

16452 MARVIN RD

22308137

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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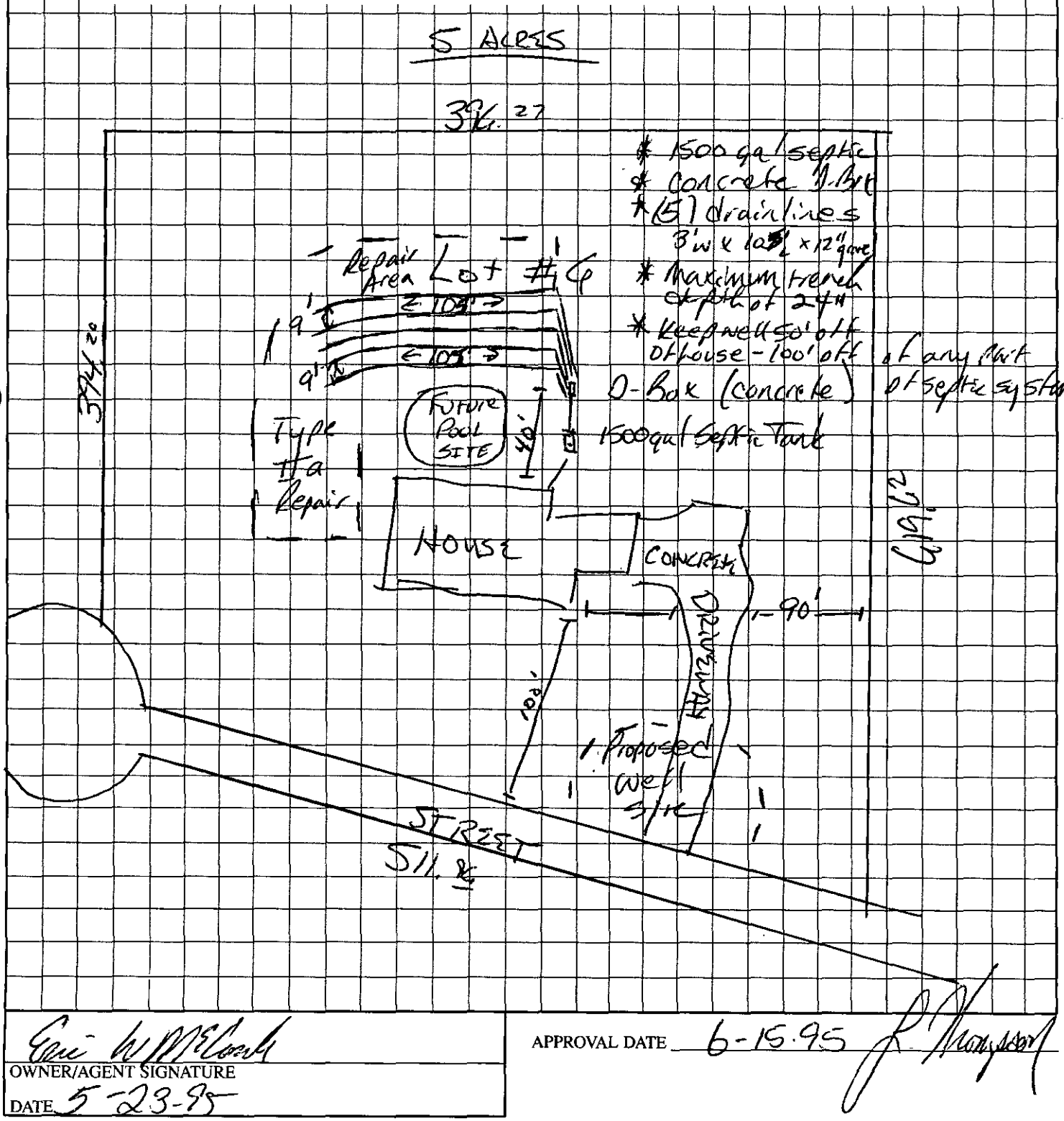
PROPOSED PLOT PLAN

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

FILE: 3591B

TC: 223-081-09 PD

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.



Eric W McCook
OWNER/AGENT SIGNATURE

DATE 5-23-95

APPROVAL DATE 6-15-95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MCHD

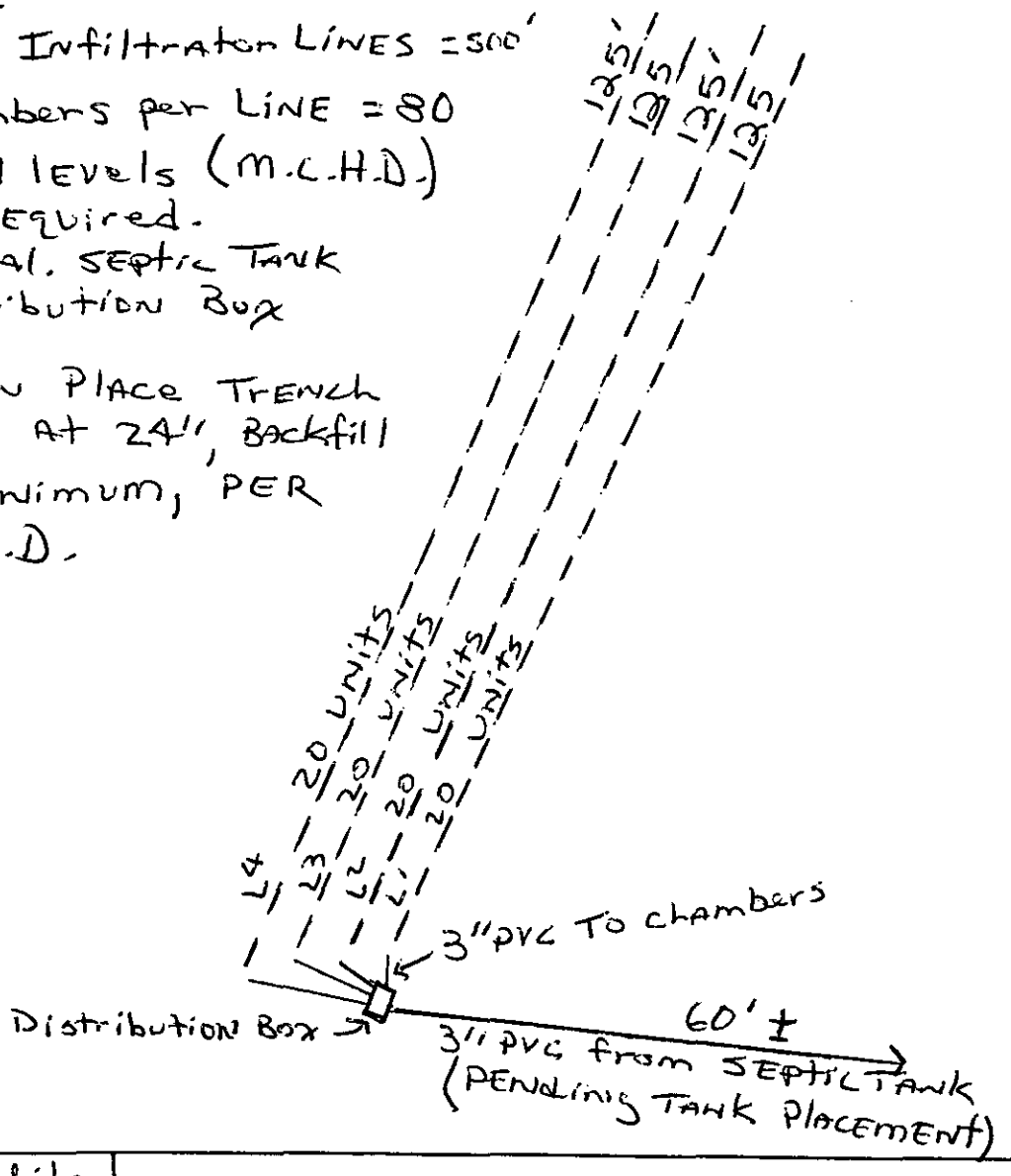
File: 3591-B

(5) Bedrm. Infiltrator Septic Plan / Gravity

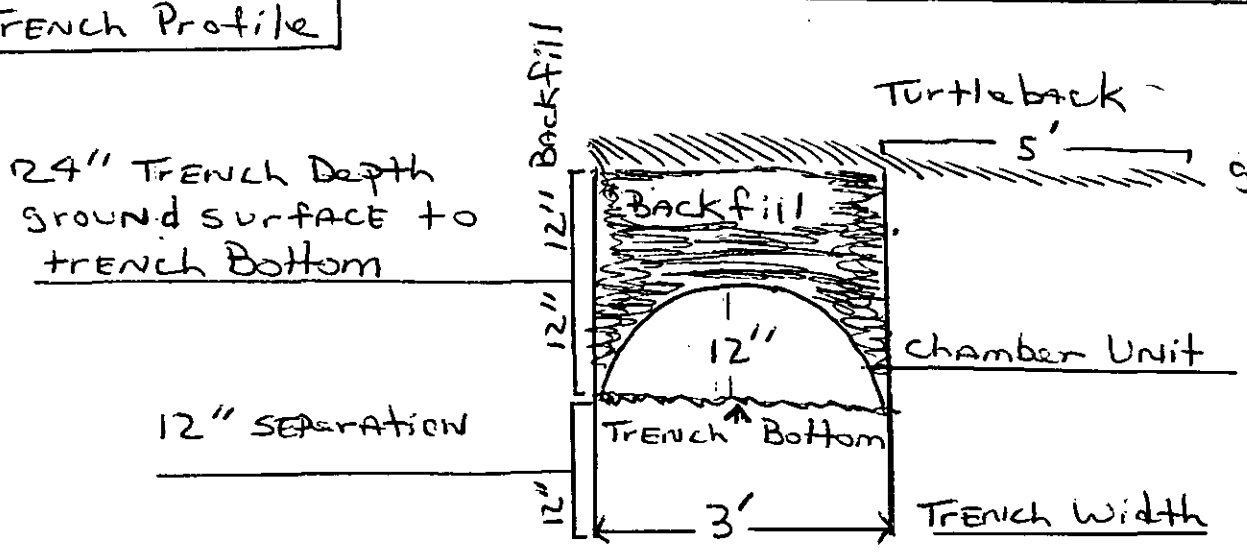
SPECS:

(4) 125' Infiltrator LINES = 500'
(20) Chambers per LINE = 80
(4) SPEED levels (M.C.H.D.) if required.
(1) 1,500 gal. SEPTIC TANK
(1) Distribution Box

* Shallow Place Trench Depth At 24", Backfill 12" minimum, PER M.C.H.D.



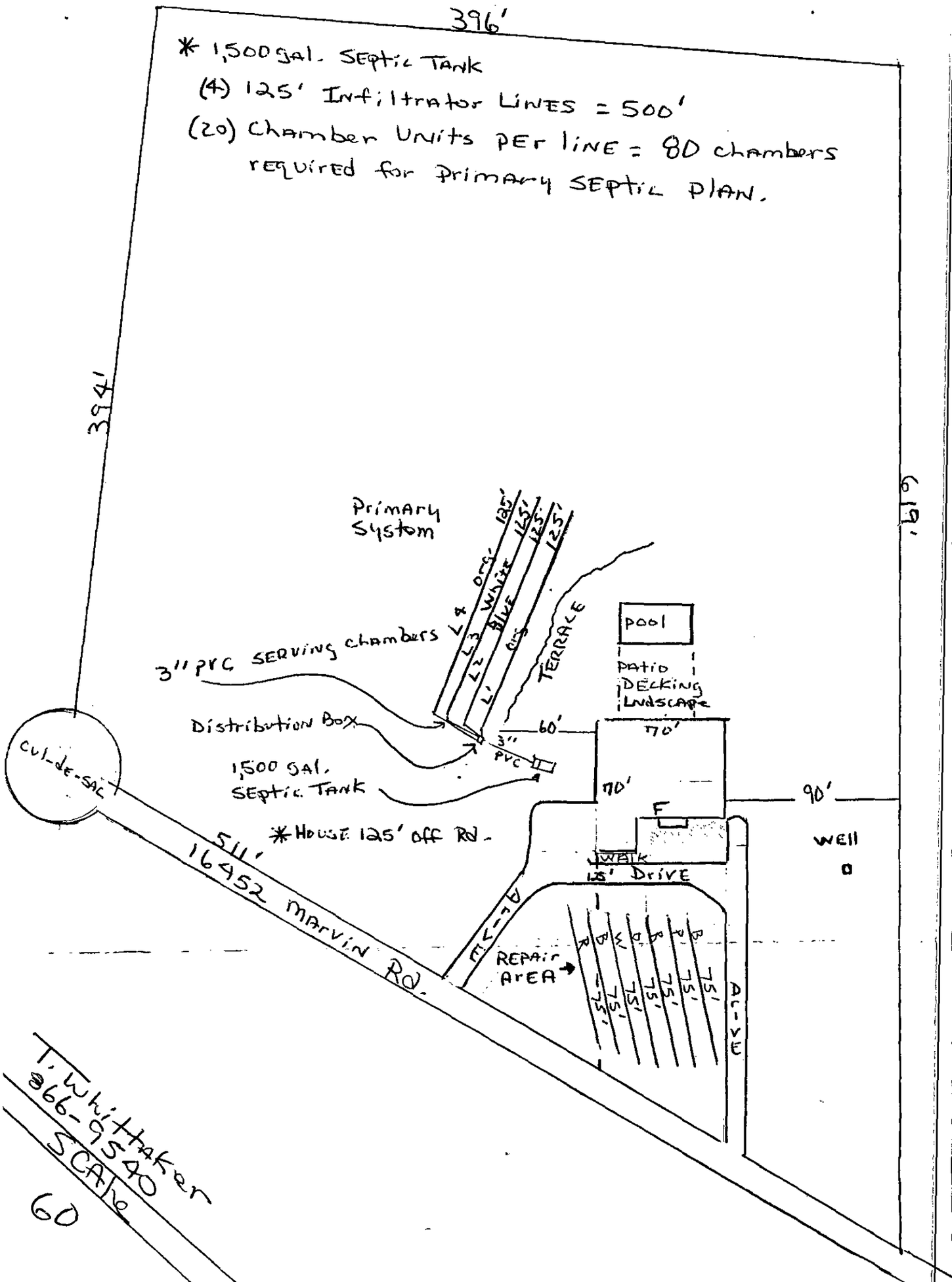
Trench Profile



NO SCALE

(5) Bedrm. Gravity Fed Infiltrator Plan

MCHD
File: 3591-B
TC: 223-081-09 PD



CERTIFICATE OF COMPLETION/OPERATION PERMIT

CO #16282 4/25/96 150.00

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

FILE: 3591B DATE: 3-22-96

TC: 223-081-09 ☐ L ☒ CRT

SERIAL Nº 16610

Name of Owner Brogan Duffy Juris.:

Address of Property 16452 Marvin Road

Inspection Data:

Tank Material PLC

Total Length of Drainfield 500'

Number of Lines 4 @ 125'

Cover Depth 12"

Water Supply Source Priv Well

Distance to Water Source > 100'

Excavation Inspected 3-22

Tank(s) Inspected 3-22

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500ST, INWS93-2, 1500SF, T, Cecil-like CTR# 90

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: INWS 93-2 installed according to approved plans for a 5 bedroom house Type III g (4) 3'w x 125' x 24" deep

Larry B. Thompson, R.S.
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: 3591 B DATE: 3-18-96

TC: 223-081-09 ☐ L

SERIAL Nº 16670

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 5-23-95. All work shall be completed on or before 4-18-96, 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.

* See appoved plans for IWWS 93-2 designed by Tim Whittaker.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 500 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 60 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Brogan Duffy

LOCATION OF PROPERTY 16452 Marvin Road

Comments: IWWS 93-2 - install according to approved plans - Plans for 5 bedroom house. (4) 3'w x 125'L x 24" deep

A Waterman for A Daniel, Program Chief 3-19-96

Larry B. Thompson Jr. R.S.
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 #: 3591-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 223-081-09 PO

STREET ADDRESS: 16452 Marvin Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Evermay

LOT NUMBER: 6, 5 Ac.

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: 3000+

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 2

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	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: Duffy, Brogan
(LAST) (FIRST) (MI)

ADDRESS: 7200 Hood Rd.

CITY: Ch. STATE: NC ZIP: 28215

DAYTIME PHONE: 704 537 4927

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 866- 9540

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNK.

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: Tim Whittaker for B.D. DATE: 3/7/96

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

MECKLENBURG COUNTY HEALTH DEPARTMENT 2600
SITE EVALUATION REPORT
SERIAL NUMBER 20607

File: 3591B Action 1

Parcel: PO 223-081-09 ☐ PC

Location: 16452 Marvin Road

Subdivision:

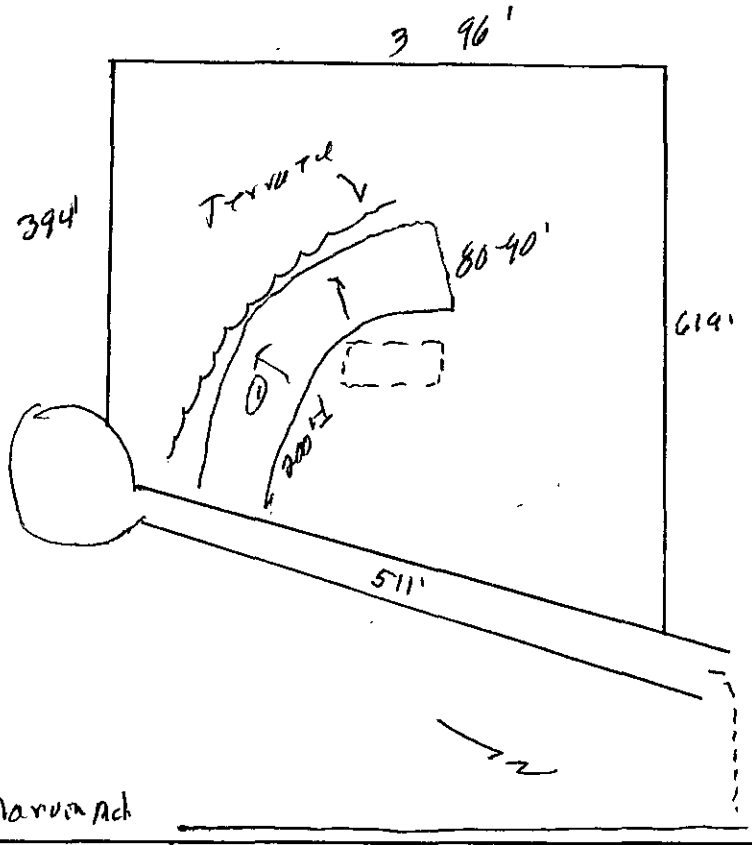
Lot: Block: Acres: .5 TNU

Owner: Brogan D Jeffrey
Address: 7200 Hood Road
Charlotte, N.C. 28215

Comments: 100% Repair, 3 gal/ft/day LTAR, additional area possibly available

Described by: William R. Martin

Date: 6-12-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Slight/1 Elay	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7½" Soil w.	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 32-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S PS) U 7 45"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

3591B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ok. $150 5/24/95 ck.#15648

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: 5/23/95

PERSON FILING APPLICATION:

NAME: McComb (last) Eric (first) W (mi)

ADDRESS: 7200 Hood Rd PHONE: (704) 537-4927

CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-081-0960

STREET ADDRESS: 16452 MARVIN Rd.

ZONING: _____

PROPERTY OWNER:

NAME: Duffy (last) BROGAN (first) (mi)

ADDRESS: SAME PHONE: (704) 537-4927

CITY: SAME STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: EVERMAY

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

LOT NUMBER: 6 LOT SIZE (in acres): 5

TYPE APPLICATION (check one):
- [x] SOIL TEST - INDIVIDUAL LOT (D)
- [x] 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 N)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] 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: 4/5 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: TW. 3/7/96

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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Jacuzzi
- [ ] Stable/Barn
- [ ] Workshop
- [ ] None
- [ ] 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: Eric W. McComb Date: 5-23-95

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.

...Conventional System for a 4 bedroom house (5) 3'w x 105'L x 12"G x 24"D trenches = 1500 Septic Tank

- [x] 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 6-15-95

Director or Authorized Section Head Date 6/16/95

WATER : 122 91