

4124 BRICKYARD RD

11305221

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4354B DATE: 1-25-05

TC: 113-05-401 ☑ L ☐ CRT

SERIAL 19716

Name of Owner CHARLES & FAYE LANE Juris.:

Address of Property 4124 BRICKYARD RD. EXT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 16" TO 24"

Water Supply Source WELL

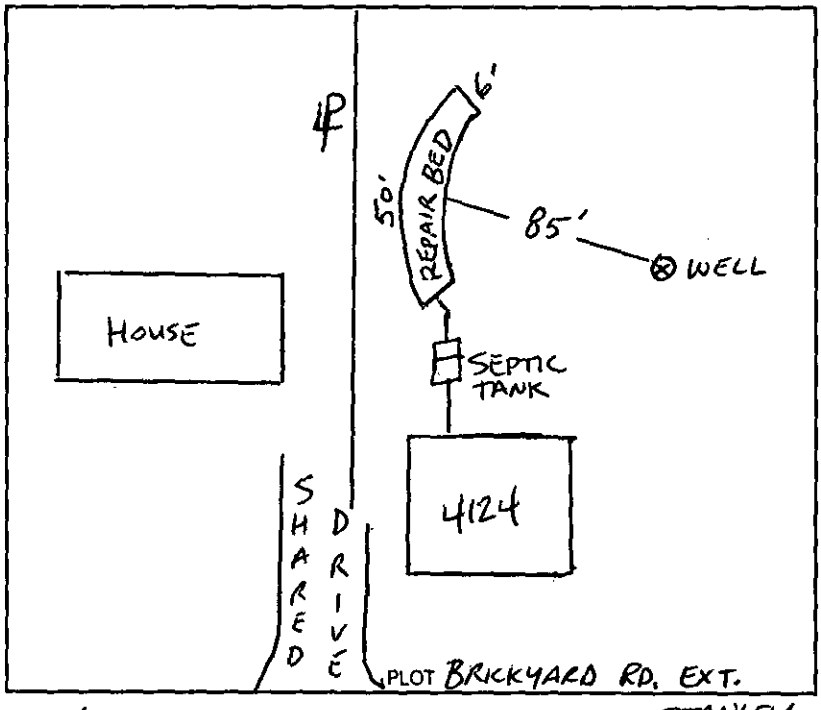
Distance to Water Source 85'

Excavation Inspected 1-25-04

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005/REPAIR/300 S.F.B./INOV./24" EZ-FLOW CTR# STANLEY SEPTIC

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: REPAIR TO EXISTING SYSTEM FOR A 2-BEDROOM HOUSE PUMPED SEPTIC TANK & INSTALLED NEW SANITARY TEE, INSTALLED REPAIR BED 50' L x 6' W x 24" EZ-FLOW.

*TYPE III & REPAIR

RSI 1-25-05
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

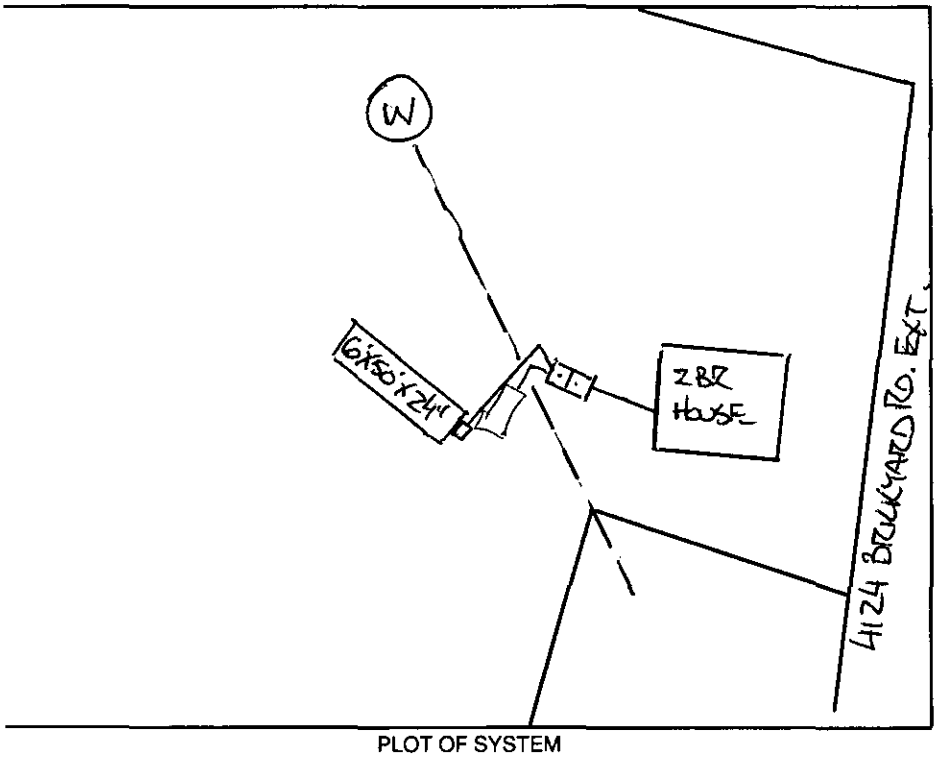
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4354B DATE: 1/24/05

TC: 113-05-401 ☐ L

SERIAL 19960

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 _____, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of *Dosing Tank* N/A *gallons*

Tank Construction EXISTING

Trench Depth 36" BED

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Trench Walls Scored and Porous YES

Total Line Length 50 feet

Number of Lines 6'X50'X36"

Depth of Stone 24 inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

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

NAME OF OWNER CHARLES F. & FAYE T. LANE

LOCATION OF PROPERTY 4124 BRICKYARD RD. EXT

Comments: REPAIR 6'X50' BED, 24" GRAVEL. STAY 750' FROM WELL, >10' FROM PROPERTY LINES, >5' FROM HOUSE

Environmental Health Specialist

SEPTIC FEE: ____
DATE: ____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: ____
DATE: ____
CRT [ ]

FILE # 4354B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☑ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 113-05-401
STREET ADDRESS: 4124 BRICKYARD RD. EXT
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: 1921
TOWNSHIP: per 113-051-17

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

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Charles & Faye Lane
ADDRESS: 4251 Brickyard Rd Ext
CITY: Charlotte NC
STATE: NC ZIP: 28214
HOME PHONE: 704 394-1394 WORK PHONE: —
MOBILE PHONE: — FAX: —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? —
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Faye T. Lane 1-25-05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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

(704)336-5102 4/354B

Date:

PERSON FILING APPLICATION:
NAME: WARD (last) Terry (first) B (mi)
ADDRESS: 4124 Brickyard PHONE: (704) 394-6641
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-05-17
STREET ADDRESS: 4124 Brickyard Rd
ZONING:

PROPERTY OWNER:
NAME: WARD (last) Terry (first) B (mi)
ADDRESS: 4124 Brickyard Rd PHONE: (704) 394-6641
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] 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)
[ ] 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: Terry Ward Date: 6-14-2000

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.

... Use existing system for detached garage. No plumbing

[ ] 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

Jeremy P. Mickelson 6/20/00
Environmentalist Date

WATER : 122791

BEATTY'S PRINTING & BINDERY SERVICES-CHARLOTTE, N.C.-(704) 375-9222

COPY

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

4354B

LOCATION

STREET # (N,S.E,W) 4124 STREET NAME BRICKYARD (AV,RD,ST, etc.)

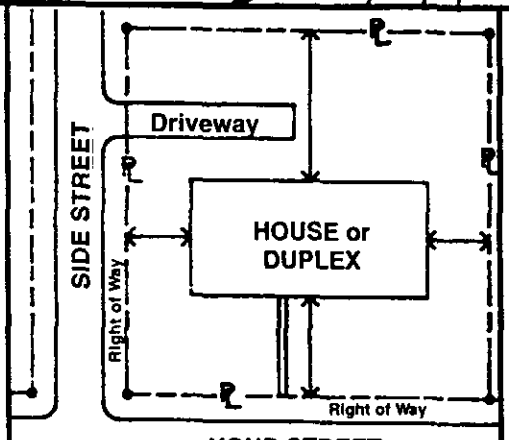
SUITE/UNIT(S):

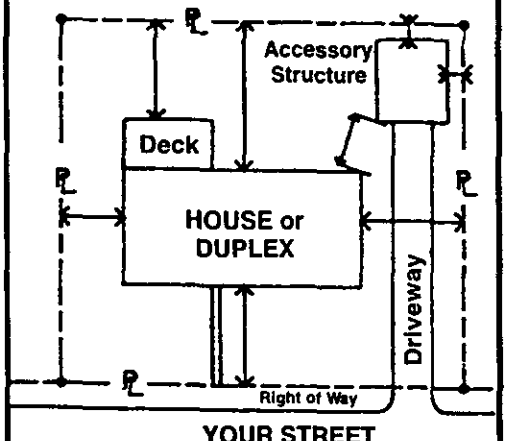
PERMIT #

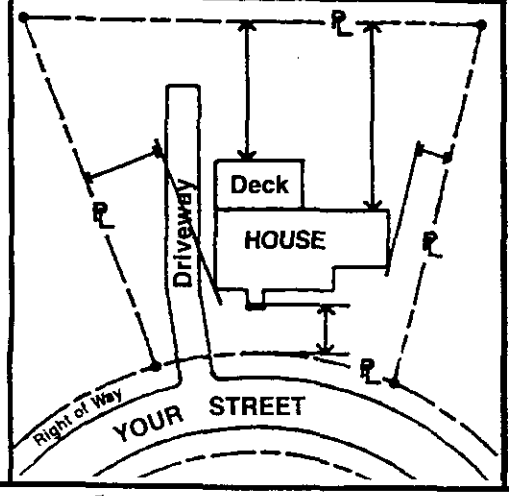
TAX JURISDICTION: *(Check One)*
- ☑ 0 - Mecklenburg
- ☐ 1 - Charlotte
- ☐ 2 - Davidson
- ☐ 3 - Cornelius
- ☐ 4 - Pineville
- ☐ 5 - Matthews
- ☐ 6 - Huntersville
- ☐ 7 - Mint Hill

TAX PARCEL # 113-051-17 **JOB #**

EXAMPLES/PLOT PLAN





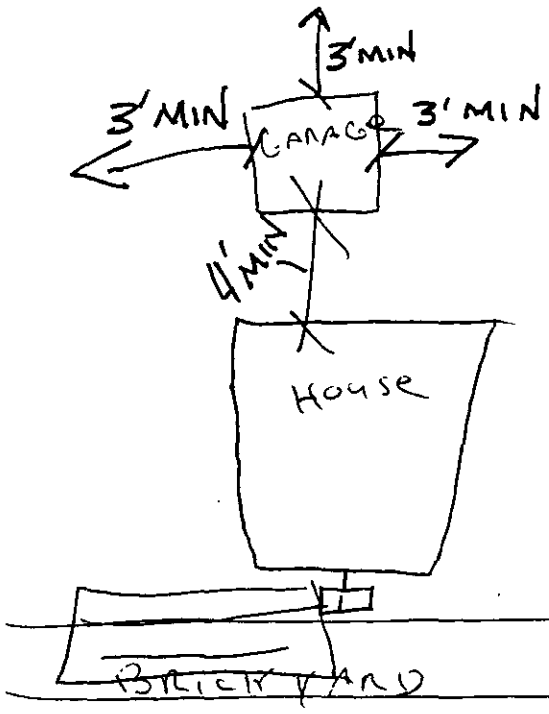


– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

– PLOT PLAN –



septic in front yard.

Brickyard Ext.

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Terry Ward 6-14-06 TERRY WARD

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME