

3416 ZELDA LN

19332223

5/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4538-A DATE: 6-23-89

TC: 193-322-23 ☐ L ☐ CRT

SERIAL № 11940

Name of Owner Herbert Johnson Juris.:

Address of Property 3416 Zelda Ln.

Inspection Data:

Tank Material repair

Total Length of Drainfield 120'

Number of Lines 3 @ 40'

Cover Depth 15"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 6-23-89

Tank(s) Inspected

Wash Line Inspected 6-23-89

High Water Alarm Inspected

PLOT

Design: 1989 wash repair CTR# 167

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:

D.R. Ferguson Environmentalist

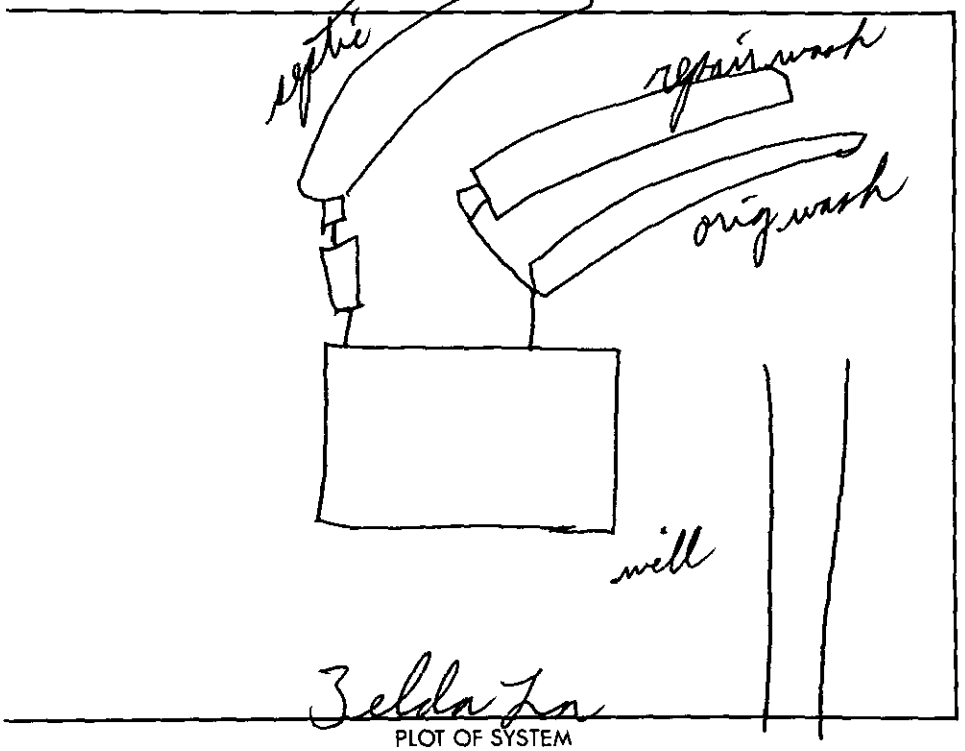
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4538-A DATE: 6-16-89
TC: 193-322-23 ☑ L
SERIAL № 12728

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 5-16-89. All work shall be completed on or before 7-16-89, 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 regular gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction ____

Absorption and/or Nitrification Lines:
Trench Width 9 feet
Total Line Length 120 feet
Number of Lines 3
Depth of Stone 12+4" sand inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well 50 feet

NAME OF OWNER Herbert Johnson
LOCATION OF PROPERTY 3416 Zelda Ln.
Comments: 1 bed 9'X40'X12" sand, 4" coarse sand

Division or Section Head

D. R. Ferguson
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 AGENTS COPY

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: 4538A ✓
TC: _____
SERIAL: No 18418 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3416 ZELDA LANE (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193-322-23
⑤ SUBDIVISION: MORNINGSTAR ⑥ LOT: 3 ⑦ BLOCK: A

OWNER

⑧ NAME: HERBERT (FIRST) T (MIDDLE) JOHNSON (LAST)
⑨ MAILING ADDRESS: 3416 ZELDA LANE
⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) ——— ⑭ (HOME) 847-1242

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 2
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 on the property for the purpose of processing this request.

Signed: H. T. Johnson
Date: 5/15/89

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.

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

APR 28 1988

ENVIRONMENTAL HEALTH
DIVISION

April 27, 1988

Ms. Sylvia Daniels
Health Dept., Environmental
Health Division
1200 Blythe Boulevard
Charlotte, N.C. 28203

Dear Ms. Daniels:

This is in reference to our conversations on Thursday, April 21st and on Monday, April 25th.

It is my understanding of these conversations with you, that the work done on drain lines by A-1 De-Rooter & Sewer Service on Wednesday, April 20th was done ~~with~~* the required permit (without) (or application) from your office. It was also stated by you, that this company ~~also~~ does not have the required license to perform this type of service.

I have issued a stop payment on the check, as they would not give us a guarantee that the problem was connected. We have been told by two neighbors of the dissatisfaction and what they believe to be excessive charges for the work done. In our particular case, they quoted $2.00 per foot to clean the lines and said we had 200 ft - then changed it to 150 feet. We objected to the measurement - and they agreed to be paid $200.00.

They also dug a hole by the septic tank and said we should have those lines cleaned at once, or problems could occur which may cost $2,000.00 for new drain tile. We told them the septic tank had been cleaned in December 1987. They quoted $600.00 to clean the lines and later said they'd do it for $200.00. One of the neighbors I referred to was charged $400.00 for what she later had verified at only 35 feet of line. The next day, after running the washing machine, several spots in the yard became muddy, that hadn't been there prior to their service.

I would like someone from your Department to check the number of feet in our drain field, so when this investigation is complete, we will know what the correct charge should be.

If there are any questions regarding the above information, please phone me.

Sincerely,

Mrs. H. T. Johnson

Mrs. H. T. Johnson, 3416 Zelda Lane, Matthews, N.C. 28105-3887
847-1242

Encl: Appl #16044

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 28 1988
ENVIRONMENTAL HEALTH
DIVISION ☐ CRT

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

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(OFFICE USE ONLY)
FILE: 4538A
TC: 193-322-23
SERIAL: № 16044

JOB LOCATION

① ADDRESS: _____ (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: HERBERT (FIRST) T. (MIDDLE) JOHNSON (LAST)

⑨ MAILING ADDRESS: 3416 ZELDA LANE

⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105-3887

⑬ PHONE: (WORK) None ⑭ (HOME) 847-1242

REQUEST

This request is for a(n):

⑮ ☑ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) Work done on 4/20/88 without permit. ~~Want you to check on no.~~ of feet in laundry drain.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? three

㉓ Maximum occupancy? two

㉔ Basement? ☐ yes ☑ no

㉕ Type? _____

㉖ Maximum number of employees? _____

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: _____

Date: 4/27/88

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.

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