

1027 JAMES ST

03701202

7/3/2007

duponbj

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

Paid 4/5/02 MS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS X X 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 7512A

PERSON FILING APPLICATION:

NAME: Brown (last) Thomas (first) Scott (mi)

ADDRESS: 1027 James St. PHONE: (704) 807-2526

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: April 3, 2002

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-012-02

STREET ADDRESS: 1027 James St.

Charlotte, N.C. 28216

ZONING:

PROPERTY OWNER:

NAME: Khammanyvongsa (last) Oupalavanh (first) (mi)

ADDRESS: 1027 James St PHONE: (704) 510-5819

CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: Oakdale

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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Great Rm / Screen Patio

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: 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) [X] 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 [X] 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: Thomas Scott Brown Date: April 3, 2002

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.

... O.K. to use existing system for great room and screened in porch addition

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

Tammy L. Mickle R.S. 4/8/02
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

Septic in front yard.

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

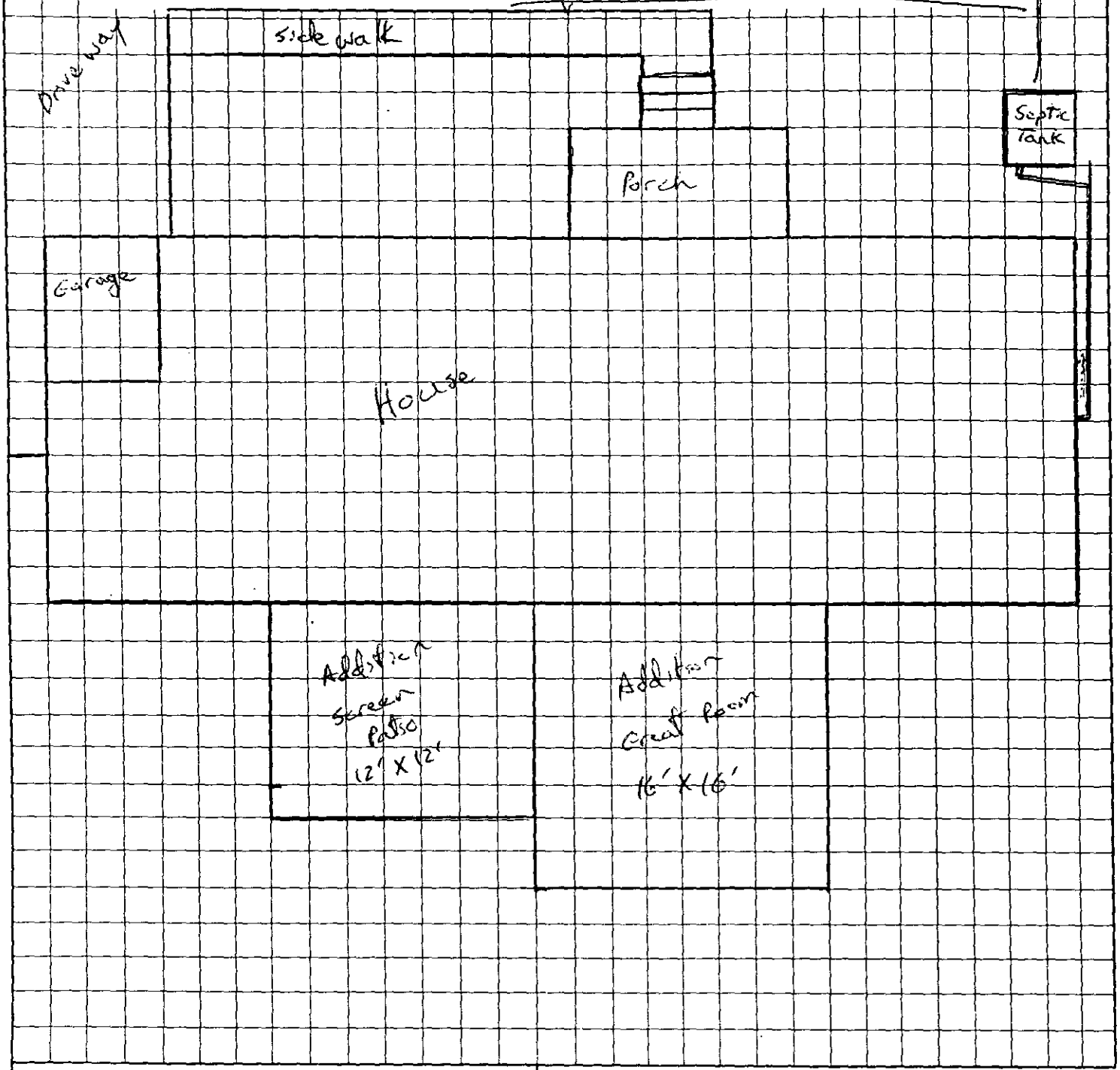
COPY

FILE: 7512A

TC: _____

10/7/2002

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.



Thomas Scott Brown
OWNER/AGENT SIGNATURE

DATE April 3, 2002

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

FILE: 7512-A DATE: 8-22-91

TC: 037-012-02 ☑ L ☑ CRT

SERIAL № 13866

Name of Owner W H KEISTLER JR Juris.:

Address of Property 5238 JAMES ST

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 4 @ 67'

Cover Depth 1'

Water Supply Source comm. well

Distance to Water Source 100'+

Excavation Inspected 8-22-91

Tank(s) Inspected 8-22-91

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1991 1500 ST CON BIO SFT 12G CERIC CTR# 22

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:

Kelly Randall
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

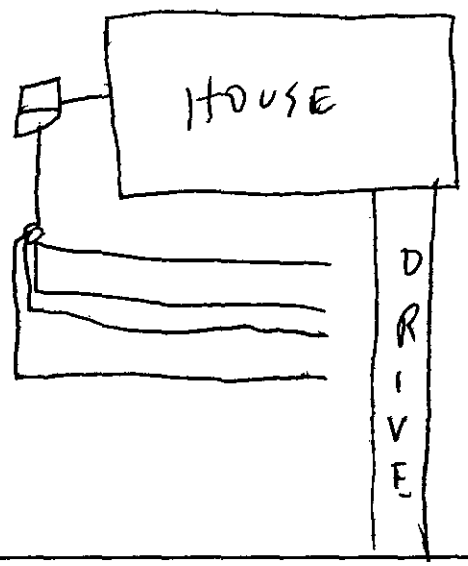
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7512-A DATE: 8-15-91

TC: 037-012-02 ☑ L

SERIAL Nº 13680

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 6-12-91. All work shall be completed on or before 9-15-91, 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 PLC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 5'+ feet

Distance from Well 100'+ feet

NAME OF OWNER W.H. KEISTLER JR

LOCATION OF PROPERTY 5738 JAMES ST

Comments: 4 lines @ 67' x 3' wide x 12" rock

S Daniel KS
Division or Section Head

Kelly Randall
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

APPLICATION FOR AN IMPROVEMENT PERMIT

CO#14382

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7512A
TC: 037-012-02
SERIAL: № 20561

$200.00 CK
6/12/91

☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 5738 (STREET NO.) James (STREET) St. ② FILE: 7512-A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 037-012-02

⑤ SUBDIVISION: _____ ⑥ LOT: #13 ⑦ BLOCK: _____

OWNER

⑧ NAME: W. (FIRST) H. (MIDDLE) Keistler (LAST) Jr.

⑨ MAILING ADDRESS: 302 Dakota St.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216

⑬ PHONE: (WORK) 399-1606 ⑭ (HOME) 399-1606

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? 2

㉓ Maximum occupancy? 4

㉔ Basement? ☐ yes ☒ no

㉕ Type? _____

㉖ Maximum number of employees? _____

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

Signed: Mr. W. H. Keistler, Jr.

Date: 6-12-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date: 6-18-91

Director or Authorized Section Head — Date: 6-18-91

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

APPLICATION FOR SOIL INVESTIGATION

Paid 06/11/91 Ck# 14377 $50.00 EJ

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

(OFFICE USE ONLY)

FILE: 7512-A

TC: 037-012-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5738 James St.

② SUBDIVISION: _____ ③ LOT: 13 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 037 PAGE NO.: 012 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

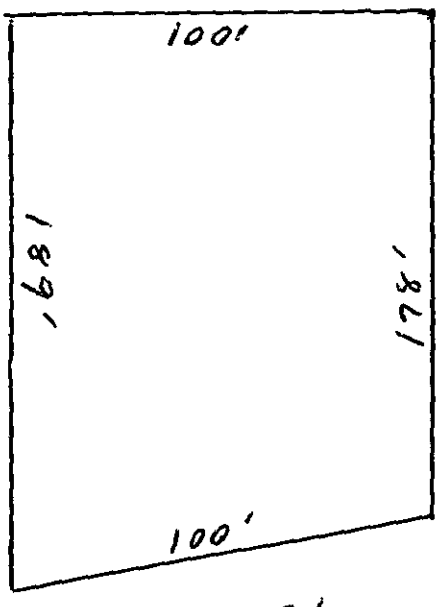
⑦ NAME: W. (FIRST) H. (MIDDLE) Keistler (LAST) Jr.

⑧ MAILING ADDRESS: 302 Dakota St.

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28216

⑫ PHONE: (WORK) 399-1606 (HOME) 399-1606

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

Signed: Mrs. W. H. Keistler, Jr.

Date: June 11, 1991

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

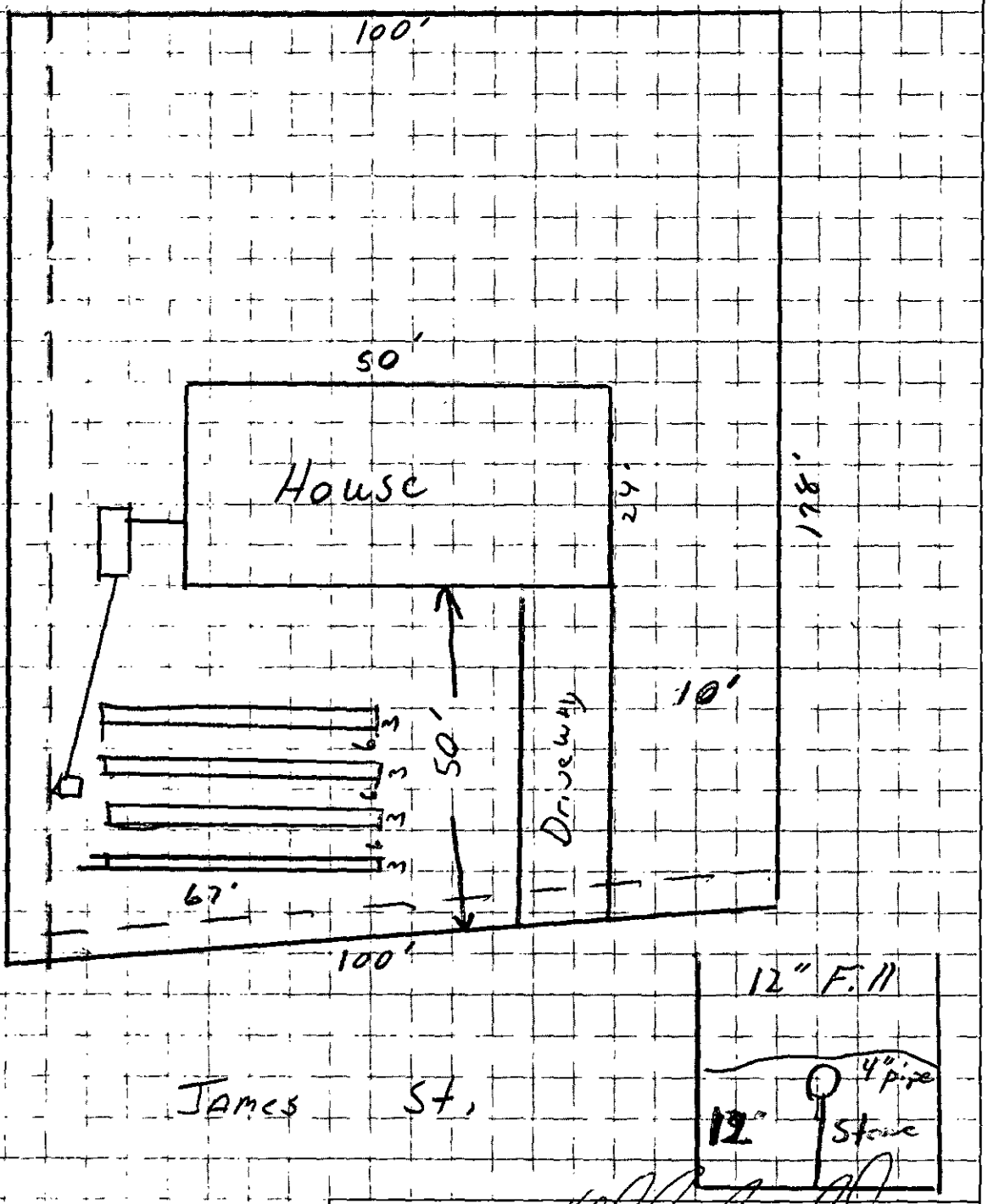
PROPOSED PLOT PLAN

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

FILE: 7512-A

TC: 037-012-02

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.



APPROVAL DATE 6-18-91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

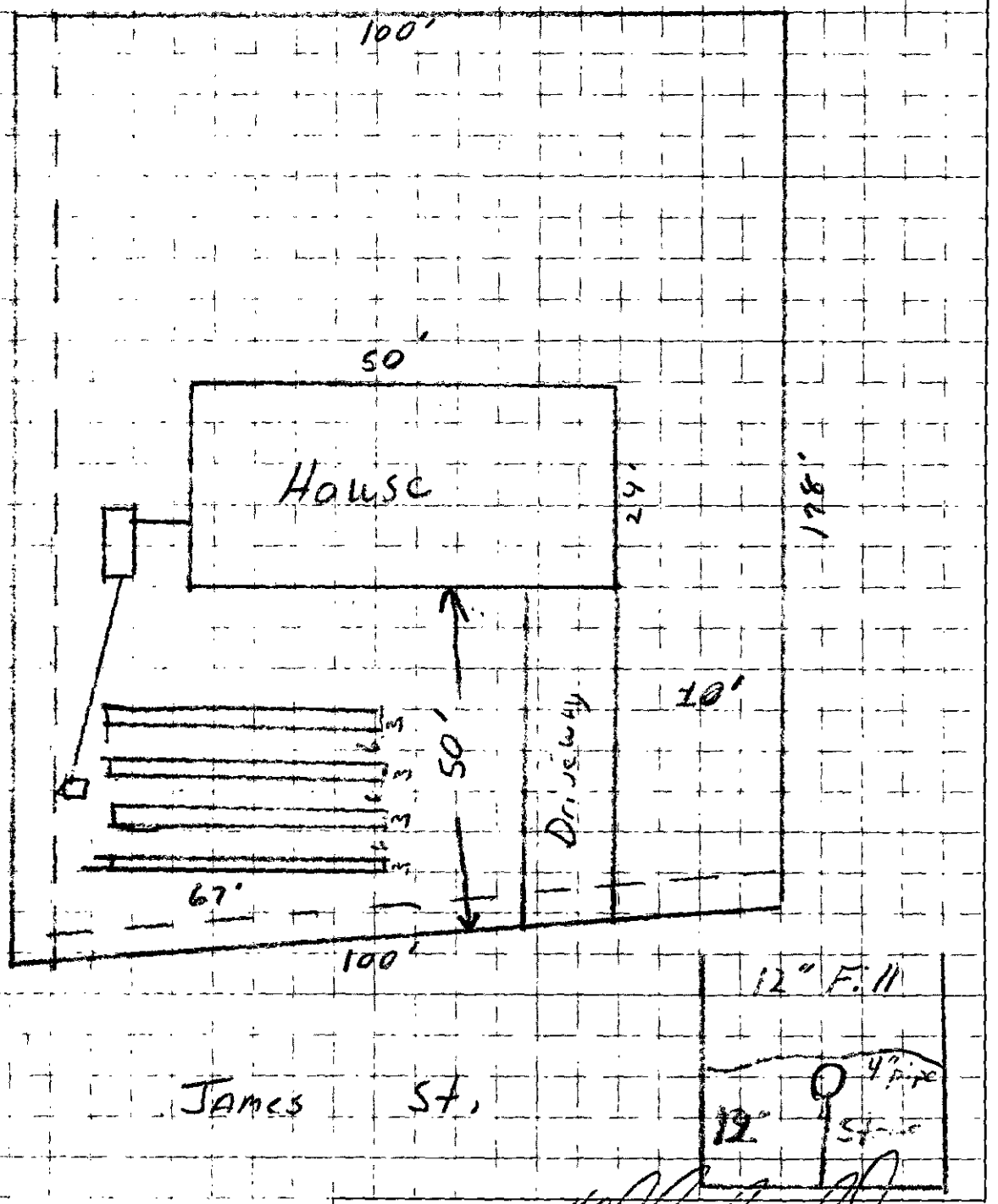
PROPOSED PLOT PLAN

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

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APPROVAL DATE 6-18-91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19502

File: 7512-A Action 1

Parcel: 037-012-02 PC

Location: 5738 JAMES ST.

Subdivision:

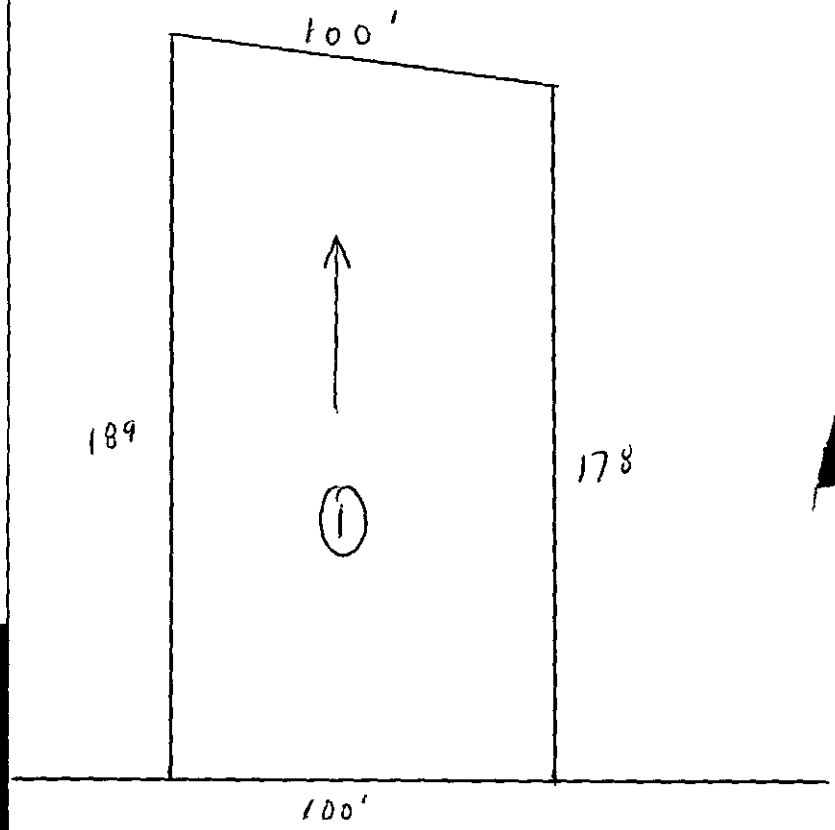
Lot: 13 Block: Acres: .42

Owner: W.H. KEISTLER JR.
Address: 302 DAKOTA ST.
CHARLOTTE NC 28216

Comments: _____

Described by: Kelly Randall

Date: 6-10 91



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-4%	S PS U	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 SUB ANG BLOCK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 240	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 240	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U None	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19502

File: 7512-A Action 1

Parcel: 037-012-02 PC

Location: 5739 JAMES ST.

Subdivision:

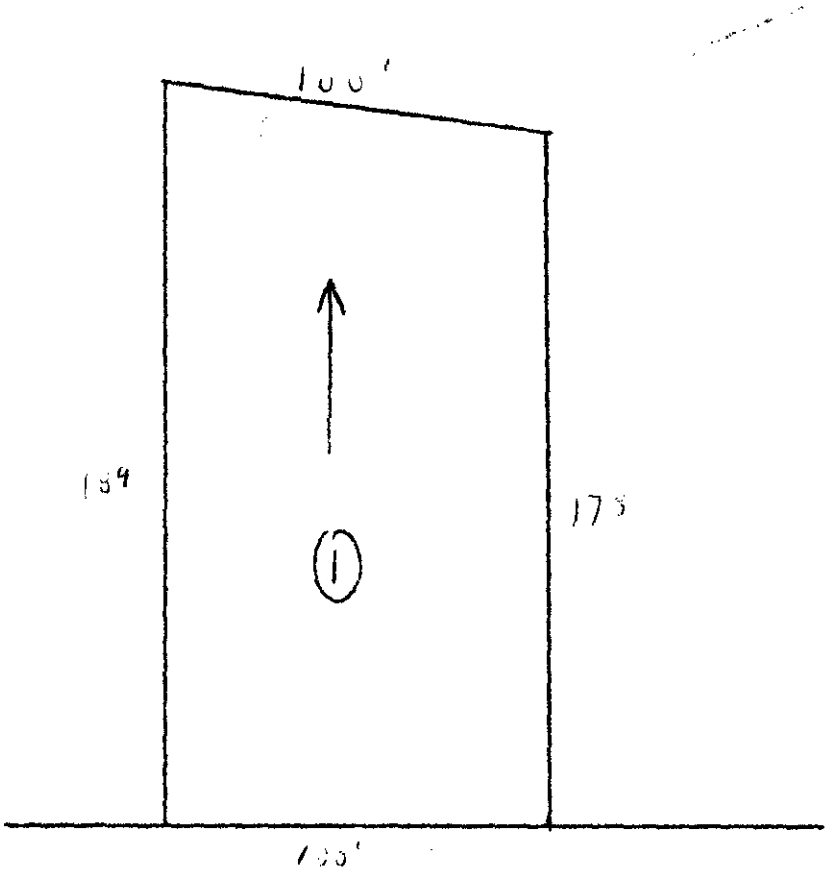
Lot: 13 Block: Acres: .42

Owner: W.M. KEISTLER JR.
Address: 302 DAKOTA ST.
CHARLOTTE NC 28216

Comments: _____

Described by: Kelly Randall

Date: 6-18 91



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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2 47.	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U cc mt	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SAB Ant Blky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 749	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 749	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U none	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19502

File: 7512-A Action 1

Parcel: 037-012-02 PC

Location: 5739 JAMES ST.

Subdivision:

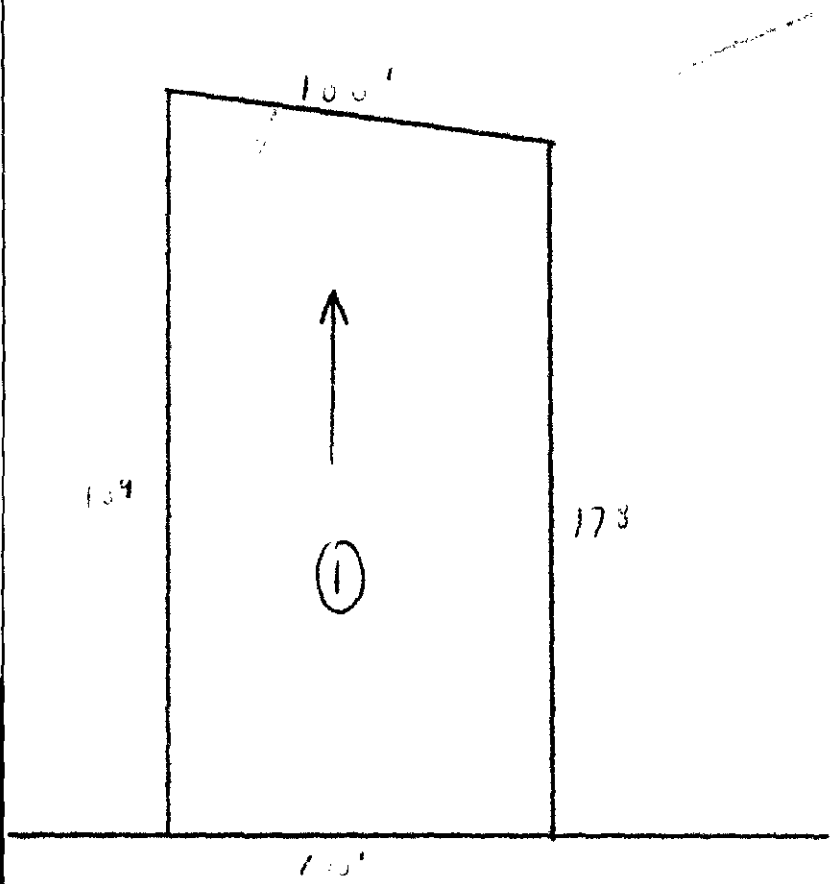
Lot: 13 Block: Acres: .42

Owner: W.M. KEISTLER JR.
Address: 302 OAKOTA ST.
CHARLOTTE NC 28216

Comments: _____

Described by: Kelly Rundell

Date: 6-13-91



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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 47%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CC MT	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUBANG BLK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-9%	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL			CaC		
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

CO #14382

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

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(OFFICE USE ONLY)
FILE: 7512A
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SERIAL: № 20561

$200.00 CK 6/12/91

☐ L ☑ CRT

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⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216

⑬ PHONE: (WORK) 399-1606 ⑭ (HOME) 399-1606

REQUEST

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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? 2

㉕ Type? ____

㉓ Maximum occupancy? 4

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

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Date: 6-12-91

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 6-18-91

Director or Authorized Section Head — Date 6-18-91

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