

4512 NEW GARDEN CT

10526125

4/28/08

marliwr

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

$100 or cert # X31659

3/18/03 SC

DLW

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICE

[ ] 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 2024A

PERSON FILING APPLICATION:

NAME: BLECKERMAN ROBERT (last) (first) (mi) 2-MAX

ADDRESS: 4801 E. INDEP BLVD PHONE: (704) 535-0793

CITY: CHARLOTTE STATE: NC ZIPCODE: 28212

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-261-25

STREET ADDRESS: 4512 New Garden CT

ZONING:

PROPERTY OWNER:

NAME: SCHNEIDER PETER + DIANE (last) (first) (mi)

ADDRESS: 4512 NEW GARDEN CT PHONE: (704) 598-6268

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SUNROOM + SAUNA

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: 4 NUMBER OCCUPANTS: 4

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)
[ ] 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: _____ Date: 3-18-03

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.

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

...3-00-03 ORD USE EXISTING SYSTEM

_____ Environmentalist 3-20-03 Date

WATER : 122791

P# 32097

PROPOSED PLOT PLAN

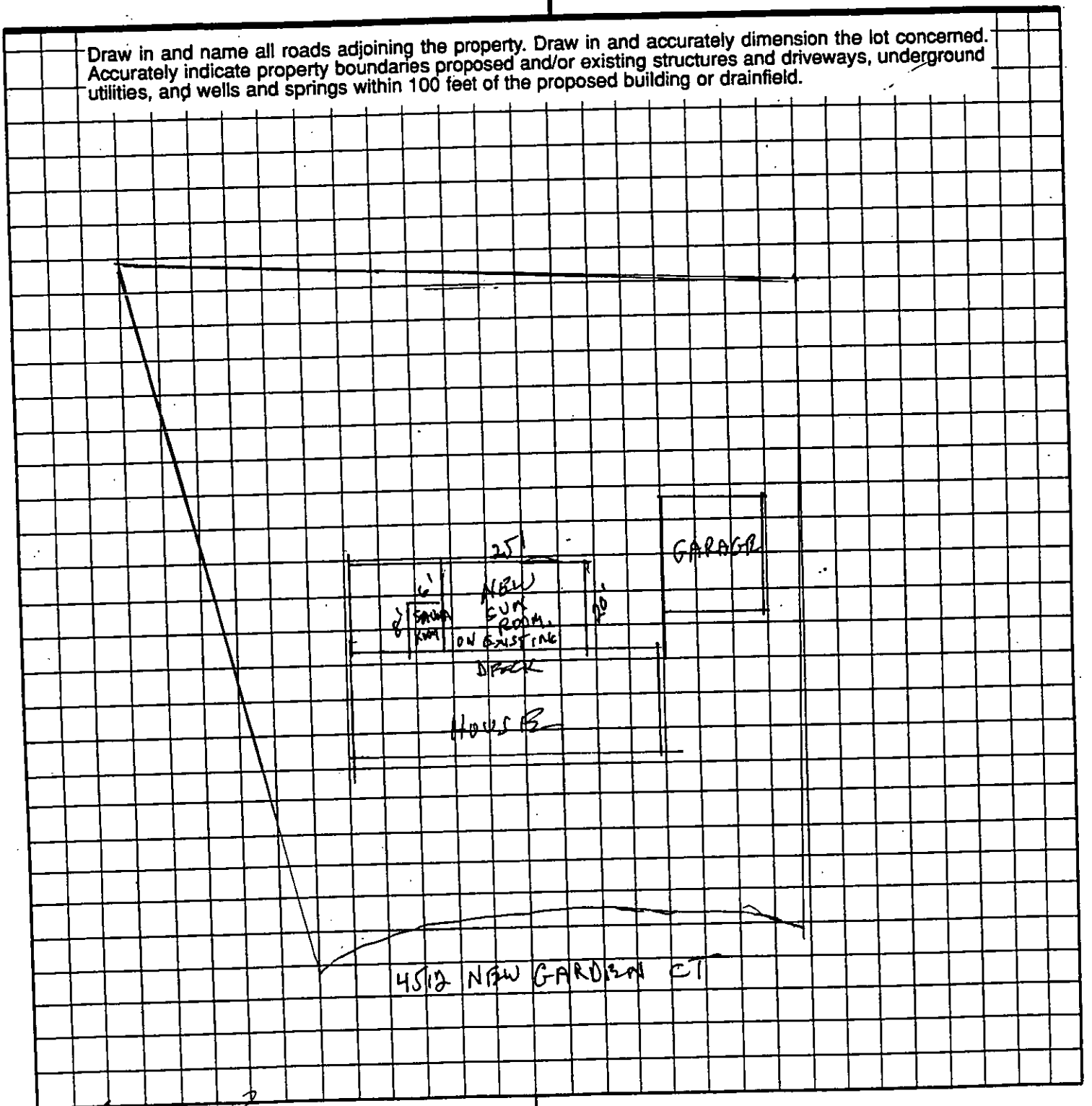
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2024A

TC: 105-261-25

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.



X _____
OWNER/AGENT SIGNATURE

DATE X 3-18-03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2024A DATE: 10-7-02

TC: 105-152-01,03 ☒ L ☐ CRT

SERIAL Nº 18979

Name of Owner PETER SCHNEIDER Juris.:

Address of Property 4512 NEW GARDEN CT.

Inspection Data:

Tank Material PCC [EXISTING]

Total Length of Drainfield

Number of Lines 1 @ 12' X 45'

Cover Depth 12"

Water Supply Source MUNICPLB

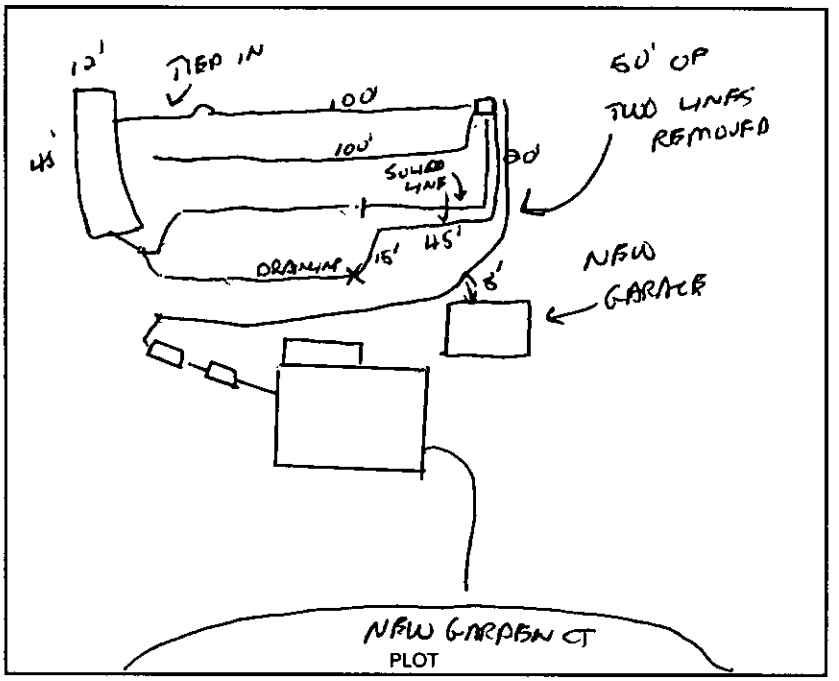
Distance to Water Source > 50'

Excavation Inspected 10-7-02

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected



Design ALTERATION 12' x 45' CTR# STEVE AMITY

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 I5A 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 I5A 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

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

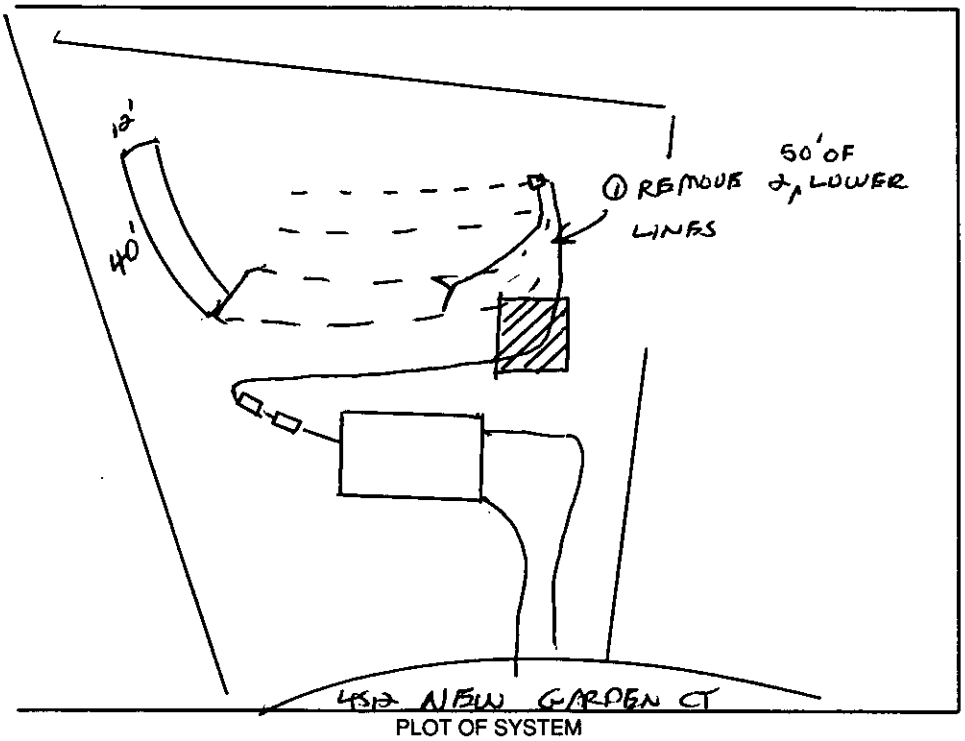
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2024 A DATE: 9-25-02

TC: 105- 152-01, 03 L

SERIAL 19131

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 9-18-02. 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 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 EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction _____

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 12' x 40' feet

Trench Walls Scored and Porous YES

Total Line Length 160' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER PETER SCHNEIDER

LOCATION OF PROPERTY 4512 NEW GARDEN COURT

Comments: ① REMOVE 50' OF TWO LOWEST LINES, ATTACH LOWER PORTIONS OF 2 LOWER LINES TO D-BOX W/ SOLID LINE,

② REROUTE 2" SUPPLY LINE.

③ INSTALL REP 12' X 40 FOR NEW ALTERATION.

Environmental Health Specialist

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

Acct # X31659

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 9/27/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-27-02 **PERMIT NO:** 2024A
PARCEL NO: 105-152-01,03

JOB LOCATION ADDRESS: 4512 NEW GARDEN CT.
PROPERTY OWNER: PETER SCHNEIDER
BUILDING CONTRACTOR: ROBERT LOCKERMAN
SUBDIVISION NAME: FORNWOOD NORTH
AUTHORIZATION ISSUED BY: _____ **DATE:** 9-27-02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: _____

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 _____ Z-MAX INC 9/27/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

1,396

Paid $100 9/18/02 RL

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 2024A

PERSON FILING APPLICATION:
NAME: LECKERMAN (last) ROBERT (first) (Z-MAX) (mi)
ADDRESS: 4801 E INDEP. BLVD PHONE: (704) 535-0793
CITY: CHARLOTTE STATE: NC ZIPCODE: 28212

Date:

PROPERTY OWNER:
NAME: SCHNEIDER (last) PETER & DIANE (first) (mi)
ADDRESS: 4512 NEW GARDEN CT PHONE: (704) 598-6268
CITY: CHARLOTTE STATE: NC ZIPCODE: 28

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105.152.01.03
STREET ADDRESS:
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):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) & BATH ROOM
[redacted]

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: 4 NUMBER OCCUPANTS: 4

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)
[] 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: Robert L Date: 9-18-02

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

Environmentalist Date

WATER : 122791

5'45" LF

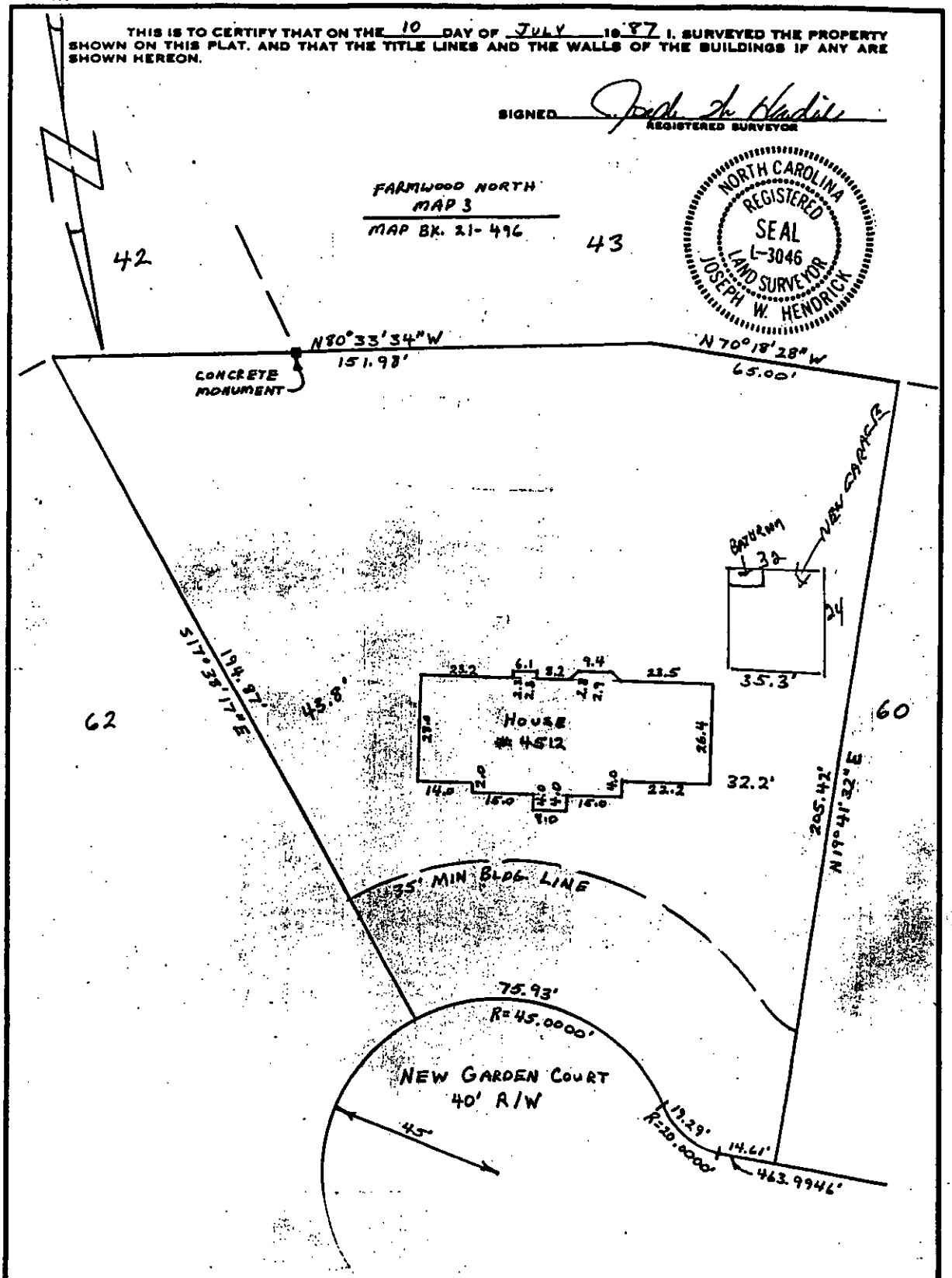
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9/19

THIS IS TO CERTIFY THAT ON THE 10 DAY OF JULY 19 87 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Joseph W. Hendrick
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-3046 LAND SURVEYOR JOSEPH W. HENDRICK



"PHYSICAL SURVEY
OF

LOT 61 BLOCK 4 FARMWOOD NORTH
CRAB ORCHARD TOWNSHIP MECKLENBURG CO., N.C.
PETER J. SCHNEIDER & WIFE DIANE M. SCHNEIDER

SCALE 1" = 30'
THE PROPERTY OF

MAP RECORDED IN BOOK 21 AT PAGE 595 DEED RECORDED IN BOOK PAGE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/19/02
Receipt #: 10530
Check / Auth #: CHARGE
Received By: FOSTERV

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Voided 9/19/02

Account Information

Account #: X31659
Contractor: Z-MAX INC
Attn:
Address: 4801 E. INDEPENDENCE STE 103
Address:
City/State/Zip: CHARLOTTE, NC 28212

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4512 NEW GARDEN CT		1	100.00	100.00

This is now a double charge which has been corrected by Doc. Mgt. Entry # 29407

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	734.57				

3208 CARVER PLACE MOSQ

6513 ROCKWELL BLVD EAST
CARPORT

6215 Rockwell BLVD
OIL WEST

Paid $100 9/18/02 COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

FAX 535-7100

WWATER : 122791

5'45 SF

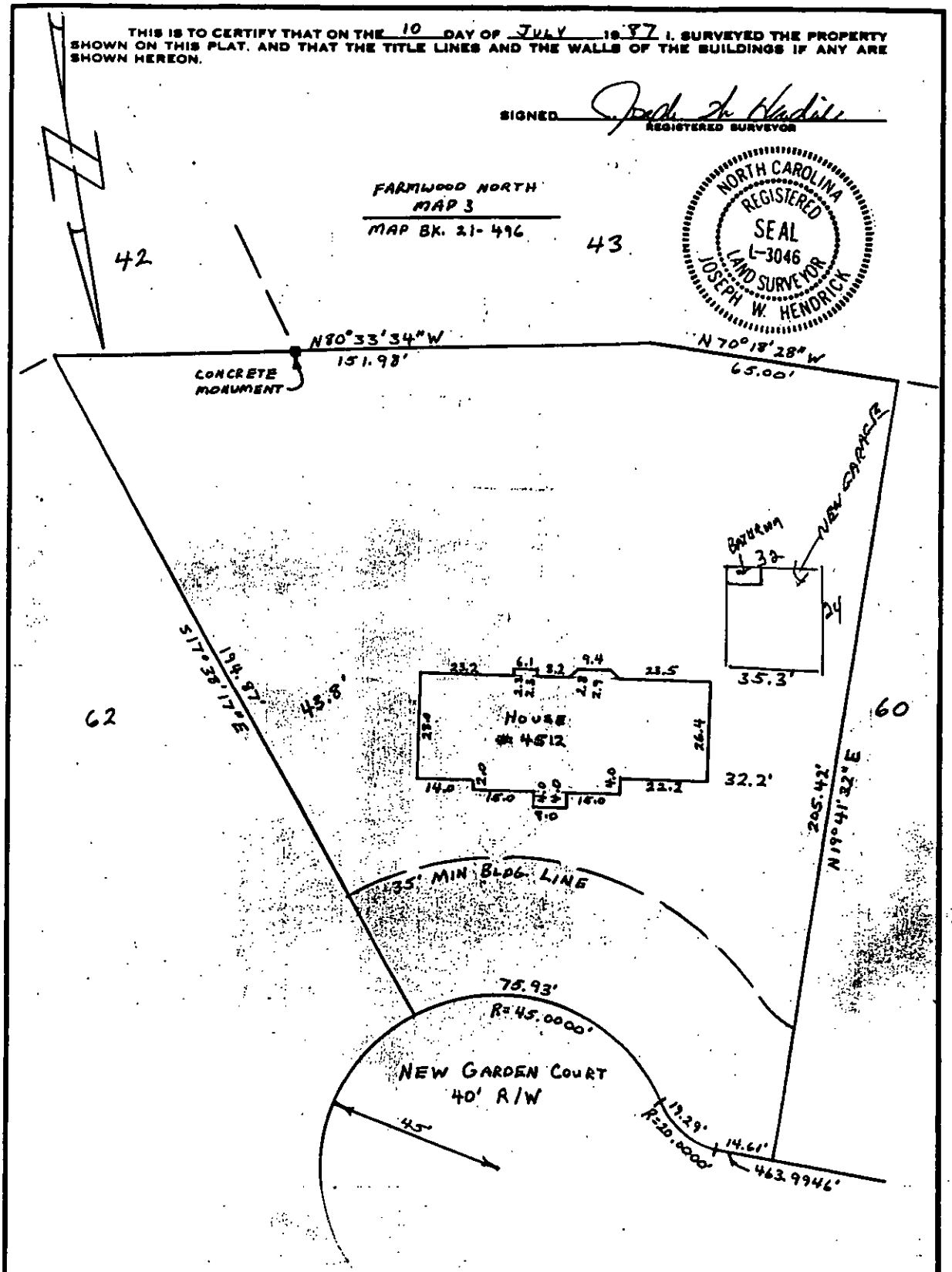
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SIGNED Joseph W. Hendrick
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-3046 LAND SURVEYOR JOSEPH W. HENDRICK

FARMWOOD NORTH
MAP 3
MAP BK. 21-496



"PHYSICAL SURVEY
OF

LOT 61 BLOCK 4 FARMWOOD NORTH
CRAB ORCHARD TOWNSHIP MECKLENBURG CO., N.C.
PETER J. SCHNEIDER & WIFE DIANE M. SCHNEIDER

SCALE 1" = 30'
THE PROPERTY OF

MAP RECORDED IN BOOK 21 AT PAGE 595 DEED RECORDED IN BOOK PAGE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

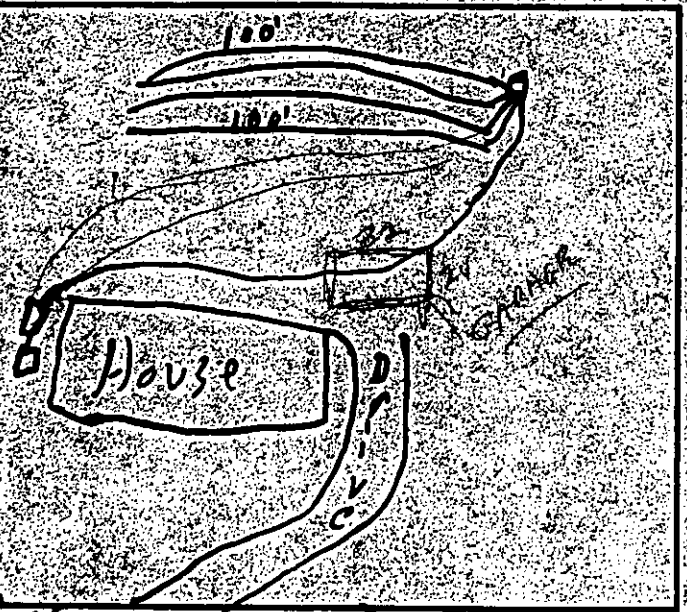
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2024-A DATE: 6-9-87

TC: 105-152-6107 ☐ L

SERIAL № 10997

Permission is hereby given to ___K___ 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 6-8-87. All work shall be completed on or before 7-9-87 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 1000 gallons
Tank Construction PVC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400' feet
Number of Lines Four
Depth of Stone 12 inches
Distance from House 5' feet
Distance from Property Line 10 feet
Distance from Well 200' feet

NAME OF OWNER Bob McLemore Co. Inc

LOCATION OF PROPERTY 4512 New Garden Ct.

Comments: Four Trenches 100'x3'x12" Stone, 1-4 Station

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