

13147 MARLSTONE LN

11126128

4/14/08

marliwr

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

FEE: N/A
DATE: 5/18/98

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 533A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-261-28

STREET ADDRESS: 13147 MARLSTONE LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15

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: 1820

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

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)
X 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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: ABRAHAM (LAST) GENE (FIRST) D. (MI)

ADDRESS: 13147 MARLSTONE LANE

CITY: CHARLOTTE STATE: NC ZIP: 28215

DAYTIME PHONE: (704) 573 - 0716

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Gene D. Abraham DATE: 5-15-98

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

FEE: NA
DATE: 5/18/98

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 533A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-261-28

STREET ADDRESS: 13147 MARLSTONE LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15

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: 1800

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

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)
X 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
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ABRAHAM (LAST) GENE (FIRST) D. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 13147 MARLSTONE LANE	DAYTIME PHONE: ( ) —
CITY: CHARLOTTE STATE: NC ZIP: 28215	
DAYTIME PHONE: (704) 573 - 0716	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Gene D. Abraham DATE: 5-15-98

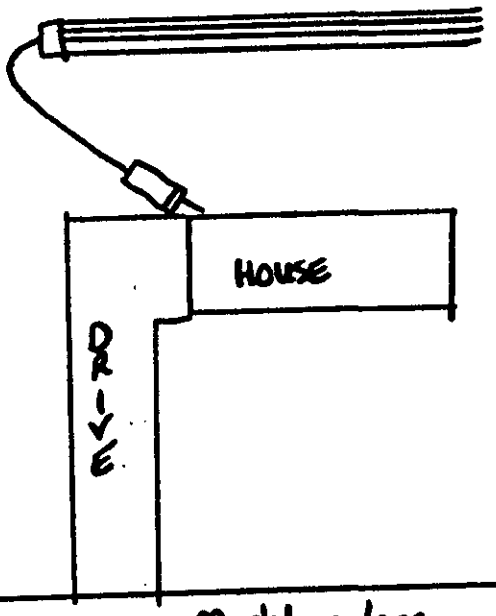
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5358 DATE: 6/2/06
PO
TC: 111-261-11 pg 1
SERIAL No: 10062

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 7/3/06 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 Department of Environmental Health 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 1500 gallons
Liquid Capacity of Dosing Tank -0- gallons
Tank Construction Conc
Absorption and/or Nitrification Lines:
Trench Width 3' feet
Total Line Length 400' feet
Number of Lines 4
Depth of Stone 12" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well stay 100' feet

NAME OF OWNER The Lewis Group
LOCATION OF PROPERTY 13147 Markstone Lane
Comments: 4 Trenches 3'x100'x12" stone with geotextile separator

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

C of A (s) No. 533A

Serial 8685

PO
T. C. No. 111-261-11

Date Issued 6/20/86

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner The Lewis Group (LAST / FIRST / MIDDLE)

Location of Property 13147 Markstone Lane

Application Number 533A

Permit Number 533A

Inspection Date:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 400'

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 6/20/86 (DATE)

Nitrification Field Inspected 6/20/86 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

Tank Material PCC

Number of Lines 4

Cover Depth 12"-18"

Distance from Water Source not inyet

Tank Inspected 6/20/86 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1986, 1500ST, CON, 1200SFT, 12G CECIL

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 4/1/98 Parcel: _____ <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Steve Autry Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 13147 Marlstone Ln City _____ Zip _____

SERVICE REQUESTED: septic failure

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
4/1/98	Met w/ S Autry on site. Small area of effluent located at the end of the last line. Very limited repair space Available. S Autry will level D Box for client. Client will mail Application

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applic

COMPLETED BY: _____ /

REVIEWED BY: _____ /

C of A (s) No. 533A

PO
T. C. No 111-261-11 CRT

Serial 8685

Date Issued 6/20/86

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner The Lewis Group (LAST) (FIRST) (MIDDLE)

Location of Property 13147 Markstone Lane

Application Number 533A

Permit Number 533A

Inspection Dates:

Liquid Capacity of Tank 1500

Tank Material PCC

Total Length of Drain Tile 400'

Number of Lines 4

Depth of Filter Material 12"

Cover Depth 12"-18"

Water Supply Source well

Distance from Water Source not inyet

Excavation Inspected 6/20/86 (DATE)

Tank Inspected 6/20/86 (DATE)

Nitrification Field Inspected 6/20/86 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1986, 1500GT, CON, 1200SFT, 12G CECIL

Cynthia G. Bass
Environmentalist

EHD-8-76

Environmental Health Department's Copy

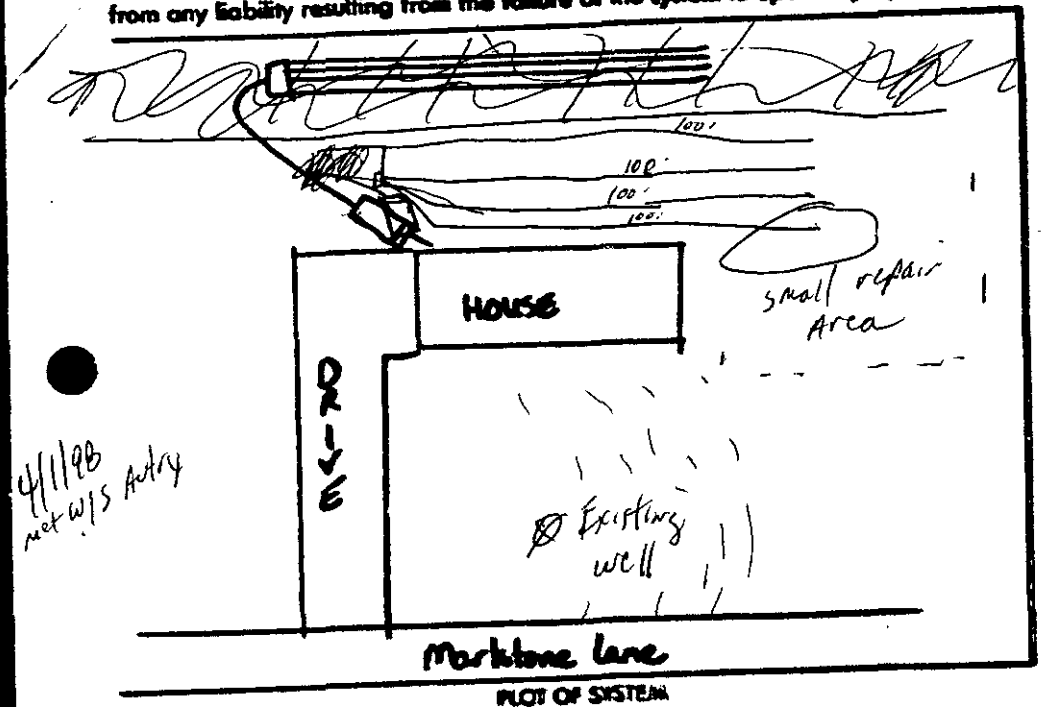
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5338 DATE: 6/3/96
PO
TC: 111-261-11 5 L
SERIAL № 10062

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 gran based upon the information supplied in the application dated _____. All work shall be completed o before 7/3/96, after which date this permit shall be null and void. The system shall meet all of construction requirements of 10 NCAC 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 sy anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such sy from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gal
Liquid Capacity of Dosing Tank -0- gal
Tank Construction PSC
Absorption and/or Nitrification Lines:
Trench Width 3'
Total Line Length 400'
Number of Lines 4
Depth of Stone 12"
Distance from House 5'
Distance from Property Line 10'
Distance from Well 382.4 60' or more

4/1/98 met W/S Autry

NAME OF OWNER The Lewis Group

LOCATION OF PROPERTY 13147 Marblestone Lane

Comments: 4 Trenches 3'x100'x12" stone with gravelless chamber

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an e system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S CO