

5509 LANTANA AV

16302112

6/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT
APR 23 1990
ENVIRONMENTAL HEALTH
DIVISION

(OFFICE USE ONLY)
FILE: 6695A
TC: 163-021-00
SERIAL: № 20663 ☐ SN ☐ CRT

JOB LOCATION

① ADDRESS: 5509 Lantana Avenue (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Steve (FIRST) = (MIDDLE) Sanchez (LAST)
⑨ MAILING ADDRESS: 5509 Lantana Ave
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 704 535-8714 ⑭ (HOME) 704 333-7195

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 or 6 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

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

Signed: Steve Sanchez
Date: 4/20/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

To: Andrew Walker

INVOICE

AUTRY CONCRETE PRODUCTS

8916 BYRUM DRIVE

PHONE 357-1266

CHARLOTTE, NC 28217

DRAIN TILE
SEPTIC TANKS

STEPS
DRIVEWAYS AND PATIOS

PRECAST WORK
OUTDOOR TABLES

Late payment charge of 1½% (18% ANNUALLY) will be charged on

Deliver To

Address

Cust. Order No. Date 8/14/98

Sold To Virginia Hardaker

Address 5509 Montana Ave, Apt 2112

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RTD.	PAID OUT

QUANTITY	DESCRIPTION	
	Septic system	1450.00
	paid in full	
	She did not get permit 1 3/4/98	

ALL claims and returned goods MUST be accompanied by bill.

Rec'd by:

TAX

TOTAL

11705

Miami Systems Corp.

from Regina Hardaker

3-1-96

Drew- 163-021-12

Call Regina Herlocker @ 568-5171

Steve Autrey apparently pumped the tank at 5509 Jamtown and off Sharon Amity just south of Monroe Road) last summer- From what she paid, a repair was put in by Autrey, but Steven could not find any record of it. She is having trouble with the drains backing up. The house is approximately 40 years old

6695A

1990

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6695A DATE: 5/2/90

TC: 163-021-00 ☒ L ☐ CRT

SERIAL № 13131

Name of Owner Steve Sanchez Juris.:

Address of Property 5509 Lantana Ave

Inspection Data:

Tank Material –

Total Length of Drainfield 200' bed

Number of Lines 4 @ 50

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source –

Excavation Inspected 5/2/90

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1990 Repair CTR# 5

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 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: System malfunction due to storm damage to drainfield.

Phillip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

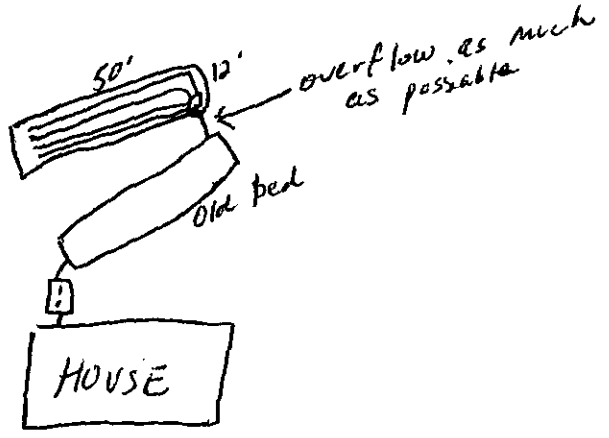
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6695A DATE: 4/30/90

TC: 163-021-00 ☐ L

SERIAL Nº 13246

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 4/20/90. All work shall be completed on or before 5/30/90, 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 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.



Lantana Ave
PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification ~~Lines:~~ Bed

Trench Width 12 feet

Total Line Length 50' (200' total) feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Steve Sanchez

LOCATION OF PROPERTY 5509 Lantana Ave

Comments: 1 bed 12'wd x 50'long x 12"stone
overflow from old bed to new bed

Division or Section Head

Philo S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY