

5909 LAKEVIEW DR

18701207

1/8/2008

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: 5494B DATE: 12/9/03

TC: 187 012 07 ☑ L ☐ CRT

SERIAL 19445

Name of Owner Wilma H. Wilson Juris.:

Address of Property 5909 Lakeview Dr

Inspection Data:

Tank Material Existing

Total Length of Drainfield 240'

Number of Lines 2 @ 120'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source >50'

Excavation Inspected 12/9/03

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2003, Repair, INO 240' EZ Flow CTR# Autry 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 the existing system. Type IIIg Installation

1952

Phillip S. 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

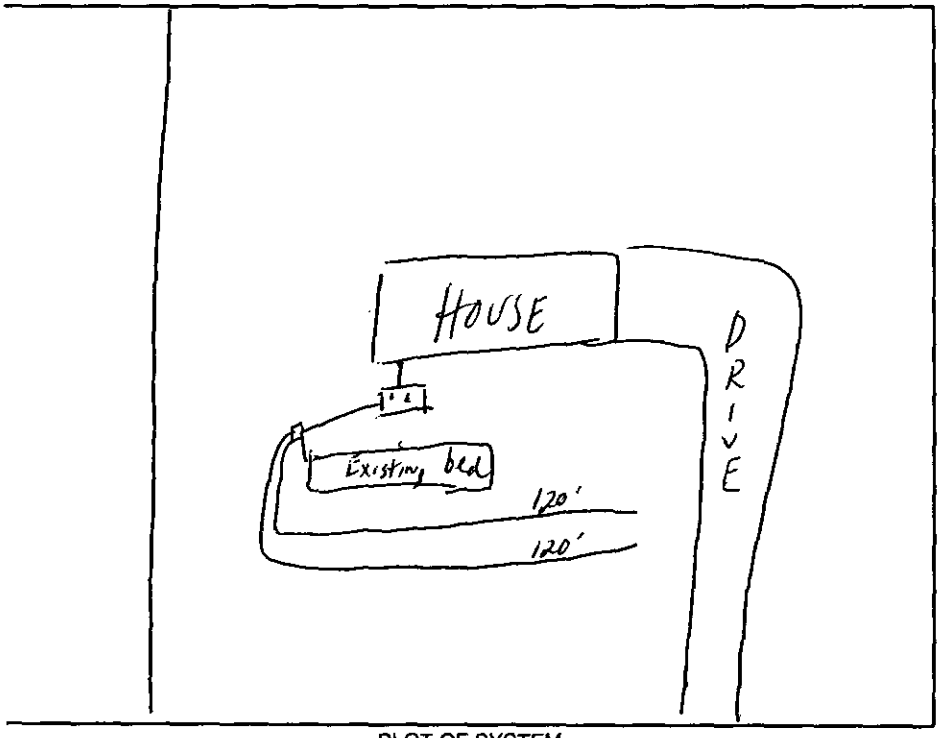
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 54948 DATE: 12/9/03

TC: 187 012 07 ☑ L

SERIAL 19520

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 12/9/03. All work shall be completed on or before 1/9/03, 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

Lake View Dr

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 240' feet

Number of Lines 2 (120')

Depth of Stone NA 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 Wilma H. Wilson

LOCATION OF PROPERTY 5909 Lakeview Dr

Comments: Repair, Install 2 lines x 120' long x 3' wd INO
Feed lines from D box w/ speed levels

Pablo S. Walker RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____
DATE: _____

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

REPAIR
1 - 1 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 #: 54943

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 187-012-07

STREET ADDRESS: 5909 LAKEVIEW DRIVE 28270

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 244A + 246A + 247A P243A 1952

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

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

PROPERTY OWNER:

NAME: WILSON, WILMA H.
(LAST) (FIRST) (MI)

ADDRESS: 5909 Lakeview Drive

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: (704) 366 - 2750

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1957

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: Wilma Hardie Wilson DATE: 12-9-03

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill). (if available)
   2003-2133373

2) Provide the name of the original property owner.
   GRADY B. and WILMA H. WILSON

3) Do you have visible sewage on the surface of the ground?
   yes

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   NO

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   NO NO

6) Has your septic tank ever been pumped out? If so, approximately when?
   yes - 1995

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   In 1995 ½ of the drain lines were cut off to stop sewage to the neighbors yard. The remaining line was extended.

8) Approximately what year was your septic system installed?
   1951

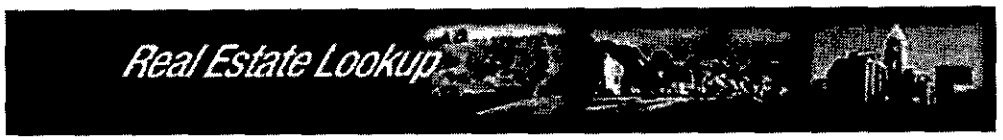
9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   yes - two toilets leaks and need new washer.

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

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



Print

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Parcel Information

Parcel ID	Account	Parent	Previous
18701207	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
WILSON WILMA H	5909 LAKEVIEW DR	CHARLOTTE NC 28270
(TRUSTEE U/T FAMILY TRUST)	5909 LAKEVIEW DR	CHARLOTTE NC 28270

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L244A & 246A & 247A & P243A	CHARLOTTE			CITY OF CHARLOTTE	1.1

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
173600	70000	900	244500				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Feb 22 1991	0			IMP	06461 - 473	DEED STAMPS	06461-473	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	S710	70000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1952	5909 LAKEVIEW DR CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	3968	3584	CRAWL SPACE	FACE BRICK -	AVERAGE 04	173600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP5	AC-CENTRAL		3	3		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	3276
1	BASE - SEMI-FINISHED	308
1	UTILITY - FINISHED	286
1	UTILITY - UNFINISHED	84
1	PORCH - OPEN - FINISHED	14

Depreciation

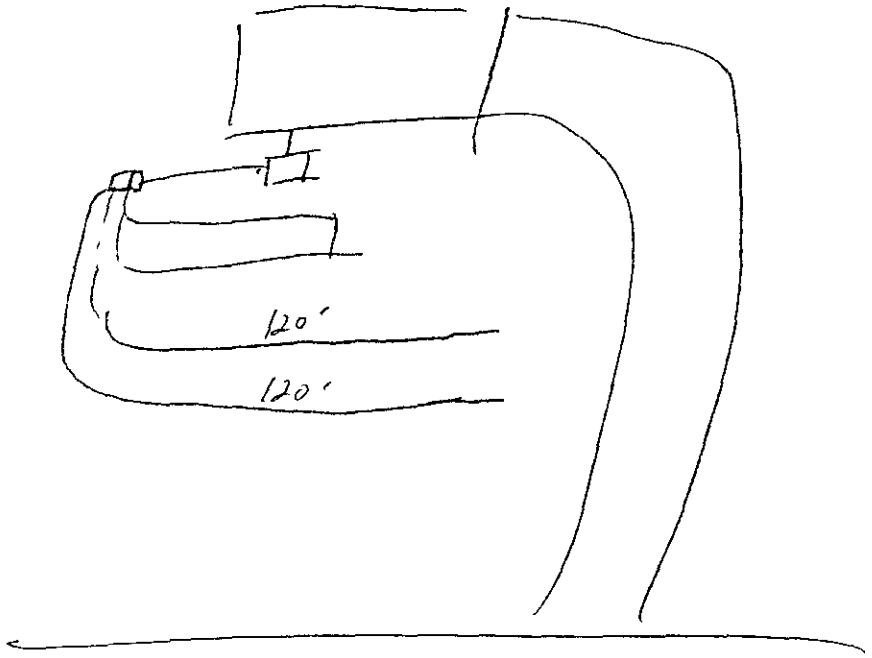
Bldg	Physical	Functional	Economic	Special	Override
1	AV - 24%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1952	PATIO	1	21X32	900

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	244500	0
Jan 5 1998	1998	Countywide Revaluation	239930	
Jan 2 1991	1991	Countywide Revaluation	203570	



Lakeview Dr

EZ flow 240'