

1233 MARLWOOD CR

10925109

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/~~OPERATION PERMIT~~ 2400

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

FILE: 3588 B DATE: 5/10/95

TC: 109 251 09 ☐ L ☐ CRT

SERIAL № 16167

Name of Owner Strom Brost Juris.: _____

Address of Property 1233 Mapl/wood Cir

Inspection Data:

Tank Material –

Total Length of Drainfield 200'

Number of Lines 2+2 @ 50 +50

Cover Depth 20"

Water Supply Source well

Distance to Water Source 75'

Excavation Inspected 5/10/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design 1995, Repair CTR# Serge

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

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 I5A 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: Repair

Philo A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

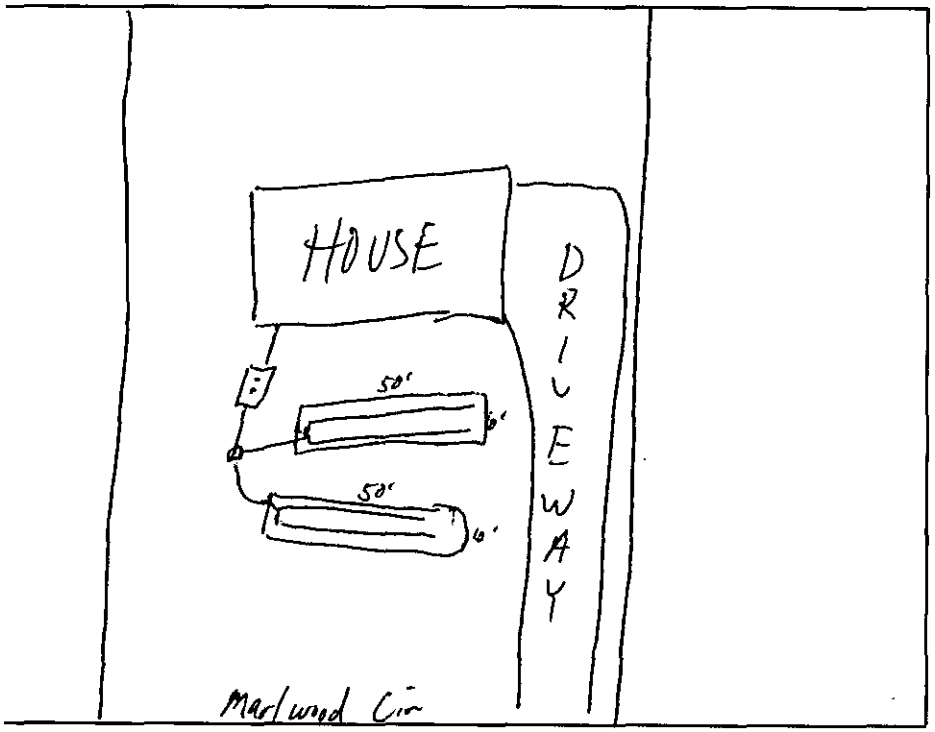
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3588B DATE: 5/19/95

TC: 109 251 09 ☐ L

SERIAL Nº 16427

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 5/19/95. All work shall be completed on or before 6/19/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 3.5 ✓

Absorption and/or Nitrification Lines:

Trench Width Bed 6 + 6' feet

Trench Walls Scored and Porous ✓

Total Line Length Bed 200' feet

Number of Lines 2(50) + 2(50')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

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

NAME OF OWNER Strom Brost

LOCATION OF PROPERTY 1233 Marlwood Cir

Comments: Pump at septic tank, Bed System 2 beds 6'wd x 50'long x 18"stone. Keep beds on contour of land

Philo S. Walker R.S.
Environmental Health Specialist

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Strom Brost MAILING ADDRESS 1233 Marlwood Circle, Charlotte 28227

OCCUPANT Same as above LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570/336-5102.

5/18

[ ] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[X] Eliminate wastewater discharge and connect to an approved wastewater system.

[X] Perform Maintenance *(specify)* Connect to C.M.U.D. Send copy of tap on fee receipt to Meck. County Health Dept.

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by June 1, 1995, appropriate legal action will be taken.

Notice Issued May 1, 1995 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

109 251 09

5/16/95 COC issued for Repair Final

5/16/95 Closed