

13033 GRAYMIST DR

11123405

4/15/08

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: 1318 A DATE: 4-27-98

TC: 111 23103 ☐ L ☐ CRT

SERIAL Nº 17568

Name of Owner ROBERT AND DEBRA MAROLF Juris.: _____

Address of Property 13033 GRAY MIST DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 150'

Number of Lines 3 @ 50

Cover Depth 18" SOIL

Water Supply Source WELL

Distance to Water Source 2100'

Excavation Inspected 4-27-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected _____

* SEE INSTALLATION PERMIT

PLOT

Design REPAIR DU CON 750 A 24 G CECIL CTR# ZANE PFEIFFER

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: * HOMEOWNER NEEDS TO UPGRADE MANHOLE 6" ABOVE FINISH GRADE.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

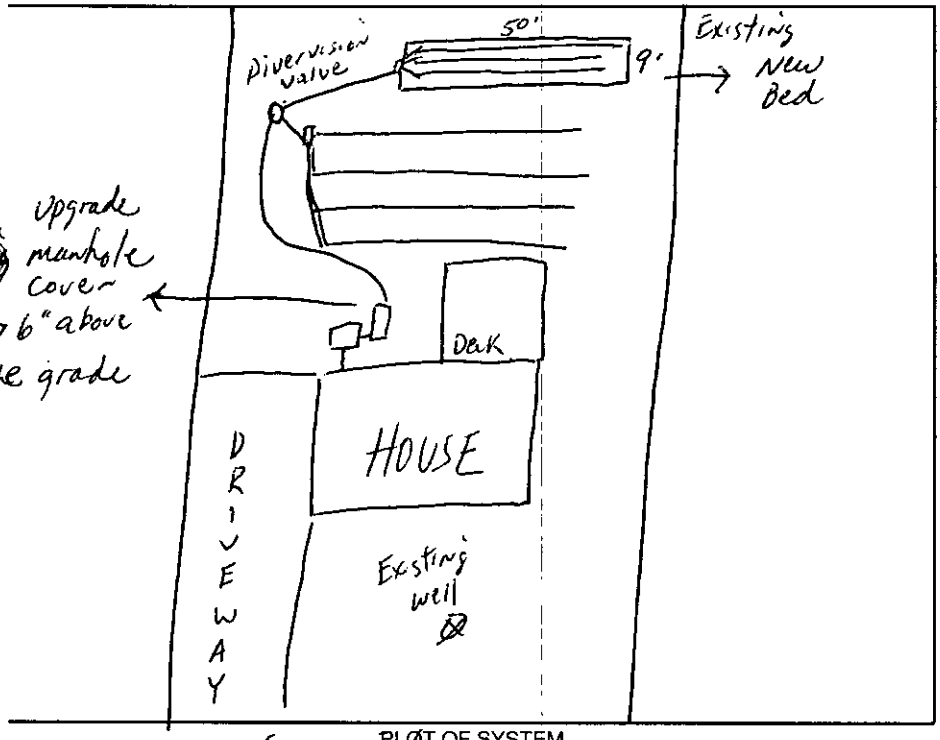
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1318 A DATE: 4/

TC: 111 231 03 ☐ L

SERIAL Nº 17214

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 -

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width (Bed) 9' feet

Trench Walls Scored and Porous Yes

Total Line Length (Bed) 150' feet

Number of Lines (Bed) 3 (50')

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Robert & Debra Marolf

LOCATION OF PROPERTY 13033 Graymist Dr

Comments: Bed system repair, Diversion valve, 9'wd X 50'long X 24" stone
Upgrade manhole cover >6" above the finish grade / Keep septic system >100' from any wells

Philip S. Walker
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

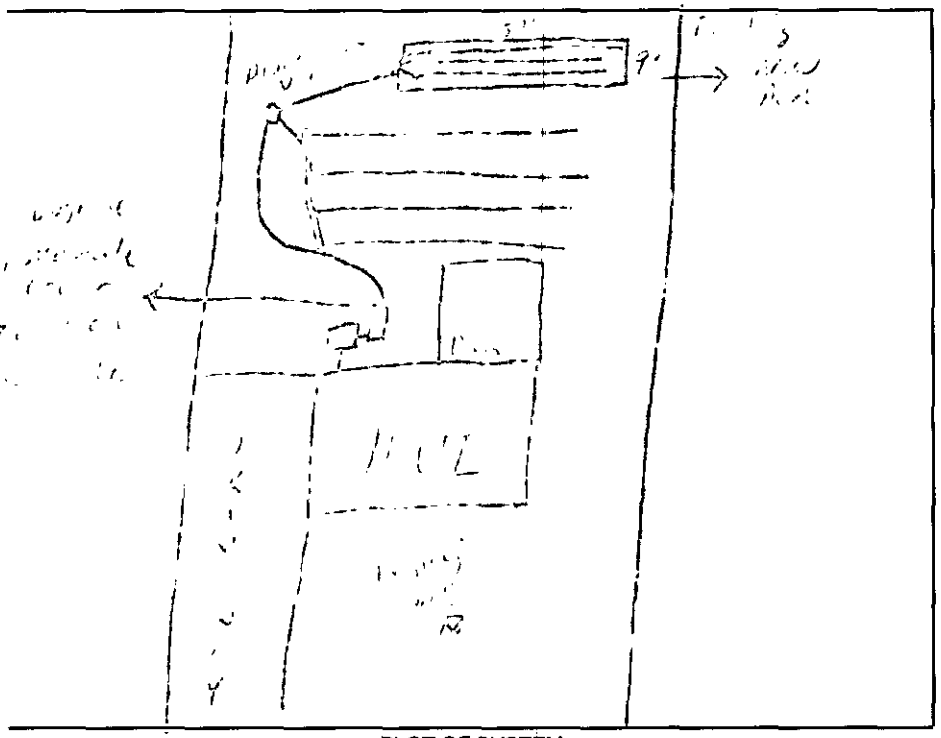
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1518 H DATE: 4/

TC: 11 21 03 ☐ L

SERIAL N: 17214

Permission is hereby given to _____ Install or Construct, ___V___ 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 _____ gallons

Liquid Capacity of
Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER _____

LOCATION OF PROPERTY _____

Comments: _____

_____

_____

_____

_____

Environmental Health Specialist

Mecklenburg County
Health Department

REGISTRATION FOR THE PURPOSE OF CONDUCTING A BUSINESS

TO INSTALL/CONSTRUCT/ALTER/REPAIR/DESIGN

SEWAGE TREATMENT AND DISPOSAL SYSTEMS

IN MECKLENBURG COUNTY

BUSINESS NAME: Plumb-Tech

OWNER: Zane B. Phifer

ADDRESS: 424 Wildwood Dr. Salisbury N.C. 28146

PHONE NUMBER: 704-636-8605 ***BUSINESS***

704-639-8964 ***HOME***

PLEASE LIST OTHER NORTH CAROLINA COUNTIES IN WHICH YOU HAVE INSTALLED SEPTIC SYSTEMS:

SUBMITTED IN COMPLIANCE WITH SECTION .1937(g) OF THE NORTH CAROLINA ADMINISTRATIVE CODE.

Zane Phifer

Owner

6-24-98

Date

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

SERVICE REQUEST/WORK ORDER

Log No.: 00189341 Section: IWWS Hazard? [ ] Yes [ ] No

Date: 3-2-98 Parcel: 111-231-26 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Jenny Massed Phone 347-7811 ext. 5428

Address 13101 Graymist Dr. City _____ Zip _____

PROPERTY CONCERNED: Facility Name c/o Robert + Debra Marolf

Address ~~to the left of 13101~~ 13033 Graymist Dr City _____ Zip 28215

File 1318A

SERVICE REQUESTED: Malfunctioning septic system - backyard . . .

ASSIGNED TO: Philo Walker **TAKEN BY:** Sue Bateman

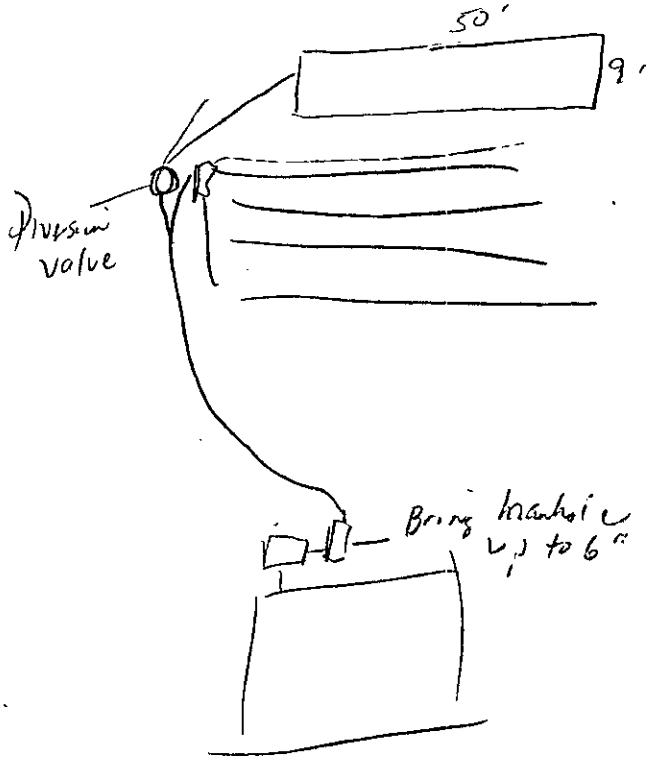
DATE	ACTIVITY REPORT
3/3/98	OSV conducted. Privacy fenced in back yard. Could ~~not observe back yard area~~. Left card on door for property owners to contact me ASAP. Observed drainfield area from neighbors yard. Effluent appears to be surfacing in back right side of yard
3/6/98	NOV mailed
3/20/98	Bob Marolf call regarding NOV. Appointment was set to meet on property at 11:00 W/ Zone Phifer (contractor) Mr Marolf and myself. Met W/ Marolf and Phifer on lot. Mr Phifer stated that he needed to get registered and would installed septic system after they get registered.

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓) Verbal ( ) Not Applicable

COMPLETED BY: _____ /

REVIEWED BY: _____ /

9'wd x 50'long x 24" stone



Jenny Massed

347-7891 ext 5428

to left of 13101 Greymist Dr.

backyard malfunctioning

- mosquito

- McMahon → tenants -

Maiden -

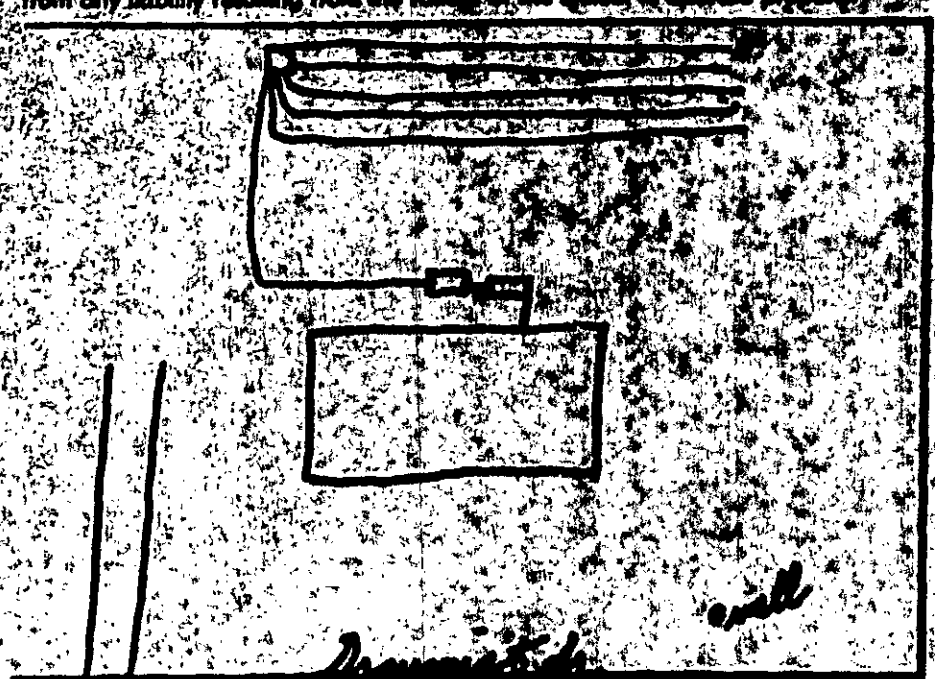
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1318-A DATE: 9-29-8
PO
TC: 111-231-03 ☐ L
SERIAL No. 11306

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatm
system with subsurface, soil absorption, effluent discharge as specified, herein at the described location. This permit is gra
based upon the information supplied in the application dated 9-15-87 All work shall be completed
before 10-29-87 after which date this permit shall be null and void. The system shall meet all
construction requirements of 10NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificat
Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health be
any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the s
anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such s
from any liability resulting from the failing of the system to operate properly.



Liquid Capacity of Septic Tank 1500 g
Liquid Capacity of Dosing Tank 1500 g
Tank Construction Con
Absorption and/or Distribution Lines
Trench Width 3
Total Line Length 400
Number of Lines 5
Depth of Lines 12
Distance from Home 5
Distance from Property Line 10
Distance from Well >50

Diagram of System

NAME OF OWNER Charlotte Housing Authority
LOCATION OF PROPERTY 1303 Thompson Dr.
Comments: Sand 3'x20'x12" Trench

Division or Section Head

* 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 Department of Environmental Health in order to be valid. Only the property owner or his representative is permitted to sign or pick system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - [illegible] COPY ● PINK - OWNER OR AGENT'S COPY

Action 42

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 1318A

SITE EVALUATION REPORT Parcel: 111-231-03P0

SERIAL NUMBER 10277

Location: 13033 Graymist Drive

Subdivision: Graystone

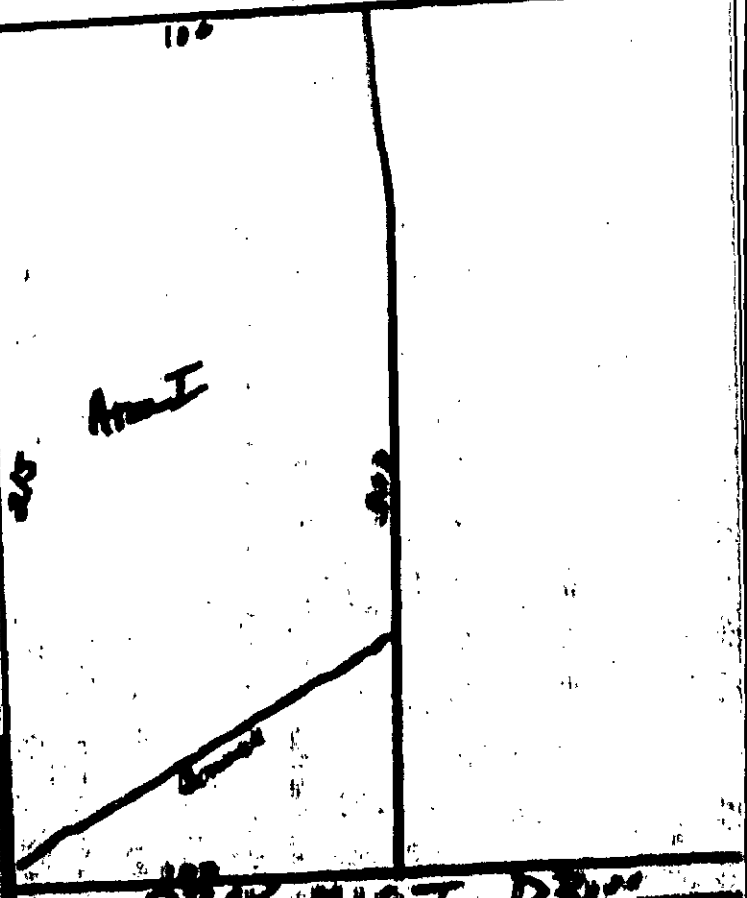
Lot: 9 Block: Acres: 4.3

Owner: Edward Gary Gray
Address: P. O. Box 23288
Charlotte, N. C. 28212

Comments: _____

Described by: W. Ramsey

Date: 2-5-86



*** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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		
Soil Group/Series	Cecil					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U