

4501 LEBANON RD

13534399

6/13/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

FEE: 100.00
DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

ID 84454 ACS [ ] CRT

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

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

B32190 - Please Change ACCT TO

FILE #: ~~5029B 3732A 10072~~

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135 341 60

STREET ADDRESS: ~~4409~~ Lebanon Rd

SUBDIVISION OR MOBILE HOME PARK NAME: 4501

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 12,000

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

CLOSING DATE _____

Addition of Barn, use existing system * Approval granted for a Barn use existing system 6/23/04 Paula S. Walker

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Barn

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: (LAST) Morris (FIRST) Zeb (MI)
ADDRESS: 4409 Lebanon Rd
CITY: Charlotte STATE: N.C ZIP: 28227
DAYTIME PHONE: (704) 545-4567

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Reynolds (FIRST) Billy (MI)
DAYTIME PHONE: (704) 545-4526

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Billy Reynolds DATE: 6/15/04

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

PROPOSED PLOT PLAN

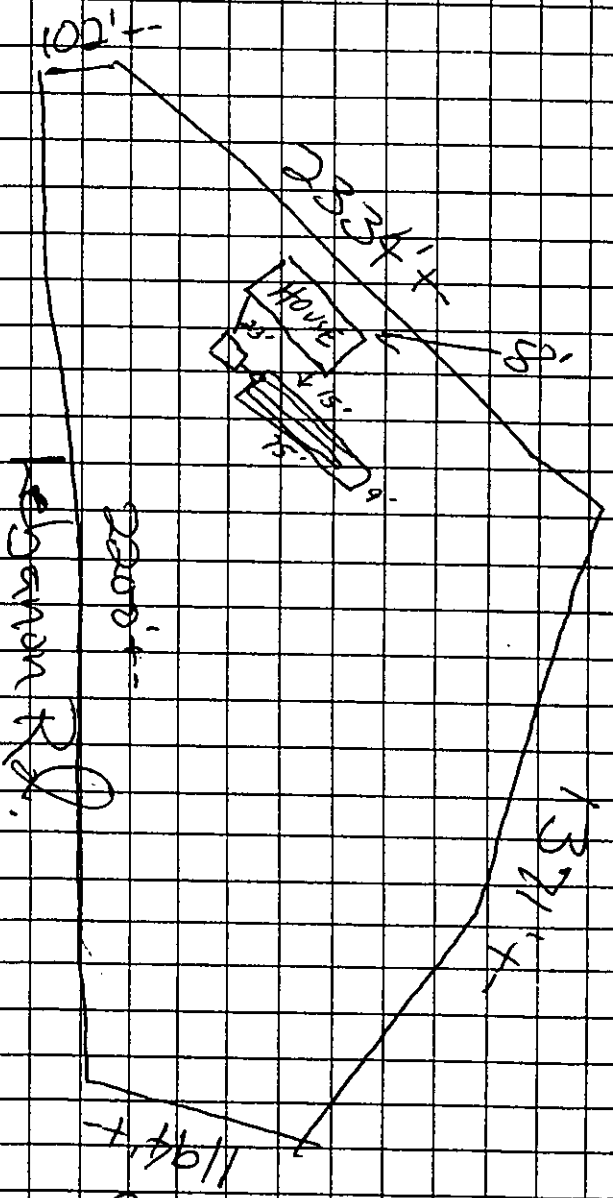
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

~~3+32A~~ 10492

FILE: ~~5629B~~

TC: _____

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.



Bill Rumbl
OWNER/AGENT SIGNATURE

DATE 6/15/04

APPROVAL DATE 7/SW 6/23/04

White - Health Department's Copy

Canary - E.H.S. Copy

Serial No. 6763

C of A (s) No. 10492

Date Issued 19Mar76

T. C. No. 135-331-15

John R Adkisson
CERTIFICATE OF COMPLETION

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Morris, Jr., Zebulon (LAST, FIRST, MIDDLE)

Location of Property 4401 Lebanon Rd

Application Number 10498

Permit Number 10492

Inspection Data:

Liquid Capacity of Tank 1500gal

Tank Material Precast Concrete

Total Length of Drain Tile 300ft

Number of Lines (4)

Depth of Filter Material 17'

Cover Depth 4'

Water Supply Source well

Distance from Water Source 100'

Excavation Inspected 19Mar76 (DATE)

Tank Inspected 19Mar76 (DATE)

Nitrification Field Inspected 19Mar76 (DATE)

Washing Machine Line Inspected, If Applicable 19Mar76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: aeration O.K

R. M. Reynolds
Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12-7-76

ICAR(S) Application No. 10492

T. C. No. P.O. 135-331-B

Map Date ———

MECKLENBURG COUNTY HEALTH DEPARTMENT

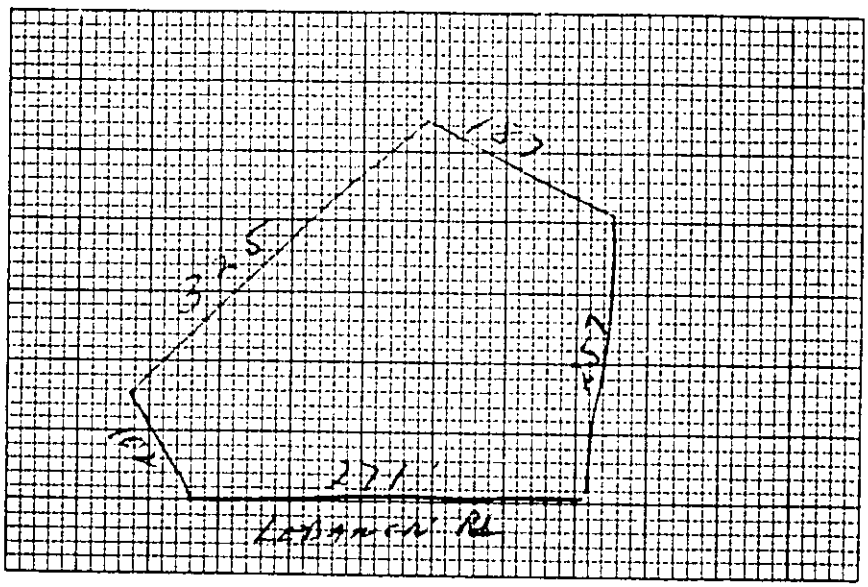
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Office



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) ~~No of Bedrooms~~ _____

5) Business Use — Max No Employees 4

6) Washing Machine ____Yes X No

7) Garbage Disposal ____Yes X No

8) Dishwasher ____Yes X No

9) Water Supply:
   A) Individual Well X
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer ____Yes X No
   House located within 200 feet of community sewer ____Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Morris (LAST) Ja (FIRST) Deacon (MIDDLE)

14) ADDRESS OF OWNER 4406 Lebanon Rd

15) PHONE NO. Home 527-5767 Office _____

16) LOCATION OF SYSTEM 4401 Lebanon Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. 195 Page No. 33

18) DEED REFERENCE — DEED BOOK 3577 AT PAGE 246

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1-20-76
DATE OF APPLICATION

Ja Deacon Morris
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 19 Mar 76

Serial No. 7350

ICAR(S) Permit No. 10492

T. C. No. 135-331-18

Map Date

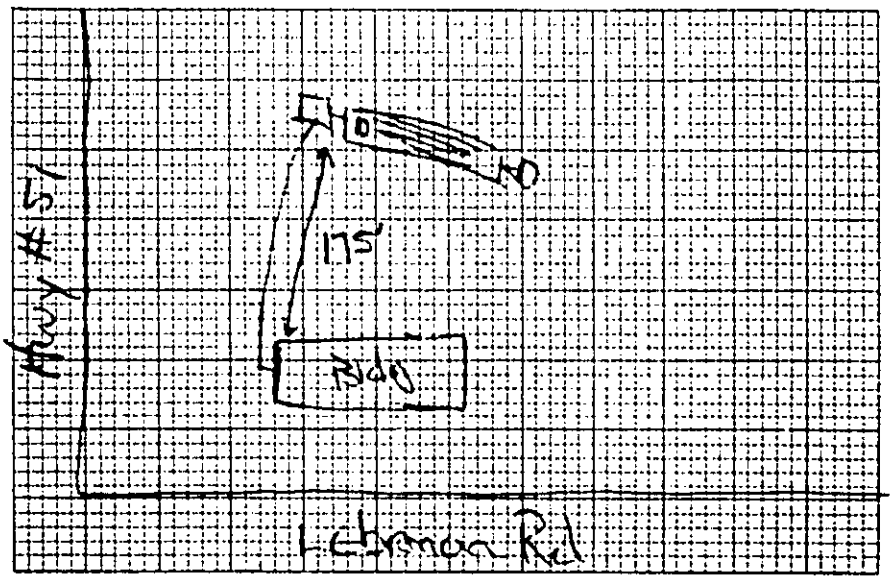
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 10492, dated 1-30-76 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 19 Apr 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300 ft

Number of Lines (4) 10' x 75'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Morris Jr., Zebulon

LOCATION OF PROPERTY 4401 Lebanon Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Aeration pit

Division or Section Head

A. M. Reynolds
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/15/04	**Amount:**	100.00
Receipt #:	26322	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	B32790
Contractor:	REYNOLDS & SON CONST
Attn:	
Address:	PO BOX 23034
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4501 Lebanon Road		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
114.84					