

3355 MINTWOOD DR

19503128

1/7/2008

duponbj

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: 41901B DATE: 03-13-03

TC: 195-031-28 ☒ L ☒ CRT

SERIAL 19171

Name of Owner Robert Danko Juris.:

Address of Property 3355 Minturwood Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 480'

Number of Lines 4 @ 120'

Cover Depth 12"-24"

Water Supply Source Mun.

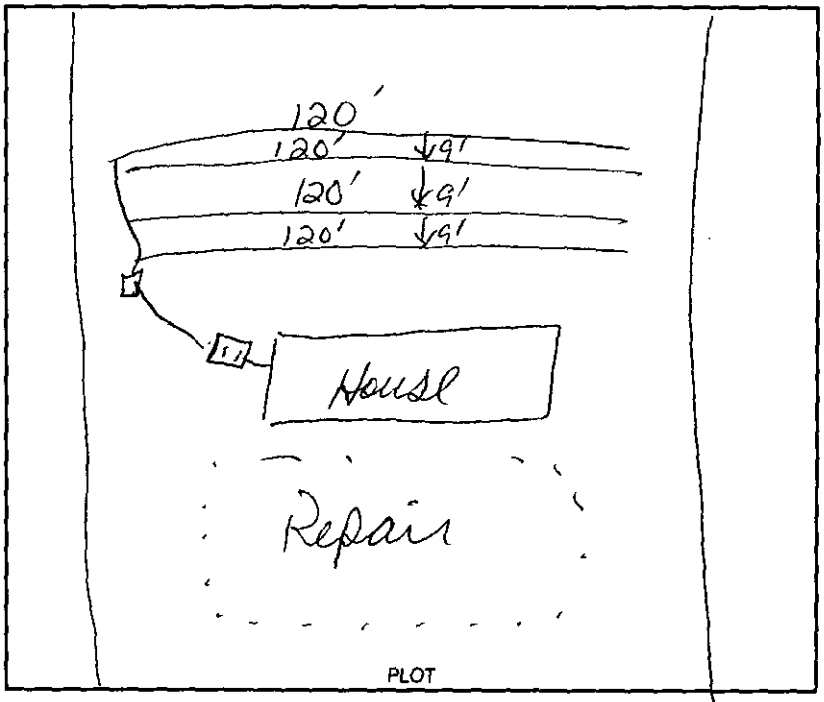
Distance to Water Source >100'

Excavation Inspected 03-12-03

Tank(s) Inspected 03-12-03

Wash Line Inspected N/A.

High Water Alarm Inspected N/A.



Design 2003 1840SFT 1500ST CON 126 PS. CTR# RCS

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 15A 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 15A 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: Type III system designed for a (3) bedroom design limit Type II Repair Area

Joshua R. Sellers R.S. /REHS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

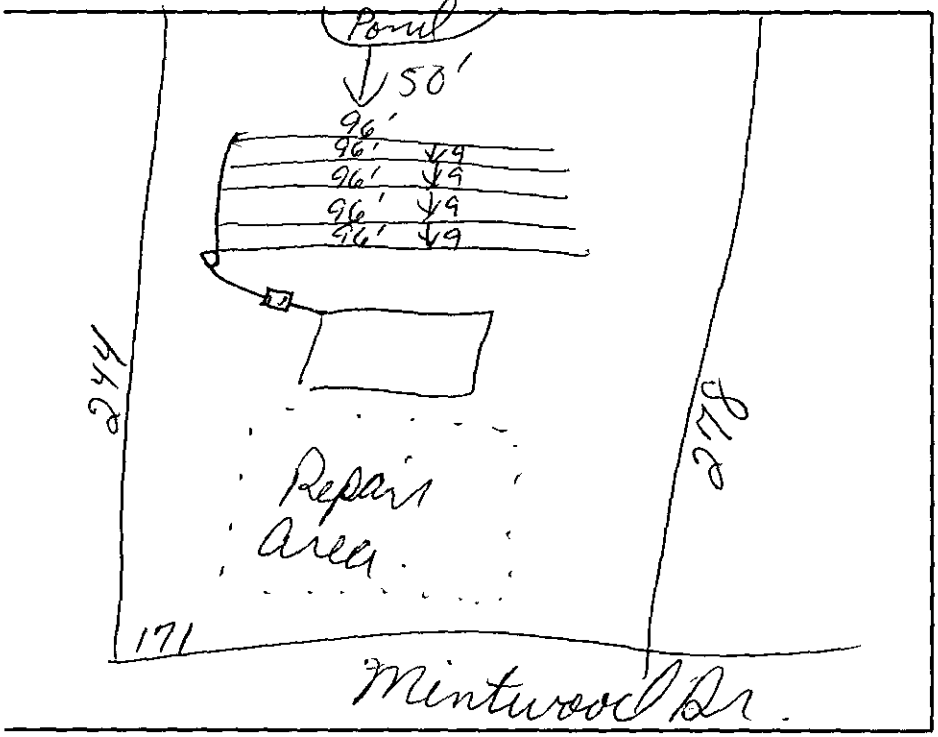
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4901B DATE: 03-11-03

TC: 195-031-28 ☐ L

SERIAL 19326

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 03-26-02. All work shall be completed on or before 04-11-03, 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 1500 gallons

Liquid Capacity of Dosing Tank N/A. gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 480' feet

Number of Lines 5 @ 96'

Depth of Stone 12" inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well N/A feet
comm.

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

NAME OF OWNER Robert Danko & Tanya Tucciarone

LOCATION OF PROPERTY 3355 Mintwood Dr.

Comments: Type II system designed for a (3) bedroom design unit. Type ~~III~~ B repair area.

Joshua R. Sullens RS/REHS
Environmental Health Specialist

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

ck# 257 ACS Project # 14518

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/2/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3355 **PERMIT NO:** 4901B
PARCEL NO: 145-031-28-29
JOB LOCATION ADDRESS: ~~3345~~ Mintwood Dr.
PROPERTY OWNER: Robert Danko
BUILDING CONTRACTOR:
SUBDIVISION NAME: None
AUTHORIZATION ISSUED BY: Joshua R. Sellers RS **DATE:** 04-17-02.
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4901B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair will require lift station.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Robert Danko 4-18-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 4901B

Tax Number: 195-031-28 & 29

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.25 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank	480 Total trench length (ft)	[illegible]" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) ≤24"	
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		

Any surface waters present: Y Type: Lake Minimum separation distance: 50'

Site modifications required: None.

Additional Conditions:

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1440 Absorption Area (Sq ft) 480 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

Joshua R. Sellers R.S. 04-17-02 / Robert Dunlap 4-18-02

DEHNR Authorized Agent Date / Owner/Agent Signature Date

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

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

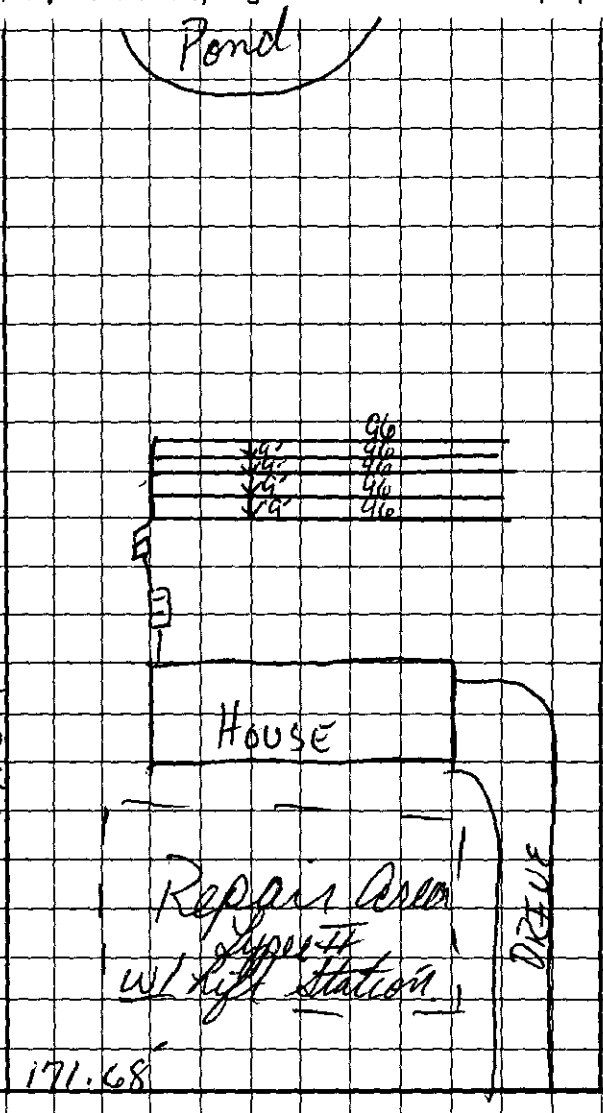
PROPOSED PLOT PLAN

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

FILE: 4901B

TC: 195-031-28 & 29

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.



① Not to Scale

② 1500 SF 480 - Trenches Conventional

③ Stay >5' off house & Decker then 10' off all property lines >50' off Designated Mark of Lake.

④ Lift Station will be required for repair.

X Robert Danko
OWNER/AGENT SIGNATURE

DATE 4-18-02

APPROVAL DATE _____

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 195-031-28
Lot #: 3
File #: 4901B
Code: 2

AG

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Keneth C. Jezek
Applicant: Robert Danko
Address: 3345 Mintwood Drive, Charlotte, N. C. 28227
Date Evaluated: 04/09/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.0a
Location of Site: Mintwood Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5-12	0-4	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1@37"	38	N/A	NONE	PS, IV .25G/DAY/FT^2
		4-15	SBK/SCL	FR/SEXP/SS/SP					
		15-38	SBK/SC	FI/SEXP/S/P					
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV .275G/DAY/FT^2
		5-37	SBK/SC	FI/SEXP/S/P					
		37-46	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-7	GR/SCL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	PS, IV .225G/DAY/FT^2
		7-39	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-30	SBK/ABK/C	FI/SEXP/S/P					
		30-39	SBK/ABK/CL	FR/SEXP/SS/SP					
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	PS, IV .275G/DAY/FT^2
		6-32	SBK/C	FI/SEXP/S/P					
		32-43	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.25G/DAY/FT^2	.25G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 4/11/02 W. R. Marlin
Others Present:

FILE # 4901B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

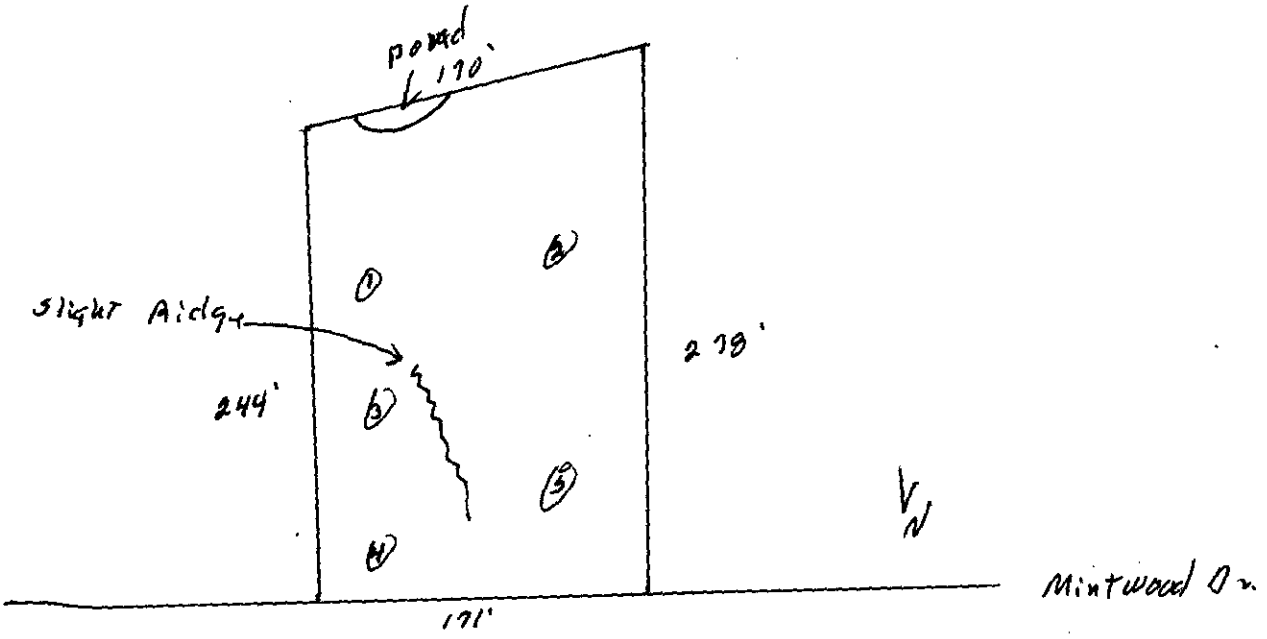
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200
DATE: 3/27/02

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

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 4901B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-031-28&29

STREET ADDRESS: ~~3345~~ MINTwood DR. 3355

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[✓] HOUSE (H) [ ] OTHER (O)

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [✓] 7 MINT HILL

HEATED SQUARE FOOTAGE: 1864

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) [ ] 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: DANKO, ROBERT

NAME: TUCCIARONE, TANYA
(LAST) (FIRST) (MI)

ADDRESS: 7538 LAWYERS STATION DR.

CITY: CHARLOTTE STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 573-1728

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: JEZEK KENNETH C.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 545-1035

3345 MINTwood DR.

CHARLOTTE, N.C. 28227

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? DEC. 11, 2001

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: Robert Danko DATE: 3-26-02

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

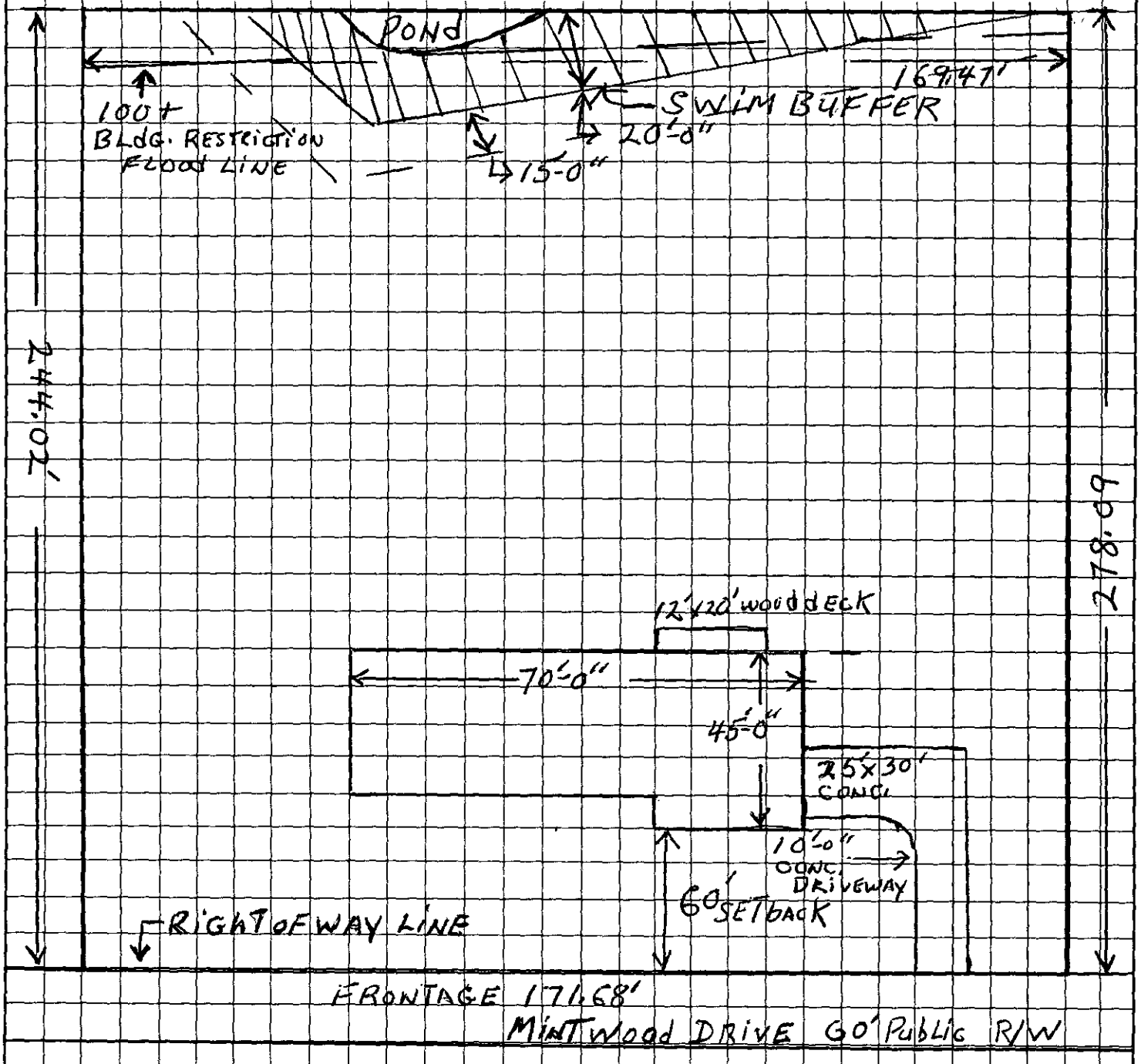
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FILE: 4901 B

TC: 195-031.28 PO

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.



Robert Dunlap
OWNER/AGENT SIGNATURE

DATE 3-26-02

APPROVAL DATE _____

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

9/24/2002

To:
Robert Danko
Danko-homeowner
7538 Lawyers Station Dr
Charlotte, NC 28227

Customer Project:	Danko/3355 Mintwood Dr
Project Number:	14518
Project Address:	3355 Mintwood Dr Mint Hill, NC
Jurisdiction:	Mint Hill
Creation Date:	9/24/2002 12:25:00 PM
Category:	Residential

Re: Project Fact Sheet

Your plans and/or documents have been received and processed into the Land Development System. You may use the project number to find and track your project on the Mecklenburg County Land Use and Environmental Services Agency web site on the Internet at www.meckpermit.com. Click on Architects and Engineers, and click on Check Project Status. A new window will open and follow the instructions.

If you do not have an account, please select the GUEST sign-on option. Should you encounter problems accessing the website, please contact Sheila Sommers at (704) 336-6198 for assistance, or the Coordinator.

Thank you.

Vicki Daugherty
Project Coordinator
704-336-8983
daughvb@co.mecklenburg.nc.us