

15814 MARVIN RD

22309120

6/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 10/5/90

FROM: COUNTY ENCROACHMENT COORDINATOR

FOR MAP JURISDICTION CODE Meck

PARCEL NUMBER 223-091-01aa

NEAREST ADDRESS 15800 Marvin Rd

PROPOSED ADDRESS 15814 Marvin Rd

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PENDING	NOT PERMITTED
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY RIGHTS ON ENCROACHMENT	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /@	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Please notice address change Att: Judy Kiser

NOTE: THIS FORM MUST BE SIGNED IN AT THE ENGINEER'S OFFICE AT BUILDING STANDARDS WHEN PLANS PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE TRANSPORTATION DIVISION COMMENTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED:

CHECK 06-08

NEW ADDRESS / /*

ROOM 100

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6078A DATE: 1/18/90

TC: 223-091-01 ☒ L ☐ CRT

SERIAL № 13004

Name of Owner Kerr, Edna Juris.:

Address of Property 15814 Marvin Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 100'

Excavation Inspected 1/18/90

Tank(s) Inspected 1/18/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1500 St, Con. 1200 SFT 12" B, Cecil CTR# 113

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: System designed for 3 bedroom home.
Recommend a diversion ditch above the tank and drainfield to divert surface water from tank & drainfield area.

Judy J. Kerr R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

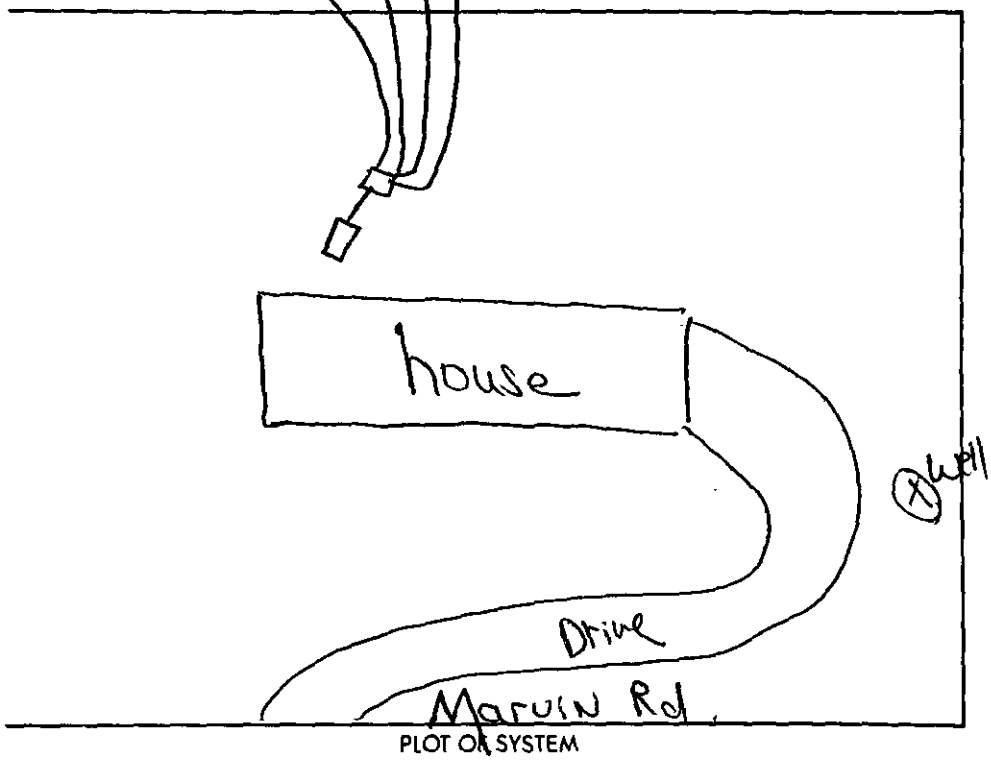
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6078A DATE: 1/10/90

TC: 223-091-01 L

SERIAL Nº 14551

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 9/7/89. All work shall be completed on or before 2/10/90, 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 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Kerr Edwa

LOCATION OF PROPERTY 15814 Marvin Rd.

Comments: Install 4 Trenches 3' x 100', 12" Stone, Straw Cover.

Division or Section Head

Environmentalist Judy J Kerr R.S

* 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

2008

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP

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: 4078A

TC:

SERIAL: Nº 15824

ENVIRONMENTAL HEALTH DIVISION ☒ L ☑ CRT

JOB LOCATION

① ADDRESS: 15814 (STREET NO.) Marvin RD (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 223-091-01

⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: Edna (FIRST) R. (MIDDLE) Kerr (LAST)

⑨ MAILING ADDRESS: 15814 Marvin RD

⑩ CITY: Char. ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 541-7202 ⑭ (HOME) 542-1938

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? 6

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Edna R. Kerr

Date: 9-7-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

R.S. 9/18/89
Environmentalist — Date

9/18/89
Director or Authorized Section Head — Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/7/89

Name/Company: Bob McLemore Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Dust
6078A

MECK[illegible]NTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OR# 06906
$200.00

FEE: SEP 7 1989 $ 200 —

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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Bob McLemore Homes
P.O. Box 25746
Char. N.C 28229
704-545-6112

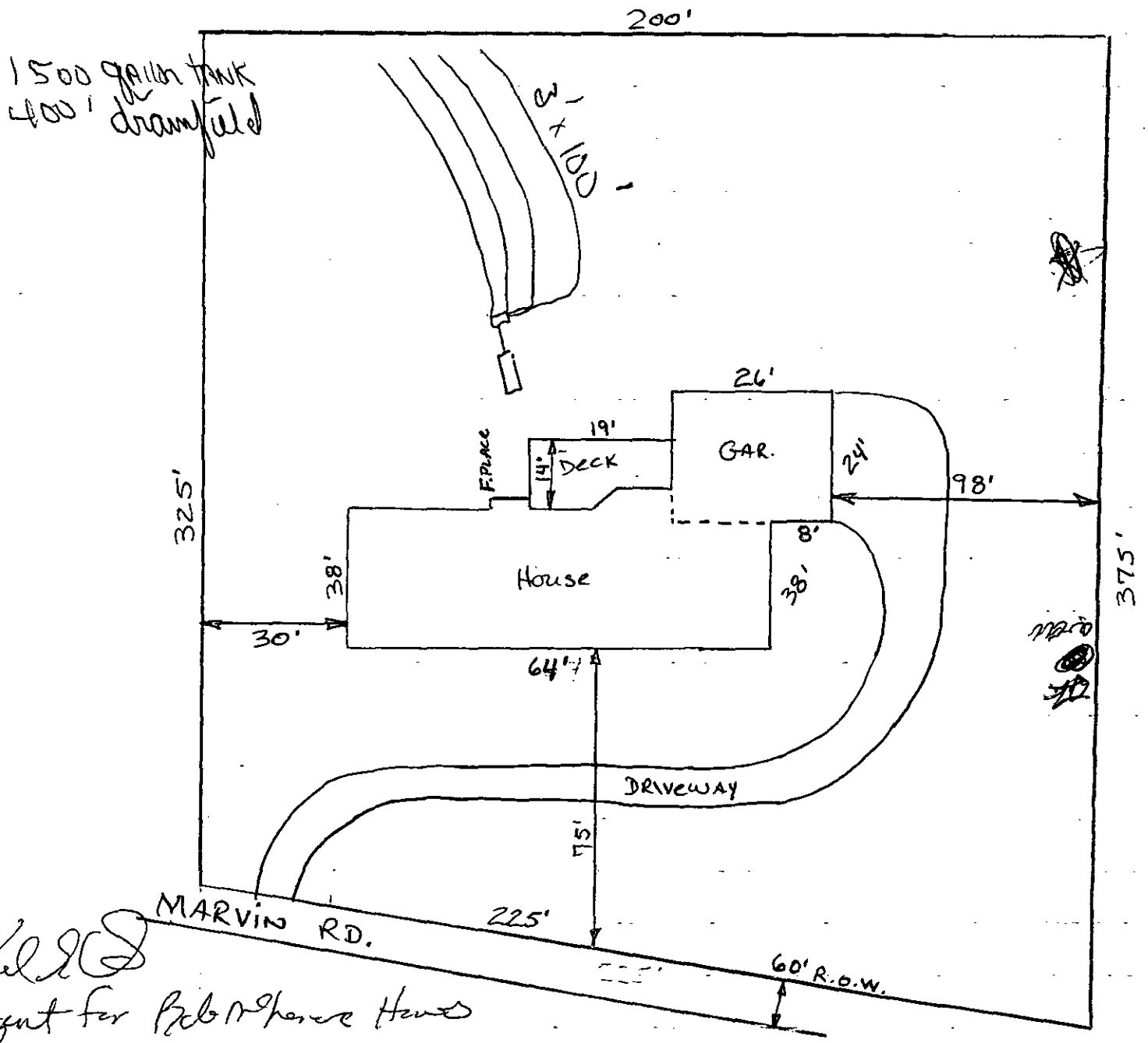
9-7-89

Edna R. Kerr
15814 Marvin Rd.
Char. N.C. 28226
704-541-7202

TAX #
223-091-01

Appx 1½ AC.

Re: Proposed PLOT PLAN



Kal McS
agent for Bob McLemore Homes

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

September 5th, 1989

Edna R. Kerr
15814 Marvin Road
Charlotte, NC 28226

RE: Property located at Marvin Road
FILE: 6078A
PARCEL: 22309101

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16399) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16399

File: 6078A Action 1

Parcel: 22309101 ☐ PC

Location: Marvin Road

Subdivision:

Lot: Block: Acres: Approx 1.0

Owner: Edna R. Kerr
Address: 15814 Marvin Road
Charlotte, NC 28226

Comments: Lot size not determined on application - system possibly should be spotted & lot lines drawn accordingly

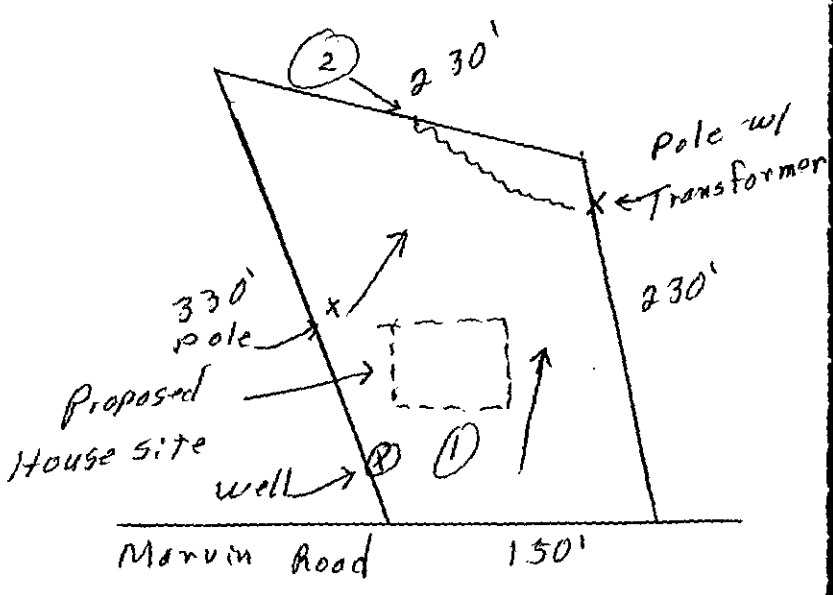
Described by: William R. Mullis

Date: 9-1-89

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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

Distances Approximate



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to wat'r	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Cecil-like IUA	Terrace				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

This lot was not dimensioned on the application since a 100% repair will be needed, I looked at what I thought it might take to get the system & repair in behind the proposed house location. There is additional area available if needed. Leave this note in the file and attached to the report

Bill Mullis
9-1-89

40B $40.00

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 2 1989
ENVIRONMENTAL HEALTH
DIVISION

FILE: 6078A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: MARVIN Rd.

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 223-091-01

⑥ DEED REFERENCE: BOOK NO.: 1917 PAGE NO.: 26

OWNER

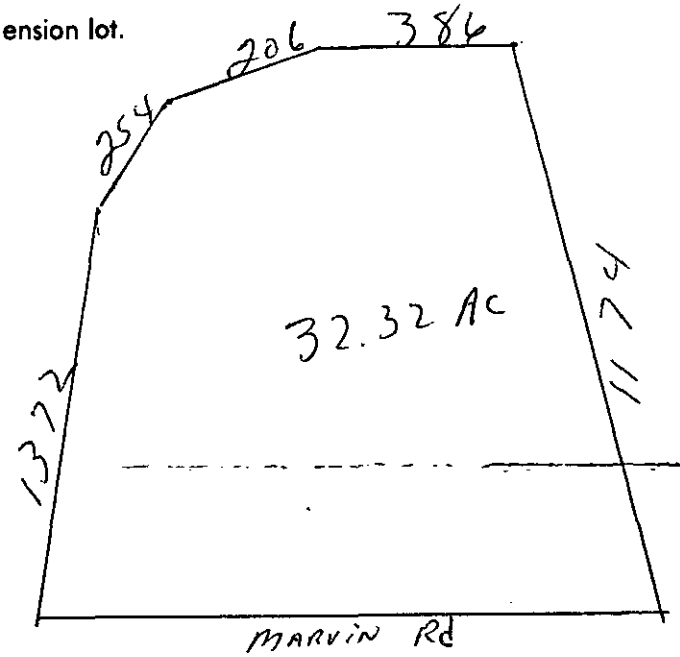
⑦ NAME: Edna (FIRST) R (MIDDLE) Kerr (LAST)

⑧ MAILING ADDRESS: 15814 Marvin Rd

⑨ CITY: Chas ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-7202 (HOME)

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Mrs. Edna R. Kerr

Date: August 15-1989

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/25/89

Name/Company: Bob McKenzie Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil

#60787

Lacie

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 25 1989

Fee: $ 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

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