

9401 MARKSWOOD RD

14126115

1/2/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT X

33278

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: Gilbert (last) Terly (first) Wray (mi)
ADDRESS: 9413 Markswood Rd PHONE: ROH 5880865
CITY: Charlotte STATE: N.C. ZIPCODE: 28208

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 141-113-15 Po
STREET ADDRESS: 9401 Markswood Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[X] 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 N)
[ ] 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: 3 NUMBER OCCUPANTS: 2
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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: Terly W. Gilbert Date: 10-7-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Re-check if soils in depression area are appear to be provisionally suitable.

10/28/94 Met with Gilbert's and agree to do drainage improvements to reclassify area from unsuitable to provisionally suitable.

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

J Newell, RS 10-31-94
Environmentalist Date

J Newell, for S Daniel 10-31-94
Director or Authorized Section Head Date

WATER : 12279

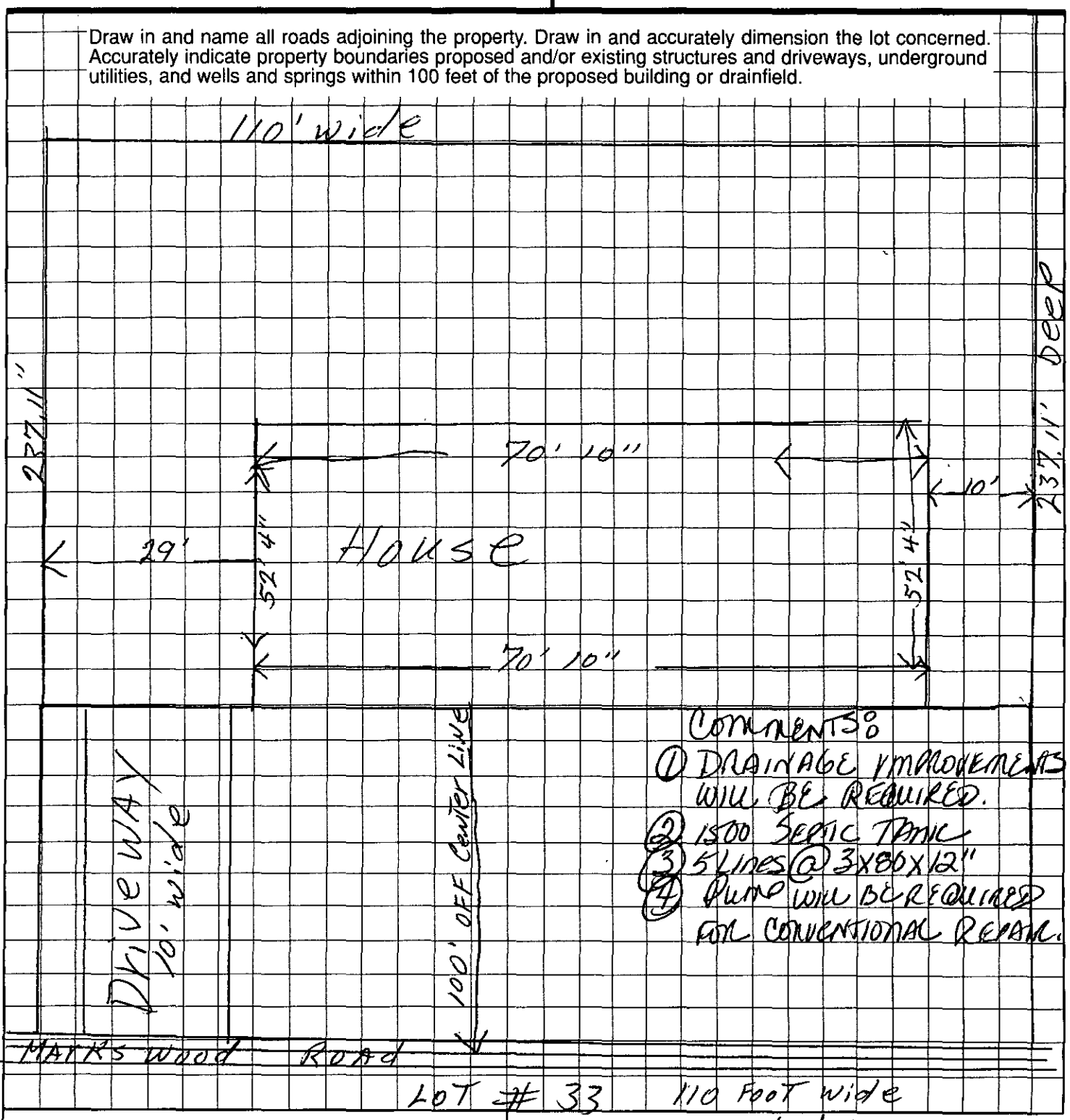
PROPOSED PLOT PLAN

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

FILE: 33276

TC: 141-113-1500

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.



COMMENTS:
1. DRAINAGE IMPROVEMENTS WILL BE REQUIRED.
2. 1500 SEPTIC TANK
3. 5 LINES @ 3X80X12"
4. PUMP WILL BE REQUIRED FOR CONVENTIONAL REPAIR.

Terry W. Hillis
OWNER/AGENT SIGNATURE

DATE 10-7-94

APPROVAL DATE 10/13/94

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

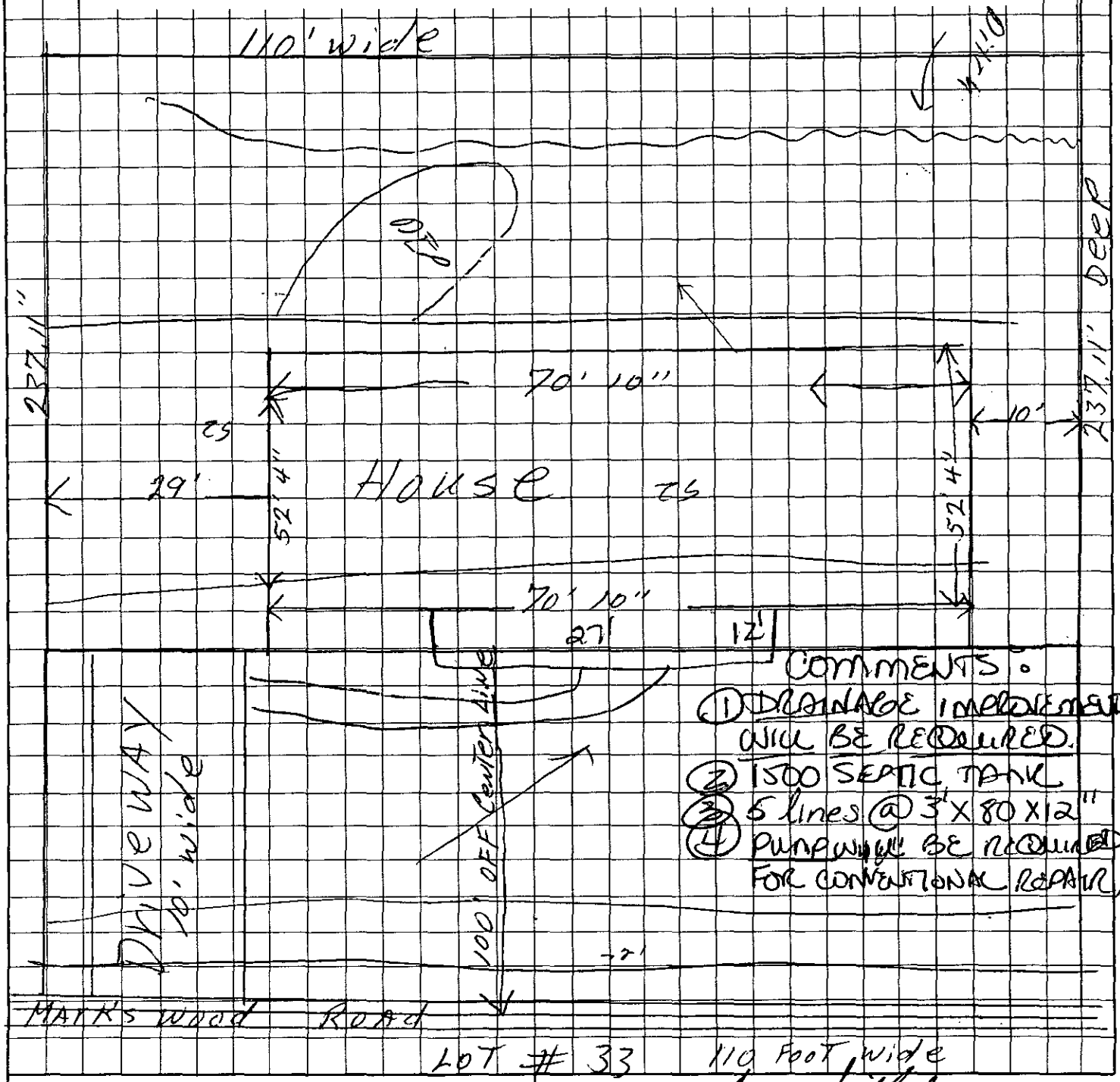
PROPOSED PLOT PLAN

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

FILE: 3327B

TC: 141-113-1500

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.



Jerry W. Gillett
OWNER/AGENT SIGNATURE

DATE 10-7-94

APPROVAL DATE Tim Gillett

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

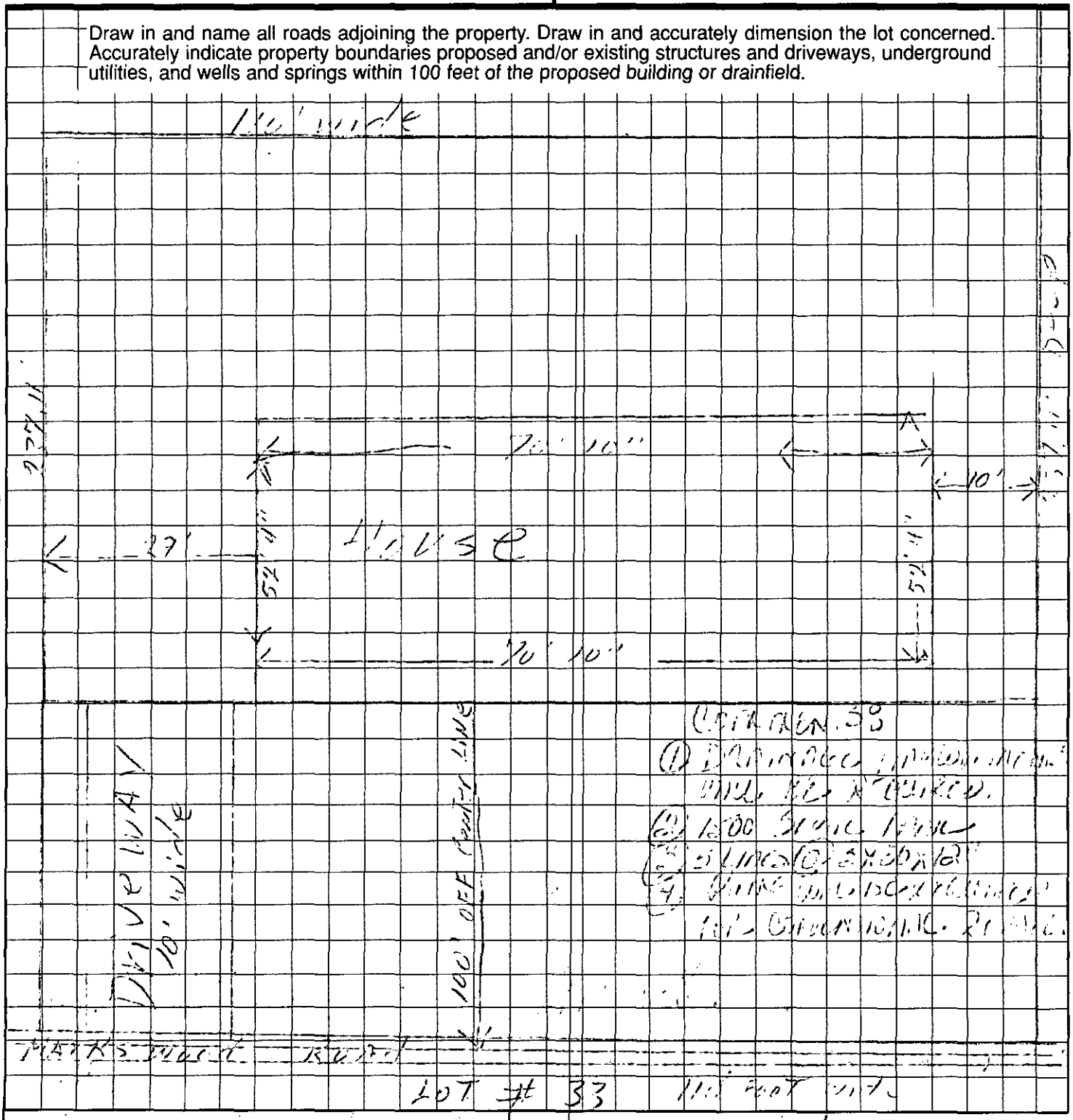
PROPOSED PLOT PLAN

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

FILE: 33278

TC: 111-13-1520

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.



OWNER/AGENT SIGNATURE

DATE 10-7-14

APPROVAL DATE 10/30/14

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20497

File: 3376 Action 2

Parcel: 141-113-15 ☐ PC

Location: [illegible] Road

Subdivision:

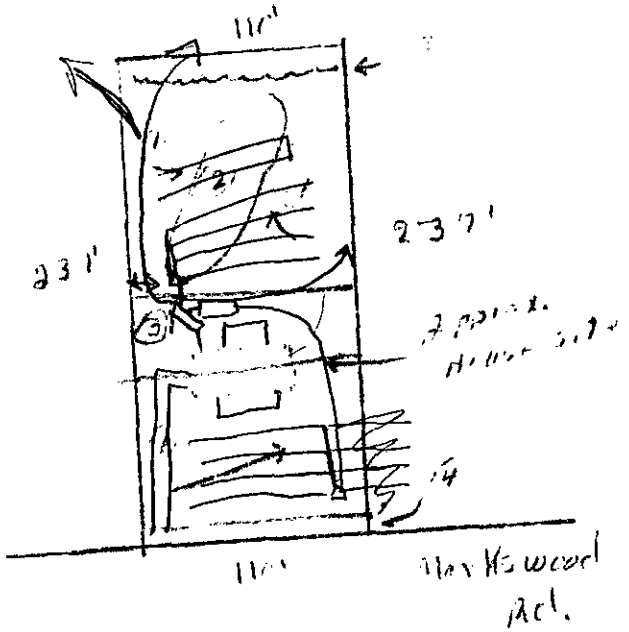
Lot: Block: Acres: .6

Owner: [illegible]
Address: [illegible]

Comments: [illegible] by LIA. System may [illegible]

Described by: [illegible]

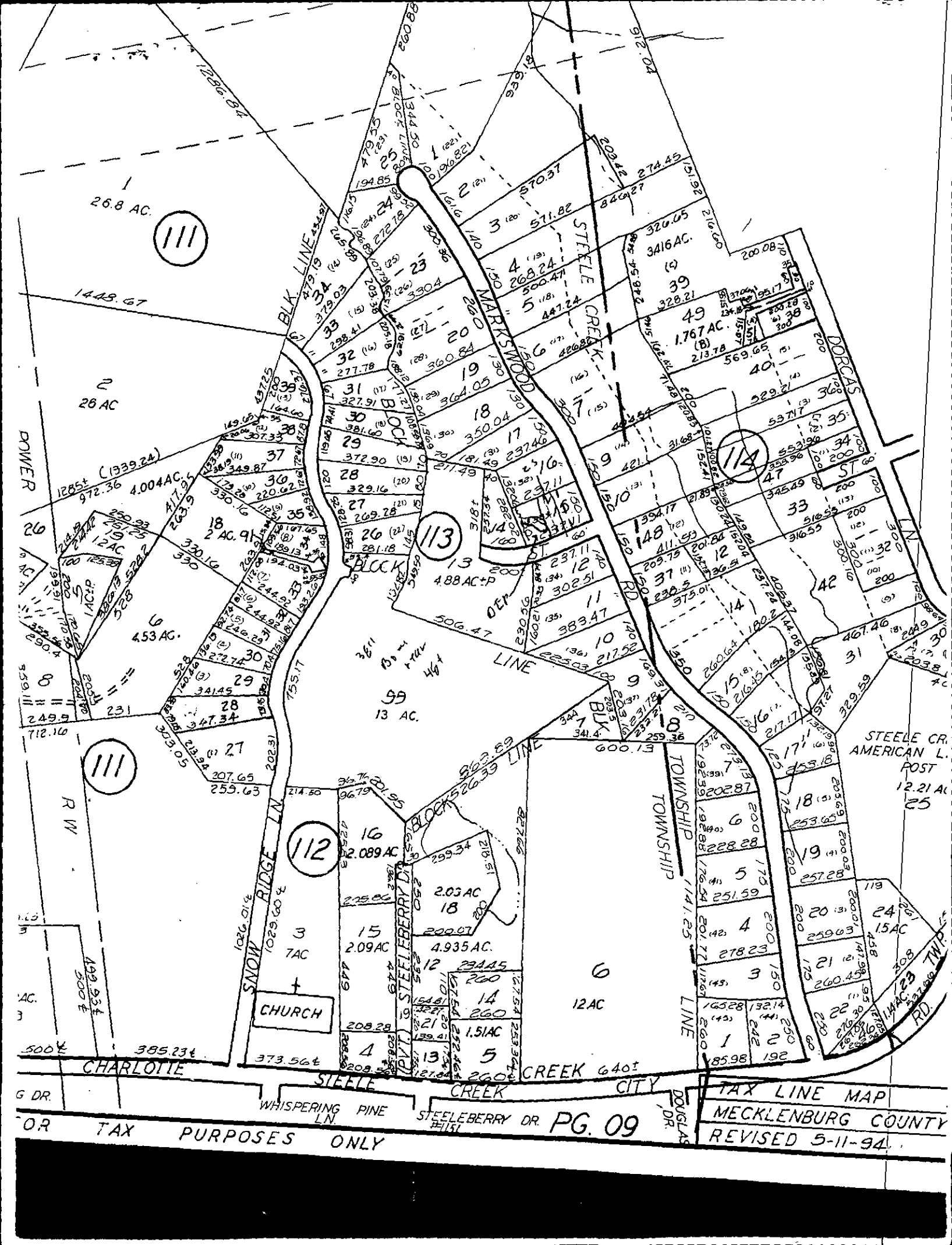
Date: 1-12-11



***** 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 6-12%	S PS (U) Depression	S PS (U) [illegible]	S PS (U) 72" cut	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure sub w/some Block	S (PS) U	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage [illegible]	S PS U	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S PS U 48"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	(S) PS U > 48"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Cecil LL.	Depression	Compler slopes	72" Cut		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U


TAX LINE MAP
MECKLENBURG COUNTY
REVISED 5-11-94
PG. 09
FOR TAX PURPOSES ONLY
STEELE CREEK CITY
CHARLOTTE
STEELE CREEK
WHISPERING PINE LN.
STEELEBERRY DR.
DOUGLAS DR.
SNOW RIDGE LN
BLK. LINE
MARKSWOOD
STEELE CREEK
DORCAS
POWER
R/W
TOWNSHIP LINE
CHURCH
STEELE CR. AMERICAN L. POST
111
112
113
114
BLOCK
RD.
ST.
LN.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3327-B DATE: 6-27-95
PO TC: 141-113-15 ☐ L ☒ CRT
SERIAL Nº 16325

Name of Owner TERLY GILBERT Juris.: _____

Address of Property 9401 MARKSWOOD DR

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth N 12"

Water Supply Source CMVO

Distance to Water Source —

Excavation Inspected 6-27-95

Tank(s) Inspected 6-27-95

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1995 1600ST CON 1200SFT 12G CECIC CTR# NORMAN ROACH

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 II

Kelly Randall
Environmental Health Specialist

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

D480

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

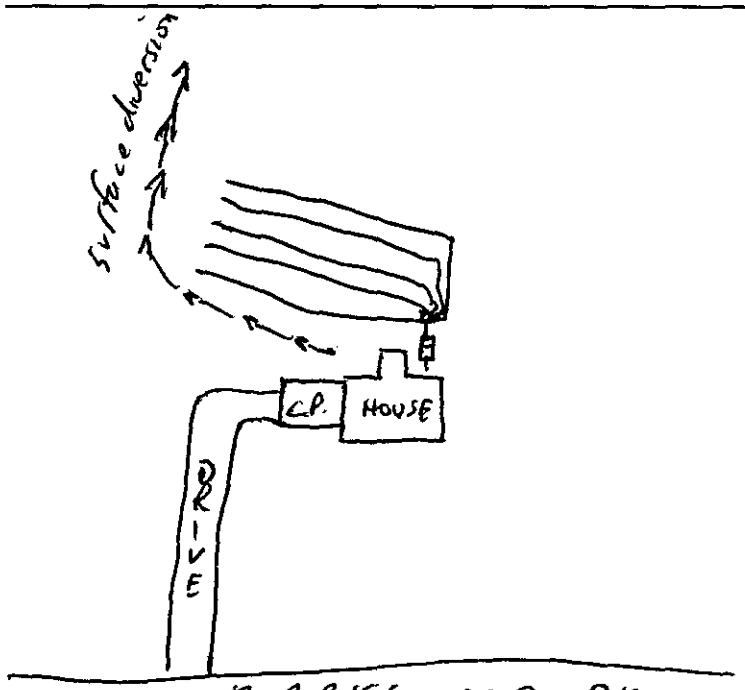
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3327-B DATE: 6-12-95

TC: 141-113-15 P L

SERIAL Nº 16071

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 10-7-94. All work shall be completed on or before 7-12-95, 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 — gallons

Tank Construction PCC

Trench Depth 2'

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 5 x 90

Depth of Stone 12" inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 100' + feet

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

NAME OF OWNER TERLY GILBERT

LOCATION OF PROPERTY 9401 MARKSWOOD DR

Comments: 5 lines @ 90' long x 3' wide x 12" rock landscaping required to divert surface H2O

Sally Randall
Environmental Health Specialist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20497

File: 3327 B D60 Action 2

Parcel: PO 141-113-15 ☐ PC

Location: Markswood Road

Subdivision:

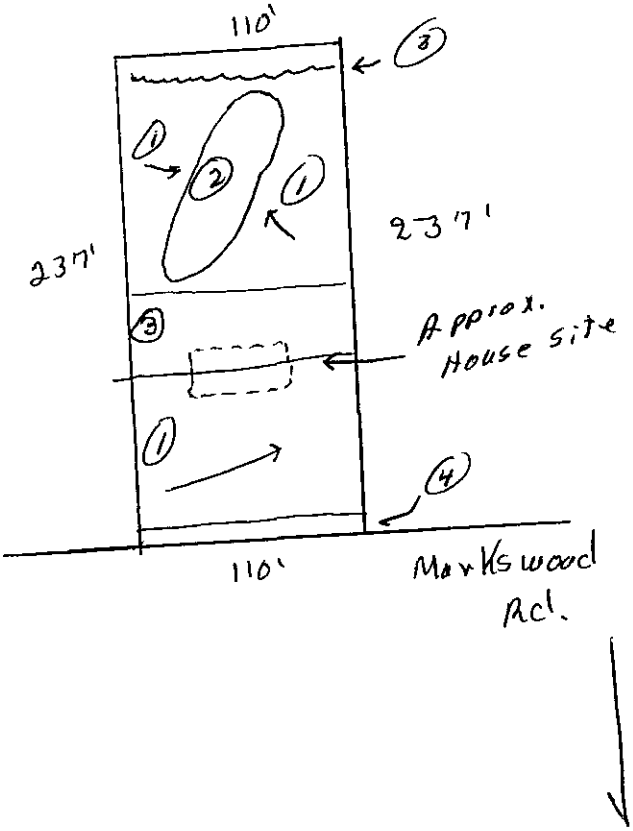
Lot: Block: Acres: .6

Owner: Terby W. Gilbert
Address: 9413 Markswood Rd
Charlotte, N.C. 28208

Comments: 100% Repair, .3gal/ft²/day LTAR - system may need pump

Described by: William R. Marlin

Date: 10-12-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
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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 6-12%	S PS (U) Depression	S PS (U) complex slopes	S PS (U) 72' cut	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 sabt w/some Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 46" to soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U > 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Cecil-like	Depression	complex slopes	72' Cut		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

400 ☑

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 Cash 10/7/94 ☐ CRT

33278

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

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NAME: Gilbert (last) Terry (first) Wray (mi)
ADDRESS: 9413 Markswood Rd PHONE: Pgh 5880865
CITY: Charlotte STATE: N.C. ZIPCODE: 28208

Date:

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ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

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STREET ADDRESS: Markswood Rd
ZONING:

Township (check one):
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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)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEN 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)
☐ 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

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Signed: Terry W. Gilbert Date: 10-7-94

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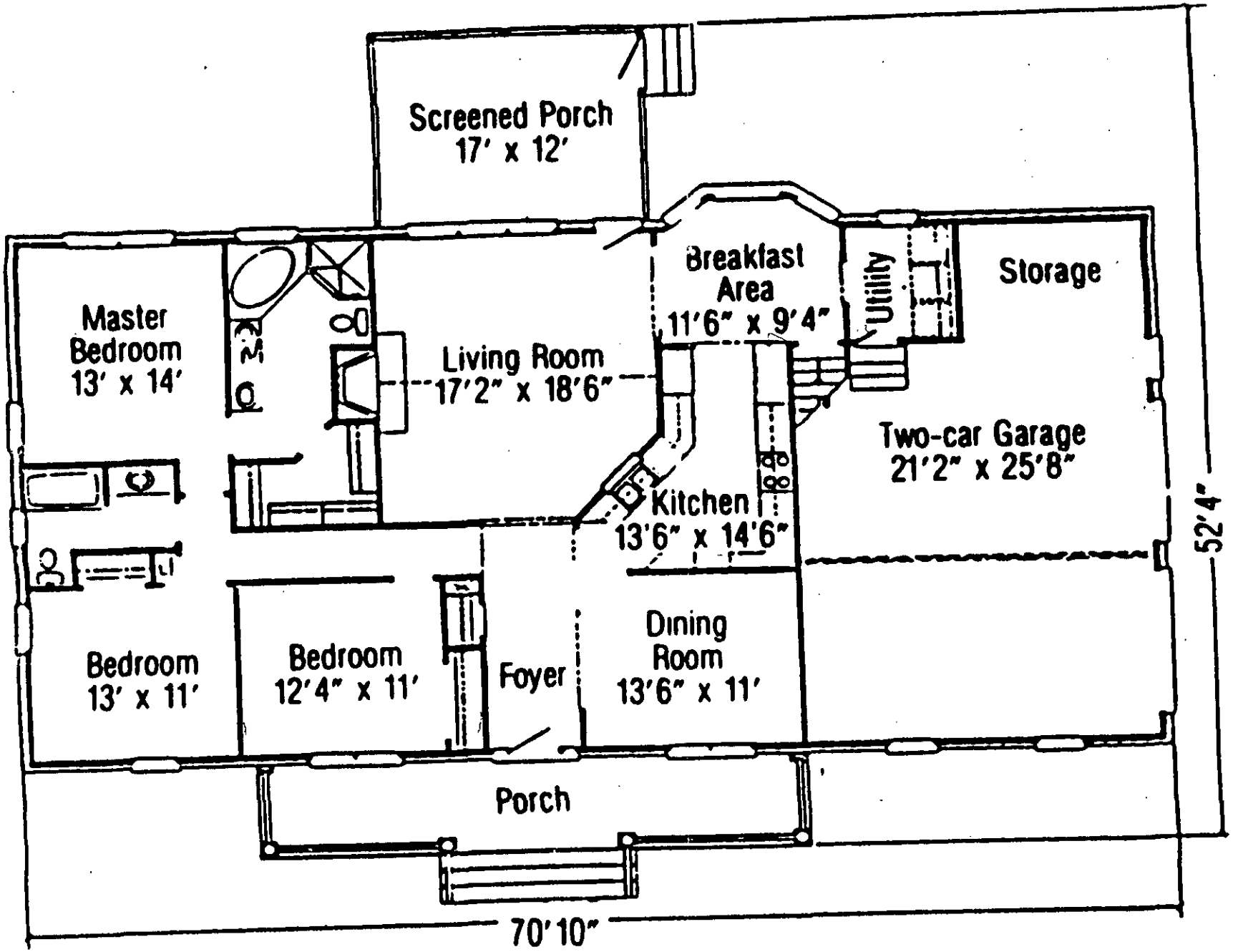
...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122


Screened Porch
17' x 12'
Master
Bedroom
13' x 14'
Living Room
17'2" x 18'6"
Breakfast
Area
11'6" x 9'4"
Utility
Storage
Two-car Garage
21'2" x 25'8"
Kitchen
13'6" x 14'6"
Bedroom
13' x 11'
Bedroom
12'4" x 11'
Foyer
Dining
Room
13'6" x 11'
Porch
52'4"
70'10"