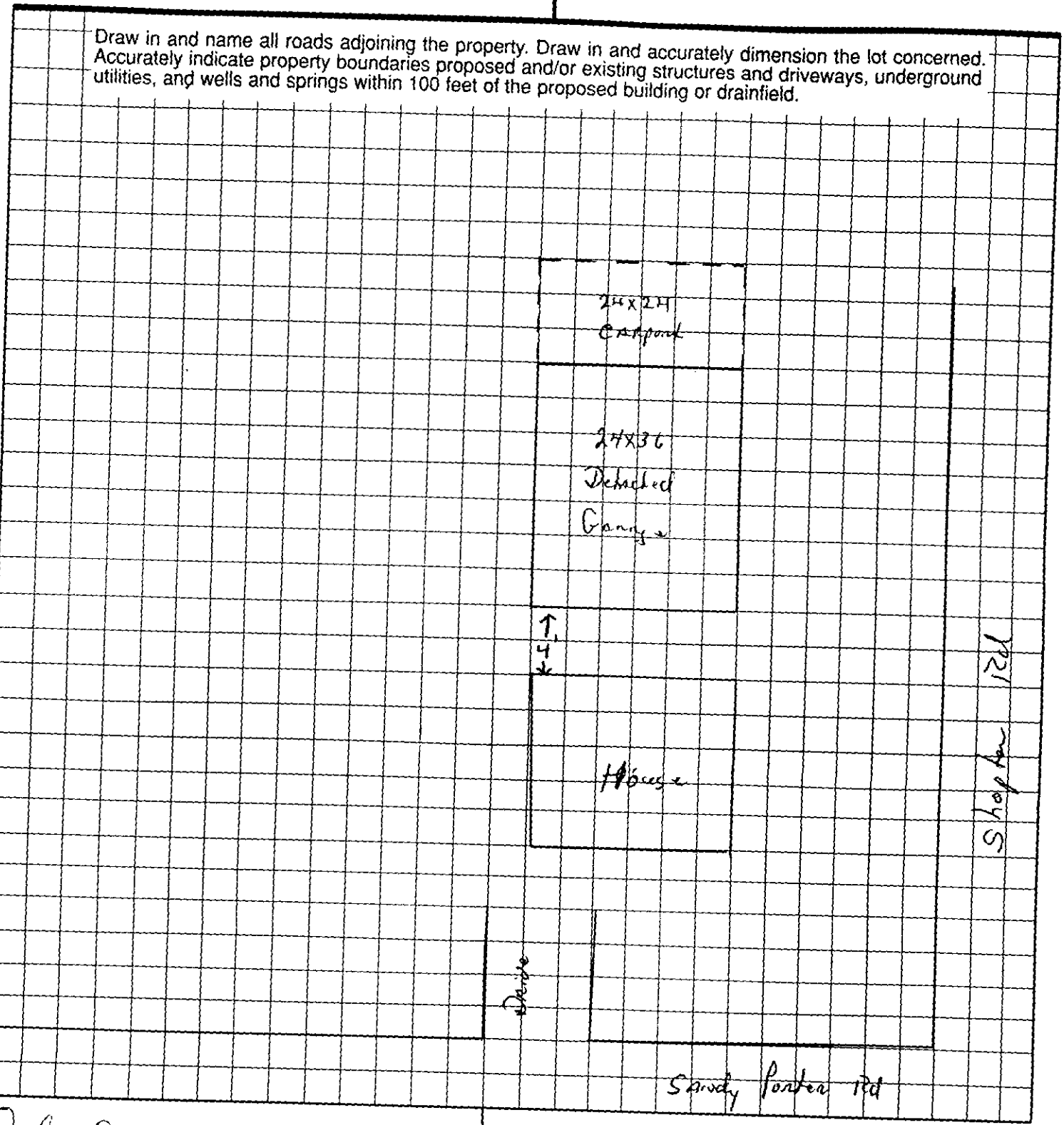
PROPOSED PLOT PLAN

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

FILE: 24/4/B

TC: 20-071-01

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.



Dayton Lee Heartland Tool.
OWNER/AGENT SIGNATURE

DATE 3-2-98

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 3-2-98

Name/Company: Douglas Little

Sanitation _____

Vector Control _____

IWWS ✓

Service: Detached garage - UXS application for 5127 Sandy Porter Rd.

Fee: $ 50.00 CASH

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

S Bateman
Completed by

Natalie H Jones
Collected by

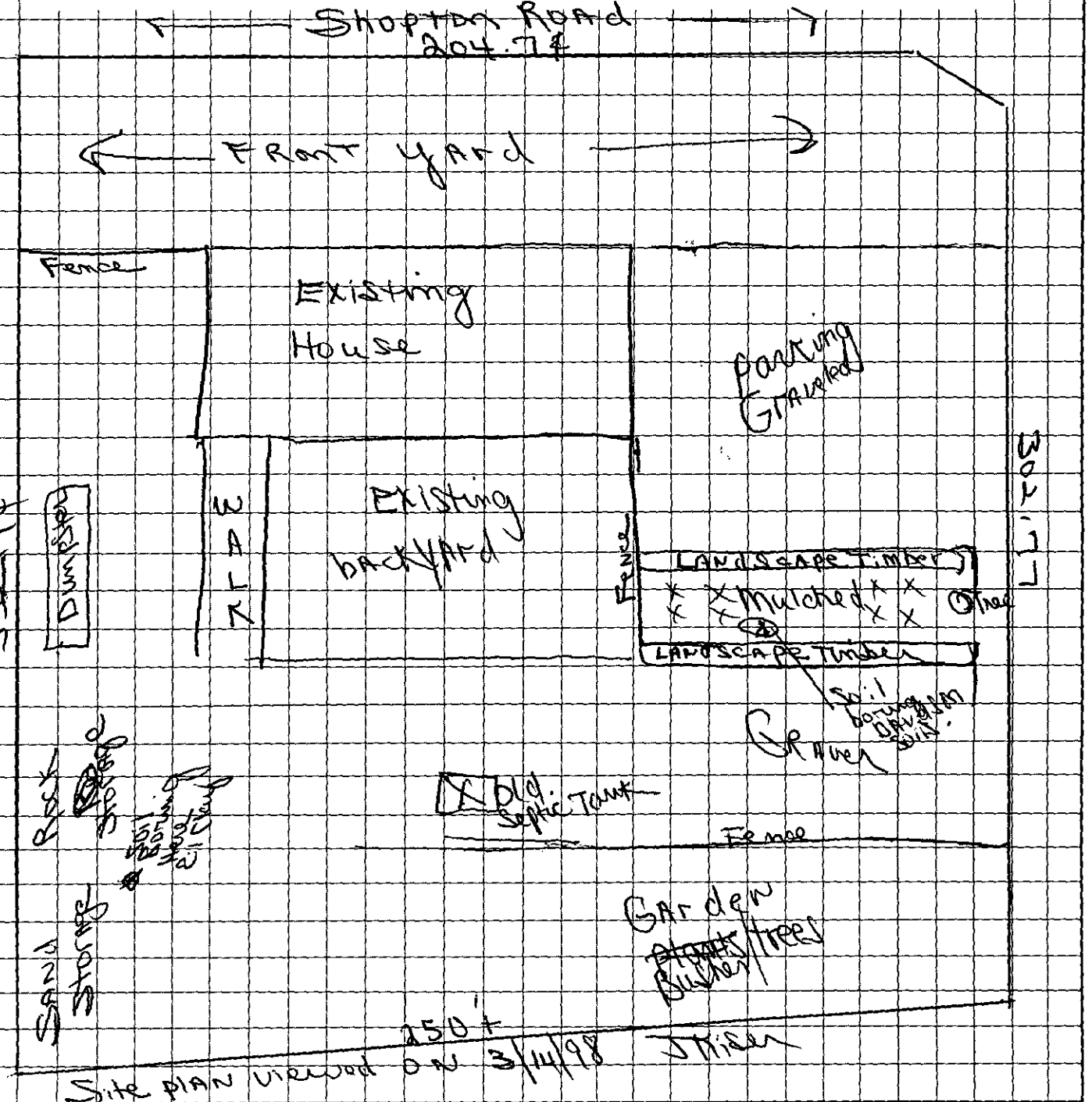
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2414B

TC: 201.071.01

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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