

8803 PLAZA PARK DR

10513409

8/15/08

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: 18 358 DATE: 8-22-05

TC: 105-134-06 ☑ CRT

SERIAL 19851

Name of Owner MERCELLO JUAREZ Juris.: _____

Address of Property 8803 PLAZA PARK DRIVE

Inspection Data:

Tank Material _____

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____

ALL CONDITIONS OF REPAIR PERMIT HAVE BEEN MET

8/24/05 TANK PUMPED.

PLOT

Design _____ CTR# BOB McCARVER

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: TYPE III-B

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

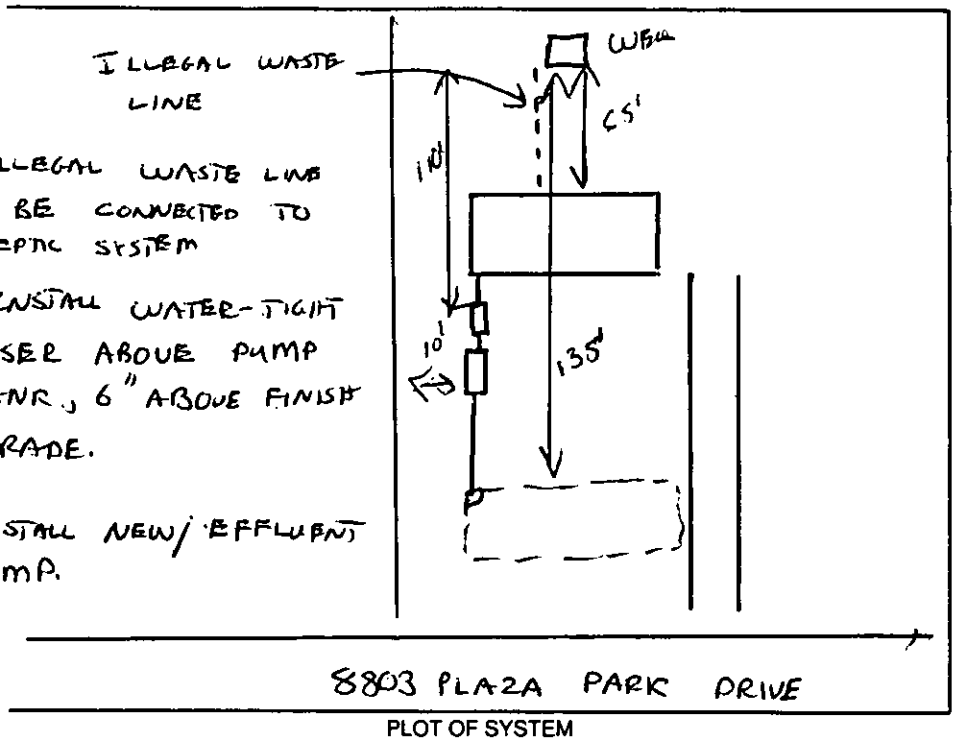
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18358 DATE: 8-10-04

TC: 105-134-09 ☐ L

SERIAL 19645

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

① ILLEGAL WASTE LINE TO BE CONNECTED TO SEPTIC SYSTEM

② INSTALL WATER-TIGHT RISER ABOVE PUMP TANK, 6" ABOVE FINISH GRADE.

③ INSTALL NEW/ EFFLUENT PUMP.

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction PCC

Trench Depth NA

Absorption and/or Nitrification Lines:

Trench Width NA feet

Trench Walls Scored and Porous NA

Total Line Length NA feet

Number of Lines NA

Depth of Stone NA inches

Distance from House NA feet

Distance from Property Line NA feet

Distance from Well NA feet

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

NAME OF OWNER MERCELLO JUAREZ

LOCATION OF PROPERTY 8803 PLAZA PARK DRIVE.

Comments: ④ BRING ELECTRICAL CONTROLS TO CURRENT STANDARDS, I.E. INSTALL TWO SEPARATE CIRCUITS, ONE FOR ALARM, ONE FOR PUMP, AND INSTALL NEMA 4X CONTROL PANEL.

⑤ PUMP SEPTIC AND PUMP TANK.

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

[ ] 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 165-134-09

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 198

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:

NUMBER OF OCCUPANTS:

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: JUAREZ (LAST) MERCED (FIRST) (MI)

ADDRESS: 8803 PLAZA PARK DRIVE

CITY: CHAR STATE: NC ZIP: 2824[illegible]

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

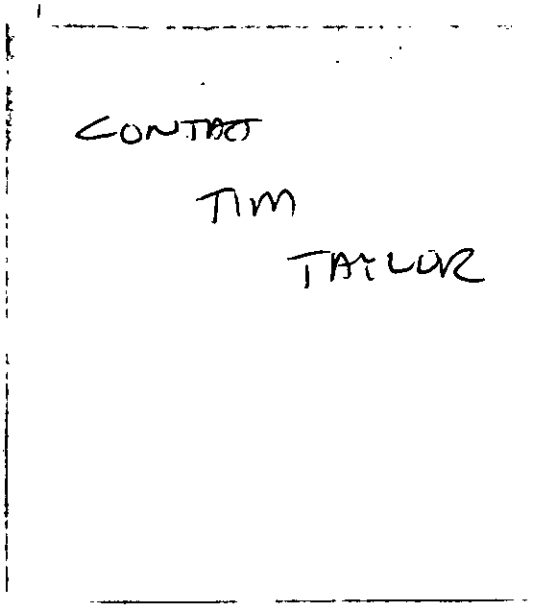
DAYTIME PHONE: ( ) —

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: [signature] DATE: 8/10/05

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


CONTACT
TIM
TAYLOR

Log No: _____ Page _____ of _____

SERVICE REQUEST / WORK ORDER

Request Taken By: JKA Date: 07/08/04 Section: _____

Hazard: Yes ☑ No ☐ Parcel #: 10513409

ASAP PER Sylvia

Requesting Person: CHARLES BROWN

Phone #: 704-6512-507

Address: 8731 PLAZA PARK DRIVE

City: CHARLOTTE State: NC Zip: 28215

Property Requiring Service and/or Investigation:

Facility Name: MERCELLO JUAREZ

Address: 8803 PLAZA PARK DRIVE

City: CHARLOTTE State: NC Zip: 28215

2nd Complaint from different Customer. 7/9/04 JKA

Service Requested:
SYSTEM FAILING

Assigned To: DREW

Date	Activity Report Log
7-14-04	RECEIVED. INSPECTED. SITE W/ TREVOR THOMSON. NOP. HOUSE IS VACANT.
	SYSTEM IS AN OLDER PUMP TO CONVENTIONAL W/ PIGGY BACK CONTROLS
	AND A CINDER BLOCK RISER. WATER/EFFLUENT RISING OUT OF RISER
	LEADS MEANING PROBABLY A PUMP MAL FUNCTION.
	PC. TO V.M FROM CHARLES BROWN, HE GAVE OWNERS AS
7-19-04	MARCELO JUAREZ @ 287-5831 AND ALICIA JUAREZ 527-8969
	PC. TO 287-5831. MR. JUAREZ ANSWERED - I COULD NOT UNDERSTAND
	VERY WELL, BUT HE ADVISED ME HAD FIXED PROBLEM. I ADVISED
	I WOULD RE-CHECK 7-21-04.

Notification of Final Disposition to Requesting Person:

_____ / _____ Written _____ Verbal _____
Environmental Health Specialist Signature Date

Reviewed By: _____ / _____ Recall Date: _____
Section Head's Signature Date

Log No: _____ Page _____ of _____

SERVICE REQUEST / WORK ORDER

Date	Activity Report Log
7-26-04	P.C. TO CARLOS McCOY S/O MEETING W/ MS. JUAREZ @ 10:00 TUESDAY.
7-27-04 10:00	OSU W/ CARLOS & MS. JUAREZ. ADVISED OF NEED OF ACTIONS AND NEED TO CONTACT REGISTERED SEPTIC CONTRACTOR. I GAVE ADDITIONAL 30 DAYS.
	CARLOS 336-3355
	580-0686
8-10-04	OSU W/ TRAVOR NOP, HOUSE IS FOR SALE. RISER HAS BEEN EXTENDED HIGHER W/ CONCRETE BLOCK. CRAWSPACE INSPECTION REVEALED A PLUMBING STRAIGHT PIPE. WASH LINE, AND OTHER PLUMBING FIXTURES HAVE BEEN PIPED TO THE BACK OF THE PROPERTY.
6-16-04	FORWARDED PLUMBING ISSUES TO TIM TAYLOR W/ RESIDENTIAL INSPECTIONS.
9-9-04 11:30	OSU NOP. HOUSE STILL VACANT. RISER PRESENT BUT NO OTHER CORRECTIONS HAVE TAKEN PLACE.
10-8-04 10:45	OSU NOP. NO CHANGES COMPLETED. I WROTE DOWN NAME OF REALTOR AND REALTY CO.

SERVICE REQUEST/WORK ORDER

LOG NO: _____ Page ____ of ____

DATE	ACTIVITY REPORT
10-6-04	P.C. TO HENRY PHILLIPS. GLOBE CROSSING REALTY, BROKER. I
9:30	ADVISED HIM OF SEWAGE VIOLATIONS @ PROPERTY @ 5563
	PLATA PARK DRIVE. HE WOULD NOT GIVE ME PHONE# FOR
	MERCELO JUAREZ. HE ASKED ME TO FAX REPAIR
	PERMIT FOR PROPERTY.
10-7-04	FAXED REPAIR DOCUMENT. TO HENRY PHILLIPS 704-334-0372
	AND COPY OF NOV

c:/original/serreqp2.frm

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: HENRY PHILLIPS. TELECOPIER # 704-339 0312

FROM: D. Wells DATE 10/7/04

704 336-5573

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

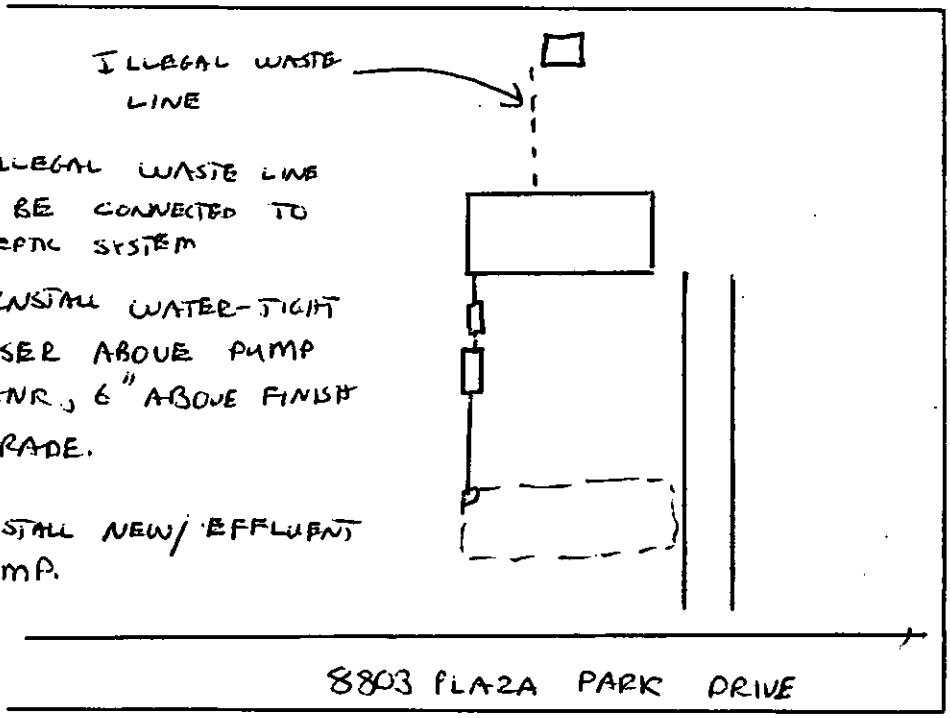
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 8-10-04

TC: 105-134-09 ☐ L

SERIAL 19645

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 EXISTING gallons

Tank Construction PCC

Trench Depth NA

Absorption and/or Nitrification Lines:

Trench Width NA feet

Trench Walls Scored and Porous NA

Total Line Length NA feet

Number of Lines NA

Depth of Stone NA inches

Distance from House NA feet

Distance from Property Line NA feet

Distance from Well NA feet

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

NAME OF OWNER MERCELLO JUAREZ

LOCATION OF PROPERTY 8803 PLAZA PARK DRIVE.

Comments: ④ BRING ELECTRICAL CONTROLS TO CURRENT STANDARDS, I.E. INSTALL TWO SEPARATE CIRCUITS, ONE FOR ALARM, ONE FOR PUMP, AND INSTALL NEMA 4X CONTROL PANEL.

⑤ PUMP SEPTIC AND PUMP TANK.

Environmental Health Specialist

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

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Mercello Juarez

Mailing Address: 8803 Plaza Park Drive
Charlotte, NC 28215

Occupant: Vacant

Location: above

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On July 14, 2004 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	**Law or Rule Cite**
Sewage discharging to the ground surface.	G.S. 130A-335(a) 15A NCAC 18A .1938(b) 15A NCAC 18A .1961(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **August 23, 2004** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

You may contact J. Andrew Walker at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, 704-336-5573 phone, (704) 336-6894 fax.

Notice Issued: 7-30-04
Date

DENR/DEH Authorized Agent

Compliance: _____
Date

DENR/DEH Authorized Agent

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: JEAN-LUC DESREUMAUX Fax #: 704-542-0643

Phone #: _____

From: D. Wells Date: 7-15-05

Number of pages transmitted: 3 (including coversheet)

Comments:

_____

_____

_____

_____

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700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

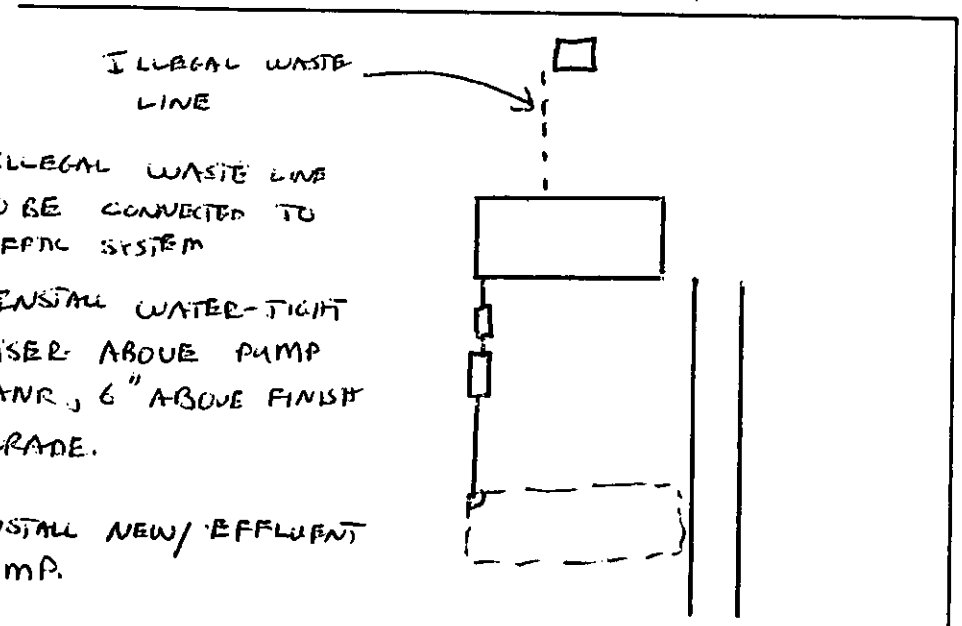
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18358 DATE: 8-10-04

TC: 105-134-09 ☐ L

SERIAL 19645

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.



① ILLEGAL WASTE LINE TO BE CONNECTED TO SEPTIC SYSTEM

② INSTALL WATER-TIGHT RISER ABOVE PUMP TANK, 6" ABOVE FINISH GRADE.

③ INSTALL NEW/ EFFLUENT PUMP.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction PCC

Trench Depth NA

Absorption and/or Nitrification Lines:

Trench Width NA feet

Trench Walls Scored and Porous NA

Total Line Length NA feet

Number of Lines NA

Depth of Stone NA inches

Distance from House NA feet

Distance from Property Line NA feet

Distance from Well NA feet

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

NAME OF OWNER MERCELLO JUAREZ

LOCATION OF PROPERTY 8803 PLAZA PARK DRIVE.

Comments: ④ BRING ELECTRICAL CONTROLS TO CURRENT STANDARDS, I.E. INSTALL TWO SEPARATE CIRCUITS, ONE FOR ALARM, ONE FOR PUMP, AND INSTALL NEMA 4X CONTROL PANEL.

⑤ PUMP SEPTIC AND PUMP TANK.

Environmental Health Specialist

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

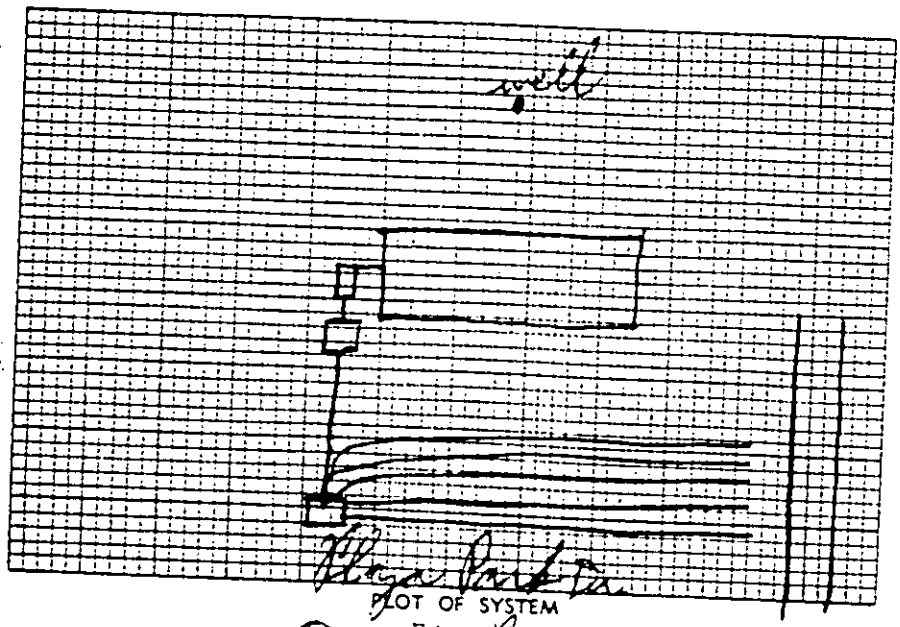
Date Issued 3-12-86 Serial No. 09028 ICAR(S) Permit No. 18358

T. C. No. 105-122-11

Map Date ✓

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 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 application 18358 dated 2-24-86 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-12-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate R.L

Liquid Capacity of Tank 1500+1000

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well >50'

NAME OF OWNER David Browning

LOCATION OF PROPERTY 8803 Plaza ~~Plaza~~ Park Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

5 lines 3'X80'X12" stone

Comments: _____

B. Hendricks
Division or Section Head

D. K. Ferguson
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy