

4912 DAVID COX RD

02721109

12/27/2007

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: 2290 B DATE: 10/24/97
TC: 027 211 06 P0 ☒ L ☒ CRT
SERIAL Nº 17353

Name of Owner Terry L. Gray Juris.:
Address of Property ~~4219~~ 4912 David Cox Rd

Inspection Data:

Tank Material Existing
Total Length of Drainfield Bed 200'
Number of Lines Bed 2 @ 100'
Cover Depth 6" - 10"
Water Supply Source well
Distance to Water Source > 100'
Excavation Inspected 10/24/97
Tank(s) Inspected NA
Wash Line Inspected NA
High Water Alarm Inspected NA

PLOT

Design 1997, Alteration, 600 SFB, 18" stone cecil CTR# Terry Gray

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: Alteration designed for 4 Bedroom residence Type II

Philo L. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

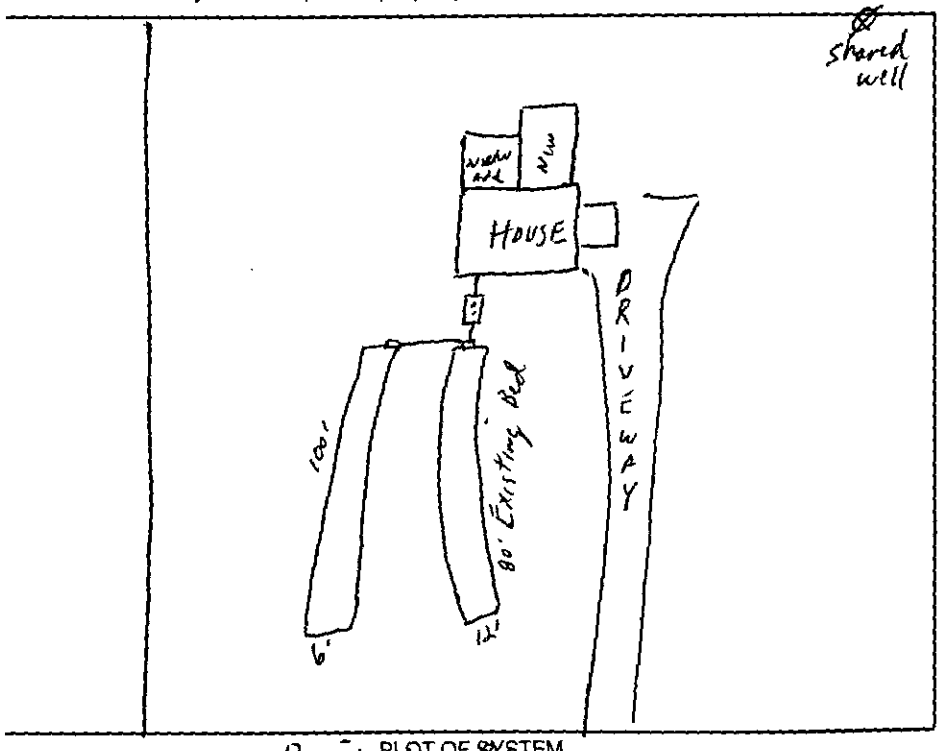
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2290B DATE: 10/22/97

TC: 029 211 06P0 L

SERIAL Nº 17307

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 10/21/97. All work shall be completed on or before 11/22/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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.



David Cox Rd PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2(100')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER Terry L. Gray

LOCATION OF PROPERTY ~~4219~~ 4912 David Cox Rd

Comments: Alteration to Existing System Bed system 6' wd x 100' long x 18" stone. / Keep septic system >100' from shared well / Keep drainfield level & on grade of land

Phillip S. Walker

Environmental Health Specialist

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

FEE: 200.00 CK# 4214

DATE: 10/21/97 JC

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

I CRT

TYPE APPLICATION: __ NEW SYSTEM X 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 #: 22905

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-211-06 PP

STREET ADDRESS: 4912 David Cox Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 1 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE: 4 Total

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

CLOSING DATE

10/24/97 Approval granted for a 3 Bedroom ~~residence~~
Alteration Approval 10/24/97 Addition + 2 Baths
Use existing System

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

ADDING 3 Bedrooms, 2 baths

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

PROPERTY OWNER:

NAME: GRAY TERRY L
(LAST) (FIRST) (MI)

ADDRESS: 8307 Dow ROAD

CITY: CHAR STATE: N C. ZIP: 28269

DAYTIME PHONE: ( ) 704-597-5868

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: OWNER
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

CONTACT PERSON JIM LANGY

589-4633

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: Terry L. Gray By JML DATE: 10-21-97

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

PW

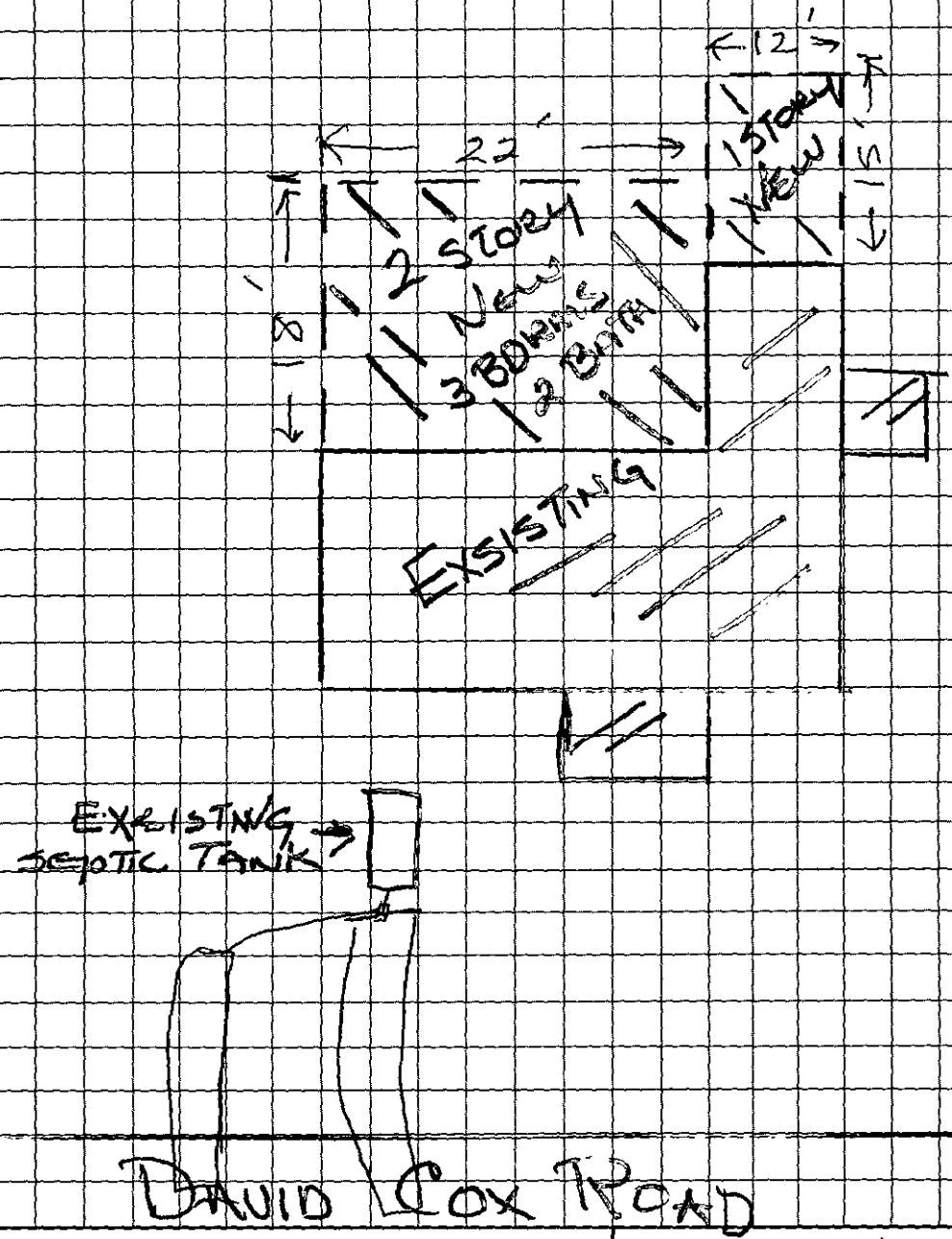
PROPOSED PLOT PLAN

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

FILE: 2290B

TC: 10-21-96

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.

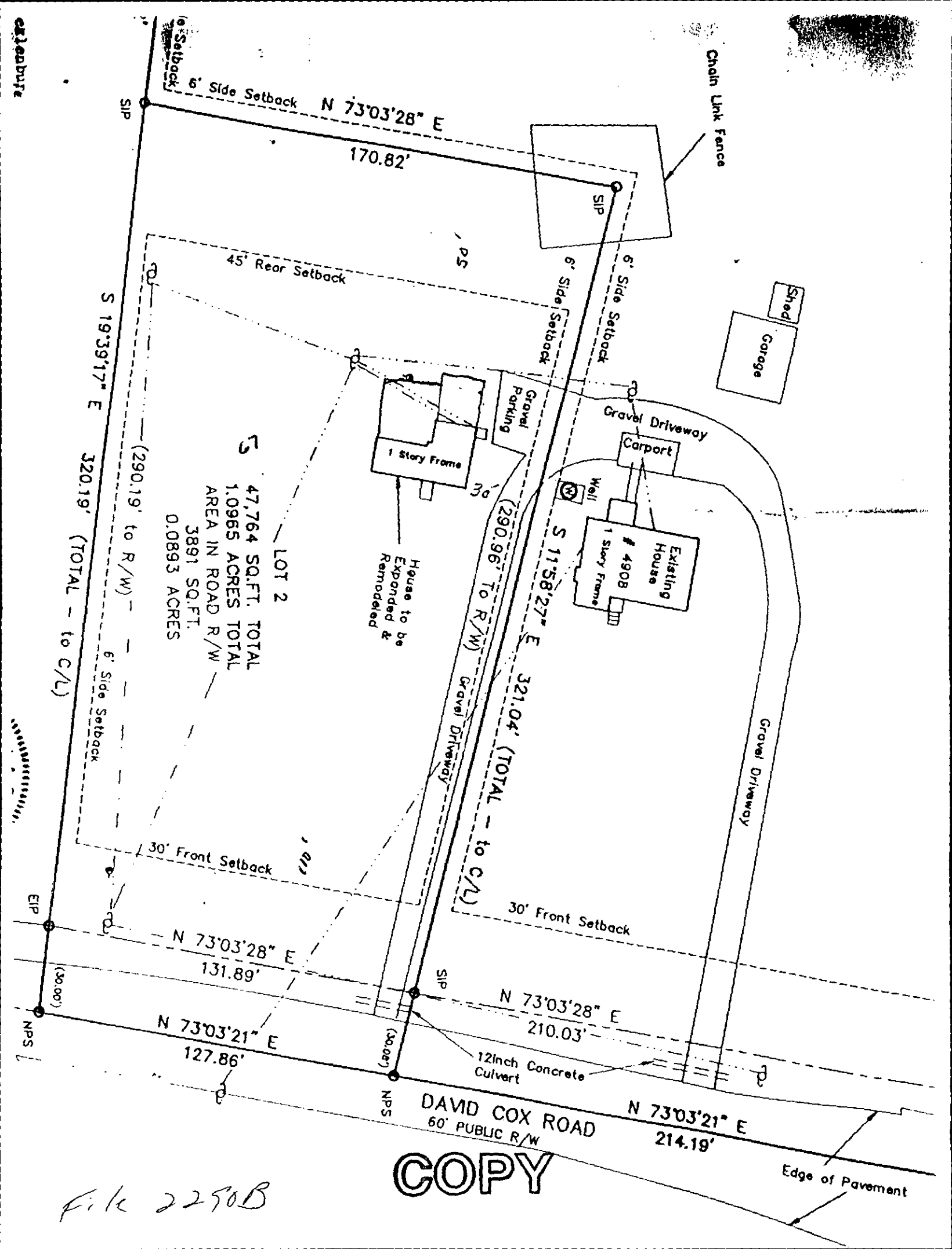


Teresa L. Gray by [signature]
OWNER/AGENT SIGNATURE

DATE 10-21-97

APPROVAL DATE PBW 10/24/97

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



COPY

File 2250B