

11209 GLADEWATER DR

19334203

5/19/08

marliwr

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

FEE: NA
DATE: 1-9-98

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

[ ] CRT

TYPE APPLICATION: __ 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 #: 1135

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-342-03

STREET ADDRESS: 11209 GLADEWATER DR.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ 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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: LARRY PATTERSON

NAME: (LAST) (FIRST) (MI)

ADDRESS: 11209 GLADEWATER

CITY: [illegible] STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) 547- 9071

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

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: Larry B Patterson DATE: 1/9/98

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

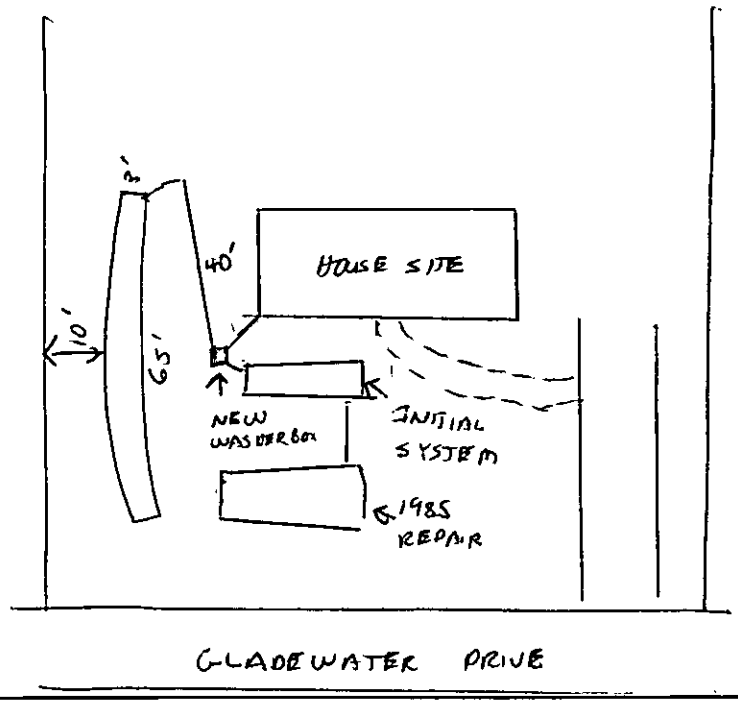
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1135 DATE: 1-9-98

TC: 193-342-03 X L

SERIAL Nº 17520

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 1-5-98. All work shall be completed on or before 2-5-98, 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 NA gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length 65' feet

Number of Lines 1

Depth of Stone 24" 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 LARRY PATTERSON

LOCATION OF PROPERTY 11209 GLADEWATER DRIVE

Comments: INSTALL NEW WASHER BOX, INSTALL WASH LINE 65' LONG W/ 24" #5 WASHED STONE; RUN ADDITIONAL LINE INTO OLD/EXISTING SYSTEM.

J Andrew Walker RS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1135 DATE: 1-13-98

TC: 193-342-03 ☒ L ☐ CRT

SERIAL Nº 17465

Name of Owner LARRY PATTERSON Juris.: _____

Address of Property 11209 GLADEWATER DRIVE

Inspection Data:

Tank Material PCC

Total Length of Drainfield NA

Number of Lines NA @ _____

Cover Depth NA

Water Supply Source NA

Distance to Water Source NA

Excavation Inspected NA

Tank(s) Inspected 1-13-98

Wash Line Inspected 1-13-98

High Water Alarm Inspected _____

PLOT

Design WASH LINE, 1 WASH BOX, 3 F WIDE TRENCH 65', 24" STONE CTR# DAVID JORDAN

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: INSTALL 1 NEW WASH LINE, 65' LONG W/ 24" STONE - ALSO TIED IN OLD SYSTEM FROM NEW WASH BOX

OD < 1988

Andrew Oakley RS
Environmental Health Specialist

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



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ISSI Operations Center Staff

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Serial No. 729

Date Issued 5/10/71

C of A (s) No. 1135

T C. No. 93-3424-20

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF Inspection

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner H.C. Griffin Construction Company (LAST) (FIRST) (MIDDLE)

Location of Property 1113 Chadwick Drive, Charlotte, N.C.

Application Number _____ Permit Number _____

Inspection Data:

Installed Concrete Tank 1000 gal

Total Length of Drain Tile 200 ft

Depth of Filter Material 24"

Water Supply Source City

Tank Material pre cast

Number of Lines 4

Sewer Depth 30"

Distance from Water Source _____

Tank Inspected 5/10/71 (DATE)

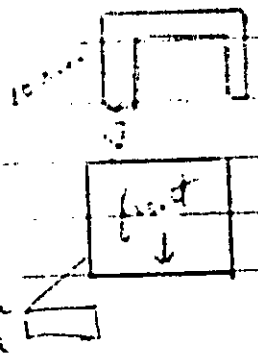
Sewer System Inspected 5/10/71 (DATE)

Filter Bed(s) and/or Effluent Irrigation Field Inspected 5/10/71 (DATE)

Watertight Manhole Cover Inspected, If Applicable 5/10/71 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~approved~~ installed or constructed, altered or repaired in accordance with ~~the permit issued and the~~ regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate ~~of Approval~~ is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate ~~of Approval~~ 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



John B. Atkinson
Environmentalist

FORM NO. E-0-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 08228

ICAR(S) Permit No. 1135

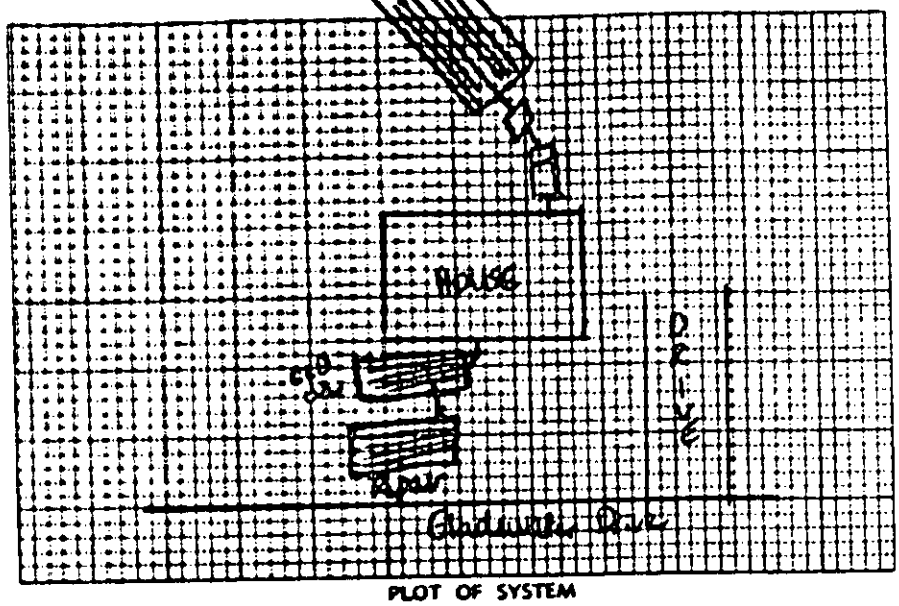
T C. No. 193 342-04

Map Date L

Date Issued 6/5/85

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair (Wash line) the individual septic tank waste-water 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 application 1135, dated 6/3/85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 7/5/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100' (15'X20')

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well community

NAME OF OWNER Patterson larry

LOCATION OF PROPERTY 11209 Gladewater Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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

1 Bed 15'X20' X17" stone with gradeboards, straw as cover

Comments:

[signature] Division or Section Head

Cynthia G. Ross Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or o 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.

EHD-5-76

Environmental Health Department's Copy