

10012 FIRESIDE LN

11131105

8/26/08

marliwr

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

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary 20146
Date and Time: 2/27/2006 2:03:11 PM

Parcel ID #: 11131105 GIS ID #: 11131105	
Owner Name:	KATRINA L BROWN
Mailing Address:	10012 FIRESIDE LN CHARLOTTE, NC 28215
Property Characteristics	
Legal Desc.:	L32M20-903 10012 FIRESIDE LN
Land Area:	1 LT
Fire District:	12-ROBINSON
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
. 06705-506 (11/27/1991) $123,000.00	
Situs Addresses Tied to This Parcel	
10012 FIRESIDE LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 56.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701590171E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	REEDY
Watershed Class:	

Building Photography

PHOTO #1
Location: 10012 FIRESIDE LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by Mecklenburg County GIS
Geographic Information Systems

3/27/06 2:45PM
SV MADE. NO ANSWER AT DOOR.
LARGE DOG FENCED IN REAR YARD.
LEFT DOOR HANGER W/ #.

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20146 DATE: 3-23-01

TC: 111-311-05 ☐ L ☒ CRT

SERIAL Nº 18516

Name of Owner KATRINA BROWN Juris.: _____

Address of Property 10012 FIRESIDE LANE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield EXISTING

Number of Lines — @ —

Cover Depth —

Water Supply Source —

Distance to Water Source >50'

Excavation Inspected 3-23-01

Tank(s) Inspected 3-23-01

Wash Line Inspected _____

High Water Alarm Inspected 3-23-01

SEE PLOT PLAN

PLOT

Design ALTERATION - MOVED TANK, INSTALLED NEMA 4X BOX CTR# NORWOOD

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 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: TYPE II - B

Environmental Health Specialist

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

fund 200.00 ck # 4/24/00 4532 SC

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

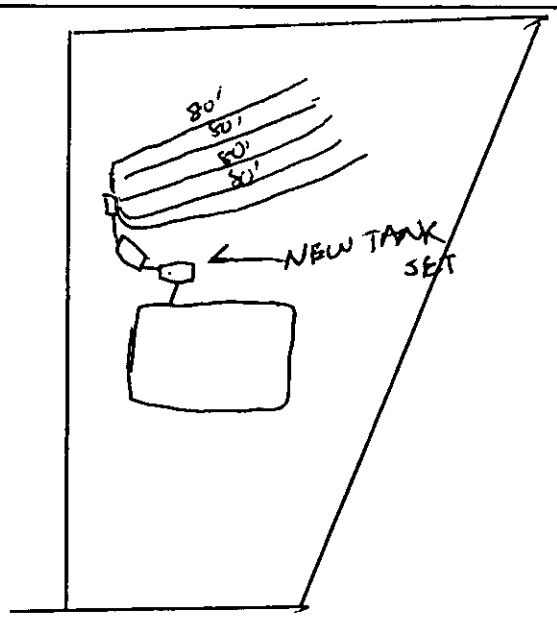
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20146 DATE: 4-6-00

TC: 111-311-05 [X] L

SERIAL Nº 18393

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 4-4-00. 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 I5A 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 1500 gallons

Liquid Capacity of Dosing Tank TO REMAIN gallons

Tank Construction PCC

Trench Depth NO CHANGE

Absorption and/or Nitrification Lines:

Trench Width NO CHANGE 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 100' feet

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

NAME OF OWNER KATRINA BROWN

LOCATION OF PROPERTY 10012 FIRESIDE LANE

Comments: (1) THIS ALTERATION PERMIT IS FOR REPLACEMENT OF EXISTING TANK, WHICH IS TO BE PUMPED AND REMOVED TO ALLOW FOR HOUSE LOCATION TO BE MOVED BACK. EXISTING PUMP TANK TO REMAIN,

* (2) "NAMA 4x" BOX TO BE INSTALLED, ~~TO REPLACE BOX~~

Andrew Adler
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 100 ck# 4553 [ ] CRT

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

(704)336-5102 20146

Date: 4-4-00

PERSON FILING APPLICATION:
NAME: RANDOLPH GOERS, INC (last) (first) (mi)
ADDRESS: 5317 LEBANON RD PHONE: (__) 5451740
CITY: CHAR STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-31-25
STREET ADDRESS: 10012 Fireside Ln
ZONING:

PROPERTY OWNER:
NAME: KATRINA BROWN (last) (first) (mi)
ADDRESS: 10012 FIRESIDE LN PHONE: (__) 6970550
CITY: CHAR STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 32 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted] Replace burned house same size
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) [redacted] BEDROOMS (L)
[ ] COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
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)
[X] 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 [X] 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: [signature] Date: 4-4-00

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.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 122791

Done

PROPOSED PLOT PLAN

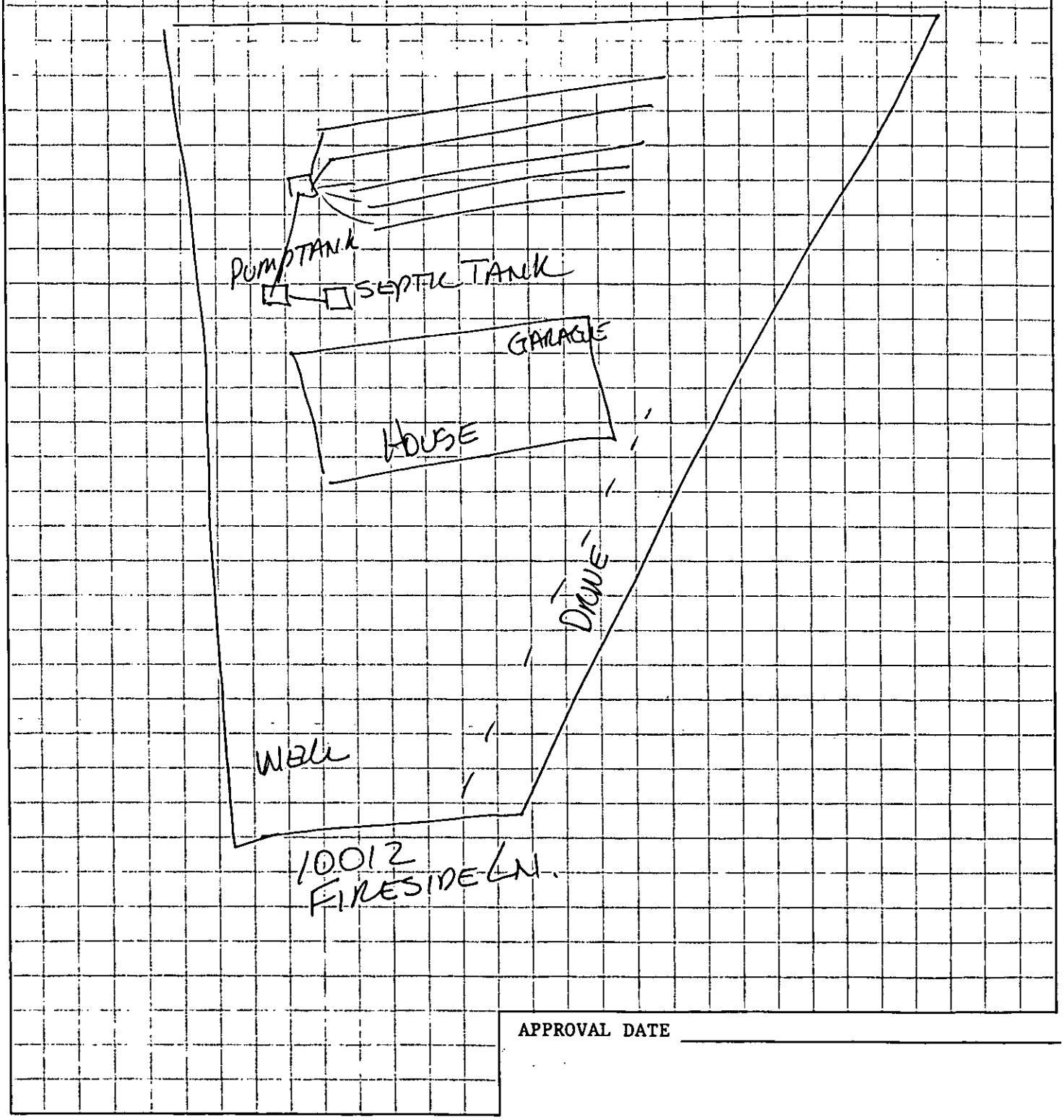
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20146

TC: 11-31-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy