

9716 MARKUS DR

13701708

6/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6657A DATE: 5/24/90

TQ: 137-012-18 ☒ L ☐ CRT

SERIAL Nº 13312

Name of Owner: Petralia Sr, Charles Robert Juris.:

Address of Property: 9716 Markus Dr.

Inspection Data:

Tank Material

Total Length of Drainfield 100'

Number of Lines 4 @ 25'

Cover Depth 18"

Water Supply Source well

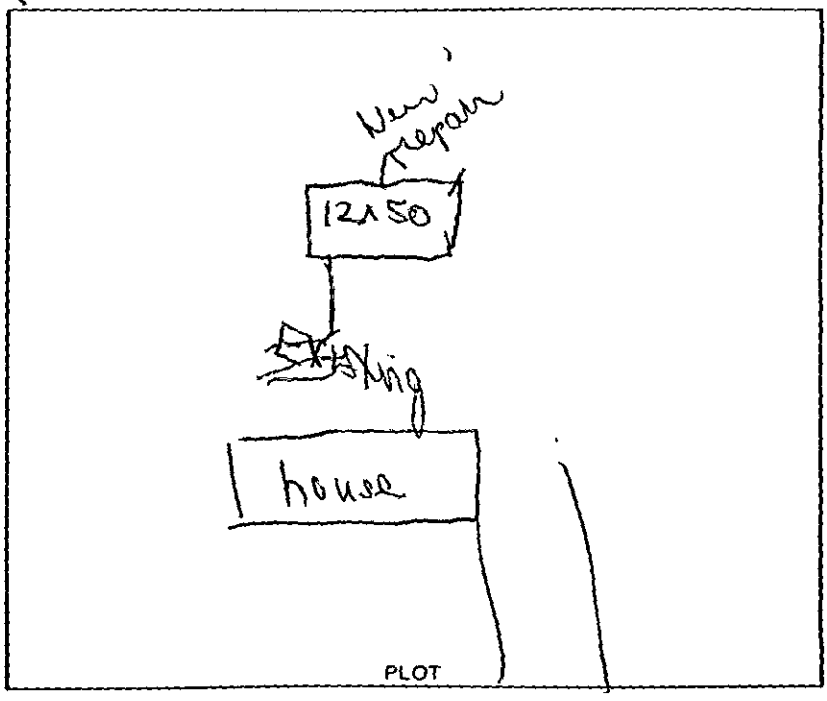
Distance to Water Source >50'

Excavation Inspected 5/24/90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 1990 Repair CTR# 5

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Installed 12 x 50'

Judy A. Kreis R.S.
Environmentalist

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

6657A

LOCATION Wilgrove OWNER W. K. Gladden WHITE ____ COLORED ____

ADDRESS Lot 7 Markus Dr. OCCUPANT ____ WHITE ____ COLORED ____

PRIVY:
Type ____ wood ____ concrete
Number ____
New ____ ____ date
Repaired ____ ____ date

WATER SUPPLY:
Source Well
If well, type
____ (Bored)
✓ (Drilled)
____ (Dug)

Distance from nearest pollution ✓ ft.

SEPTIC TANK:
Material P. C.
Dimensions ____
Volume 1000 Gal.
Type secondary treatment # 10 Stone nitrification line
No. of bedrooms 3
Permit Number 10809
Approved ✓
Approved by Nichols
Contractor or Plumber Locust Constn. Co.
Address Locust, N. C.
Remarks P.R. 51

FHA CASE NUMBER ____

VA CASE NUMBER ____

72 1' x 100' ~~filter trench~~

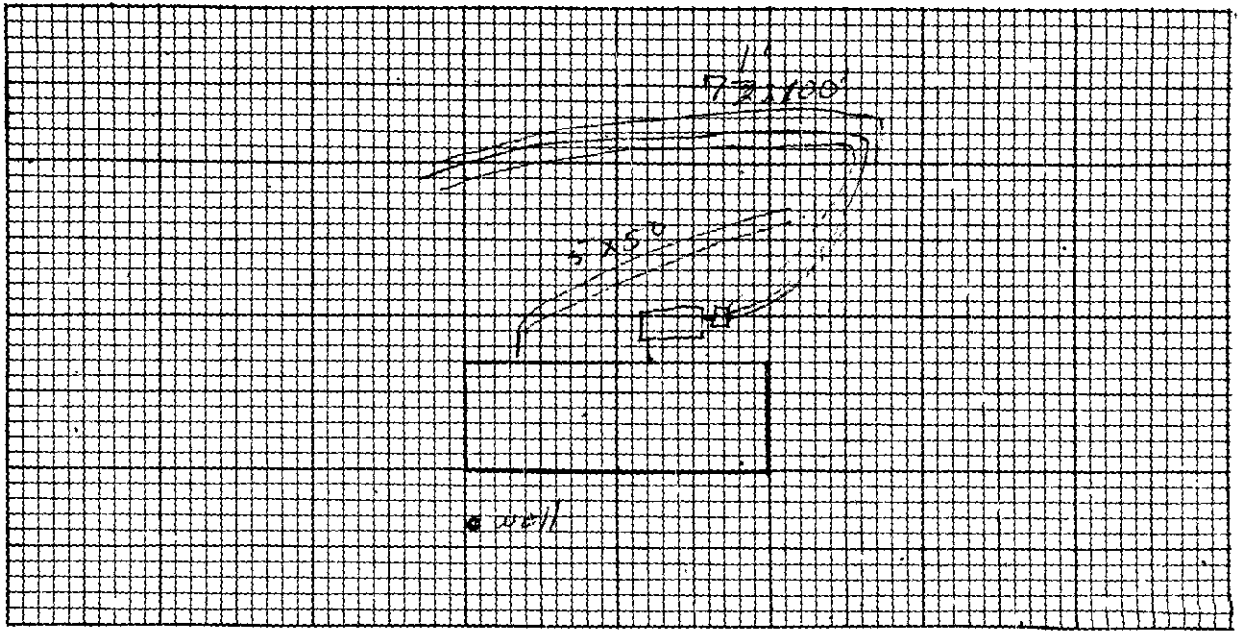
Date 1-10-69

Date 1-20-69

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



Markus Drive

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 4 1990
ENVIRONMENTAL HEALTH
DIVISION ☐ CRT

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

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(OFFICE USE ONLY)
FILE: 6657A
TC: _____
SERIAL: № 20080

JOB LOCATION

① ADDRESS: 9716 (STREET NO.) Markus Dr. (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-012-18
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Charles (FIRST) Robert (MIDDLE) Petralia, Sr. (LAST)
⑨ MAILING ADDRESS: 9716 Markus Drive
⑩ CITY: Charlotte (Mint Hill) ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 372-3611 ⑭ (HOME) 545-5089

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? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 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

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 36 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.

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: Shirley D. Petralia
Date: 4-2-90

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: 6657A

TC: _____

SERIAL: NC 20.80 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 9716 (STREET NO.) Markus Dr (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137 017-18

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Charles (FIRST) Robert (MIDDLE) Petralia, Sr (LAST)

⑨ MAILING ADDRESS: 9716 Markus Drive

⑩ CITY: Charlotte (Mint Hill) ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 372-3611 ⑭ (HOME) 545-5089

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㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

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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: Shirley D. Petralia

Date: 4-2-90

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 36 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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

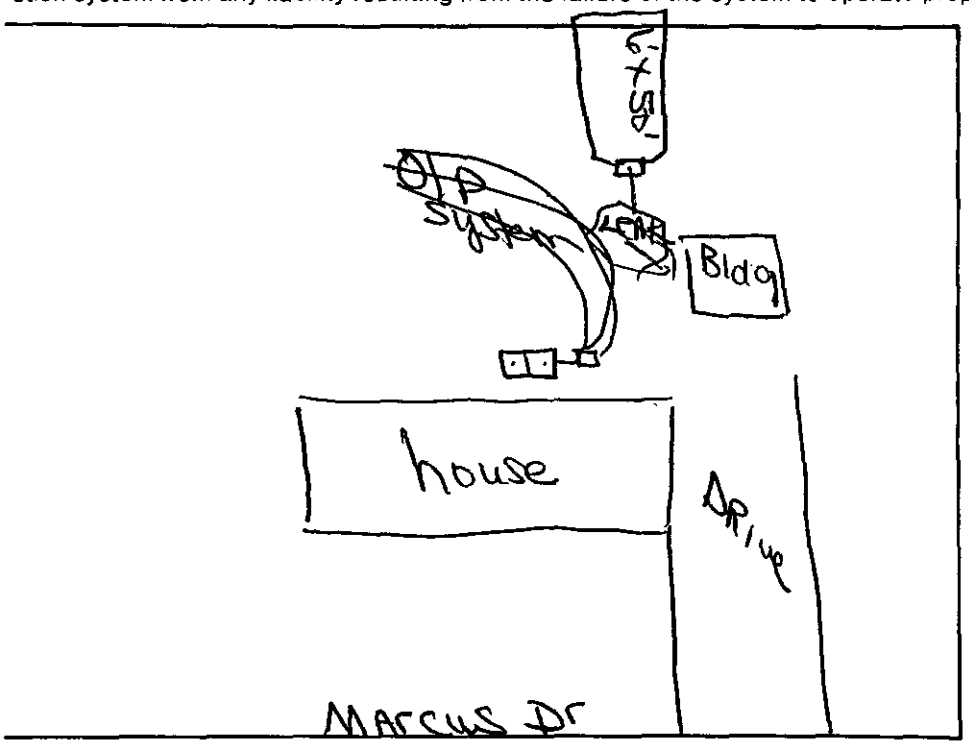
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6657A DATE: 4/29/90

TC: 137-012-18 □ L

SERIAL Nº 13277

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 4/2/90. All work shall be completed on or before 5/29/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

REPAIR DATA:

Absorption and/or Nitrification Lines:

Trench Width 6' x 50' Bed feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 35'+ feet

Distance from Property Line 10' feet

Distance from Well 50'+ feet

NAME OF OWNER Petralia, Sr. Charles Robert

LOCATION OF PROPERTY 9716 Marcus Dr

Comments: INSTALL New 6'x50' bed 17" Stone STRAW Cover, Set New D-Box in bed & tie in At leak by overflow.

_____ Division or Section Head

Judy J. Kuei R.S. Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered ~~or repaired~~.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY