

5114 MINTRIDGE RD

19503204

4/14/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 745A DATE: 12-27-97

TC: 195-032-04 X L ☐ CRT

SERIAL Nº 16889

Name of Owner Steven M. Alberico Juris.: _____

Address of Property 5114 Mintridge Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 280'

Number of Lines 4:1 @ 70'

Cover Depth 12-22"

Water Supply Source priv. well

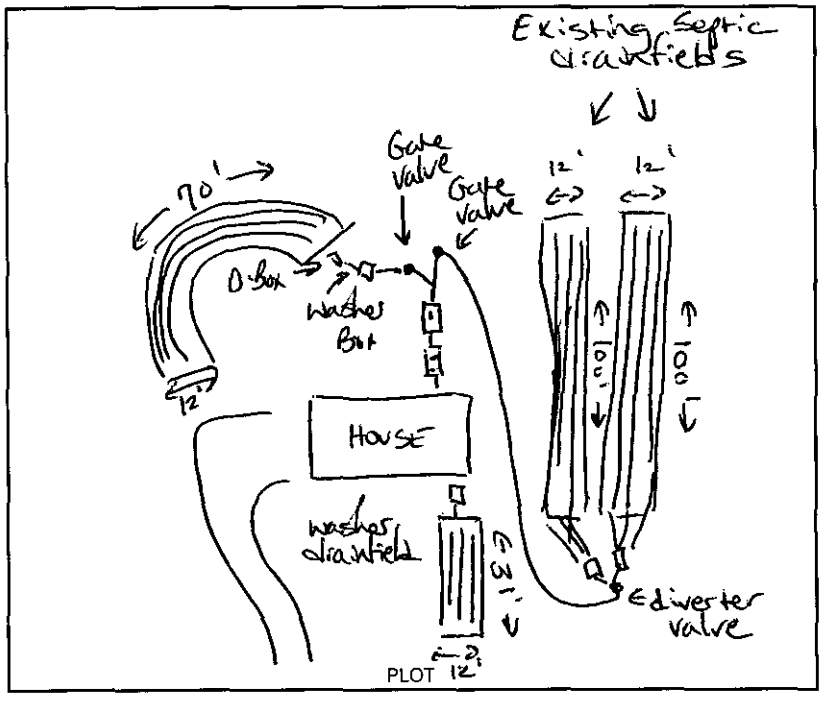
Distance to Water Source _____

Excavation Inspected 12-24

Tank(s) Inspected N/A

Wash Line Inspected 12-23 has separate operation permit

High Water Alarm Inspected _____



Design 1996 Repair, CoN, 840SF, B, 12"G. 6"S, soil series not determined CTR# 90

RCS INC

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 15A 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 15A 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: Type II a repair 4 bedroom house

(1) 12'w x 70'L x 12" stone & 6" sand (1) washer box to (1) O-Box

New O-Box installed for original lower septic bed / washer drainfield installed 12-23-96

Larry S. Thompson, Jr., R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 745A DATE: 12/23/96

TC: 195-032-04 ☐ L ☐ CRT

SERIAL Nº 16837

Name of Owner Steven M. Abercio Juris.:

Address of Property 5114 Mintridge Road

Inspection Data:

Tank Material NA

Total Length of Drainfield 12' x 31' Bed

Number of Lines 4 @ ~30' each

Cover Depth ~20"

Water Supply Source Well

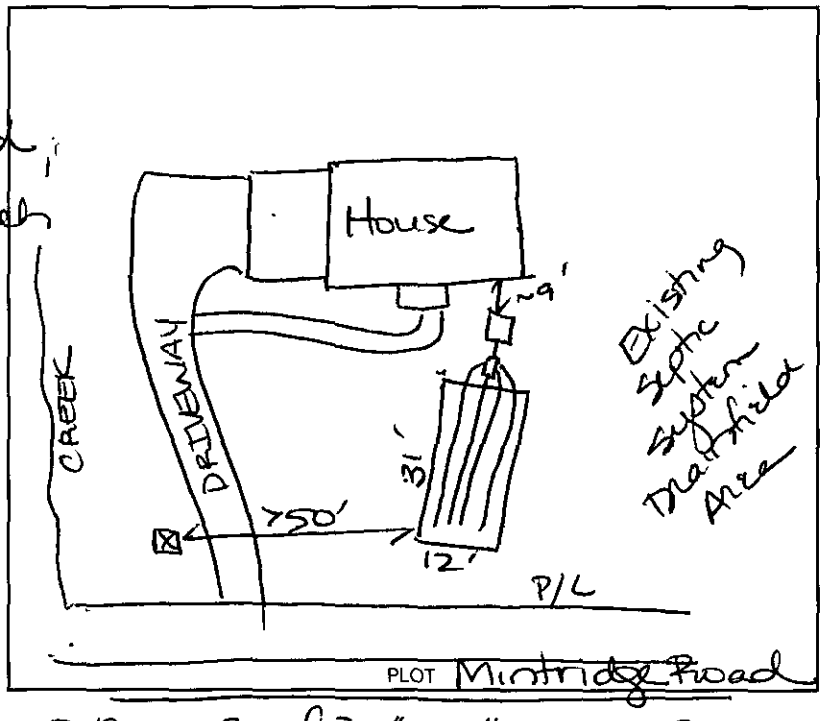
Distance to Water Source 54'+

Excavation Inspected 12/23/96

Tank(s) Inspected NA

Wash Line Inspected 12/23/96

High Water Alarm Inspected NA



Design 1996 Washer, WasherBox, D-Box, ~372ft², 6"S, 12"G CTR# 90 RCS

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

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II(a) installation to handle washing machine wastewater.

(1) 12'W x 31'L x 6" Sand x 12" Stone

OD-1989

Joba B. Mialik, RS
Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

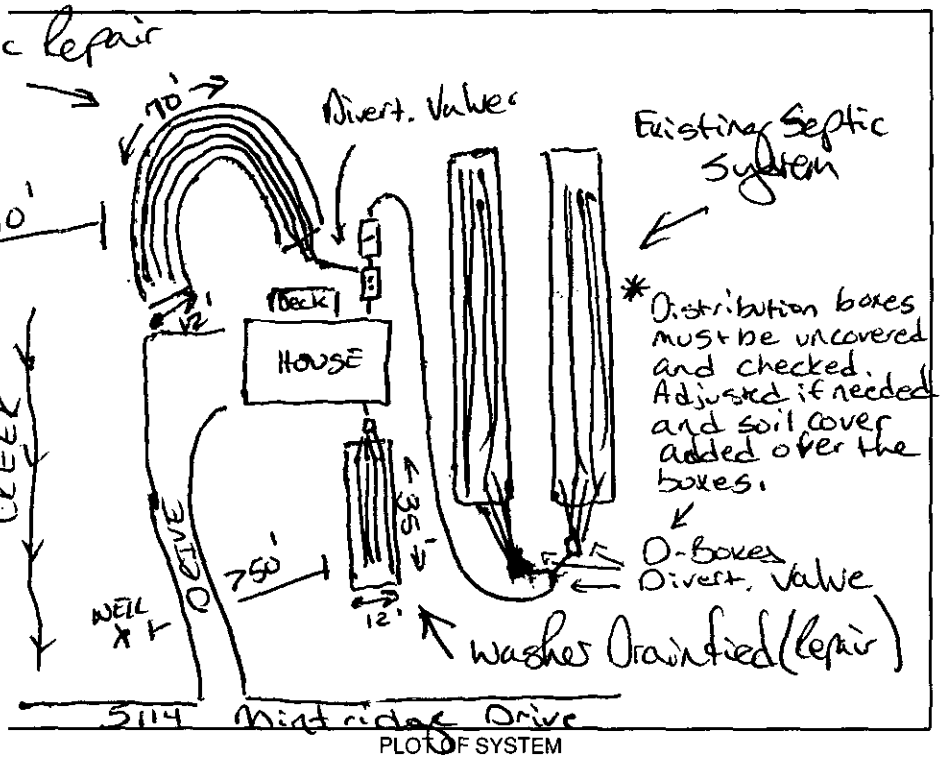
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 745 A DATE: 10-31-96

TC: 195-032-04 ↳ 40

SERIAL Nº 16932

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 10-31-96. All work shall be completed on or before 11-31-96, 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: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Tank Construction: —

Trench Depth: 24" as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width: 12' feet

Trench Walls Scored and Porous: Yes

Total Line Length: 260' septic 140' washer feet

Number of Lines: 4 in each bed

Depth of Stone: 12 inches

Distance from House: 5 feet

Distance from Property Line: 10 feet

Distance from Well: 750' feet

6" sand in trench bottoms

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

NAME OF OWNER: Steven M. Alberico

LOCATION OF PROPERTY: 5114 Mintridge Road

Comments: Type II a repairs 4 bedroom house

(1) 12'w x 70'L x 12" stone x 6" sand Septic bed

(1) 12'w x 35'L x 12" stone x 6" sand washes bed

* Utilities will need to be relocated.

Larry B. Thompson Jr., Ls.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

4400

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

DATE: 10-31-96 **PERMIT NO:** 745 A
PARCEL NO: 195-032-04

JOB LOCATION ADDRESS: 5114 Thistledge Dr.
PROPERTY OWNER: Steven A. Alberico
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. P.S. **DATE:** 10-31-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 745A, 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:

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.

JoAnn B. Agent
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

10/31/96
DATE

FEE: N/A
DATE: 10-31-96

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

1 | 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

FILE #: 745 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-032-04

STREET ADDRESS: 5114 MINTRIDGE ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #04 (L16 M16-368 Land Dis.)

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2772

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

CLOSING DATE ASAP

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER: STEVEN & MICHELE ALBERICO

NAME: ALBERICO STEVEN M.
(LAST) (FIRST) (MI)

ADDRESS: 5114 MINTRIDGE ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: (704 847 -5319

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: ASSELL WILLIAM
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 892 -3052

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/89

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: William Assell (Agent) DATE: 10-31-96

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

Garry Thompson
336-5568

CMO Engineer
527-2551
Customer Assistance

Tom Vandenville
391-5137

Rudy McClellan

12
12) 150
12
30
24
6

30) 150
0

4) 150
12
30
28
2

338 4
152

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 745 A

Tax Number: 195-032-04

- 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)
Yes Serviced by private well	___ Gallon septic tank	600' Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:	Repair to existing septic system Septic = 12'w x 70'L x 12" stone x 6" sand Washer = 12'w x 35'L x 12" stone x 6" sand		
Repair Area System Type 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
1260 Absorption Area (Sq ft) 280 Total Trench Length (Ft) @ 4'10'	12" Depth of Stone Trench 6" sand	N/A Trench spacing (min. on centers)	24" Maximum Trench Depth as shallow as possible
For existing system, enter the year originally installed:			

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.

Joann B. Cassell 10/31/96
DEHNR Authorized Agent Date

Larry B. Thompson, Jr. L.S. 10-31-96
Owner/Agent Signature Date

Names for Auth agent & owner/agent are reversed.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

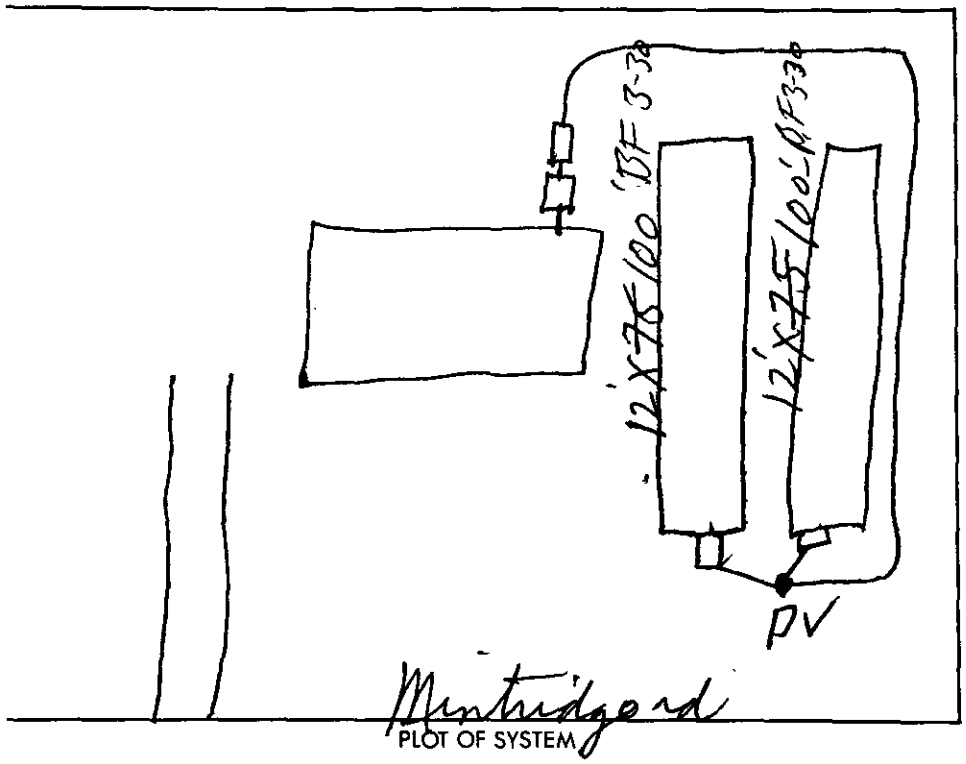
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 745-A DATE: 3-29-89

TC: 195-031-04 L

SERIAL № 12501

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 9-14-87. All work shall be completed on or before 4-29-89, 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 Department of Environmental Health 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 1000 gallons

Tank Construction Rcc

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 800 feet

Number of Lines 4+4

Depth of Stone 12" stone 6" sand inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well not. feet

NAME OF OWNER M T Contractors

LOCATION OF PROPERTY 5114 Huntridge Rd

Comments: 2 beds 12' X 75' X 6" sand 12" stone Dist, value 6 ft inches sandy loam cover

Division or Section Head

B. R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 745-A DATE: 6-2-89

TC: 155-031-04 ☒ L ☒ CRT

SERIAL № 11951

Name of Owner MJ Contractor Juris.:

Address of Property 5114 Montridge Rd.

Inspection Data:

Tank Material PCL

Total Length of Drainfield 800'

Number of Lines 4 @ 100'

Cover Depth 6" Sandy loam

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 6-2-89

Tank(s) Inspected 6-2-89

Wash Line Inspected —

High Water Alarm Inspected 6-2-89

PLOT

Design: 1989, 1500ST, 1000DT, PI, DV, Mod, 2400SFB, 12G, 6S CTR# 90

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

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COMMENTS: System designed for Three bedroom House

Jim Ennis
Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

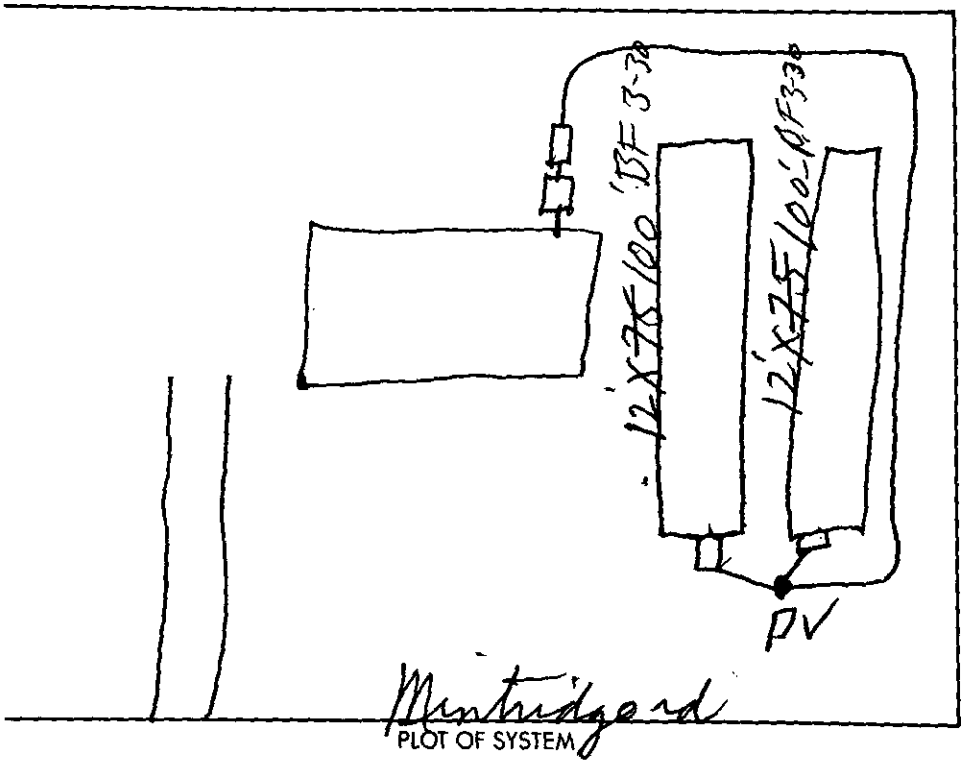
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CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 745-A DATE: 3-29-89

TC: 195-031-04 L

SERIAL № 12501

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction Rcc

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 800 feet

Number of Lines 4+4 ea

Depth of Stone 12" stone 6" sand inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ~~not~~ feet

NAME OF OWNER M T Contractors

LOCATION OF PROPERTY 5114 Montridge Rd

Comments: 2 beds 12' X 75' @ 100' BF 6" sand 12" stone Dist. valve 6 12 inches sandy loam cover

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 745-A Action 3H
SITE EVALUATION REPORT
SERIAL NUMBER 10650 Parcel: PO 195-031-26,27 ☐ PC

Location: Mintwood Drive

Subdivision: Mintwood Place

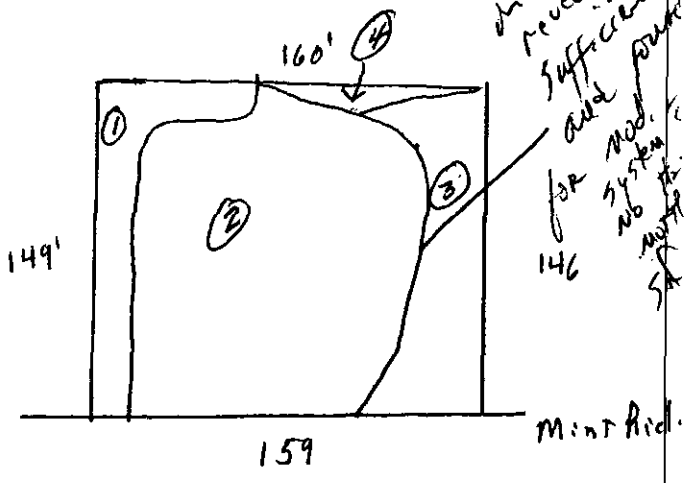
Lot: 16 Block: Acres: .54

Owner: Mintwood Place Partnership
Address: 3345 Mintwood Drive
Charlotte, N. C. 28212

Comments: _____

Described by: William A. Maslin

Date: 3-19-86



*** 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 —	(S) PS U 2-8%	(S) PS U 2-8%	(S) PS U 2-8%	S PS U	S PS U
Texture	S PS U	S PS (U) 2-Clay	S PS (U) 2-Clay	S (PS) U clay	S PS U	S PS U
Structure	S PS U	S (PS) U Weak Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
Drainage	S PS (U) Drainageway	S PS (U) perched water 18-24"	S (PS) U 7 36" Rock	S (PS) U 7 36" Rock	S PS U	S PS U
Depth	S PS U —	S (PS) U 7 36"	S PS (U) 18-30"	S (PS) U 36"+	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U 7 36"	S PS (U) 4 36"	S (PS) U 36"+	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS (U) Restricted	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	Drainageway	IVB Helena-Lilo	IVB Ventor-Lilo	IVA Cecil-Appling		

Site follows on 5' revealed sufficient and parallel for mod. system no fill SA