

3302 PAULA CR

03705212

5/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

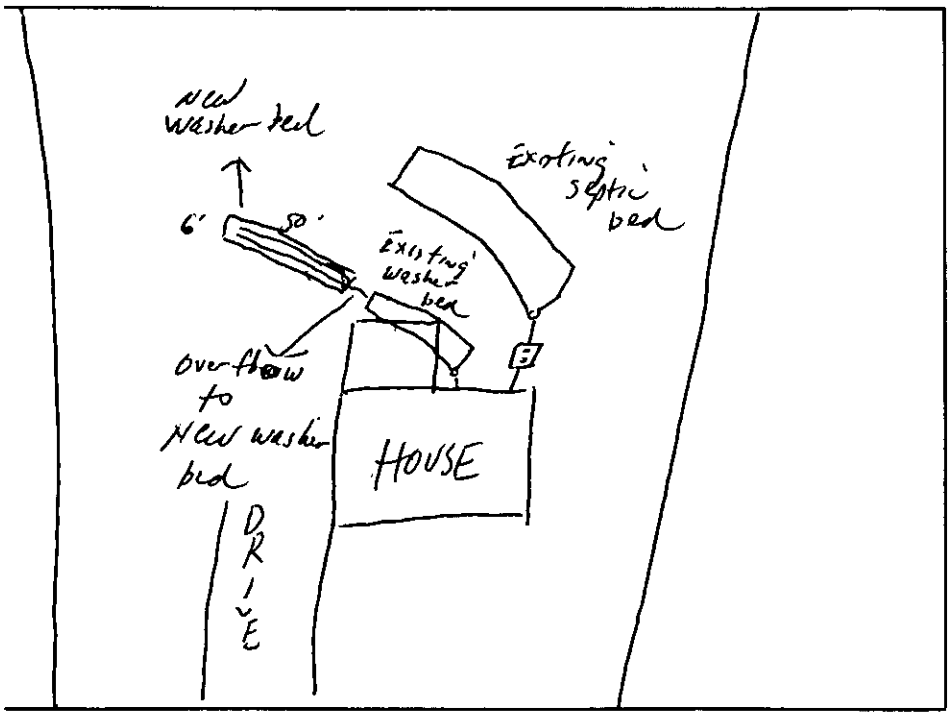
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5115 DATE: 5/21/01

TC: 037 052 12 ☐ L

SERIAL Nº 18743

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 _____. All work shall be completed on or before 6/21/01, 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 Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines: Bed

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Andrew & Barbara Polson

LOCATION OF PROPERTY 3302 Paula Cir

Comments: Repair to the existing washer bed, overflow to bed system 6'wd x 50'long x 18"Stone

Phila S. Walker
Environmental Health Specialist

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/21/01 PERMIT NO: 5115
PARCEL NO: 037 052 12

JOB LOCATION ADDRESS: 3302 Park Ln
PROPERTY OWNER: Andrew & Barbara Polsin
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phillip Walker R.S. DATE: 5/21/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5115, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5715

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 037 052 12

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair to the Existing Washer line. Install Bed System 6'wd x 50'long x 18" stone. Keep the septic system >50' from any wells			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
300 Absorption Area (Sq ft) 100 Total Trench Length (Ft)	18" Depth of Stone Trench	N/A Trench spacing (min. on centers)	36" Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Approval is granted by this Department.
- This Improvement permit is transferable.

Philo A Walker R.S. 5/21/01

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____
DATE: _____

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

REPAIR
[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5115

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-052-12

STREET ADDRESS: 3302 Paula Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE): 1972

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER: Andrew & Barbara Polson

NAME: (LAST) (FIRST) (MI)

ADDRESS: 3302 Paula Circle

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) 704 - 394-8222

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

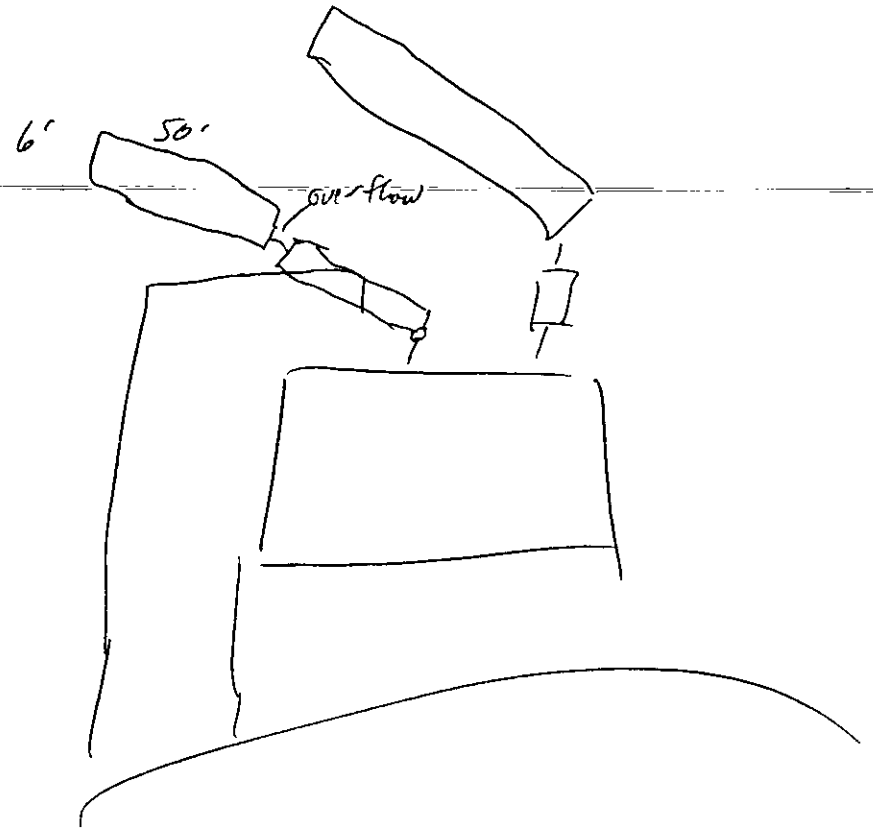
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

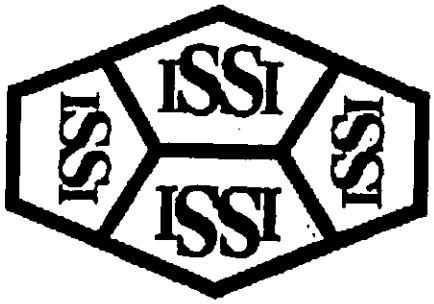
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: Barbara Polson DATE: 5-1-01

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



Bed System
6' wd X 50' long x 18" stone



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ISSI Operations Center Staff

Serial No. 2298

ICAR-SI Permit No. 2112

T. C. No. 03705

Map Date 4-6-72

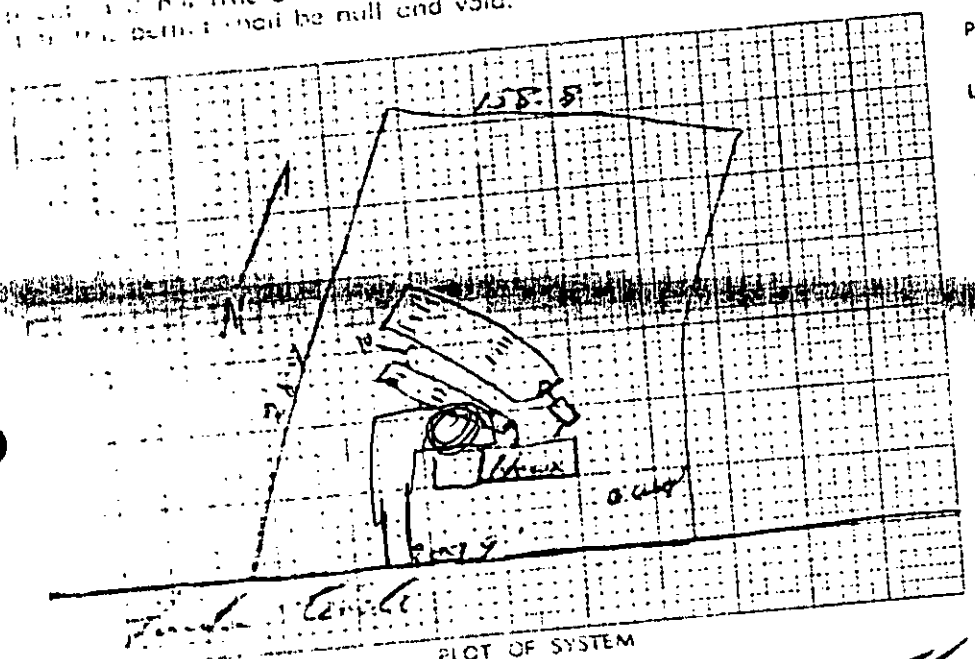
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Notice is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste-connected system with subsurface soil absorption effluent discharge as specified herein at the do- inafter. This permit is granted based upon the information supplied in application 5115 and the certificate dated 3-16-72 and this permit shall be void and of no effect if the information provided in the ap- plication is false or is erroneous. All work shall be completed on or before 3-26-72, after which this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Linear Length 320' (100' each)

Number of Lines 4 (@ 185' X 12")

Distance from House 20'

Distance from Property Line 75'

Distance from Well 100'

NAME OF OWNER Robert Andrew Clyde

ADDRESS 107 Tall Crest (Oakdale)

...all meet all of the construction requirements as set forth in the Regulations of the Mecklenburg ...Health Commission are in effect on the date of the granting of this permit. A certificate of op- ...must be issued by the Health Director before any system can be covered up or otherwise rendered un- ...to be used.

INSTALLER City Wide Septic Service (Charlotte, NC)

Environmentalist

...Notice of Construction of a new system must be signed by the owner in order to be valid. Only the signature of the ...Director is valid in order to be valid. Only the signature of the ...existing system is being altered or repaired

P

MECKLENBURG COUNTY HEALTH DEPARTMENT

SEPTIC INSPECTION

Date: 4/9/01

Owner, System or Establishment: Clyde & Barbara Gibson

5115

Tax Parcel # 037-052-12

Address: 3302 Paula Circle

Zip

Inspected By: Joshua R. Sellers R.S.

Date of Inspection: 04-16-01

Comments: ① Septic OK

② Washing Machine line malfunctioning and surfacing NOV to be sent.

1, 29, 27, 16, [redacted] 20

Lender is not requiring inspection; however, we are getting inspection for Lender.

Conventional Loan: $85.00
(IF WELL IS NEEDED)- FHA Loan: $135.00

Rec'd $5 chk # 8787 4/5/01 gc

Mecklenburg County
Health Department

WELL AND SEPTIC REQUEST FORM

TAX PARCEL NUMBER: 03705212

ADDRESS OF PROPERTY TO BE SERVICED: 3302 Paula Circle
Charlotte NC 28216

OWNER OR AGENCY NAME & ADDRESS: Clyde & Barbara Polson
3302 Paula Circle
Charlotte NC 28216

ADDRESS FOR RESULTS TO BE MAILED: 3302 Paula Circle
Charlotte NC 28216

DAYTIME TELEPHONE & FAX NUMBER: phone 704-394-8222 / No fax

CLOSING DATE: N/a

Are there any dogs on the property? ☑ Yes ☐ No 1 house dog

Check one: ☑ (Well & Septic) ☐ (Well Only) ☑ (Septic Only)

Barbara Polson
SIGNATURE OF AUTHORIZED PERSON

4-4-01
DATE

PEOPLE • PRIDE • PROGRESS

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236