

6312 RUMPLE RD

04703204

6/3/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 8144 DATE: 3-25-98

TC: 047-032-04 ☐ L ☒ CRT

SERIAL Nº 17488

Name of Owner SANDRA LUKEVICS Juris.: _____

Address of Property 6312 RUMPLE ROAD

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 150'

Number of Lines 1 @ 50'

Cover Depth 24" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source NA

Excavation Inspected 3-25-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

* SEE PERMIT

PLOT

Design REPAIR/ADDITION 9' WIDE, 50' LONG 18" STONE CTR# A.H. STEWART

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: _____

J Andrew Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

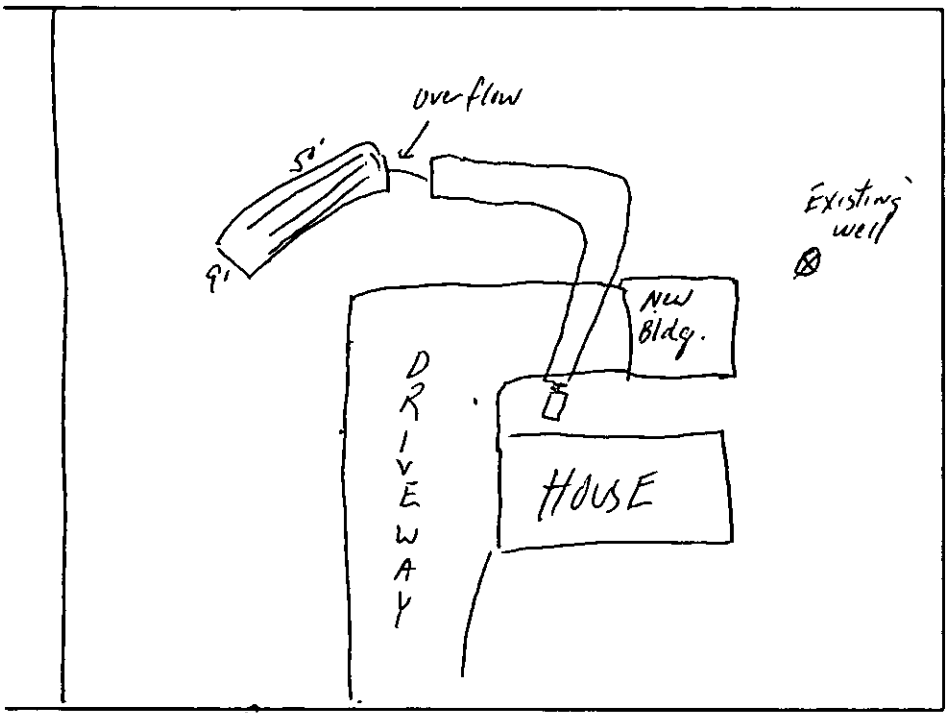
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8144 DATE: 3/12/98

TC: 047 032 04 ☐ L

SERIAL Nº 17627

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 3/6/98. All work shall be completed on or before 4/12/98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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.



Rumple PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines:
Bed Trench Width 9' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Bed Number of Lines 3 (50')

Depth of Stone 18 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER Sandra H & LUKevics

LOCATION OF PROPERTY 6312 Rumple Rd

Comments: Alteration to Existing to add 1 bedroom / Bed system 9'wd x 50'long x 18"stone / Keep septic system >50' from any wells / Overflow to new bed

Philo S. Waller R.S.
Environmental Health Specialist

FEE: 200.00 CK# 6605
DATE: 3/6/98

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 8144

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 047 032 04

STREET ADDRESS: 6312 Rumple Road

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)
X OTHER (O)

HEATED SQUARE FOOTAGE: 680

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
X ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE ———
3/13 KB Approv

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Bedrooms will increase by 1
Bedroom / Bathroom To be Added to existing Garage All renovations inside

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: ———

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ SHARED WELL (S)
X MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES X YES ___ NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Lukevics Sandra H. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 6312 Rumple Road	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28262	
DAYTIME PHONE: 704 597 - 8309	

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: [signature] DATE: 3/6/98

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

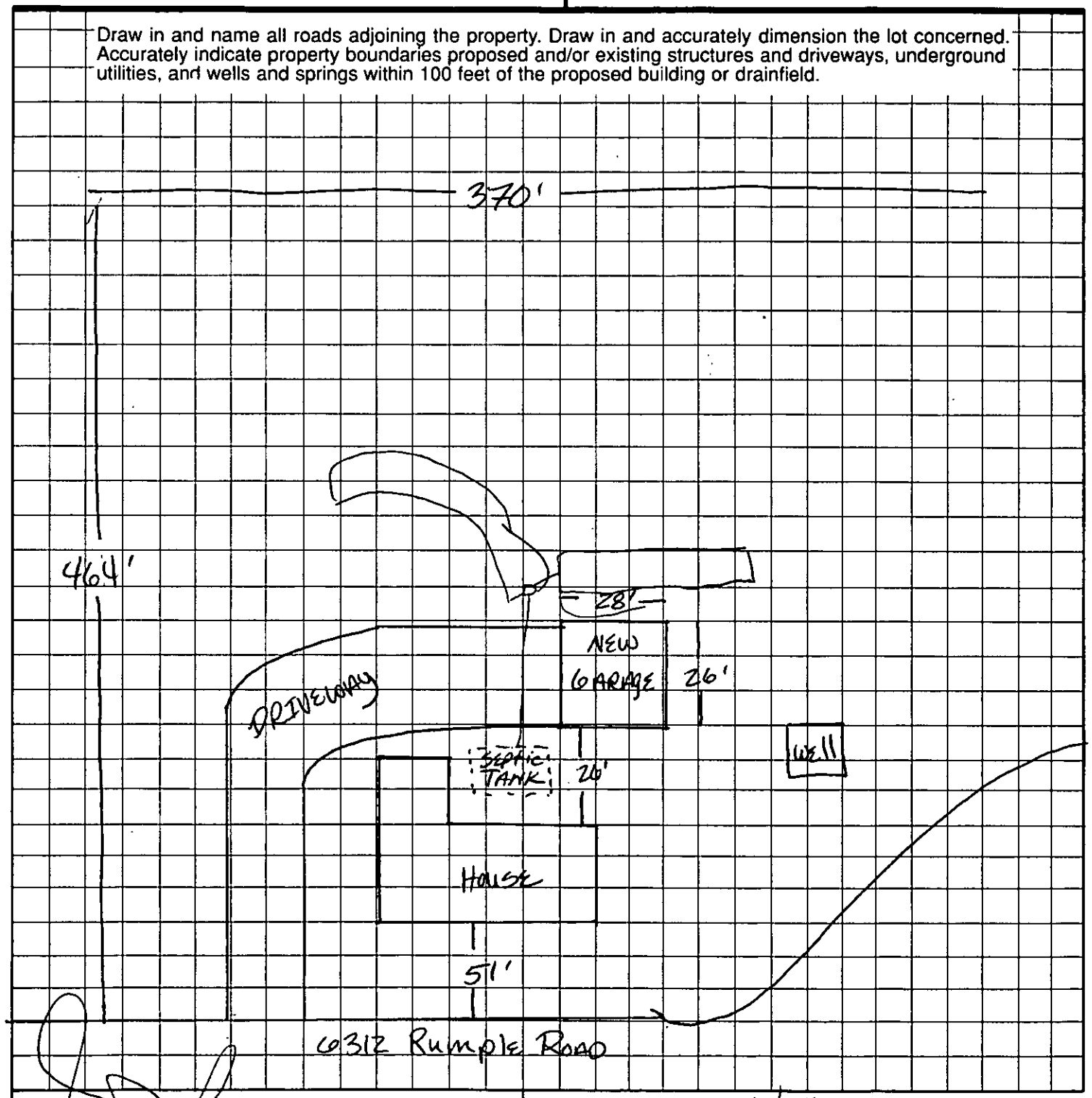
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8144

TC: 047-032-04

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.



OWNER/AGENT SIGNATURE

DATE 4-15-97

APPROVAL DATE JSW 5/22/97

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

8144

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 ck 4/15/97 gc

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: LUKEVICS (last) JOHN (first) V (mi)
ADDRESS: 6312 RUMPLE RD. PHONE: (704) 597-8309
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY OWNER:
NAME: LUKEVICS (last) SANDRA (first) H (mi)
ADDRESS: 6312 RUMPLE RD. PHONE: (704) 597-8309
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 047-03204
STREET ADDRESS: 6312 Rumple Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Det Garage

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: [signature] Date: 4-15-97

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Approval granted for a detached Garage / NO plumbing / Use existing system

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo S. Walker R.S. 5/22/97
Environmentalist Date

WATER : 122791

Serial No

Date Issued 11/12/75

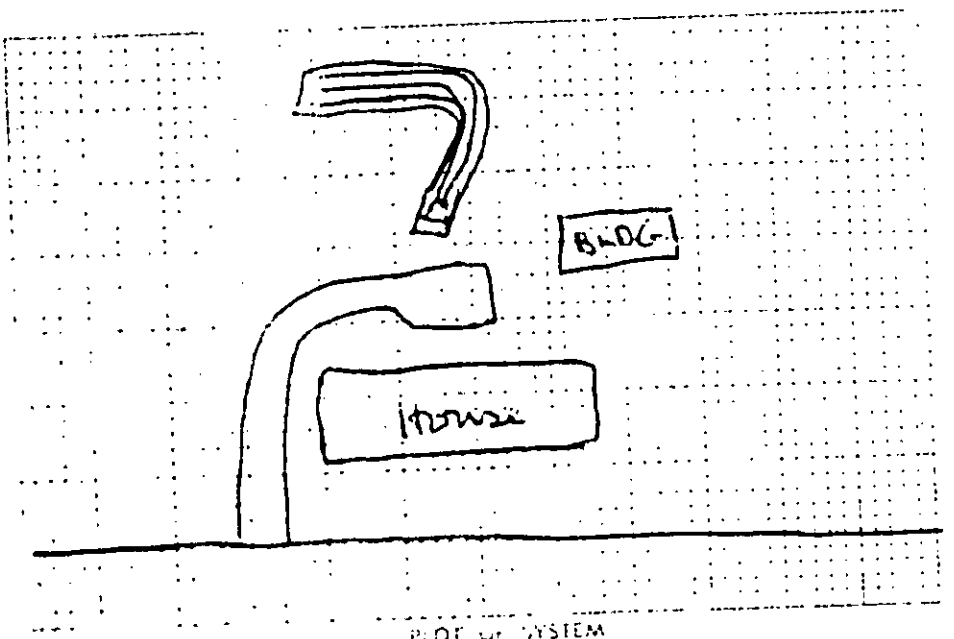
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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~~ a [illegible] water treatment [illegible] with subsurface, soil absorption effluent disposal [illegible] soil boat location [illegible] This permit is granted based upon the information supplied [illegible] dated [illegible] and this permit shall be void and of no effect if the [illegible] placed is not [illegible] erroneous. All work shall be completed [illegible] date this permit shall be null and void



PLOT OF SYSTEM

200'
3 7½' ea
10'
10'
100'

NAME OF OWNER James, Cornelee G.

LOCATION OF PROPERTY 6312 Rumple Road

This [illegible] of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of final approval shall be issued by the Health Director before any system can be covered up or otherwise rendered inaccessible or can be used.

Comments cut off old drainfield with crapin

A. M. Reynolds
Environmentalist

[illegible] satisfactory or construction [illegible] Health Department [illegible] existing system [illegible]

Date Issued 22 Apr. 75 Serial No. 8144

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner James, Coralee G.
LAST FIRST

Location of Property 6312 Rumple Road

Application Number 8144 Permit Number 8144

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200 ft Number of Lines (3) 7½' Hole

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 22 Apr 75 DATE Tank Inspected — DATE

Nitrification Field Inspected 22 Apr 75 DATE

Washing Machine Line Inspected, If Applicable — DATE

The undersigned has approved the Individual Septic Tank System with subsurface soil absorption effluent discharge as described above and it has been installed or constructed ✓ in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health with the date of issuance of the permit. The issuance of this Certificate is not a guarantee or assurance that the system will operate properly or relieve any person owning 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 imposed by the permit in addition to those listed below under comments. This Certificate of Approval is issued based upon information contained in the application and does not authorize any additions made to the property which would increase the requirements for said system.

Comments

R. M. Reynolds

SEE INSTRUCTIONS ON BACK

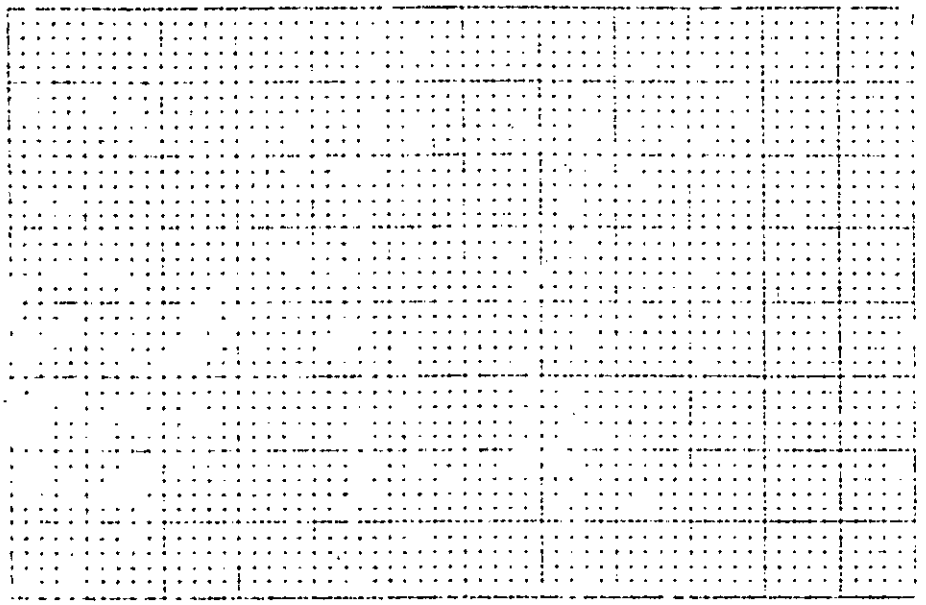
Date Received 4/4/75

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1 ____ Install or Construct 2) X Alter or Repair an individual sewage disposal system consisting of a septic tank and a subsurface, soil absorption, effluent discharge system.



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4. ____
5. ____ Water Supply
   Engineer
6. ____ Water, Well
7. ____ Sewage Disposal
8. ____ Dwellings
9. ____ Water Supply
   a) Individual Owned ____
   b) Governmental System ____
   c) Community System
      1. Well Located ____
      2. Governmental ____
10. ____ Sewage System
    Was a Percolation Test Made? ____
    If so, Was Test Satisfactory? ____
    Was Lot Approved? ____
    If Not Approved, Reason ____
11. FHA Case No. ____
12. VA Case No. ____

13. NAME OF OWNER HEINE CHARLES G. (LAST, FIRST, MIDDLE)

14. ADDRESS OF OWNER 4 [illegible] Rd, CHARLOTTE, NC 28211

15. PHONE NO. Home 536-4841 Office ____

16. LOCATION OF SYSTEM 6312 RUMPLE RD. (STREET OR COUNTY ROAD)

17. SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18. DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19. HAS A PERCOLATION TEST BEEN RUN? YES ____ NO ____ DATE RUN ____

20. PTR NUMBER See instructions

[illegible]

OWNER