


9235 OLD STATESVILLE RD

02504205

5/31/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5416 A DATE: 2/9/90

TC: _____ ☐ L ☒ CRT

SERIAL № 13044

Name of Owner S.W. DAVIS CO. Juris.: _____

Address of Property 9235 OLD STATESVILLE Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source ≥ 50'

Excavation Inspected 2/9/90

Tank(s) Inspected 2/9/90

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

Design: 1990 1500 ST ON 1200 SFT, 12'6 Coil CTR# 59

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: System designed to accommodate 15 people Per Owners request

Judy J. Kain R.S.
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

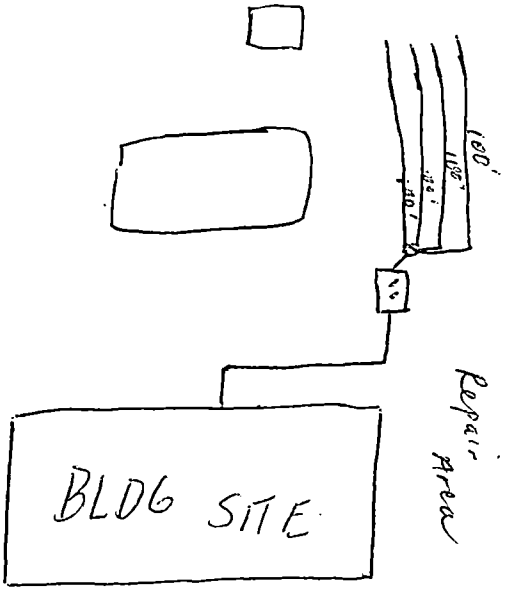
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5416 A DATE: 2/6/90

TC: 025-042-09 P0 ☐ L

SERIAL Nº 14520

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 1/19/89. All work shall be completed on or before 3/6/90, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER S. W. Davis Co.

LOCATION OF PROPERTY 9235 Old Statesville Rd

Comments: 4 Trenches x 100' long x 3' x 12" Gravel

Division or Section Head

Phillo S. Walker R.S.
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

025-04-209

Sto's

DAVIS

5416 A

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

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: 5416A JAMS

TC: _____ ENVIRONMENTAL HEALTH DIVISION ☐ I ☑ CRT

SERIAL: № 17592

**JOB LOCATION**

① ADDRESS: 9235 (STREET NO.) Old Statesville (STREET) RD ② FILE: _____

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 025-042 09 PO

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

**OWNER**

⑧ NAME: S. W. (FIRST) DAVIS (MIDDLE) CO. (LAST)

⑨ MAILING ADDRESS: Rt 7 Box 632

⑩ CITY: Char ⑪ STATE: NC ⑫ ZIP: 28213

⑬ PHONE: (WORK) 596 2021 ⑭ (HOME) 547-8375

**REQUEST**

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Building Permit

**DESIGN CRITERIA**

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☑ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? STORAGE

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 3 (NOW) (NEW)

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? PLAN FOR 2 MORE SITE

**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 t MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: S.W. Davis Jr.

Date: 11/9/89

## 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.

Use Existing System

Environmentalist 12-6-89 Date

Director or Authorized Section Head RS 12-6-89 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/23/89

Name/Company Pole Buildings, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp - Addition
#5416A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 23 1989

CR # 6993

Fee: $ 20 — TP 20.00

Completed by

Collected by

DATE 1/12/89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

025-042-09p0
PARCEL NUMBER

9235 Old Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

√ /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 |

REMARKS: Storage Bldg

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).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Sig