

1700 MARLYNN DR

05101302

12/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

BLC

FILE: 11308/9101A DATE: 8-3-93

TC: 051-011-27 ☐ CRT

SERIAL Nº 15662

Name of Owner Henry Atkins Juris.:

Address of Property 1700 Marlynn Dr.

Inspection Data:

Tank Material PCC - existing tank

Total Length of Drainfield 45-48'

Number of Lines 2 @ 45-48'

Cover Depth 18-24" (installed based on tank location)

Water Supply Source well

Distance to Water Source 50'-58'

Excavation Inspected 8-3-93

Tank(s) Inspected [redacted]

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 Repair, 6' x 45-48' x 12" stone, CTR# Steve Autry

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 with ; not designed to handle washing machine wastewater ; do not recommend it be in system . No other available repair area determined. Repair; > than 20 yrs old house + system . Washing machine presently not discharging to ground surface 9-22-93

Susan Patterson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

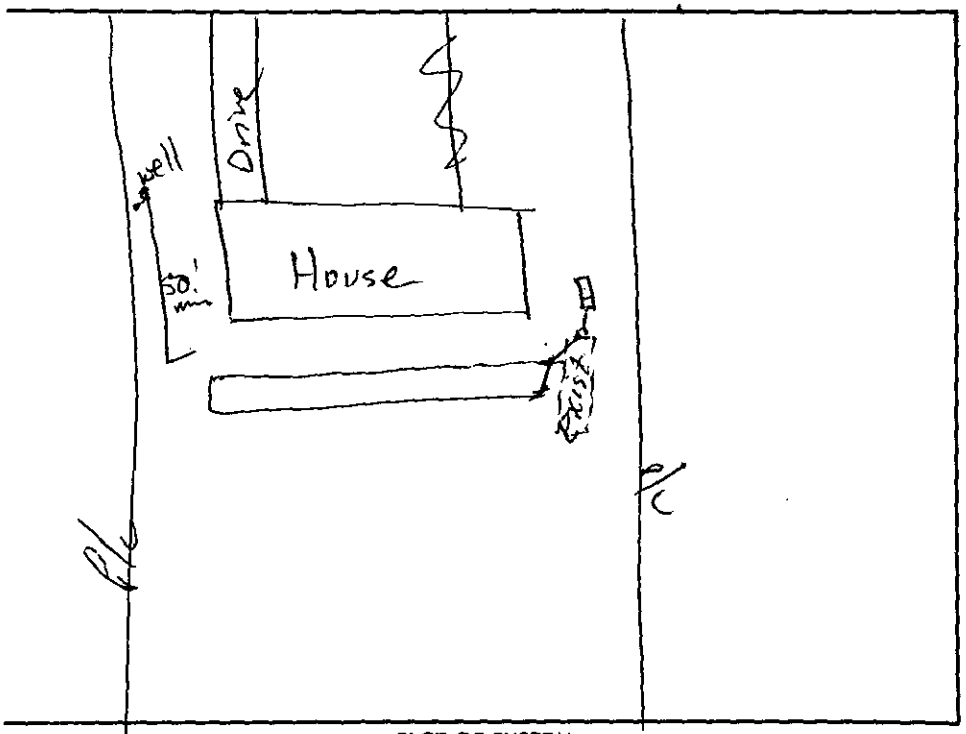
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1130B/9101A DATE: 7-9-93

TC: 057-011-27 .01

SERIAL Nº 15153

Permission is hereby given to _____ Install or Construct, X 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 7-9-93. All work shall be completed on or before 8-9-93, 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 Exist gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Total Line Length 40'-45' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

NAME OF OWNER William Henry Atkins

LOCATION OF PROPERTY 1700 Marilynn Dr.

Comments: 6-12" soil cover - Keep as shallow as possible. Washing machine cannot be accomodated by septic system so it may not be allowed in house.

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 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

1130B/9101A

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: Atkins (last) William (first) Henry (mi)
ADDRESS: 2236 Malvern Rd. PHONE: (704) 334-1345
CITY: Charlotte STATE: NC ZIPCODE: 28207

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-011-27
STREET ADDRESS: 1700 Marlynn Drive (off Highway 49)
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 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):

[] 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)
[X] 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: 2-3
SYSTEM CLASSIFICATION: House 1000 S.F.

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 [] 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: [signature] Date: 3/1/93

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

August 06, 1993

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

Mr. Henry Atkins
2236 Malvern Road
Charlotte, NC 28207

Re: 1700 Marlynn Drive
File: 1130B/9102A (Tax Parcel 051-011-27)

Dear Mr. Atkins:

A repair to your septic tank system was recently completed by your septic tank contractor, Steve Autry. The original system is over 20 years old and the soil drainage is poor. This repair should resolve the situation with the malfunctioning septic tank, however; as we discussed before the repair permit was issued, this particular lot has site limitations that prohibits doing additional repairs to resolve the washing machine wastewater problem. It was determined that the washing machine discharges straight onto the surface of the ground indicating that the original system was probably not designed to handle the additional wastewater generated by the washing machine. From the limited choice given to you to resolve the situation, you opted to remove the washing machine from the residence. Due to the problem with the septic tank system you may not connect the washing machine discharge line to the septic tank. As soon as you remove the washing machine, please contact me at 336-5569 do I can complete the paperwork for the certificate of completion. This needs to be taken care of within the next 30 days.

Please be aware that failure to comply with the Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A, .1900 may result in legal action being taken against you.

It is recommended that you connect to municipal sewer should it become available. At that time you would again be able to provide a washing machine to the residence.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Individual Water and Wastewater Treatment