

12917 TWILIGHT DR

13531612

5/17/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-26-91

Name/Company: First Mark Dev. Corp.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appr. Imp. (New - 4 bdrms.)
12917 Twilight Drive
File: 4198A
TP: 135-312-12

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Fee: FEB 26 1991 $ 200.00

CK # 2549 $200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 4198A
TC: 13531212
SERIAL: № 21536
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12917 (STREET NO.) Twilight Drive (STREET) ② FILE: 4198A
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 13531212
⑤ SUBDIVISION: Hidden Hills ⑥ LOT: 4 ⑦ BLOCK: ____

OWNER

⑧ NAME: First (FIRST) Mark (MIDDLE) Development Corp. (LAST)
⑨ MAILING ADDRESS: Suite 107, Bldg. 4428, Greenbriar Bus. Park
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: ____
⑬ PHONE: (WORK) 394-1521 ⑭ (HOME) 537-3443

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? 4 ㉕ Type? ____
㉓ Maximum occupancy? 8 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Marlon Johns for First Mark Dev Corp.
Date: 2-26-91

IMPROVEMENT PERMIT

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 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 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY
Department of Environmental Health

January 5th, 1988

Firstmark Development Corporation
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at 12917 Twilight Drive 4-3
FILE: 4198A
PARCEL: 13531212

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 14861) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14861

File: 4198A Action 2

Parcel: 13531212 ☐ PC

Location: 12917 Twilight Drive

Subdivision:

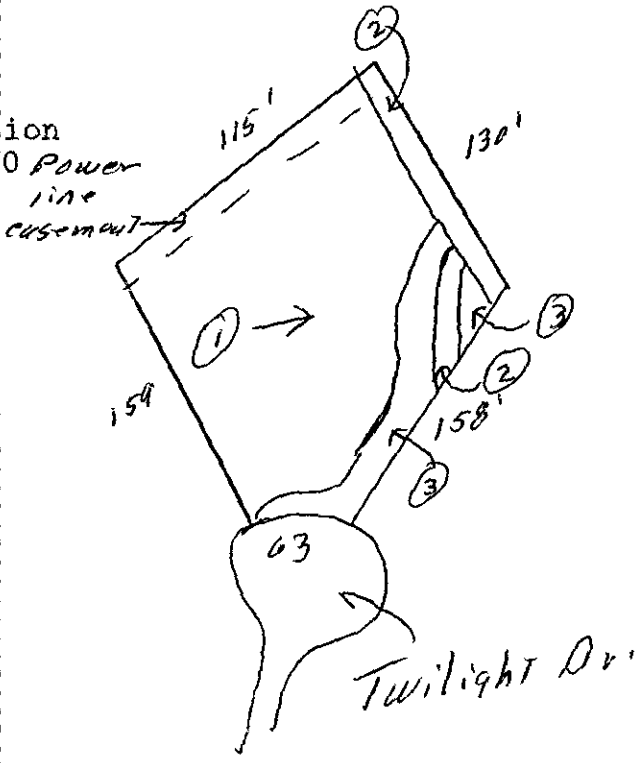
Lot: 4-3 Block: Acres: .64

Owner: Firstmark Development Corporation
Address: 6035 Florence Avenue, Suite 100
Charlotte, NC 28212

Comments: Power line easement follows berm on 130' line

Described by: William A. Marlin

Date: 1-4-96



***** 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 2-8%	S PS U —	S PS (U) Depression	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 7-36" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Berm & Fill	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-like	Berm & Fill	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

DATE: 12/4/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 135-312-12P0

ASSIGNED ADDRESS 12917 Twilight Dr

EXISTING ADDRESS Lot 4 Blk 3

PROJECT NAME Hidden Hills

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	☐ *	☐
6. PROPERTY FRONTS ON THOROUGHFARE	YES ☐ *	NO ☐
7. DRIVEWAY PERMIT REQUIRED	YES ☐ *	NO ☐

* 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: Dieji

OPWEAR 02/86

12/14/87 Paid $30.00 SW

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4198A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12917 Twilight Drive

② SUBDIVISION: Hidden Hills ③ LOT: 4 ④ BLOCK: 3

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

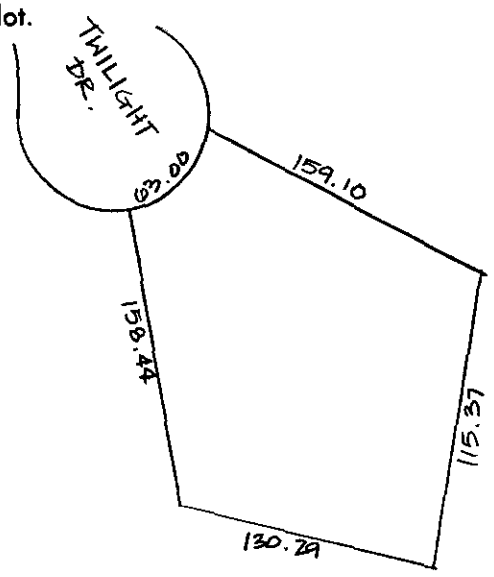
⑦ NAME: Firstmark Development Corporation
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 Forence Avenue, Suite100

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (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: _____

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Date: _____

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

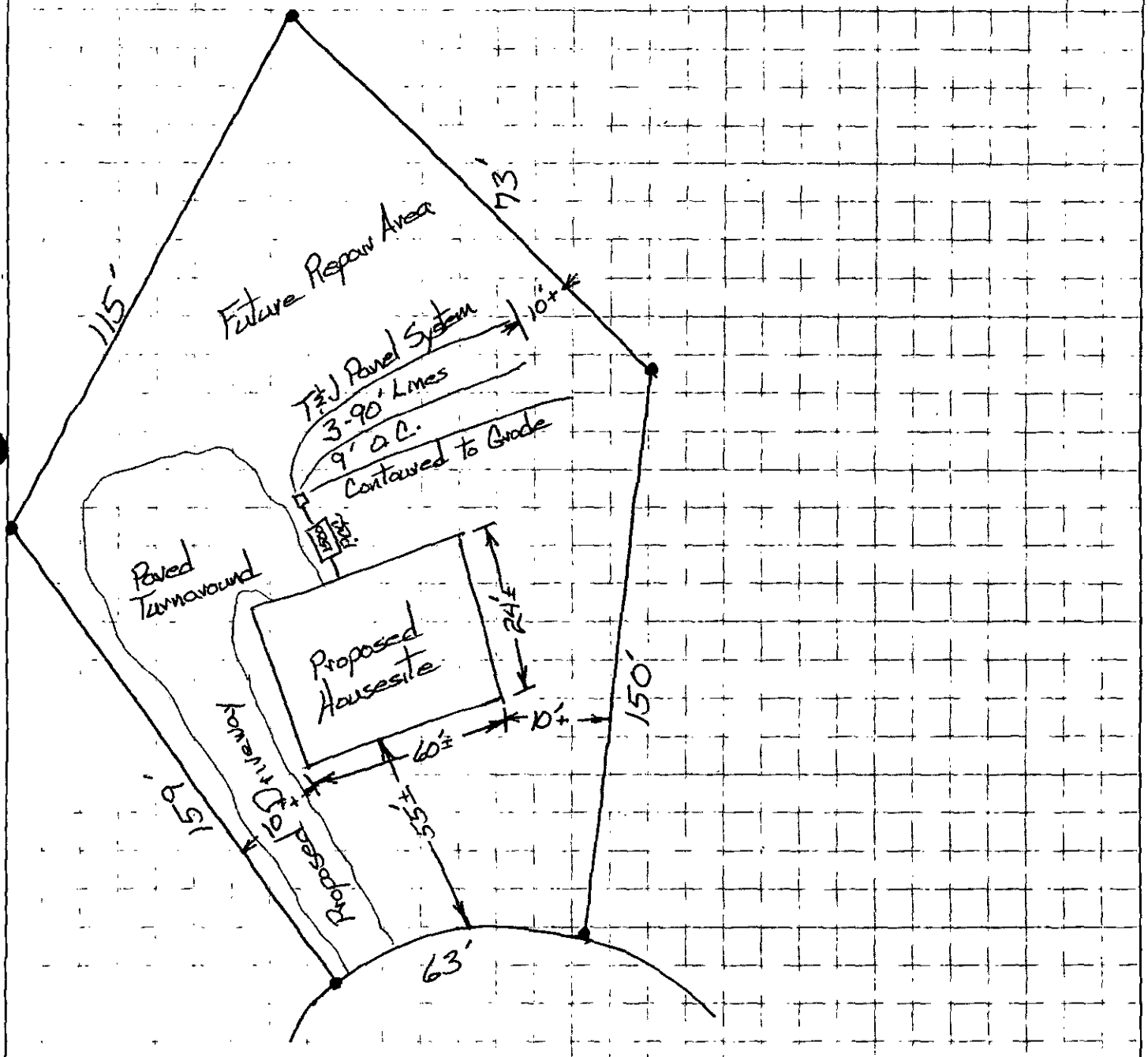
PROPOSED PLOT PLAN

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

FILE: 4198A

TC: 13531212

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy