

3416 GIBBON RD

04325107

12/19/2007

duponbj

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

file #1077B/9049A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50' CRT 7/2/93 PX 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

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 043-076-24

STREET ADDRESS: 3416 Gibbon Rd.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Stephens (last) Paul (first) Anthony (mi)

ADDRESS: 3416 Gibbon Rd. PHONE: (704) 596-4609

CITY: Charlotte, STATE: N.C. ZIPCODE: 28269

PROPERTY OWNER:

NAME: Stephens (last) Paul (first) Antony (mi)

ADDRESS: 3416 Gibbon Rd. PHONE: (704) 596-4609

CITY: Charlotte, STATE: N.C. ZIPCODE: 28269

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DETACHED GARAGE/WORKSHOP
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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: 2 NUMBER OCCUPANTS: 3

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 [X] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] 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: Paul A Stephens Date: July - 2 - 93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... use existing system

Repair done to washer-drainfield added + Washer line to dist box for drainfield sent to plumbing standards for approval-see attached service request.

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

Susan Patterson 8-9-93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

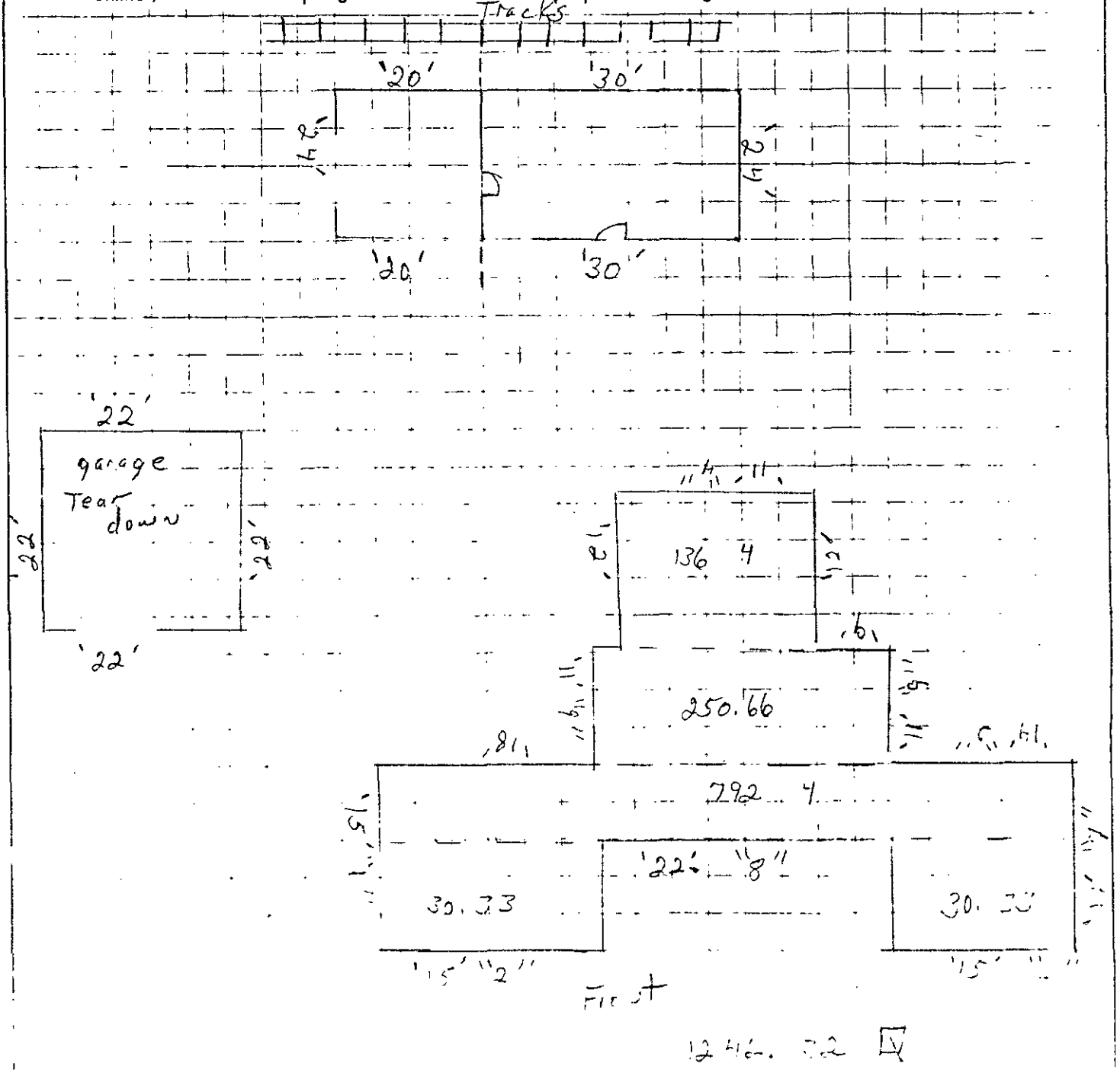
PROPOSED PLOT PLAN

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

FILE: 1077B / 9049A

TC: 043-026-24

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 _____

COMPLAINING PARTY: Sue Parman — Phone: 556

Address:

RESPONDENT CONTACTED: Paul Stephens 596-4609

Address: 341 Gibbon Rd City: Zip:

STEPS OF RESOLUTION: Spoke to Sue re: this matter. Explained that we would have to wait for written notification from Walter and then we could begin proceedings.

AGENCY ACTION:

DATE	ACTIVITY SUMMARY
	Report was done to correct violation of straight piping — They have a septic tank to collect garage drainage on property. Upon reviewing file for our section I guess it will need to be sent to epa section.

NOTIFICATION TO RESPONSIBLE PARTY: Letter / Verbal / Not Applicable

FOLLOW-UP:

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 10778 / 9049A DATE: 8-3-93

TC: 043-026-24 ☐ L ☐ CRT

SERIAL № 15397

Name of Owner Paul Stephens Juris.:

Address of Property 3416 Gibbon Rd.

Inspection Data:

Tank Material —

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12"

Water Supply Source well

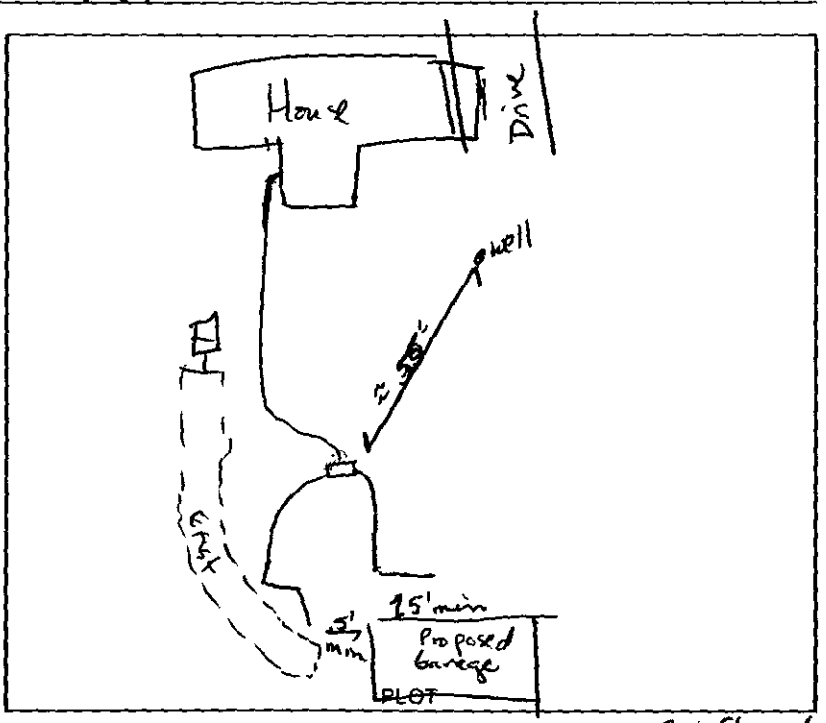
Distance to Water Source 50'

Excavation Inspected 8-3-93

Tank(s) Inspected —

Wash Line Inspected 8-3-93

High Water Alarm Inspected —



Jack Stewart

Design: 1993 Repair to washline, washer box not installed, 300 sq ft drainfield CTR# Dual at 3' x 50' x 16" stone, rock like

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: plumbing line from house to dist box not verified to be correct at this inspection - need to do according to NC State Plumbing Code - Referred to Bldg Standards Dept. 8/3/93 Washer line was discharging straight onto ground.

Susan Patterson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

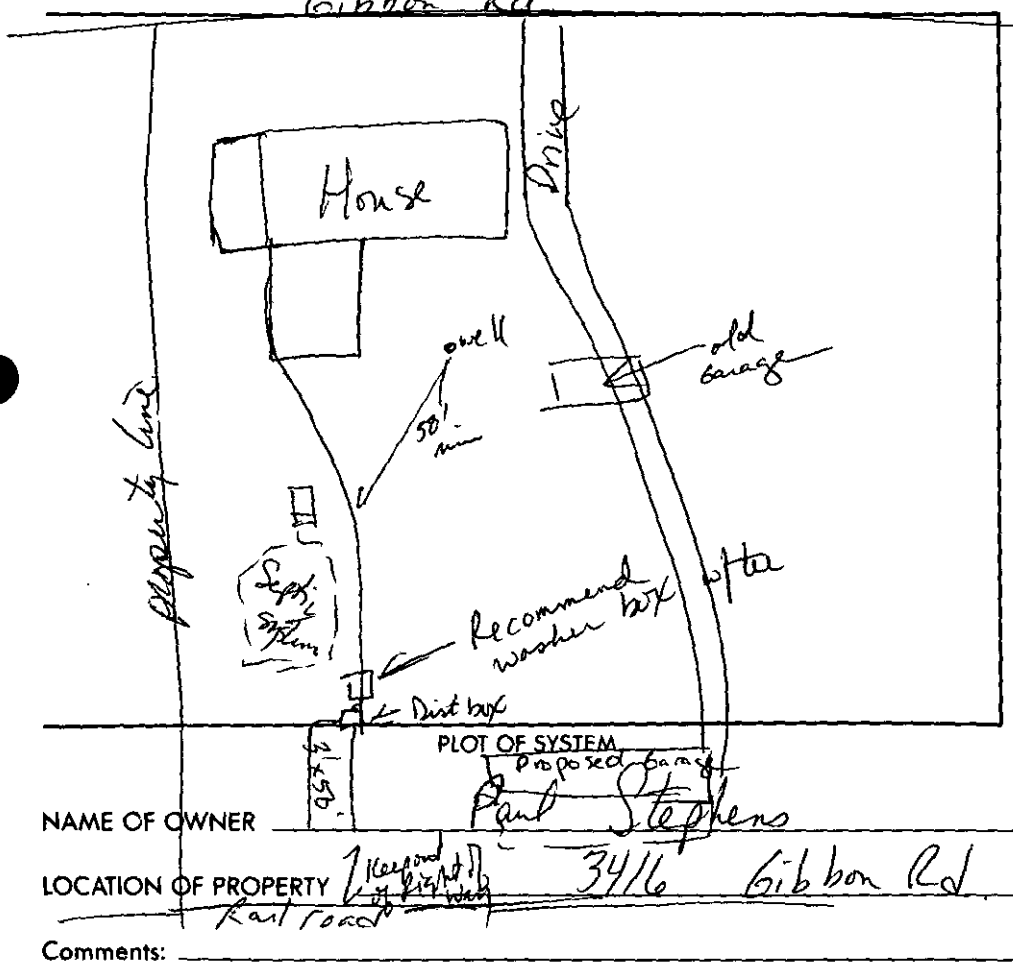
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1077B / 9049A DATE: 7-15-93

TC: 043-026-24 ☐ L

SERIAL Nº 15140

Permission is hereby given to ____ Install or Construct, X 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 7-15-93. All work shall be completed on or before 8-15-93, 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.



Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 100' feet

Number of Lines 2 at 50' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line Keep out of Railroad Right of Way 10' min feet

Distance from Well 50' min feet

12" soil cover

NAME OF OWNER Paul Stephens

LOCATION OF PROPERTY 3416 Gibbon Rd

Comments: Recommend washer box w/ sanitary tee be installed to the feed distribution box. Keep out of Railroad Right of Way & Keep off existing system

Division or Section Head

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

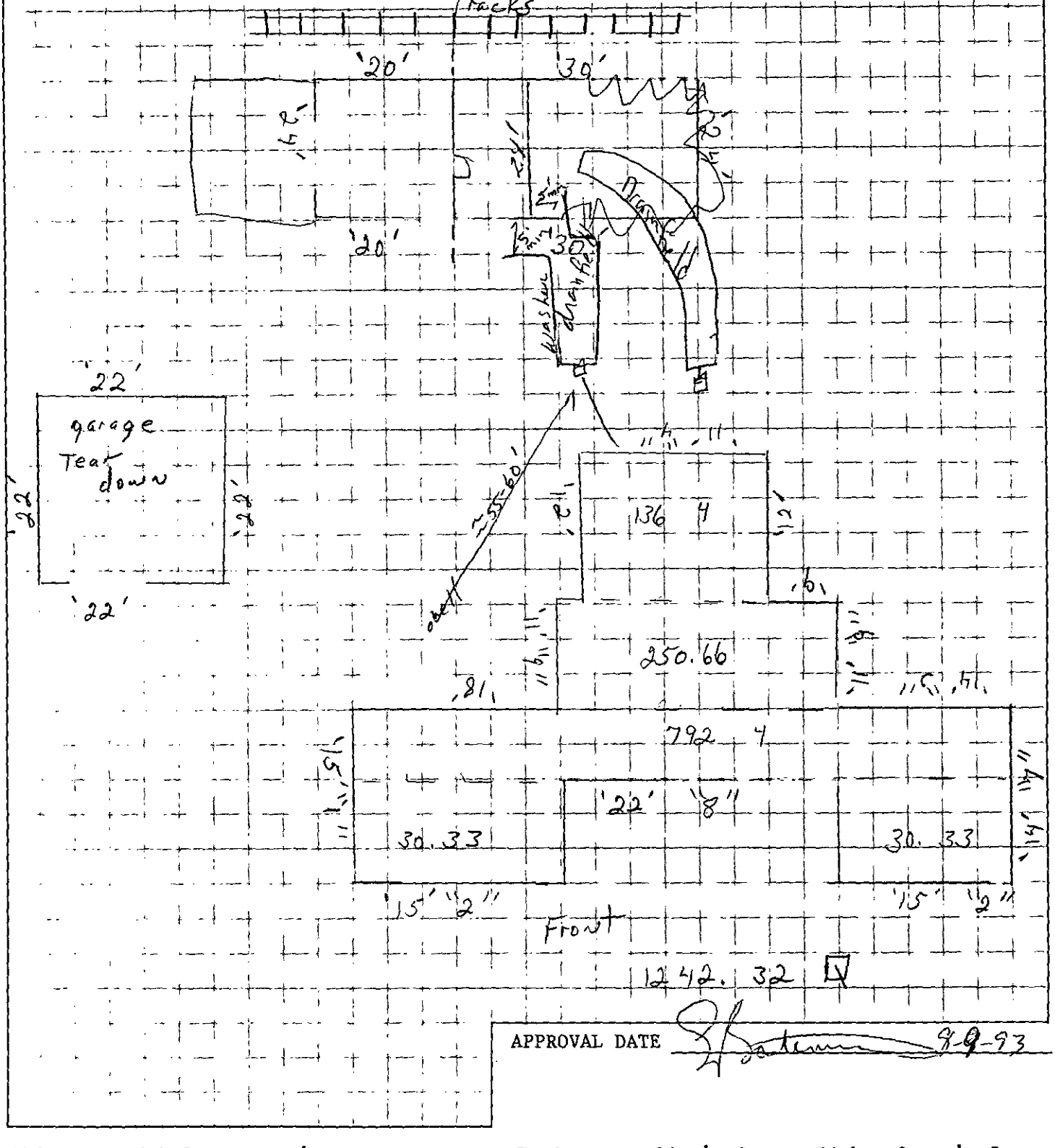
PROPOSED PLOT PLAN

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

FILE: 1077B / 9049A

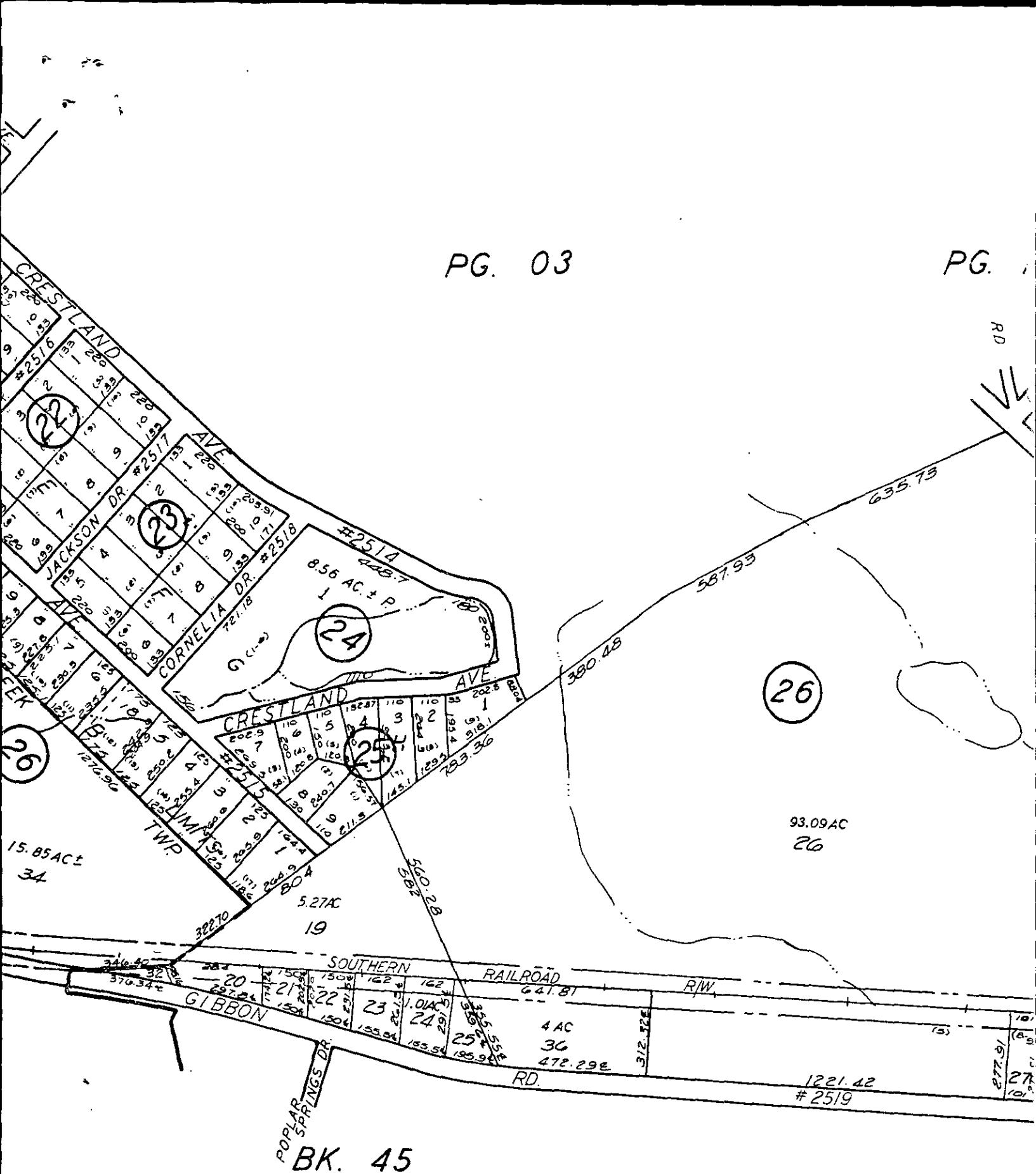
TC: 043-026-24

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 9-9-93

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


PG. 03
PG.
CRESTLAND AVE
#2516
#2517
#2518
#2514
JACKSON DR.
CORNELIA DR.
8.56 AC. ± P.
721.18
635.73
587.93
380.48
783.36
560.28
582
1276.96
15.85AC ±
34
5.27AC
19
93.09AC
26
322.70
80.4
SOUTHERN RAILROAD R/W.
641.81
GIBBON RD.
1221.42
#2519
POPLAR SPRINGS DR.
4AC
36
472.29 E
312.52 E
1.01AC
TWP.
BK. 45
TAX LIN
MECKLEN
REVISED
FOR TAX PURPOSES ONLY