

2100 MARGLYN DR

21509109

7/7/08

marliwr

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

Carrado

2100 Marglyn Dr.

June Stilwell - contacted
845-2114

215-091-09

~~TH420~~

- Sewage surfacing from 1360's drain lines
- replacement system was drawn up - however, no COC was completed.
- Need to find out if replacement system went in - if not, they need to put it in.

3/15 Spoke by telephone w/ Mrs Canada re: violation notice they received. She has requested a meeting on site March 25th after her husband returns from hospital. I told her I would confirm w/ Bill Martin

Bill M. says we can't tell where the only approved soils are.

March 13, 1995

Ms. Judy J. Kiser, R.S.
N. C. Dept. of Environmental Health Div.
700 North Tryon
Suite 211
Charlotte, NC 28202

Dear Judy,

Regarding the problem with our septic system as a result of damage done when a tractor went over the ground, we would very much like to get together with you to see what steps can be made to remedy this problem.

My husband is scheduled for surgery and will be released next Tuesday, March 21st. Would it be possible for you to come out for us to discuss this further sometime later that week? I can be reached any day at my office at 1-800-476-8273. I look forward to hearing from you in this regard.

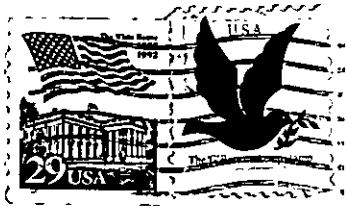
Very truly yours,

Nancy Carrado

Nancy Carrado
2100 Marglyn Drive
Matthews, NC 28105

Canada
210 Margeym Dr
Matthews NC 28105

CHARLOTTE, NC 282
PM
14 MAR
1995



Ms. Judy Kiser
NC Dept of Environmental Health Div.
700 N. Tryon
Charlotte NC 28202

Suite 211

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Nick Carrado, Jr. & Nancy Carrodo MAILING ADDRESS 2100 Marglyn Drive, Matthews, NC

OCCUPANT Same LOCATION Same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5571.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs *(specify)* _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(specify)* _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 6, 1995, appropriate legal action will be taken.

Notice Issued 3/6/95 (Date) Signed Judy J. Kiser, R.S. (Agent) (Division of Environmental Health)

Compliance _____ (Date) Signed _____ (Agent) (Division of Environmental Health)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

13597

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 chk 7257 4/27/93. [ ] 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

Date: 4/27/93

PERSON FILING APPLICATION:
NAME: CARRADO, NICK JR
(last) (first) (mi)
ADDRESS: 2100 MARGIVA DR PHONE: (704-847-7274
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY OWNER:
NAME: Thelma Doolger Charitable Trust
(last) (first) (mi)
ADDRESS: 2100 MARGIVA DR PHONE: (704-847-7274
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-091-09
STREET ADDRESS: 2100 Margiva Dr. Matthews NC 28105
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 9 acres

[X] 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)
[ ] 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: NUMBER OCCUPANTS:

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 [X] 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: Nick Carrado Jr Date: 4/27/93

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

May 5, 1993

Thelma Dodger, Charlotte Trust
2100 Marglyn Drive
Matthews, NC 28105

Re: Property located at 2100 Marglyn Drive
File: File 13597
Parcel: 215-091-09PD

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19332) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

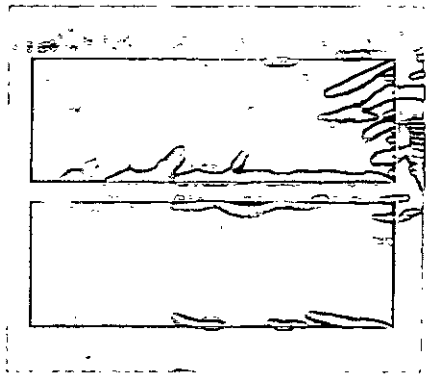
Kelly Randall, R.S., Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

APT. NO. 13597 YEAR 1993 ITEM 8 2 OF 2

TAX NO. 215-091-09 PO

ST. ADDRESS 2100 MARGLYN DR.



MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

1265R Evanston, Ill. U S Pat. Nos 3,147,561; 3,220,133 U K Pat No. 935,479 Pending Others
RECORDAK® APERTURE CARD, MANUFACTURED IN THE U.S.A. FOR EASTMAN KODAK COMPANY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19332

File: 13597 Action 2

Parcel: PO 215-091-09 ☐ PC

Location: 2100 Marglyn Dr.

Subdivision:

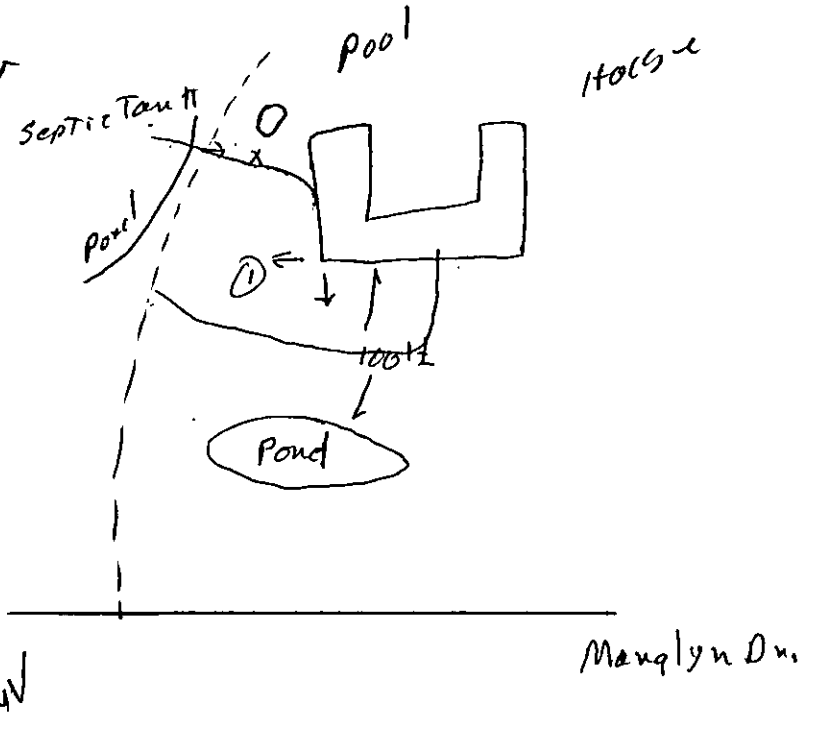
Lot: Block: Acres: .25

Owner: Thelma Doffger Marshfield Trust
Address: 2100 Marglyn Dr.
Matthews, N.C. 28105

Comments: System relocation from DOT Bill

Described by: William R. Marlin

Date: 4-29-93



***** 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 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 72" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 21-26"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 72"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	S PS U	S PS U
Soil Group/Series	IIe Appling-Urban					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

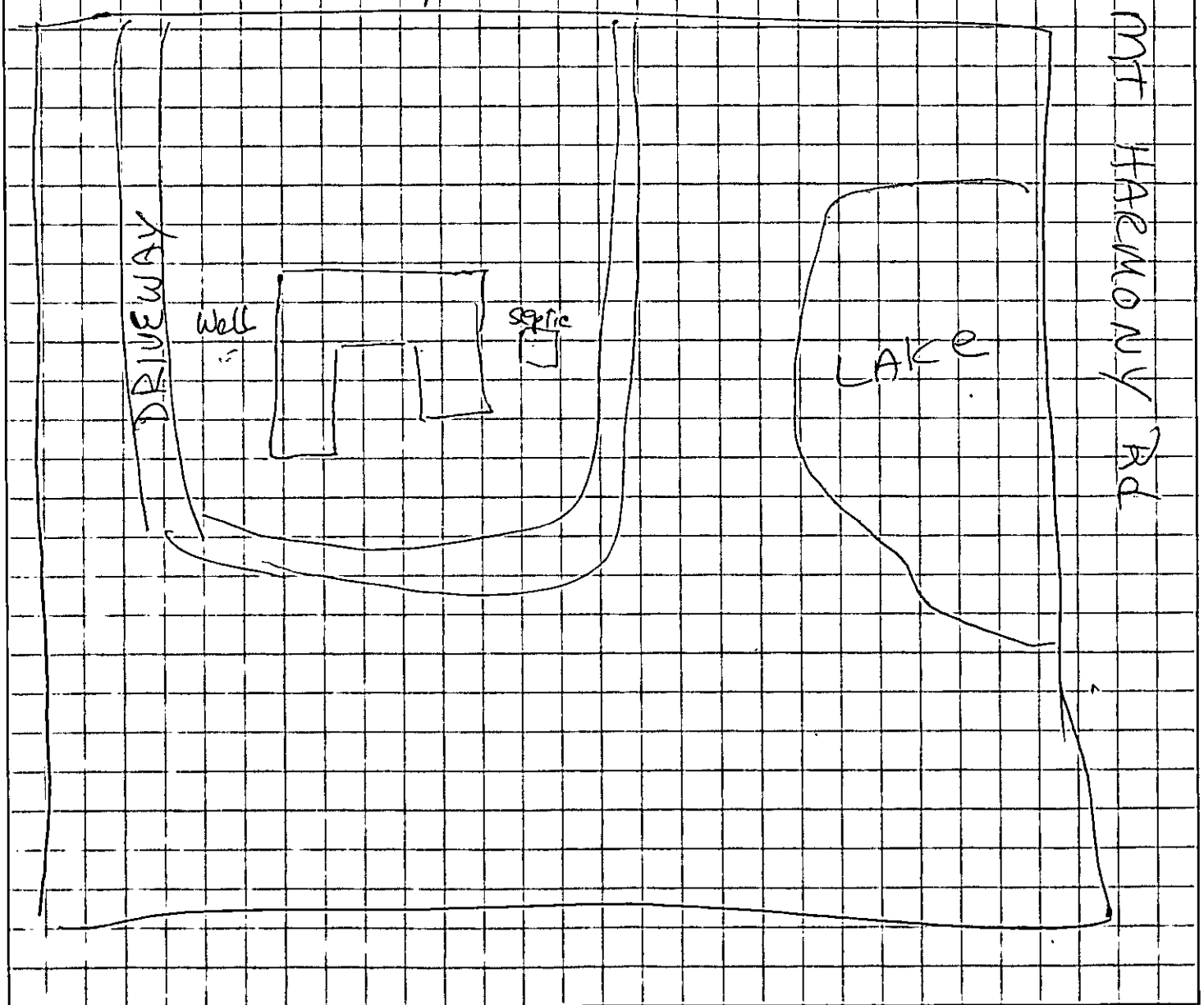
PROPOSED PLOT PLAN

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

FILE: 13604

TC: ~~[illegible]~~ 215-091-04

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.



APPROVAL DATE _____

9 acres

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

TW

13597

PD 300' ctr 185 N.K. 5/10/93

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: CARRADO, Nick JR (last) (first) (mi)
ADDRESS: 2100 Marglyn Dr PHONE: (704) 847-7274
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date: 5/7/93

PROPERTY OWNER:
NAME: Thelma Doelger Charitable Trust (last) (first) (mi)
ADDRESS: 2100 Marglyn DR PHONE: (704-847-7274
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-091-09 PC
STREET ADDRESS: 2100 Marglyn Dr Matthews, NC 28105
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): Approx. 6 ACRES

[] 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)
[X] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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 [X] 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: Nick Carrado Jr. Date: May 7, 1993

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.

...Relocated system for DOT. Alteration permit was issued. Pond on right side will be removed by DOT. Variance requirements from pond will not be at issue. Utilizing modified system

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

Jim H Ewell RS 5/20/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

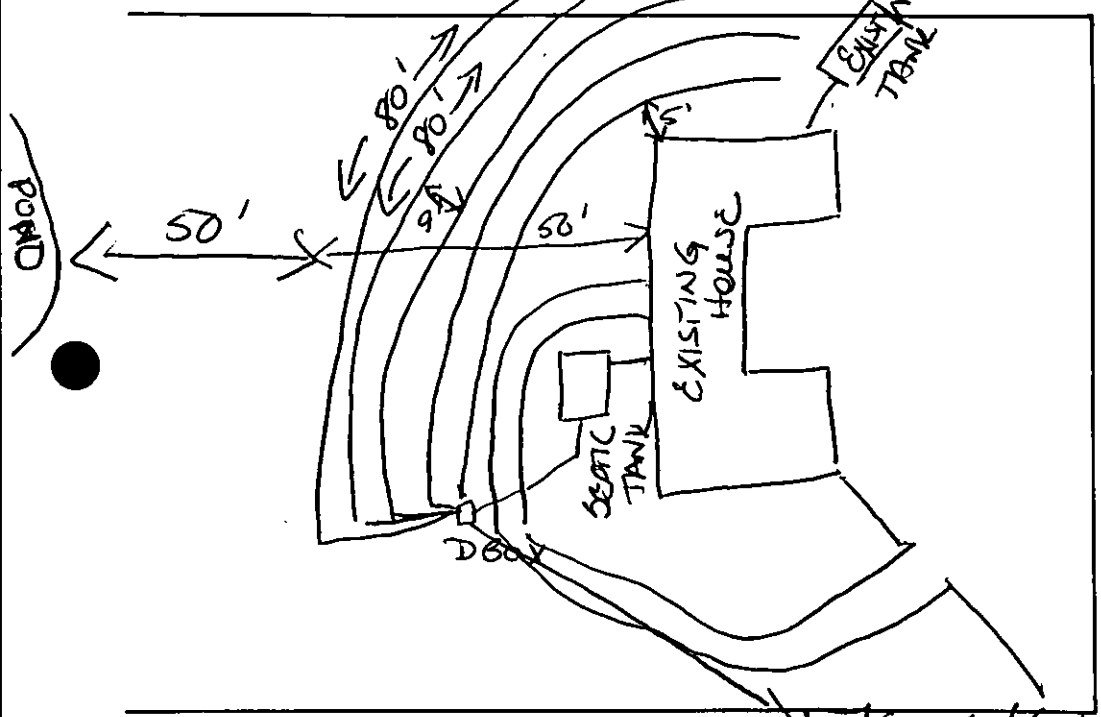
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13597 DATE: 5/18/93

TC: 215-091-09P0 ☐ L

SERIAL Nº 15479

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 5/18/93. 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 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Total Line Length 400 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well _____ feet

[X] EXISTING WELL

NAME OF OWNER Thelma Doelger Charitable Trust

LOCATION OF PROPERTY 2100 Marglyn Drive

Comments: *TANK SHALL BE PLACED SWALLOW. TO UTILIZE 12" TO MAXIMUM TRENCH DEPTH. ADDITIONAL 12" SOIL COVER REQUIRED. THERE SHALL BE NO CHANGES TO THIS PERMIT OR AN ALTERNATIVE SYSTEM WOULD BE REQUIRED.

Division or Section Head

Joni H. Ewell, RS
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