

13611 IDLEFIELD LN

19501714

5/28/08

marliwr

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: 5952 DATE: 5/29/97

TC: 195-07-14 ☑ L ☐ CRT

SERIAL Nº 17095

Name of Owner Danny E. Willard Juris.: _____

Address of Property 13601 Idlefield Lane

Inspection Data:

Tank Material Existing Washer ~80', ST ~124'

Total Length of Drainfield (Equivalent) 2 @ 40' (W) 4 @ 31' (S.T.)

Number of Lines _____

Cover Depth 14"-30"

Water Supply Source Community

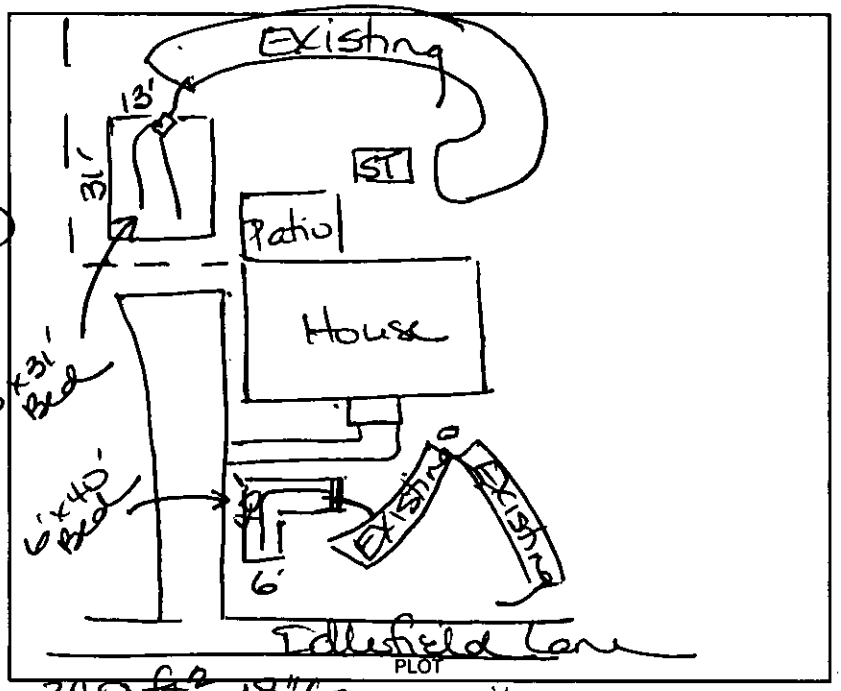
Distance to Water Source >100'

Excavation Inspected 5/29/97

Tank(s) Inspected NA

Wash Line Inspected 5/29/97

High Water Alarm Inspected NA



Design 1997 Repair ST Washer 240 ft², 18"G 403 ft², 24"+G Cecil-like CTR# 182

The undersigned has inspected the Septic Tank System described above, and certifies it has been Mackey Sherrill

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A 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 I5A 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: 1997 Repair - Type II (a)

Washer - overflow to bed 6'W x 40'L x 18"G

S.T. field - overflow to bed 13'W x 31'L x 24"+G

OD-1974

Lisa B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

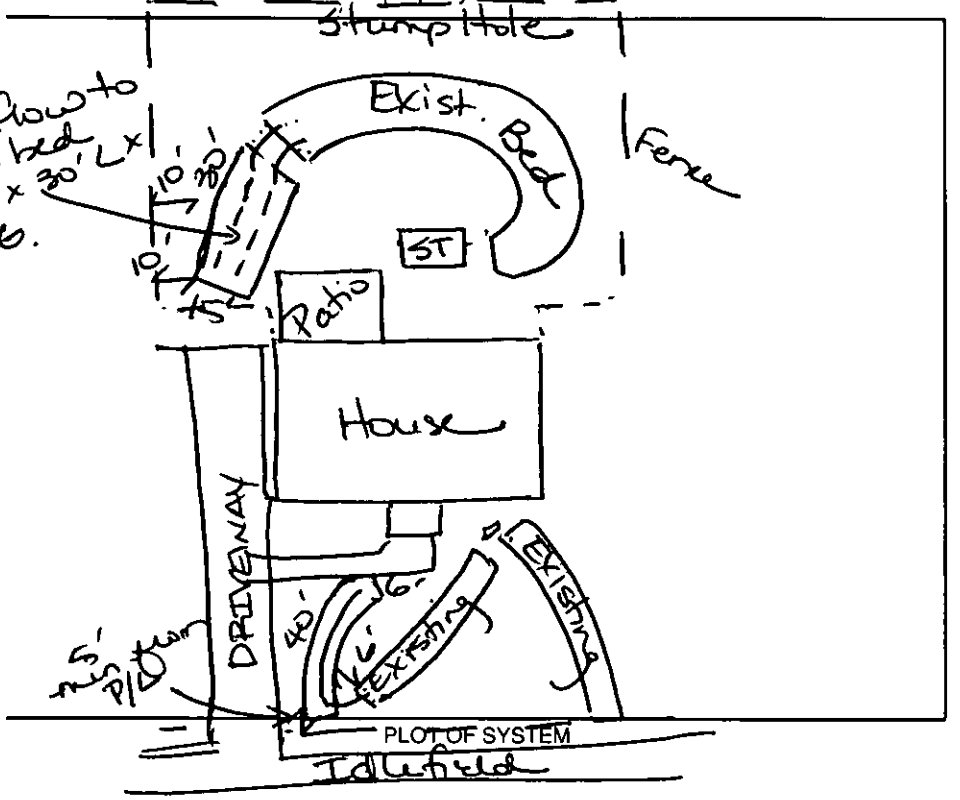
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5952 DATE: ~~3/5/97~~ 4/14/97 fbm

TC: 195-017-14

SERIAL Nº 17040

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 3/6/97 fbm. All work shall be completed on or before ~~fbm 4/5/97~~ 5/14/97, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction ✓

Trench Depth Not to exceed Existing

Absorption and/or Nitrification Lines: Washer ~6'x40' BED

Trench Width ST - ~15'x30' BED feet

Trench Walls Scored and Porous ✓

Total Line Length _____ feet
Washer 2@40' each

Number of Lines ST 2@30' each

Depth of Stone Washer 18" ST 24" inches

Distance from House 5 feet

Distance from Property Line 5' feet

Distance from Well >100' feet

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

NAME OF OWNER Dan Williard

LOCATION OF PROPERTY 13611 Idlefield Lane

Comments: Install - (overflows from Existing beds)
Washer - Bed ~6'Wide x ~40' Long x 18" Gravel
S.T. Bed - ~15' Wide x ~30' Long x 24" Gravel

* Utility lines must be located prior to installation.

Lisa B. Mialik, RS
Environmental Health Specialist

~~* Repair approved issued to Gary Bradley.~~ 4/14/97 OSR w/ Mackey Sherrill fbm

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5952

Tax Number: 195-017-14

- 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 (Community)	___ 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)
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present: NO	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair to existing Washer installation + to existing S.T. Bed. S.T. Bed - overflow to new bed 15'W x 30'L x 24" Gravel Washer Bed - overflow to new bed 6'W x 40'L x 18" Gravel			
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
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

Joan B. Mialik, RS 3/5/97
DEHNR Authorized Agent Date

Gary M. Bradley 5 MAR 97
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: NA **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/6/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/6/97 **PERMIT NO:** 5952
PARCEL NO: 195-017-14

JOB LOCATION ADDRESS: 13611 Idlefield Lane
PROPERTY OWNER: Dan Willard
BUILDING CONTRACTOR: NA.
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS **DATE:** 3/5/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5952, 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: Repair to Existing S.T. drainfield and Washer drainfield.

No building permit.

OWNER CERTIFICATION

Repair

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.

Dan M. Bunch — 5/19/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

FEE: NA JBM

DATE: 595

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

1 / 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ 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 #: 9952 JBM

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: ~1900 □FT

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
✓ ON SLAB __ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

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: WILLARD (LAST) DANNY (FIRST) E (MI)

ADDRESS: 13611 IOLEFIELD LANE

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: 704 587 - 2301

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: Danny E Willard DATE: 3/6/97

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

File 5952

FAX

WESTMINSTER PRESBYTERIAN CHURCH
101 COLVILLE ROAD
CHARLOTTE, NC 28207
(704) 376-0751
FAX NO. 376-0753

TO: Lisa Nichols

DATE: 3/7/97

FAX NO: 336-6894

FROM: Dan Secord

PAGES (INCLUDING COVER PG.) 2

COMMENTS:

File 5952

FAX

WESTMINSTER PRESBYTERIAN CHURCH
101 COLVILLE ROAD
CHARLOTTE, NC 28207
(704) 376-0751
FAX NO. 376-0753

TO: Lisa Mielke

DATE: 3/7/97

FAX NO: 336-6894

FROM: Dan Sicard

PAGES (INCLUDING COVER PG.) 2

COMMENTS:

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ 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 #:

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LOT NUMBER:

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__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
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__ 6 HUNTERSVILLE
✓ 7 MINT HILL

CLOSING DATE_____

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

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__ 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)
__ SHARED WELL (S)
__ 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	✓ 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:

NAME: WILLARD (LAST) DANNY (FIRST) E (MI)

ADDRESS: 13611 IDLEFIELD LANE

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: 704 587 - 2301

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