

8015 PLEASANT GROVE RD

03517443

12/26/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

3/19/97 3

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

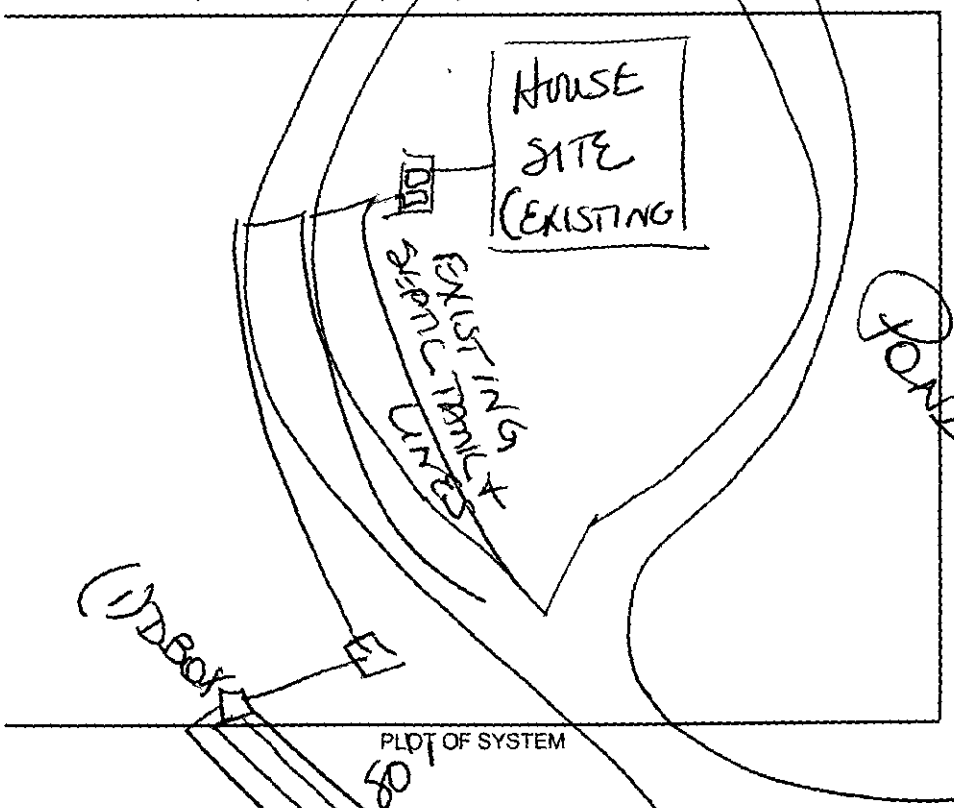
TO PLEASANT GROVE RD

FILE: 1845B DATE: 035-175-46

TC: _____ ☒ L

SERIAL Nº 17185

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 3/19/97. All work shall be completed on or before 4/19/97, 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth As needed

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 160 feet

Number of Lines 2

Depth of Stone 18" 6" Sand inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well _____ feet

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

NAME OF OWNER Gary M. Kieblak

LOCATION OF PROPERTY 8015 Pleasant Grove Rd.

Comments: over flow from last line of system to new D box & bed. with 6'X80'X18" (6" sand) Property owner requested to install only one bed at this time.

Judi Higgins Burney RS.

Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1844B DATE: 3/27/97
TC: 035-174-13 ☒ L ☐ CRT
SERIAL Nº 17032

Name of Owner Gary M. Kieblak Juris.:
Address of Property (8009) 8015 Pleasant Grove Rd.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 160
Number of Lines 2 @ 80
Cover Depth 12
Water Supply Source WELL
Distance to Water Source
Excavation Inspected 3/27/97 ✓
Tank(s) Inspected
Wash Line Inspected —
High Water Alarm Inspected

PLOT

Design 380 sqft. 1 DBOX, Bed, 24" STONE, 6" SAND CTR# 5

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: All gutters need to be diverted away from septic tank area.

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Jan Higgins Burney R.S.
Environmental Health Specialist

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

MILLER ORTHOPAEDIC

MAR 19'9 10:1 No.011 P.02

DATE: ____

ID:

APPLICATION FOR IMPROVEMENT PERMIT
& ...IAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXIST ... SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ONSITE WASTEWATER SECTION

FILE #: 1844B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 035-174-46 035-174-43

STREET ADDRESS: 8009 Pleasant Grove Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 1 CHARLOTTE ___ 4 LAKE ...
___ 2 DAVIDSON ___ 5 MA... VIEWS
___ 3 CORNELIUS ___ 6 HUNT...SVILLE
___ 7 MINT HILL

CLOSING DATE: ____

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
X HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

TYPE OF RESIDENCE:

___ CRAWL SPACE ___ WITH BASEMENT PLUMBING
___ WITH BASEMENT (NO PLUMBING)

IF NEW/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDI...

Family Room

WILL BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: ____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) X MUNICIPAL (M) ___ PRIVATE WELL (...)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

1. LANDFILLS, STUMP DUMPS (2) X YES ___ NO
2. WASTEWATER SYSTEMS (2) X YES ___ NO
3. RIGHT-OF-WAYS (3) X YES ___ NO
4. WELL, SPRINGS OR WATERLINES (4) X YES ___ NO
5. DESIGNATED WETLANDS ___ YES X NO

Attached

OWNER:

NAME: (LAST) KOBACK (FIRST) SAM (MI) M.

ADDRESS: 8009 Pleasant Grove Rd

CITY: Ch... NC ZIP: 2821...

DAYTIME PH...: 391 5514

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

SOIL DATA W... PROVIDED BY A LEGAL AGENT OF AND RECORDED? 1977

Approval ... the issuance of operation if the plans ... the intended use ... change or if information s... Planning ... and agrees ... given to the owner of the property described ... Applicant ... knowledge ... the facts ... and authorizes ... Department ... enter onto the property ... for the purpose of processing this request.

Emily M. Koback

DATE: 3

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSH..., SUITE ... CHARLOTTE, N.C. 28202., (704) ...

Attachment for Application for Improvement Permit

Enay M. Kiebzak
8015 Pleasant Grove Rd

(1) No cables in area of digging. Existing cables are currently marked with spray paint.

(2) Septic build 1911.

(3) Duke Po. right-of-way on property but does not conflict with proposed work.

(4) Spring heads exist on property but not in area of proposed work.

EMK

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/27/97 PERMIT NO: 1844B
PARCEL NO: 035-174-463
JOB LOCATION ADDRESS: 8009 8015 Pleasant Grove Rd.
PROPERTY OWNER: Gary M. Kieblak
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joan Diggins Bunn, RS. DATE: 3/27/97
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: INSTALLATION APPROVAL REQUIRED.

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 3/27/97

Permit Number: 035-17448 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: _____

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	
____ Long-term acceptance rate	____ Max gallons/day wastewater flow	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)	
____ Serviced by private well	____ Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
____ Bedrooms in residence	____ Gallon pump tank	____ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
Repair Area System Type Type (circle one): I II III IV V VI	✓ Conventional BED ____ 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	
480 Absorption Area (Sq ft) 100 Total Trench Length (Ft)	18" Depth of Stone Trench 6" SAND	____ Trench spacing (min. on centers)	Maximum Trench Depth AS NEEDED MINIMUM 4'	
For existing system, enter the year originally installed: 1977				

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 Sewage, 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 Improvement permit is transferable.

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