

3733 KIDD LN

03709207

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16258 DATE: 11/15/93

TC: 037-092 07 ☐ L ☐ CRT

SERIAL Nº 15386

Name of Owner Ronald Brewer Juris.:

Address of Property 3733 Kidd Ln

Inspection Data:

Tank Material PCC 1000 gal

Total Length of Drainfield 135'

Number of Lines 2 @ 67'

Cover Depth 12"

Water Supply Source well

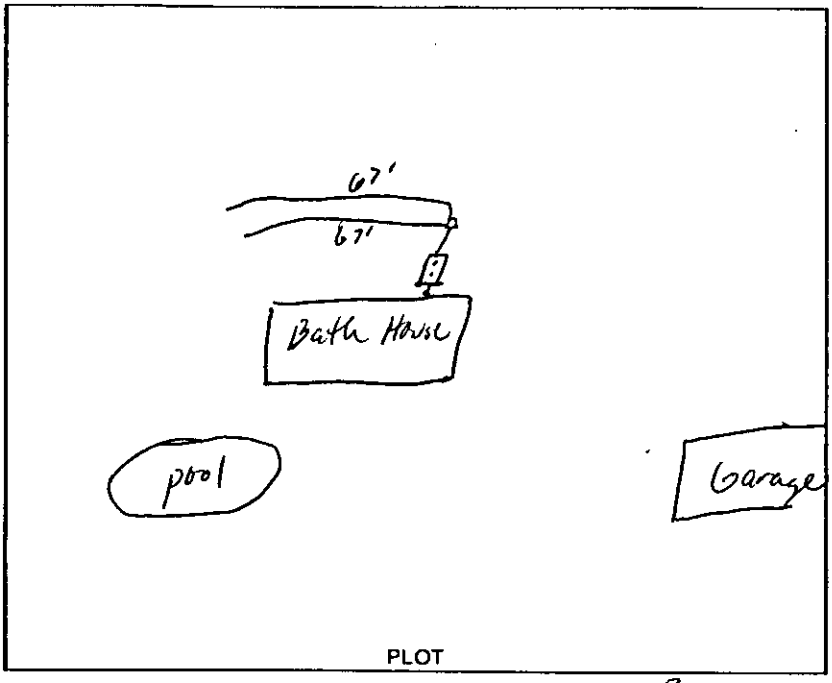
Distance to Water Source > 50'

Excavation Inspected 11/15/93

Tank(s) Inspected 11/15/93

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design: 1993, 1000 ST, CON, 405 SFT, 12" Stone Ceil CTR# Ron Brewer

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: Septic system inspection completed for bath house Tcaafe JT A

JR

Philip S. Walker R.S.
Environmentalist

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

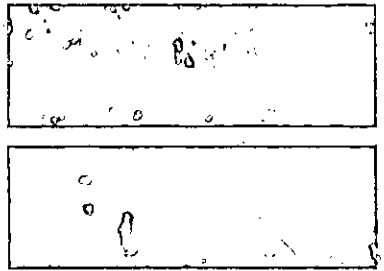
APT. NO. 16258 YEAR 1993

ITEM 9

3 OF 4

TAX NO. 037-092-07

ST. ADDRESS 3733 KIDD LN



MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Others
1265R Evanston, Ill. U. S. Pat. Nos. 3,147,561; 3,220,133 U. K. Pat. No 935,479 Pending
RECORDAK APERTURE CARD, MANUFACTURED IN THE U.S.A. FOR EASTMAN KODAK COMPANY

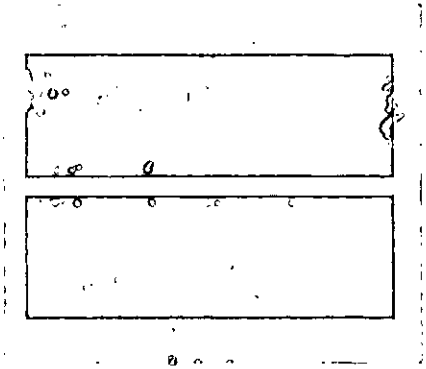
APT. NO. 16258 YEAR 1993

TAX NO. 037-092-07

ST. ADDRESS 3733 KIDD LN

ITEM 9

4 OF 4



MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Others
Transition, III. U. S Pat. Nos 3,147,561; 3,220,133 U K Pat. No 935,479 Pending
1265R

RECORDAX® APERTURE CARD, MANUFACTURED IN THE U.S.A. FOR EASTMAN KODAK COMPANY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16258 DATE: 4/15/93

TC: 037 092 07 ☐ L ☐ CRT

SERIAL № 15191

Name of Owner Ronald Brewer Juris.:

Address of Property 3733 Kidd Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 150'

Number of Lines 3 @ 50

Cover Depth 8"

Water Supply Source well

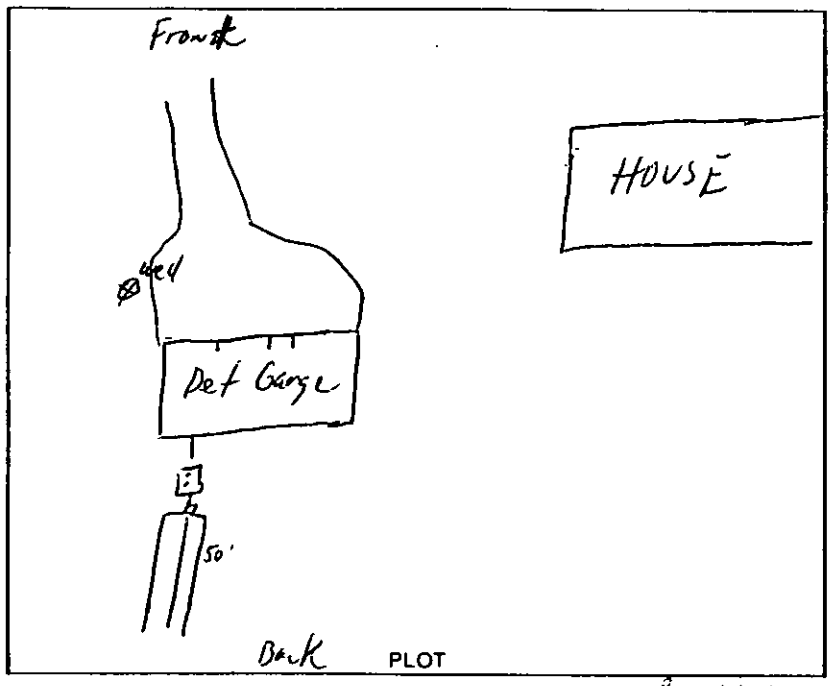
Distance to Water Source 750

Excavation Inspected 4/15/93

Tank(s) Inspected 4/15/93

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1993, 1000 ST, CON, 450 SFT, 15" Stone ceil CTR# Ronald Brewer (Homeowner)

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

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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 detached garage with plumbing

Type II

Philo S. Walker
Environmentalist

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

File # 16258

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: Brewer (last) Ronald (first) J. (mi)

ADDRESS: 3733 Kidd LN. PHONE: (704) 399-5500

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 9-4-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-092-07

STREET ADDRESS: 3733 Kidd LN.

ZONING:

PROPERTY OWNER:

NAME: Brewer (last) Ronald (first) J. (mi)

ADDRESS: 3733 Kidd LN PHONE: (__) 399-5500

CITY: Char STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] 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 (M)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bath House for Pool
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (2)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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) [ ] 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 [X] 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: Ronald J Brewer Date: 9-4-92

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.

...May use ~~existing~~ System for Garage to Add Pool Bath House

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

Cindy C. Kuss R.S. 9/4/92
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

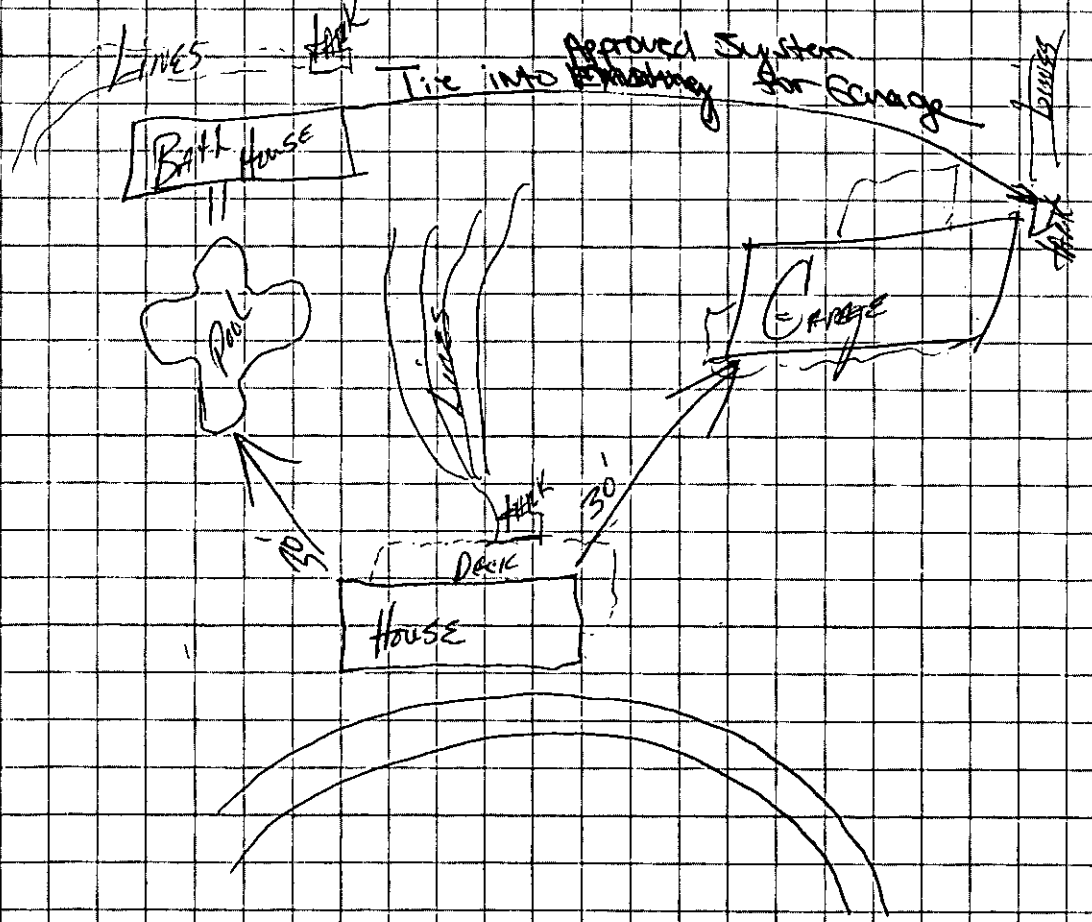
PROPOSED PLOT PLAN

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

FILE: 16258

TC: 037.092.07

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 _____

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

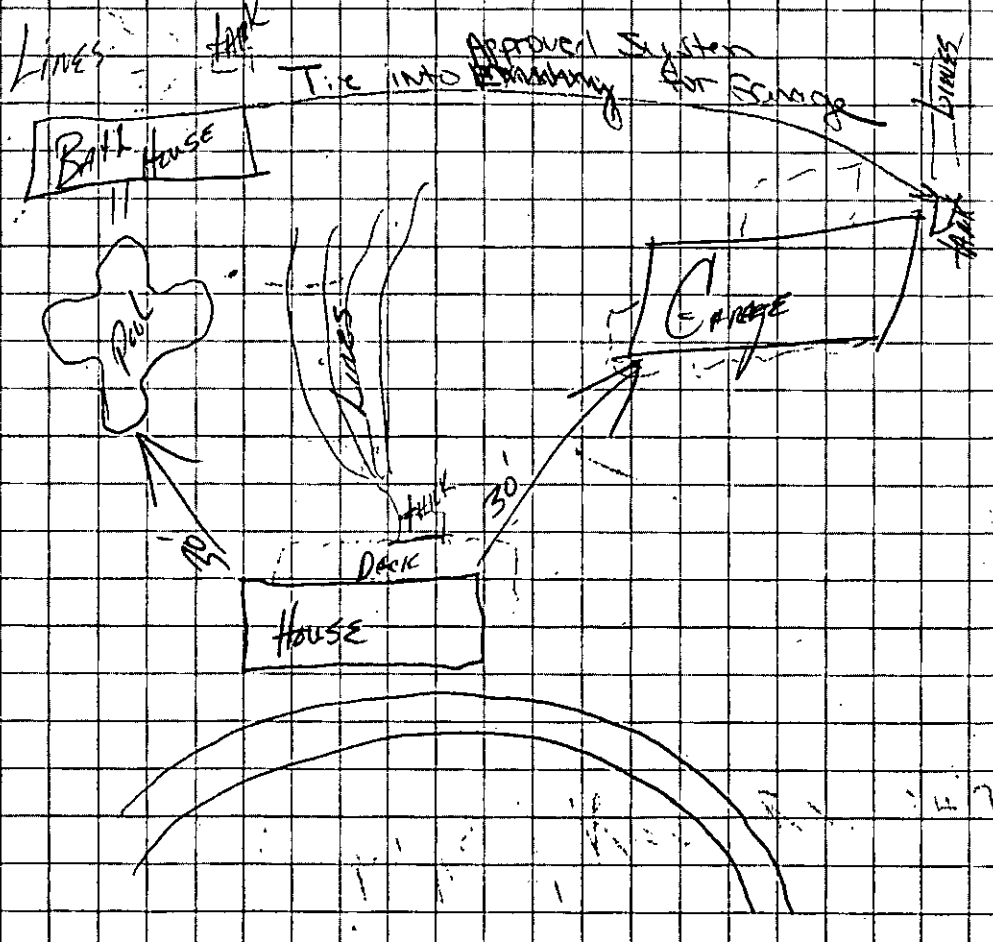
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APPROVAL DATE _____

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

DATE 9/4/92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

037-092-07
PARCEL NUMBER

3733 Kidd Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Pool house

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rule

REVISED 1/91

T.W.

APPLICATION FOR AN IMPROVEMENT PERMIT

CR#847 #25.00 (10/29/91) CR#850 11/01/91 #175.00

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700.N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 16258
TC: 037-092-507
SERIAL: № 0020669 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 3733 (STREET NO.) Kidd LANE (STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Ronald (FIRST) JACKSON (MIDDLE) Brewer (LAST)
⑨ MAILING ADDRESS: 3733 Kidd LANE
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 704-399-5500 ⑭ (HOME) 704-399-5500

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Detached Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home T.W.
㉒ Number of bedrooms? ~~3~~ 1 11/1/91
㉓ Maximum occupancy? 3
㉔ Basement? ☐ yes ☒ no
㉑ ☐ Business or place of public assembly
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: Ronald J. Brewer
Date: 10-29-91

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 60 months from the date of issuance.

Tim Whittaker, 11/1/91
Environmentalist — Date

Director or Authorized Section Head — 11-4-91 Date

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

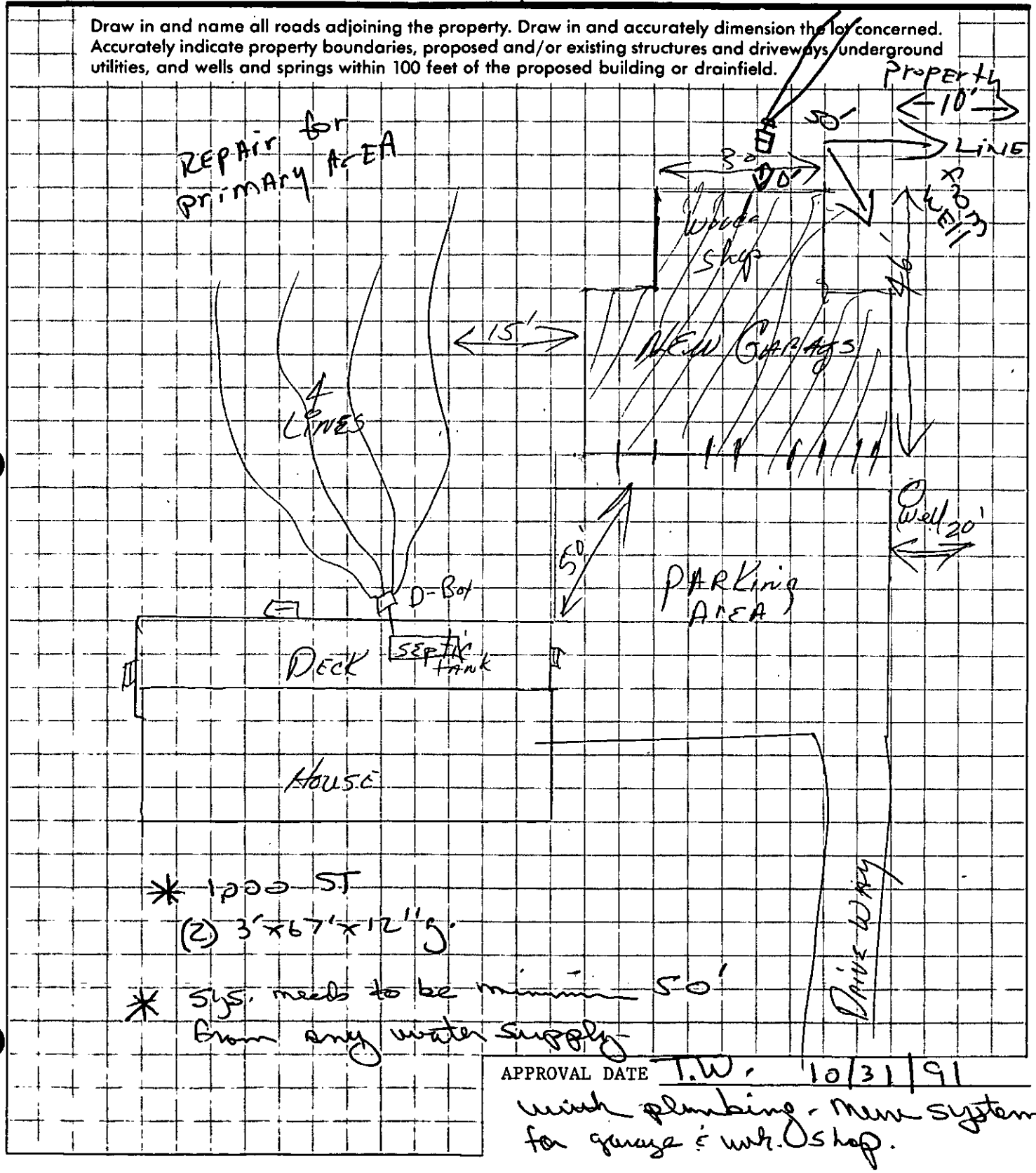
PROPOSED PLOT PLAN

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

FILE: 16258

TC: 037-092-07

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 T.W. 10/31/91

with plumbing - new system for garage & wk. Oshop.

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

SERVICE REQUEST/WORK ORDER

Log No.: 1679 Section: _____ Hazard? [ ] Yes [ ] No

Date: 08-06-92 Parcel: 037-092-07 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Bill Hardister Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Ronald & Beverly Brewer Home

Address 3733 Kidd Lane City Charlotte Zip _____

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Philo Walker TAKEN BY: Bowers/LaThan

DATE	ACTIVITY REPORT
	Will use DE filter and separation tank
8/7/92	Site visit to determine location of Septic System. Contractor for pool construction was already on site and was in process of excavating pool. Septic drainfield is at least 15' from pool site.
	Our file 16258

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Judy G. Kerr, 8/17/92

REVIEWED BY: _____

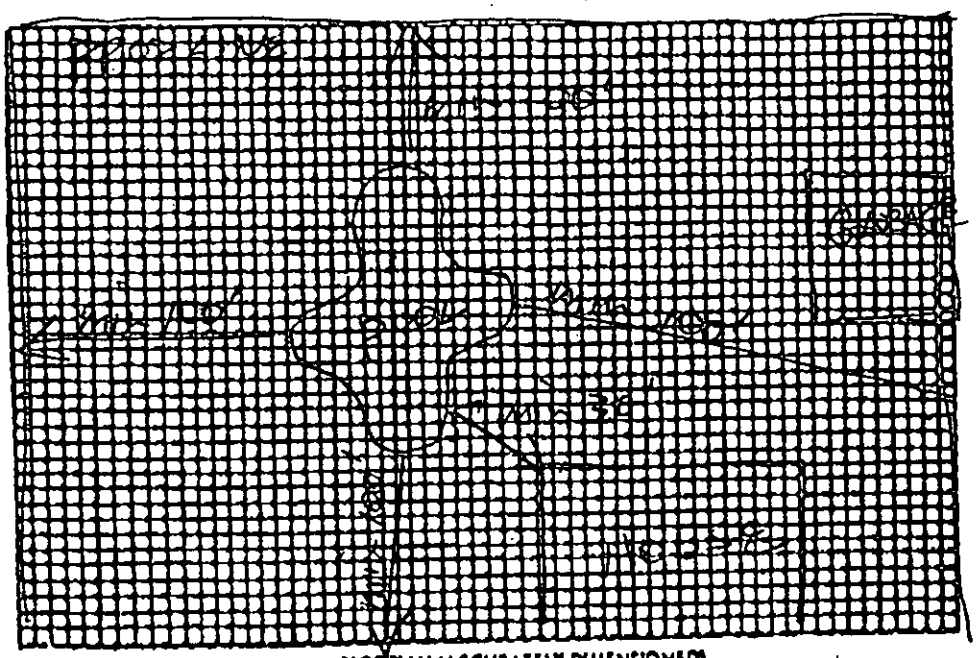
Date Received 8-3-92

Application No. 1771
T.O. No. ~~430-1778~~
031-092-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Application to Construct, Install, Extend or Modify a Bathing Facility

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:
1) ___ Install or Construct 2) ___ Extend or Modify a Bathing Facility.



PLOT PLAN (ACCURATELY DIMENSIONED)

3) Public ___ 4) Residential ✓
5) Community Served:
___ Fitness/Athletic Club
✓ Single Family Home
___ Institution
___ Swim Club
___ Apartments
___ Condominium
___ Motel/Motel
6) Type of Pool:
✓ Swimming Pool
___ Diving Pool
___ Spa (Whirlpool)
___ Wading (Baby) Pool
Other (Spec.) ___
7) Number of people served 60
8) Pool surface 1020 Ft²
Deck surface 2000 Ft²
Average Depth 5 Ft.
9) Volume 40000 Gallons
10) Water: ___ Municipal ___ Well
Other (Spec.) ___
11) Sanitary Sewerage:
___ Municipal sewer
Other (Spec.) SEPTIC TANK
12) Backwash wastewater:
___ Sanitary sewer
✓ Settling tank
Other SEPERATION TANK
13) Barrier: Type FENCE
Height of barrier 4 Ft.
14) ✓ Self-closing Gates
15) Drawings provided:
✓ Site layout
✓ Surface view of pool
___ Cross-section of pool
___ Equipment room
___ Equipment schematic
___ Toilet/Restroom
___ Bathhouse

16) NAME OF OWNER RONALD + BEVERLY BREWER.
17) ADDRESS OF OWNER 3733 KIDD LN.
18) PHONE: HOME 399-5500 OFFICE 399-5500
19) FACILITY LOCATION 3733 KIDD LN.
street address
20) NAME OF CONTRACTOR ARTESIAN POOLS
21) ADDRESS OF CONTRACTOR 440 E ARROWWOOD RD
22) PHONE: HOME 525-8026 OFFICE 529-1110
23) SUBDIVISION ___ LOT NO. ___
24) NAME OF COMPLEX (PUBLIC) ___

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

8/2/92
date of application

OWNER Ronald Brewer

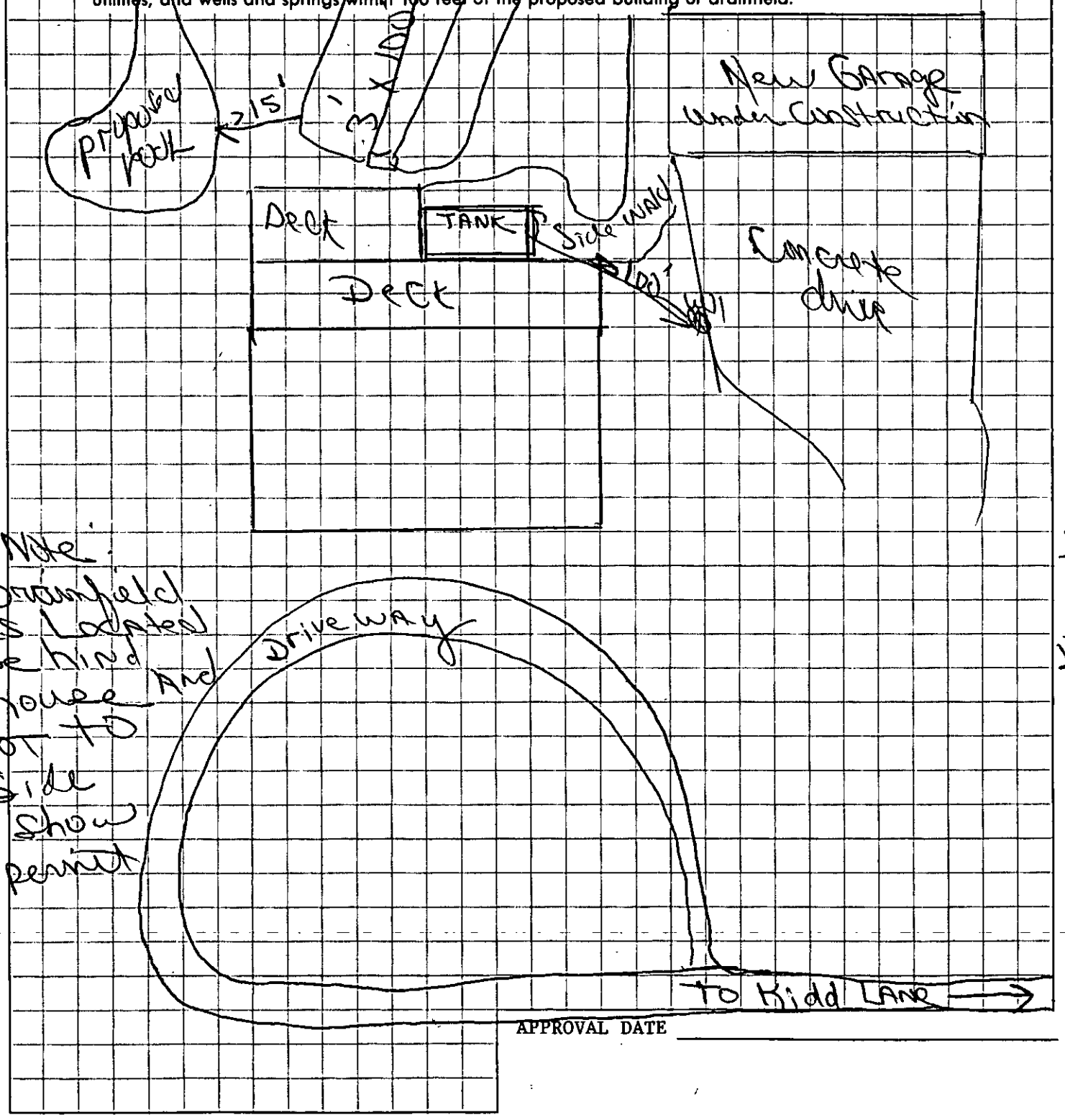
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HEALTH DEPARTMENT
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 16258

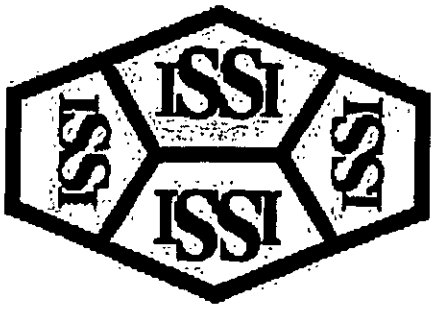
TC: _____

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.



APPROVAL DATE _____

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



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ISSI Operations Center Staff

Serial No. 98211

Date Issued 7-5-95

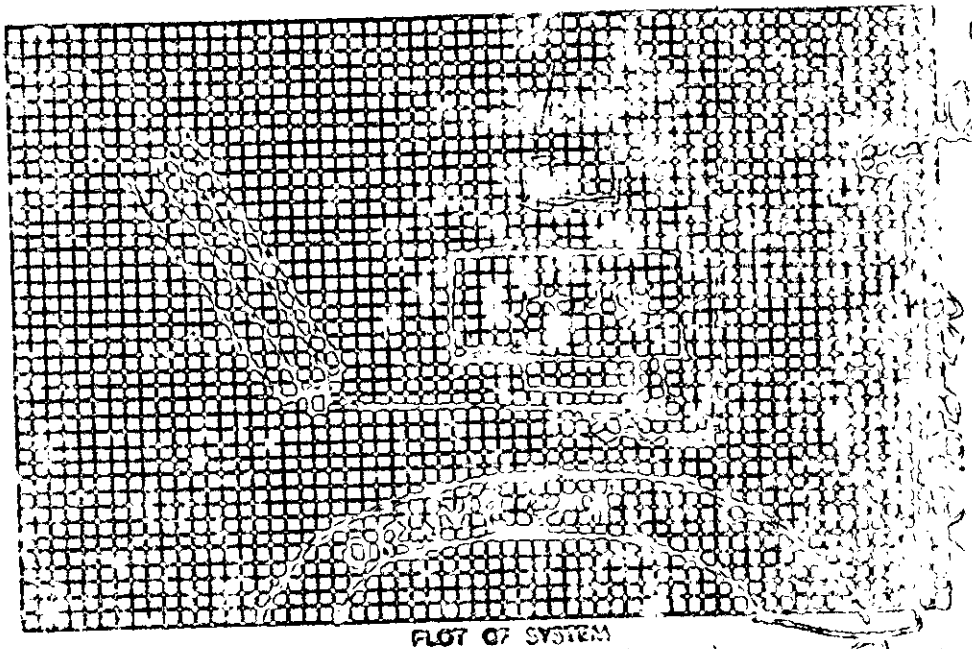
MECKLENBURG COUNTY

DEPARTMENT OF ENVIRONMENTAL HE

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR

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

Permission is hereby given to ___ Install or Construct, ___ Alter or Repair the above water treatment system with subsurface, soil absorption, effluent discharge or spray described location. This permit is granted based upon the information supplied on application dated 7-5-95 and this permit shall be void and of no effect if the information application is not true or is erroneous. All work shall be completed on or before 2-5-96 date this permit shall be null and void.



PLOT OF SYSTEM

NAME OF OWNER BREWER

LOCATION OF PROPERTY 3733 KIDD LN

The system shall meet all of the construction requirements as set forth in the Mecklenburg County Health Commission which are in effect on the date of the application of this permit. A final must be issued by the Health Director before any system shall be rendered uninspectable or can be used. The issuance of this permit does not guarantee that the system anticipated to be constructed will operate properly, or relieve the property owner from installing or using such system from any liability resulting from the failure of the system.

4 TRENCHES 100' long 3' wide 12" deep

Comments: Inst. or Drawfield Trenches

Date of Issuance

If this permit is for the installation or construction of a [illegible] of the Department of Environmental Health [illegible] is required when [illegible]