

10901 LEYTON PL

13912711

8/15/08

marliwr

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

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: LWMS Hazard? ( ) yes ( ) no

Date: 7/12/01 Parcel: 139.127.11 she want to chec inspect- be there is a pager

REQUESTING PERSON: Amy Ramos Phone 954.5550

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Alvarenga, Enrique

Address 10901 Leyton Ct. City Cha Zip 2222?

SERVICE REQUESTED: Septic is flooding yard whereas shown on form is used Yard is soggy.

ASSIGNED TO: Drew TAKEN BY: Ruby

DATE	ACTIVITY REPORT
7-13-01	PC TO 954-5550 PAGER.
7-701 5:15	PC FROM MS RAMOS S/U APPT FOR 1:30, 7-19-01
7-19-01 1:40	OSV W/ BOBBY McCARVER & REALTOR AND RAMOS AND HOMEOWNER. FOUND TWO TOILETS LEAKING, AREA OF MALFUNCTION DAMP, BUT NOT FLOWING. ADVISED TO CORRECT LEAKS AND RECHECK.
8/31/01	OSV PC TO MS RAMOS; REALTOR LM SHE CALLED BACK, STATED PROBLEM WAS STILL EXISTING -
8-31-01	OSV MOP. - NO VISIBLE EVIDENCE OF MALFUNCTION-
	PC TO MS RAMOS & ADVISED ON SITUATION AND SR. CLOSURE.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature 8-31-01 Date WRITTEN ___ VERBAL ✓

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

7-19-01 OSU W/ BOBBY MCCARVER W/ REALTOR AMY RAMOS AND HOMEOWNER. INVESTIGATION REVEALED TWO TOILETS LEAKING, AREA OF MALFUNCTION RAMP BUT NOT OVERLY FLOWING - I ADVISED PEOPLE PRESENT TO CORRECT LEAKS AND RECHECK AFTER CORRECTIONS COMPLETE.

AL

CERTIFICATE OF COMPLETION/OPERATION PERMIT 2460

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

FILE: 18/36 DATE: 7/25/95

TC: 139 127 11 ☐ L ~~CRT~~

SERIAL Nº 16308

Name of Owner Debra Hutto Juris.:

Address of Property 10901 Lexton Pl

Inspection Data:

Tank Material PCC

Total Length of Drainfield WB, SL 135' + 270' = 405' LF

Number of Lines WB 3(45') SL 3(90') @ WB, SL 45' - 90'

Cover Depth 12" - 22"

Water Supply Source well

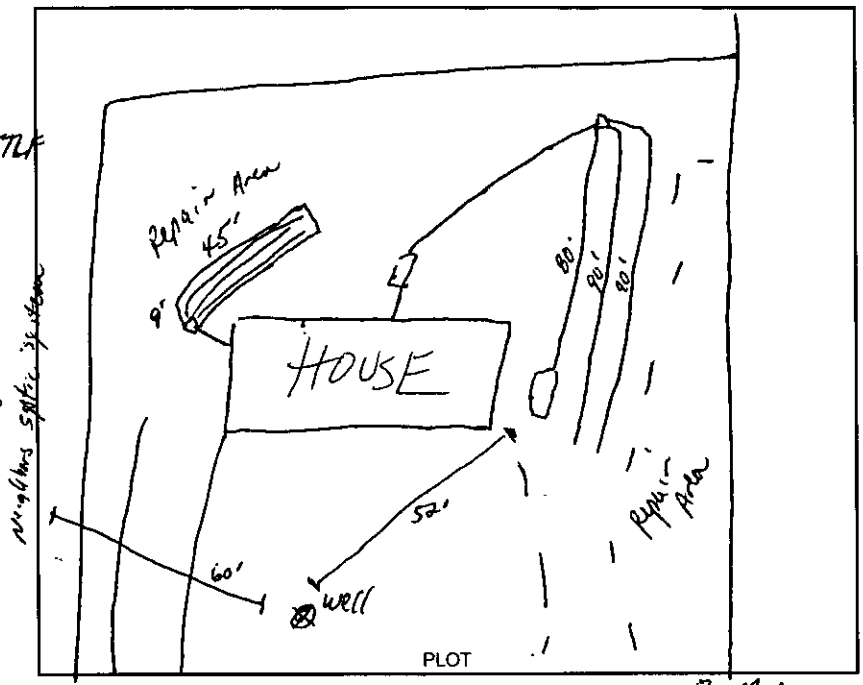
Distance to Water Source 52', well installed

Excavation Inspected 7/25/95

Tank(s) Inspected 7/21/95

Wash ~~Line~~ Bed Inspected 7/21/95

High Water Alarm Inspected —



Design 1995, 1500ST, CON, 405SFWB, 810SFT, 12" stone cecil CTR# B. 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 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: Septic system designed for 3 bedroom residence, Wash line altered to bed system because of unauthorize grading around house site / No 100% Repair required / Divert all surface water from drainfield areas. Well placed >50' from all drainfields

Philo J. Walker 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

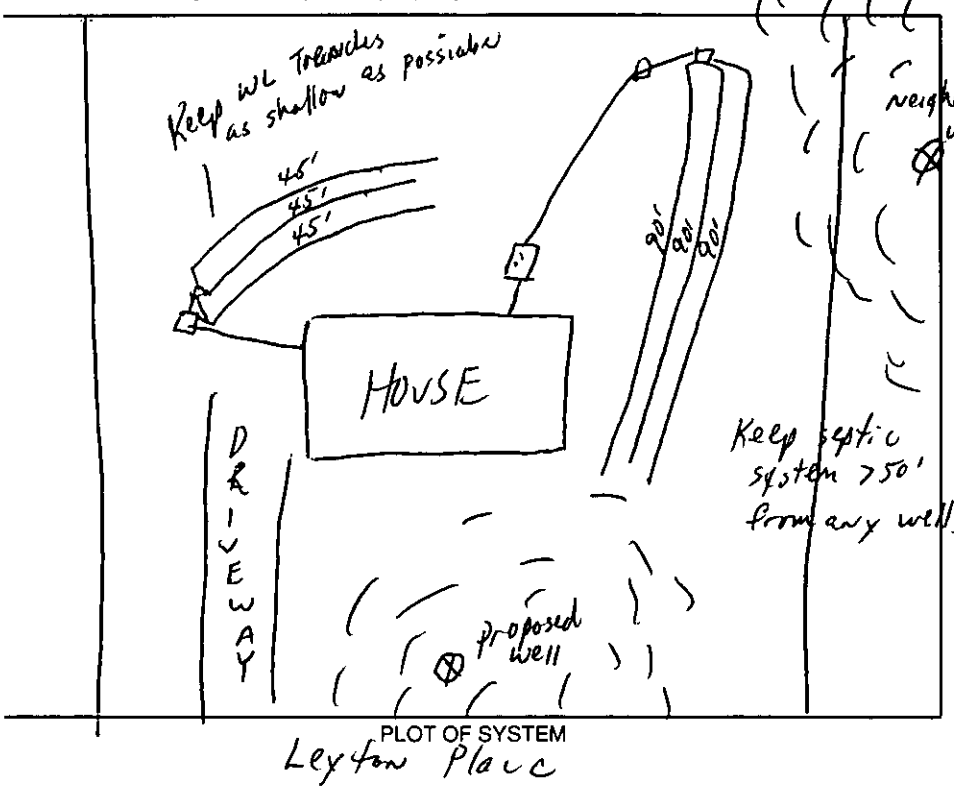
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18136 DATE: 3/14/95

TC: 139 127 11

SERIAL Nº 16307

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 4/6/95. All work shall be completed on or before 8/14/95, 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
Leyton Place

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank — gallons
Tank Construction PCC
Trench Depth 2'
Absorption and/or Nitrification Lines:
Trench Width 3' feet
Trench Walls Scored and Porous —
Total Line Length WL 135' + SL 270', 405' feet
Number of Lines WL 3(45) SL 3(90')
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 5 feet
Distance from Well 50 Minimum feet

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

NAME OF OWNER Debra Hutto

LOCATION OF PROPERTY 10901 Leyton Place

Comments: Keep septic system >50' from any wells | Proposed well must be placed in area indicated on permit | septic line 3 lines x 90' long x 3' wd x 12" stone
Washer line 3 lines x 45' long x 3' wd x 12" stone. No 100% Repair required

Stephen Powell, Program Chief 7-24-95

Phila S. Walker
Environmental Health Specialist

Additional Comments:
Builder excavated land around house appx 2' below original grade. May effect integrity of system.

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

18136

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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:

PERSON FILING APPLICATION:

NAME: Hutto (last) Deborah (first) D (mi)

ADDRESS: 1818 Cannon Ave PHONE: (704) 596-5964

CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-127-11

STREET ADDRESS: 10901 Leyton Pl

Charlotte NC 28222

ZONING:

PROPERTY OWNER:

NAME: Hutto (last) Deborah (first) D (mi)

ADDRESS: 1818 Cannon Ave PHONE: (704) 596-5964

CITY: Charlotte STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 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):

[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 M)
[] 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: 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 [] 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: Deborah D. Hutto Date: 3-24-95

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.

... proposed well must be placed in designated area indicated on plot plan only.

[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

Phila S. Walker 4/7/95
Environmentalist Date

Director or Authorized Section Head for Sylvia Daniel 4/18/95 Date

WWATER : 122791

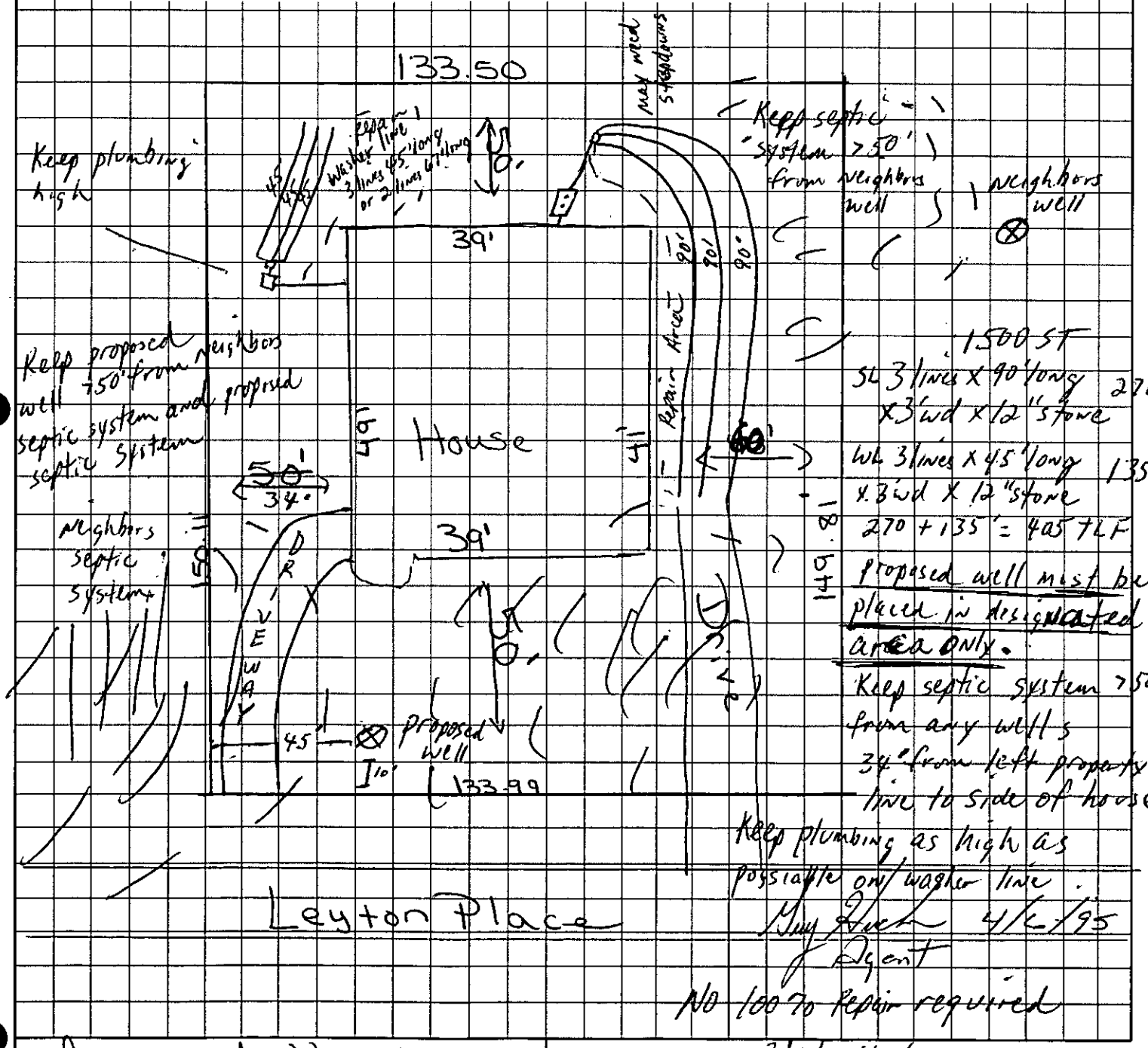
PROPOSED PLOT PLAN

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

FILE: 18136

TC: 139-127-11

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.



Deborah M. Hutto
OWNER/AGENT SIGNATURE

DATE 3-24-95

APPROVAL DATE PJW 4/6/95

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028528

File: 19136 DX600 Action 1

Parcel: 139-127-11 ☐PC

Location: 139 Layton Place

Subdivision:

Lot: 40 Block: Acres: .49

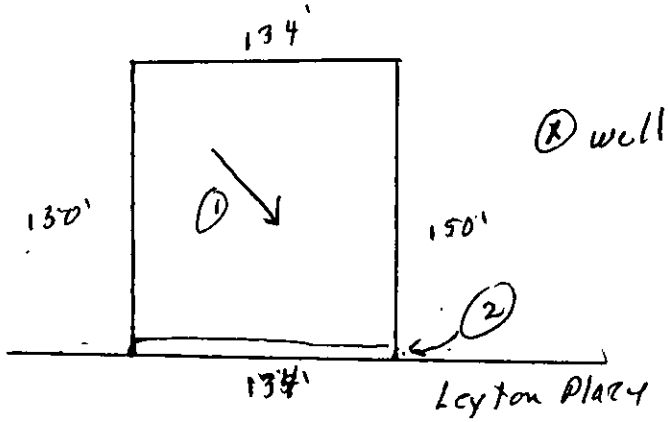
Owner: Deborah D. Wells
Address: 1816 Cannon Ave.
Charlotte, N.C. 28269

Comments: ~~3 gal/day LTAR system may need pump- does not require I&E repair~~

Described by: William B. Marlin

Date: 4-4-95

72



***** 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 6-15%	S PS (U) 72' cut	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage 7 46" To	(S) PS U soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	III Cecil-Hille	72' cut				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

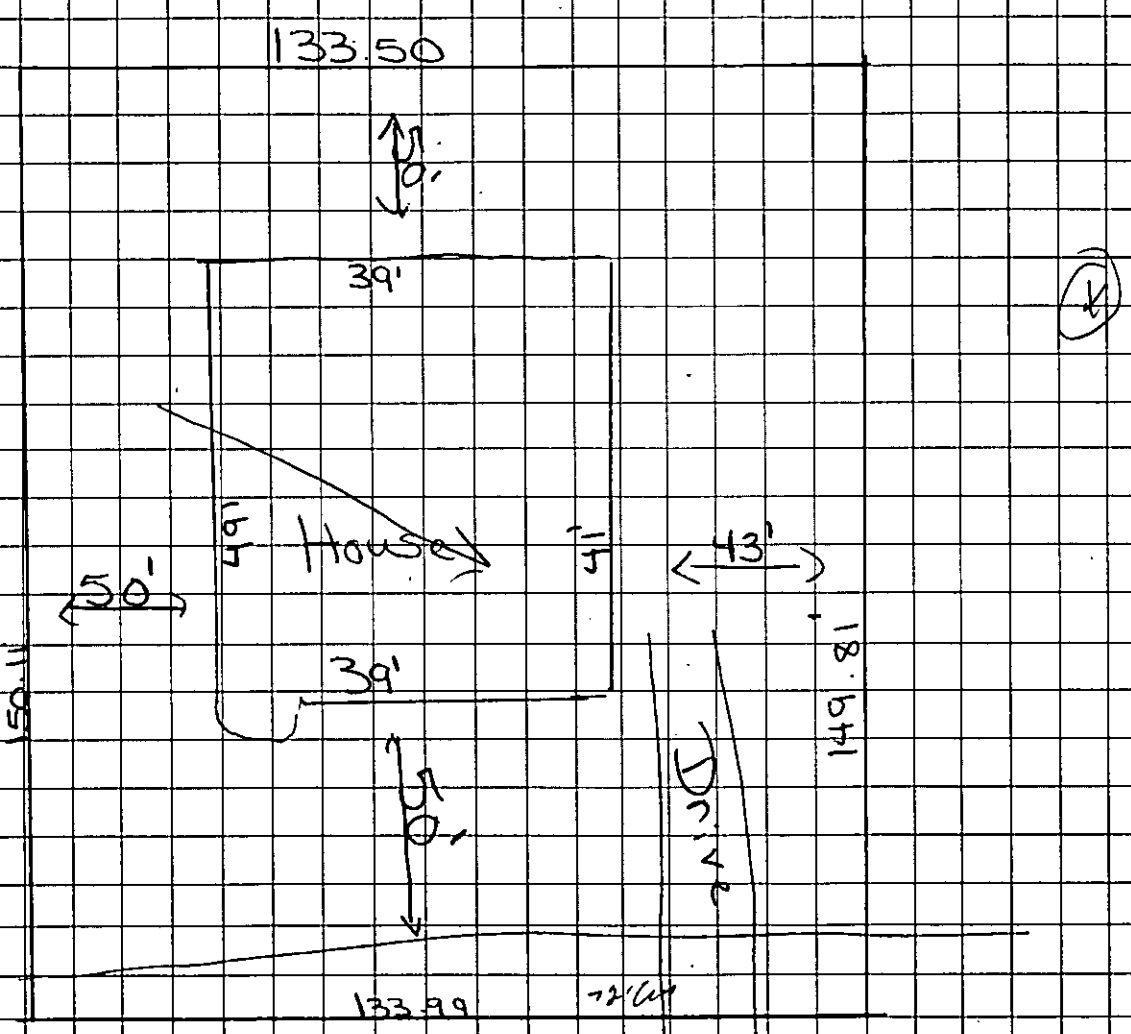
PROPOSED PLOT PLAN

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

FILE: 18136

TC: 139-127-11

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OWNER/AGENT SIGNATURE

DATE 3-24-95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028528

File: 19136 Action 1

Parcel: 137-127-11 ☐ PC

Location: 137 Jayton Place

Subdivision:

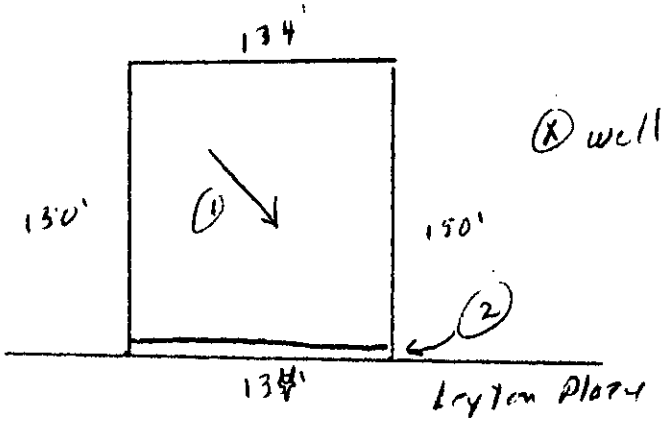
Lot: 80 Block: Acres: .49

Owner: Deborah D. Hollis
Address: 1816 Cannon Ave.
Charlotte, N.C. 28207

Comments: .3 gal/ft²/day LTAR
system may need pump - does
not appear will open

Described by: William A. McMath

Date: 4-4-95



*** EVALUATION KEY ***

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The "Area Classification" below indicates the suitability of areas in the diagram.

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Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 46"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV cecil/Lloyd	72" cut				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U