

8109 FAIRVIEW RD

13901107

5/9/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 3691A
TC: _____
SERIAL: Nº 13721 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8109 (STREET NO.) Fairview Rd (STREET) ② FILE: _____
③ JURISDICTION: Mek. ④ TAX PARCEL NO.: 189-011-07
⑤ SUBDIVISION: N/A ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: [redacted] (FIRST) JEFF (MIDDLE) L (LAST) LeClair
⑨ MAILING ADDRESS: 7143 Clear Crossing Ln.
⑩ CITY: Mint Hill ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) 527-4263 ⑭ (HOME) 545-7111

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Business

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home approx
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? N/A
㉕ Type? Dance Studio
㉓ Maximum occupancy? 200 30 students per day 4 days a wk
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? [redacted]

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jeff LeClair
Date: 6-23-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Use existing system septic tank was inspected & pumped.

B. R. Ferguson 7-22-87
Environmentalist Date

S. D. Rand 7-22-87
Director or Authorized Section Head Date

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

8109 Fairview
139-011-07

June 17, 1987

Account number 1C-73-337000 A-11
Fancy Fit & Lace
Studio
224 Matthews St.
Matthews, NC

Gallon Meter
Conversion to 100 Cubic feet

12 mos. Account Usage History

Rdg# Date	Bill Date	748.05 U.S. gallon per (100 Cubic feet	Conversion to (100 Cubic feet usage)
410 05/26/87	06/11/87	2	3
408 04/24/87	05/12/87	2	3
406 03/23/87	04/10/87	1	1
405 02/21/87	03/11/87	1	1
404 01/30/87	02/11/87	2	3
402 12/23/86	01/12/87	1	1
401 12/02/86	12/10/86	1	1
399 10/24/86	11/10/86	2	3
398 09/29/86	10/10/86	1	1
396 08/22/86	09/11/86	1	1
395 07/22/86	08/11/86	1	1
394 06/24/86	07/10/86	-0-	-0-
394 05/23/86			

J. H. ROSS
STAFF ACCOUNTANT
704/336-3264

John H. Ross
Char. Muck Water Dept.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3692A DATE: 7/23/87

TC: 055-121-B ☐ L ☐ CRT

SERIAL № 10404

Name of Owner VANN, Eddie M Juris.:

Address of Property 9313 Kendall Dr.

Repair DATA

Inspection Data:

Tank Material

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 20"

Water Supply Source Well

Distance to Water Source 50+

Excavation Inspected 7/23/87

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1987 Repair CTR# 103

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ ~~altered~~ or repaired

☐ ~~in ac~~cordance 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:

Jerry J. Kuhn R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

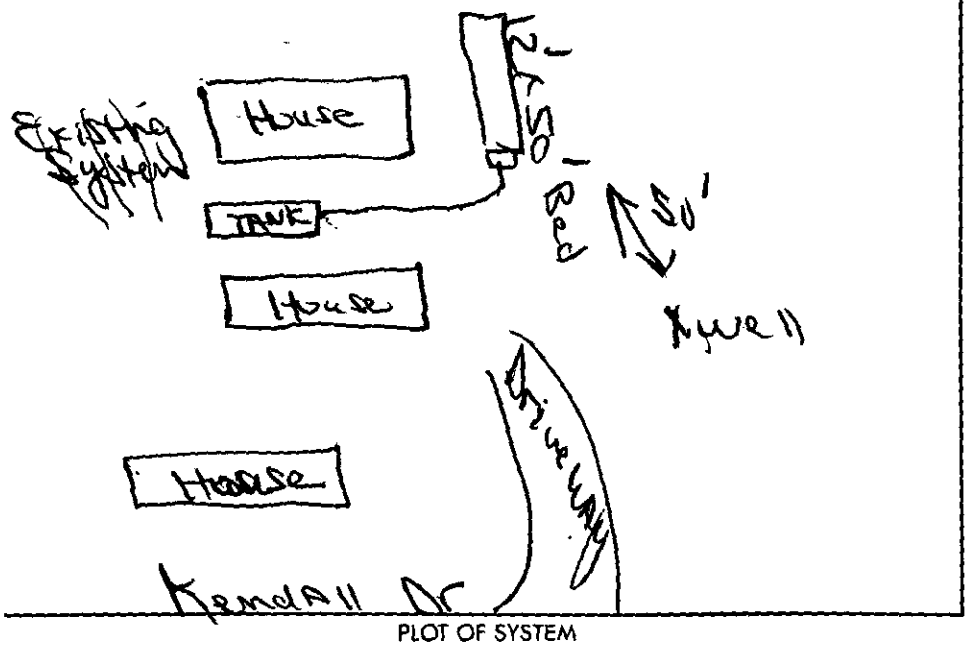
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3692A DATE: 7/8/87

TC: 055-121-18 ☐ L

SERIAL № 11082

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 7/8/87. All work shall be completed on or before 7/8/87, 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 Department of Environmental Health 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 12' Bed feet

Total Line Length 50' feet

Number of Lines 4

Depth of Stone 17" inches

Distance from House [redacted]' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Vann, Eddie M.

LOCATION OF PROPERTY 9313 Kendall Dr.

Comments: Tie into existing Tank with New T, Set New D-Box Install 12' Bed 3' on Centers (4) 50' lines 17" Stone

Division or Section Head

Judy J Kuss RS
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 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.

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

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FILE: 3692A
TC: 055-121-18
SERIAL: Nº 13979 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9313 Kendall Dr. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 055-121-18
⑤ SUBDIVISION: ⑥ LOT: 11.75 ⑦ BLOCK:

OWNER

⑧ NAME: Eddie m Vann (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 125 E Luckman St
⑩ CITY: Fort Mill ⑪ STATE: SC ⑫ ZIP: 29715
⑬ PHONE: (WORK) ⑭ (HOME) 803-547-6292

REQUEST

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⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? One ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ supply from (present or proposed):
dividual well
unicipal system
mmunity well
mmunity system

3692A 9313 Kendall Drive

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Signed: [signature]
/ 12/87

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Environmentalist / Date

Director or Authorized Section Head / Date

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