

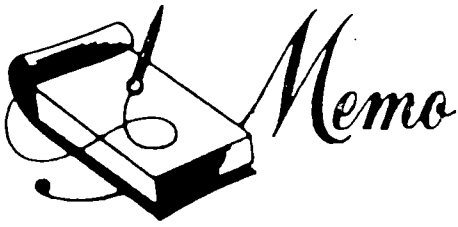
9633 MARKUS DR

13701230

6/13/2007

duponbj

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



FROM THE DESK OF

Ted E. Gantt

Dear Lorraine -

Our records show on the microfiche that 9633 Markus was an unrecorded deed.

Apparently, at some point two lots were owned on this street & the 9633 lot was sold without the deed being recorded.

Since 9633 appears to be the correct # for this unit, I have filled out the app. with that #.

Call me at 334-6481 ext 25, if any questions. Thanks,

Ted E. Gantt

2/22/93

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:
NAME: GANT, Ted (last) (first) (mi)
ADDRESS: 1445 E T St PHONE: (704) 334-6481
CITY: Davidson STATE: NC ZIPCODE: 28204

Date: 2/16/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-012-13
STREET ADDRESS: 9633 MARKUS Dr
CRan MINT HILL
ZONING:

PROPERTY OWNER:
NAME: Fisher Larry A. Trustee (last) (first) (mi)
ADDRESS: 216 LAUREL PHONE: 704 259-5598
CITY: Arden STATE: NC ZIPCODE: 28704

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: 3 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 [] 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: [signature] Agent for owner Date: 2/22/93

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.

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

...6-22-93 verified not malfunctioning maintenance done to system did not need repair at this time Statement

Environmentalist Date

Director or Authorized Section Head Date

4-21-93 Jack Stewart said he fixed d-box

6-22-93 malfunction working properly cleaned out no apparent dist. box system appears working properly No repairs at this point

CONTRACTOR SHOWING permit needed

3/1 left message on machine

3/4 left message on machine

WATER: 122791

3/8 met w/ owner + Jack Stewart at site

Kaplan

63194

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:
NAME: SANTT (last) , Ted (first) (mi) eff 25
ADDRESS: 1445 E T[illegible] PHONE: (704) 334-6481
CITY: Char STATE: NC ZIPCODE: 28204

Date: 2/16/93

PROPERTY OWNER:
NAME: ~~Fisher~~ Fisher (last) , Larry (first) A. (mi) Trustee Wanda Moore
ADDRESS: ~~2116~~ 216 HAMPTON PHONE: (704) 259-5598
CITY: ARDEN STATE: NC ZIPCODE: 28704

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-012-13
STREET ADDRESS: 9633 MARKUS DR
CHAR MINT HILL
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

COMPUTER IS SHOWING
#6704 MARKUS DR - MINT HILL

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 63194 DATE: 8/14/90

TO: 137-012-00 ☐ L ☐ CRT

SERIAL

Name of Owner Mowrer Wanda Juris.:

Address of Property 9633 Marcus Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 140'

Number of Lines 2 @ 70'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 50'

Excavation Inspected 8/14/90

Tank(s) Inspected 8/14/90

Wash Line Inspected 8/14/90

High Water Alarm Inspected

PLOT

Design: 1990 Washer Repair 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 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:

Judy A. Kuis RS.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

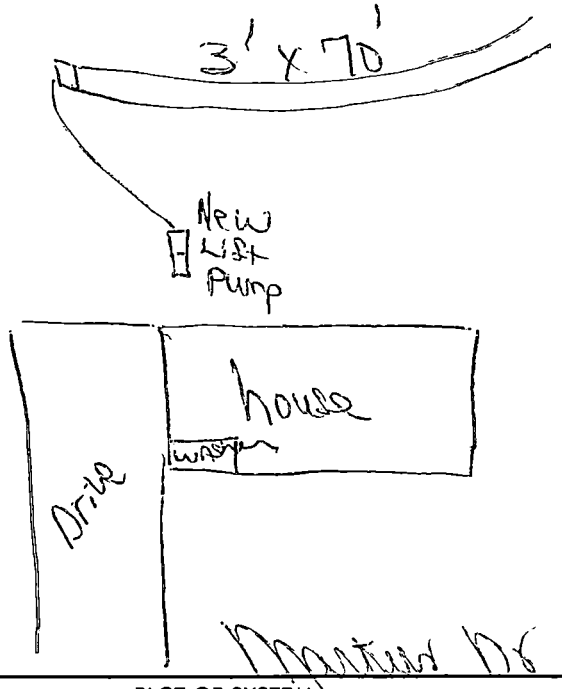
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6319 A DATE: 6/11/90

TC: 137 012 00 A L

SERIAL Nº 13364

Permission is hereby given to _____ Install or Construct, L 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 7/11/90, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 140 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Mowery Miranda

LOCATION OF PROPERTY 9633 Mantua Drive

Comments: Install Two (2) Trenches 3' x 70' x 12" Stone Bed Pump Station Required

_____ Division or Section Head

Audrey J. Klein R.J. 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

File 6319A

LOCATION Wilgrove OWNER W. K. Gladden WHITE _____ COLORED _____

ADDRESS 9633 Monroe Rd. OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ date

Repaired _____ date

WATER SUPPLY:

Source Well will be drilled later

If well, type

_____ (Bored)

_____ (Drilled)

_____ (Dug)

Distance from nearest pollution _____ ft.

SEPTIC TANK:

Material P.C.

Dimensions _____

Volume 1000 gal.

Type secondary treatment # 10 Stone nitrification line

No. of bedrooms 3

Permit Number 10561

Approved YES

Approved by Nichols

Contractor or Plumber Locust Constn. Co.

Address Locust, N.C.

Remarks P.R - 52

FHA CASE NUMBER _____

VA CASE NUMBER _____

5' x 150' ~~filter trench~~

Date 7-11-69

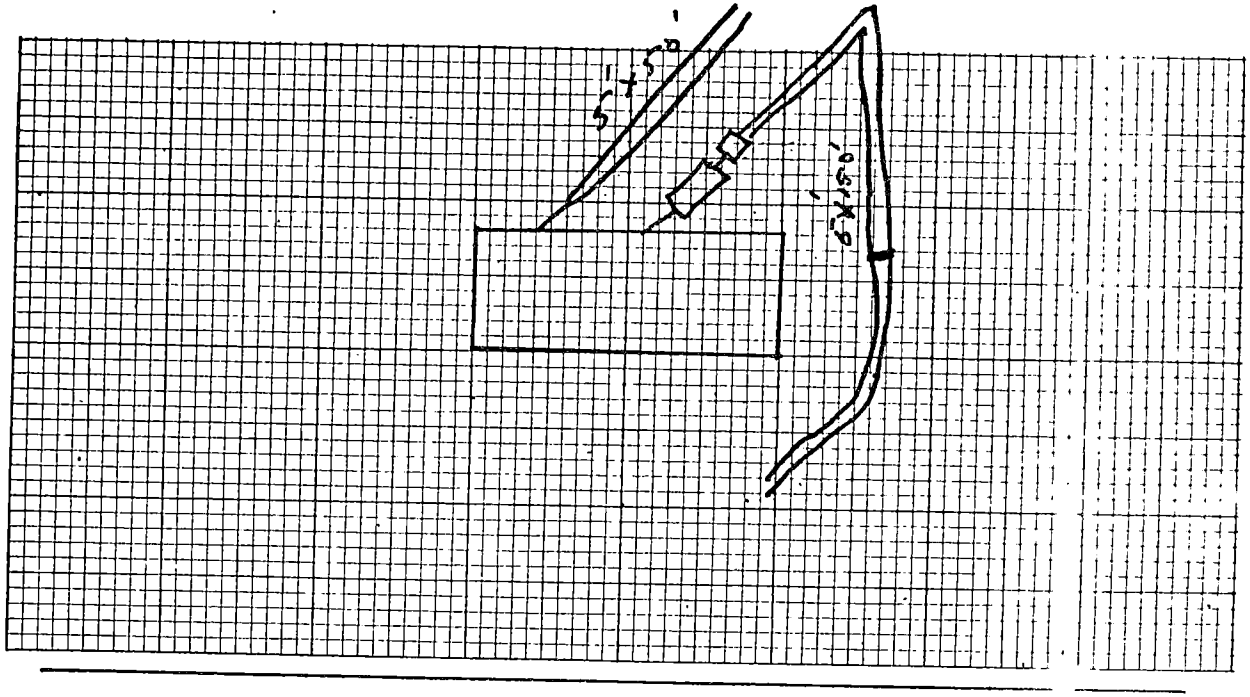
Date 7-11-69

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

another line
check pump
to see if
operating
properly

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 6319A

TC: _____

SERIAL: № 19451 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9633 Markus Drive (STREET NO. / STREET) ② FILE: 6319A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-612-00

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Wanda (FIRST) by Donna C Glad (Rentor) (MIDDLE) MOORS (LAST)

⑨ MAILING ADDRESS: 9633 Markus Drive

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 379 9485 ⑭ (HOME) 545 1209

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Donna Glad (Rentor)

Date: 11/13/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.