


4406 AMOS SMITH RD

11306230

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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@400

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

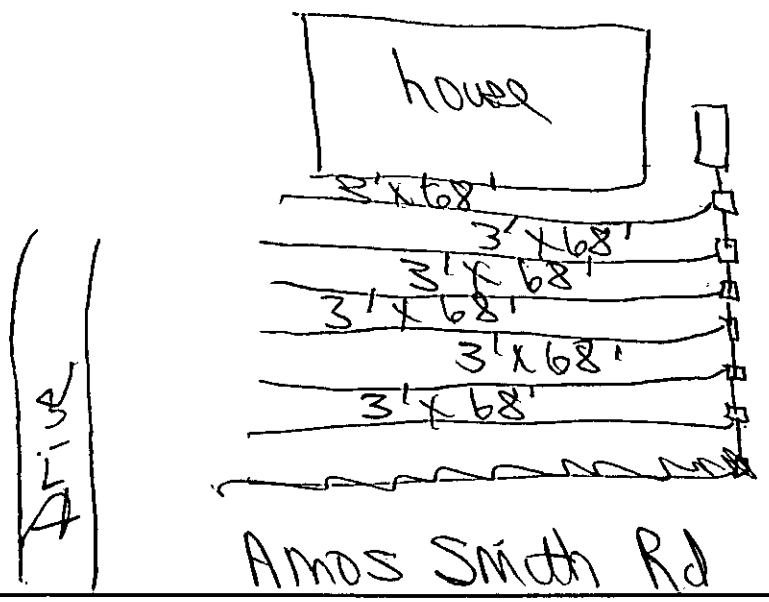
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21614 DATE: 7/14/93

TC: 113-062 30 ☐ L

SERIAL Nº 15744

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 _____. All work shall be completed on or before 8/14/93, 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 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NAME OF OWNER Tamara Potent

LOCATION OF PROPERTY 4406 Amos Smith Rd

Comments: Install drop boxes and lo trenches 3'x68' x 12" trenches

F. Walker for L. Daniel 7/20/94
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 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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

LD400

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

FILE: 21641 DATE: 7/18/94

TQ: 13-06230 ☐ L ☐ CRT

SERIAL № 13778

Name of Owner TAMARA POTEAT Juris.:

Address of Property 4406 Amos Smith

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield

Number of Lines 6 @ 67

Cover Depth 18"

Water Supply Source well

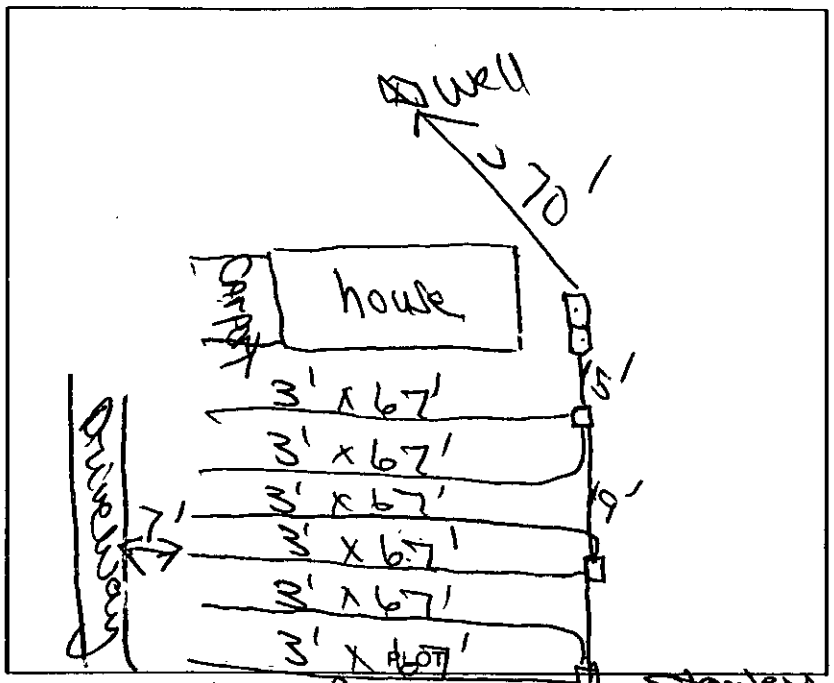
Distance to Water Source 100'

Excavation Inspected 7/18/94

Tank(s) Inspected 7/18/94

Wash Line Inspected

High Water Alarm Inspected




Design: 1994, 1500 SF Sm. 1200SF 12"6 Repair Stanley Septic #128 Served CTR#

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 for 3 bedrooms utilizing Drop Boxes - one (1) drop box per 2 Trenches. No driving or parking over drainfield Area

Type II

Judy J. Kwiz RS
Environmentalist

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

File# 21614 Amos Smith

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[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

PERSON FILING APPLICATION:

NAME: POTEAT (last) TAMARA (first) L (mi)

ADDRESS: P.O. Box 70 PHONE: (704) 825-9781 W# 343-6040

CITY: BELMONT STATE: N.C. ZIPCODE: 28012

Date: 11-2-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-062-01

STREET ADDRESS: 4406 Amos Smith

ZONING: Residential

PROPERTY OWNER'S NAME: POTEAT (last) TAMARA (first) L. (mi)
POTEAT WILLIAM L.
ROWELL TERESA F.

ADDRESS: P.O. Box 70 PHONE: (704) 825-8569

CITY: Belmont STATE: N.C. ZIPCODE: 28012

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: 10 LOT SIZE (in acres): 0.533 Acre

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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 (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
House moved on Lot - New System
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 6

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 [ ] None
[ ] Garage [ ] Storage Building [X] 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: Tamara L. Poteat Date: 11-2-93

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.

...House is already on lot. It was moved ~~on and approved by this office 6/91.~~ Carport has been added since original ~~approval. This permit is approved for~~ a 3 bedroom home. THERE SHALL BE NO DRIVEWAYS OR DRIVING OVER THE DRAINFIELD AREA. 100% Repair is required. SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE PLOT PLAN ON FILE. THE REPAIR AREA SHALL BE PROTECTED WITH RESPECT TO REQUIREDMENTS AS APPLIES TO THE ORIGINAL DRAINFIELD AREA.

[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

Environmentalist Date 11/15/93

Director or Authorized Section Head Date 11/16/93

WWATER : 122791

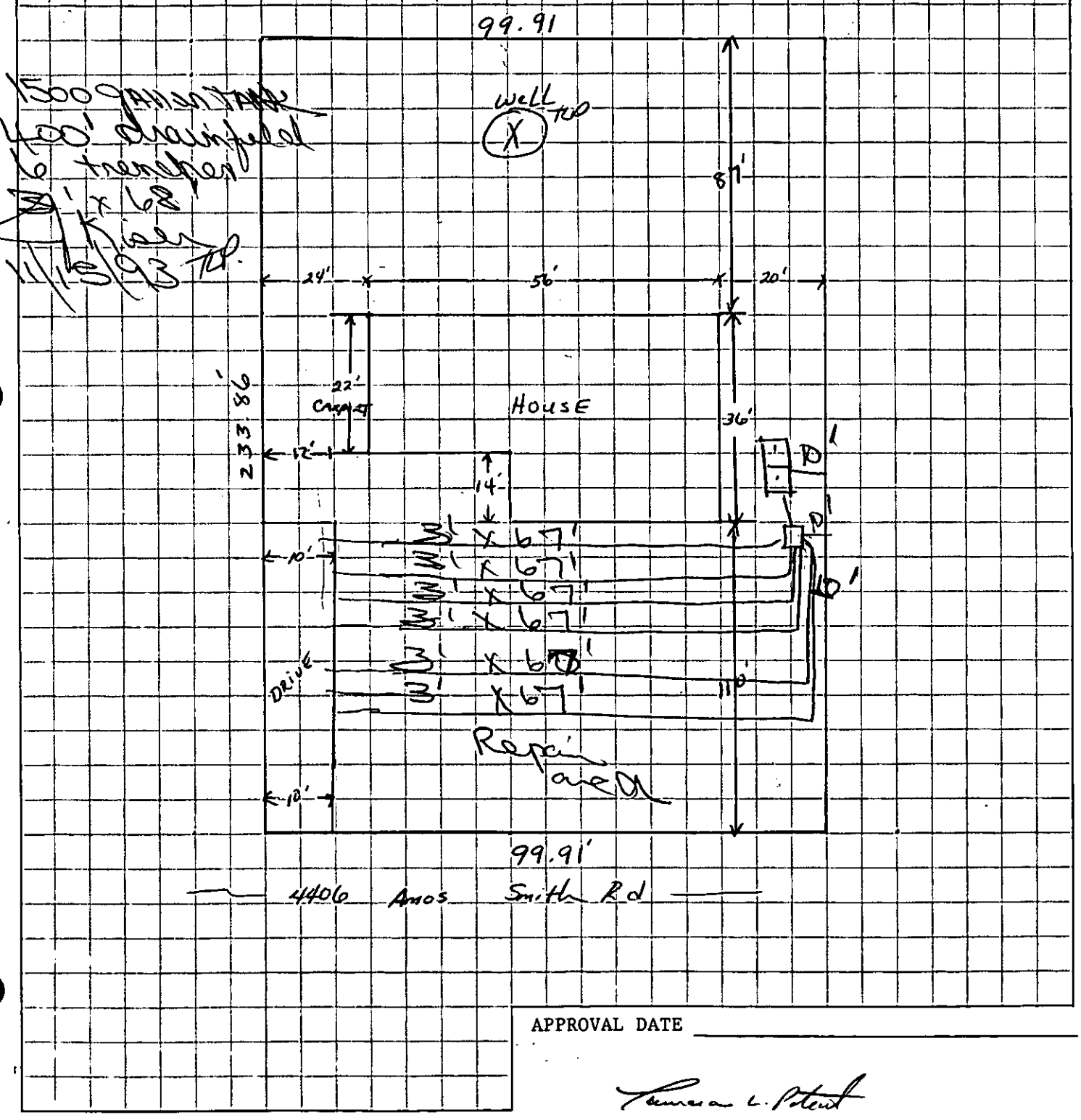
# PROPOSED PLOT PLAN

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

FILE: 21614

TC: 113-062-01

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 _____

Tamara L. Peterson

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

To: Mecklenburg County Env. Health Dept.

Attn: Lorraine Whitaker

To whom it may concern I give permission for Transfer of Letter for Application for Improvement Permit to the owners Tamara + William Pettaway on Addresses

4406 Amos Smith
Parcel # 113-06-201
File # 2-1614

+

9641 Old Pond Rd.
Parcel # 113-06-111
File # 6228-A

Signed,

Shirley G. Phillips