

13033 ASBURY CHAPEL RD

01938106

5/22/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AJS

Need 100 & Lick 24 12/4/01 JC

[ ] 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 4081

Date: 11/20/01

PERSON FILING APPLICATION:

NAME: HART (last) CAROLYN (first) E (mi)

ADDRESS: 13029 Asbury Chapel Rd PHONE: (704) 875-9695 (home) or 334-7196 x 262 (work)

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 01938106

STREET ADDRESS: 13033 Asbury Chapel Rd

Huntersville, NC 28078

ZONING:

PROPERTY OWNER:

NAME: Same as above (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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

TYPE APPLICATION (check one):

USE EXISTING SYSTEM

[X] EXCHANGE ~~MOBILE~~ HOME - SAME # BEDROOMS (Y) HOUSE FOR MODULAR HOME
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

LOT NUMBER: LOT SIZE (in acres): 13.1

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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
[X] 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: Carolyn Hart Date: 11/20/01

82 year old mother is demented and my 83 yr old father can't care for her in SC alone & need to move next to me.)

NOTICE: (This is a hardship situation because my

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.

... O.K. to use existing system for two bedroom Modular home replacement.

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

Tracy L. Mackie R.S. 12/10/01
Environmentalist Date

WATER : 122791

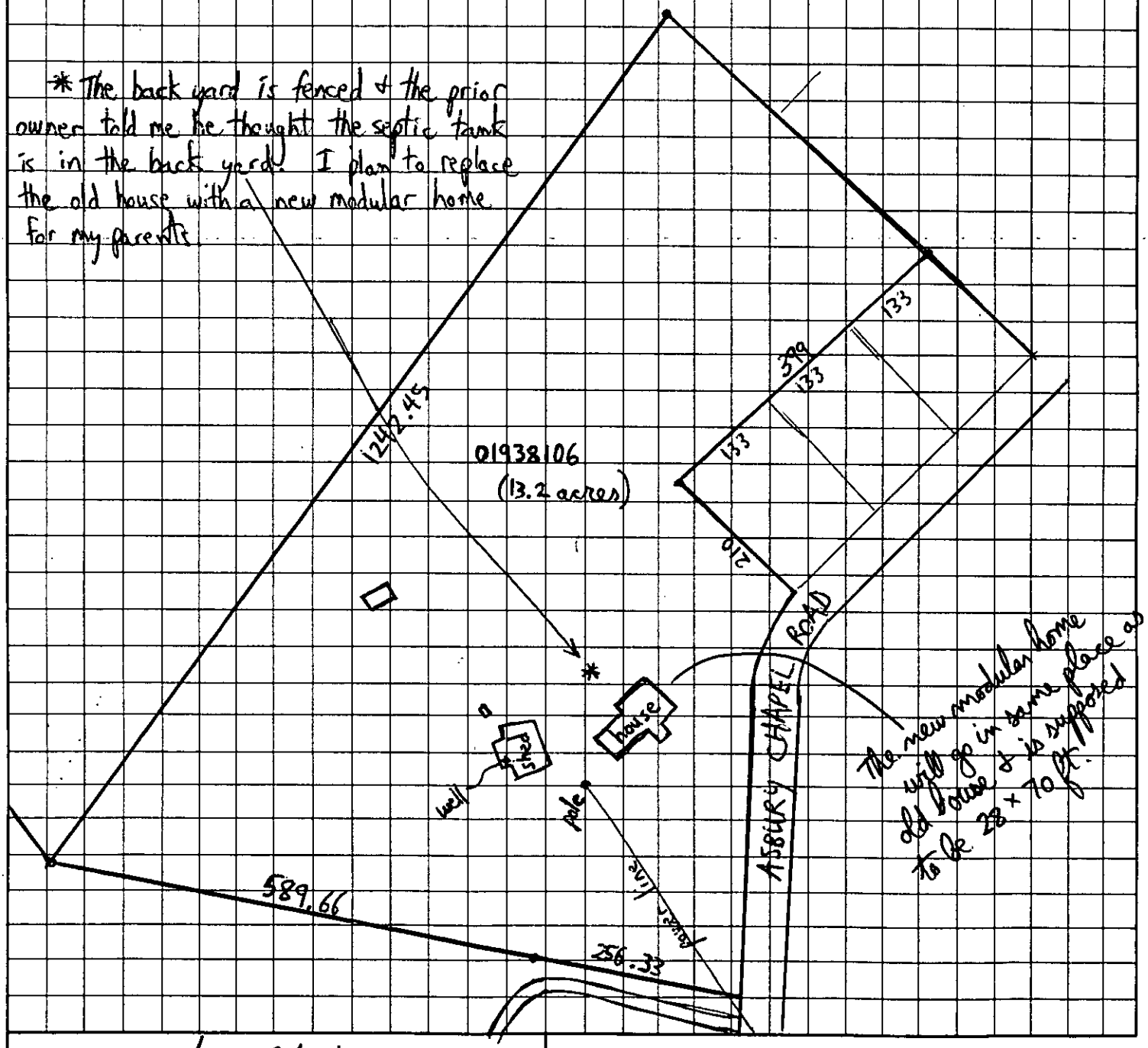
PROPOSED PLOT PLAN

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

FILE: 4081

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.



Carolyn Hart
OWNER/AGENT SIGNATURE

DATE 12/3/01

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

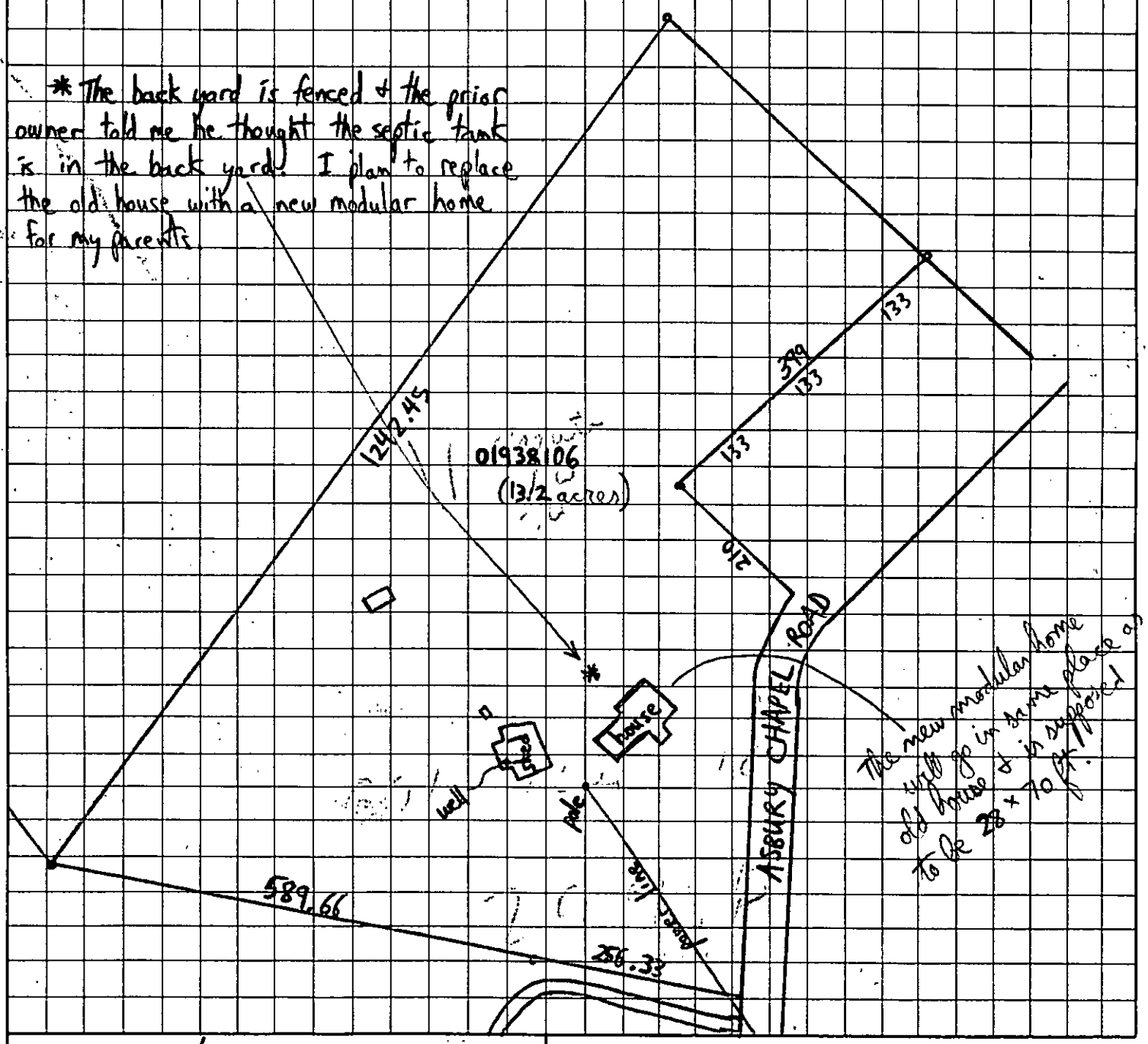
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4081

TC: _____

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Carolyn Hart
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DATE 12/3/01

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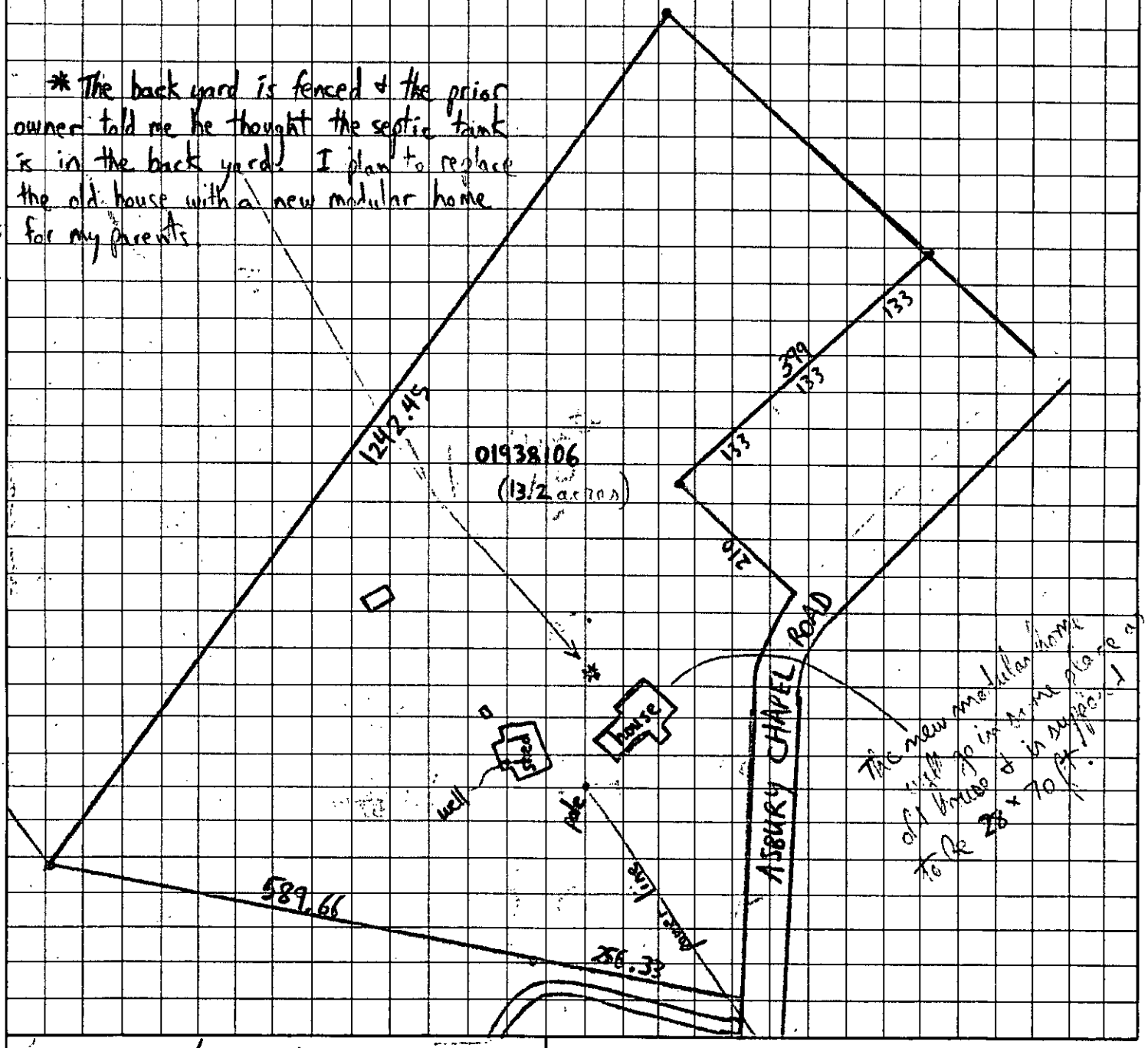
PROPOSED PLOT PLAN

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

FILE: 41081

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.



Carolyn Hart
OWNER/AGENT SIGNATURE

DATE 12/3/01

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

C of A (s) No. 405

Serial 3689

T. C. No. 019-31-03

Date Issued 5-2-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface Soil Absorption, Effluent Discharge

Name of Owner: Hall, Marvin E.
LAST FIRST

Location of Property: Asbury Chapel Road

Application Number: 4081

Permit Number: 4081

Inspection Date:

Liquid Capacity of Tank:

Tank Material:

Total Length of Drain Tile: 100'

Number of Lines: 1

Size of Material: 6"

Cover Depth: 15"-24"

Water Supply Source: well

Distance: 100'

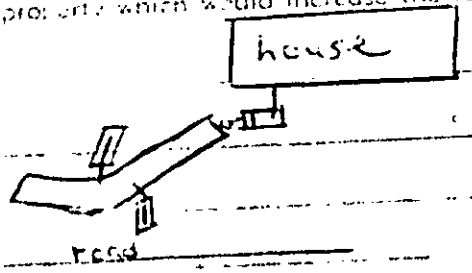
Tank Inspected DATE

DATE 5-2-80

Lines Inspected If Applicable DATE

This system was inspected and the Individual Septic Tank System with subsurface soil absorption ✓ installed or constructed as described above and it has been installed in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval shall not in any way guarantee that the system will operate properly or relieve any person from any liability resulting from the failure of the system, owning, maintaining, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is subject to the restrictions and requirements shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any subsequent changes in the property which would increase the requirements for said system.

Comments:



two pits were added.

Mike Sexton
Environmentalist

Environmental Health Division

Serial 3816

ICAR/SI Permit No. 4031

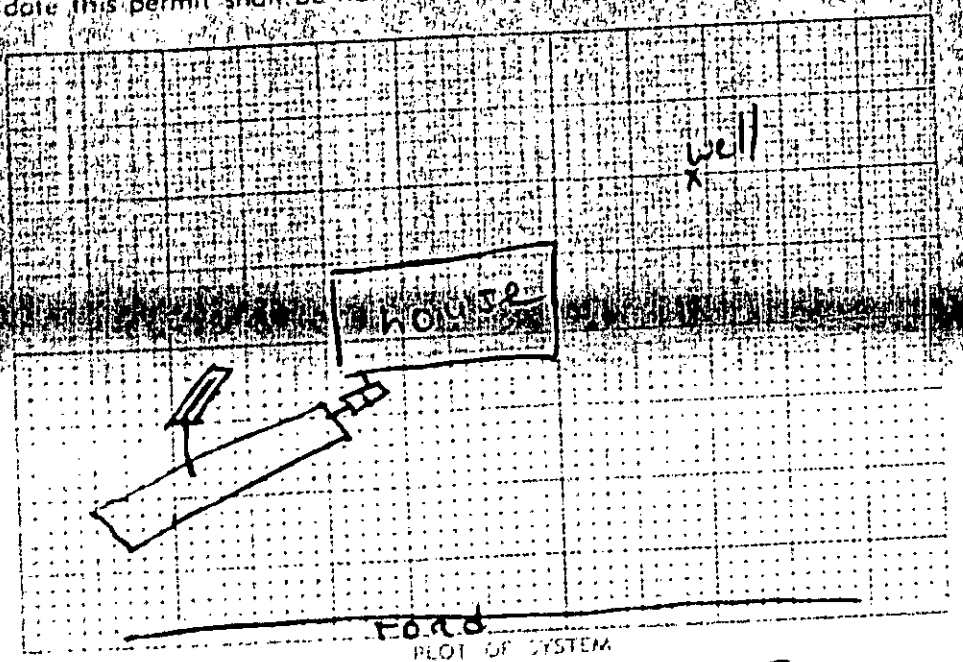
T C No. 319-21-C 3

Map Date

Date Issued 4-23-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank sewage water 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 application 4081 dated 4-11-80, and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5-3-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines 100'

Number of Lines 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well >75'

NAME OF OWNER Hall, Marvin E.

LOCATION OF PROPERTY Asbury Chapel Road

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

3' wide x 15' long x 10' depth of stone overflow pit

Keep 4' of cover

call when stone is ready to be added

Mike Sexton
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system it must be signed by the Division or section head of the Department of Environmental Health in order to be valid. Only the signature of an Environmentalist is required where an existing system is being altered or repaired.

MCH 5-76 Mecklenburg County Health Department Copy

Serial No. 3388

C of A Iss No

Date Issued 31 May 73

P C T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [redacted] (LAST, FIRST, MIDDLE)

Location of Property [redacted]

Application Number [redacted] Permit Number [redacted]

Inspection Date:

Liquid Capacity of Tank 1250 Tank Material PC

Total Length of Drain Tile 400'+120' Ldr Number of Lines 5 @ 22½' & 150' Ldr

Depth of Filter Material 12" Cover Depth 15"-24"

Water Supply Source [redacted] Distance from Water Source 125'

Excavation Inspected 30 May 73 (DATE) Tank Inspected 30 May 73 (DATE)

Nitrification Field Inspected 30 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 31 May 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption fluent discharge as described above and it has been ___ installed or constructed altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate proval does not in any way guarantee that the system will operate properly or relieve any person hereafter owning, controlling, or using such system from any liability resulting from the failure system to operate properly. This Certificate of Approval is issued subject to those restrictions shown on the permit(s) in addition to those listed below under comments. This Certificate of shall be null and void if any information contained in the application is untrue or if any addition made to the property which would increase the requirements for said system.

Comments: James Stewart (Cont.)

Environmentalist

FORM NO. E-C-4-1-71

HEALTH DEPARTMENT - COPY

Serial No. 5112

Date Issued 30 May 22

T.C No. [illegible]

Map Data

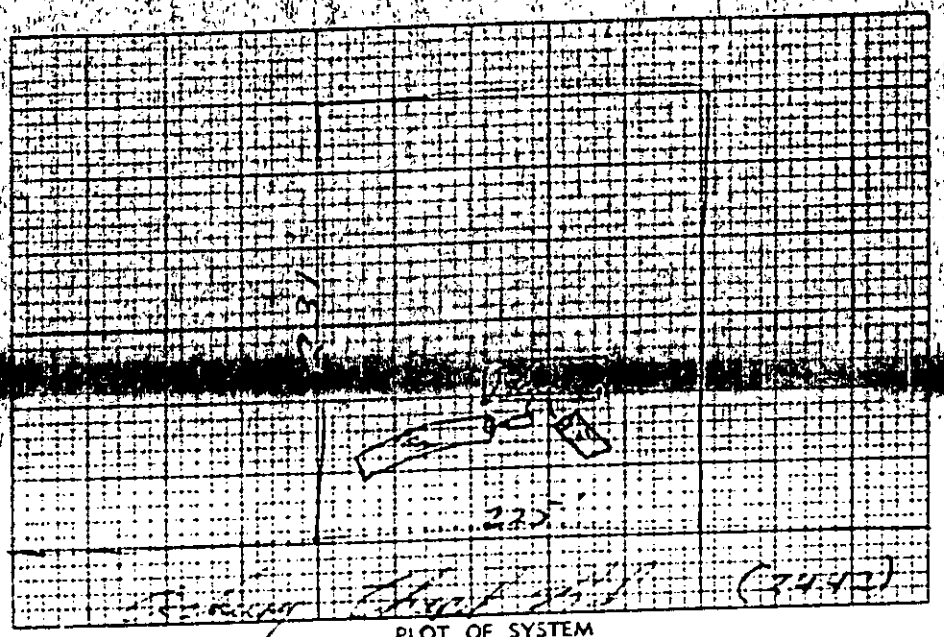
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank and water 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 application ____ dated 30 May 22 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 31 Dec 22 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1250

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 400 + 105 LF
2 (5 @ 40' + 1 @ 40')

Distance from House 10'

Distance from Property Line 5'

Distance from Well 75'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Grease Trap (Cast)

[signature]
Environmentalist

Division or Section Head

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

FORM NO. E 5-4-1-71

HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

12/10/87 $40.00 Cash JK

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4600

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

OFFICE USE ONLY
FILE: 4081
TC 0.19-2 1/4 03
SERIAL No. 15158

JOB LOCATION

(4) ADDRESS 8233 (STREET NO.) Ashley Chapel Rd (STREET) (5) FILE:
(6) JURISDICTION: Huntersville (7) TAX PARCEL NO.
(8) SUBDIVISION: (9) LOT (10) BLOCK

OWNER

(11) NAME
(12) MAILING ADDRESS
(13) CITY (14) STATE NC (15) ZIP 28207
(16) PHONE: (WORK) (17) (HOME) 525-4427

PROPOSED FACILITY

(18) ☐ New permit ☐ Authorization for mobile home exchange
(19) ☐ Repair or alteration permit (20) ☒ Other (specify)

SEWAGE FLOWS

System will serve:
(21) ☐ Residence (22) ☐ Mobile home (23) ☐ Business or place of public assembly
(24) Number of bedrooms? 3 (25) Type?
(26) Maximum occupancy? 2 (27) Maximum number of employees?
(28) Basement? ☐ None ☐ Full (29) Maximum number of seats?

WATER SUPPLY

(30) Water supply from (present or proposed)
a ☒ Individual well
b ☐ Spring pot system
c ☐ Community well
d ☐ Community system

(31) I, the undersigned owner of the property described above as the LOCATION, do request the foregoing application, acknowledge that the contents of same are true, and authorize agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing the request.

Signed [signature]
Date 12-15-87

IMPROVEMENT PERMIT

The undersigned an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH certifies that the improvements requested for the lot location described above are approved. This approval is granted in accordance with the provisions of Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is valid for the following use only:

No work shall be conducted on the septic tank system (installation, Construction, Alteration and or Repair) permit without the Department.

This permit is not transferable and shall become void after 5 months from the date of issuance.

USE CUSTOM SYSTEM

Environmental Health Specialist [signature] 12-14-87

Director or Authorized Section Head [signature] 12-15-87

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

PROPOSED PLOT PLAN

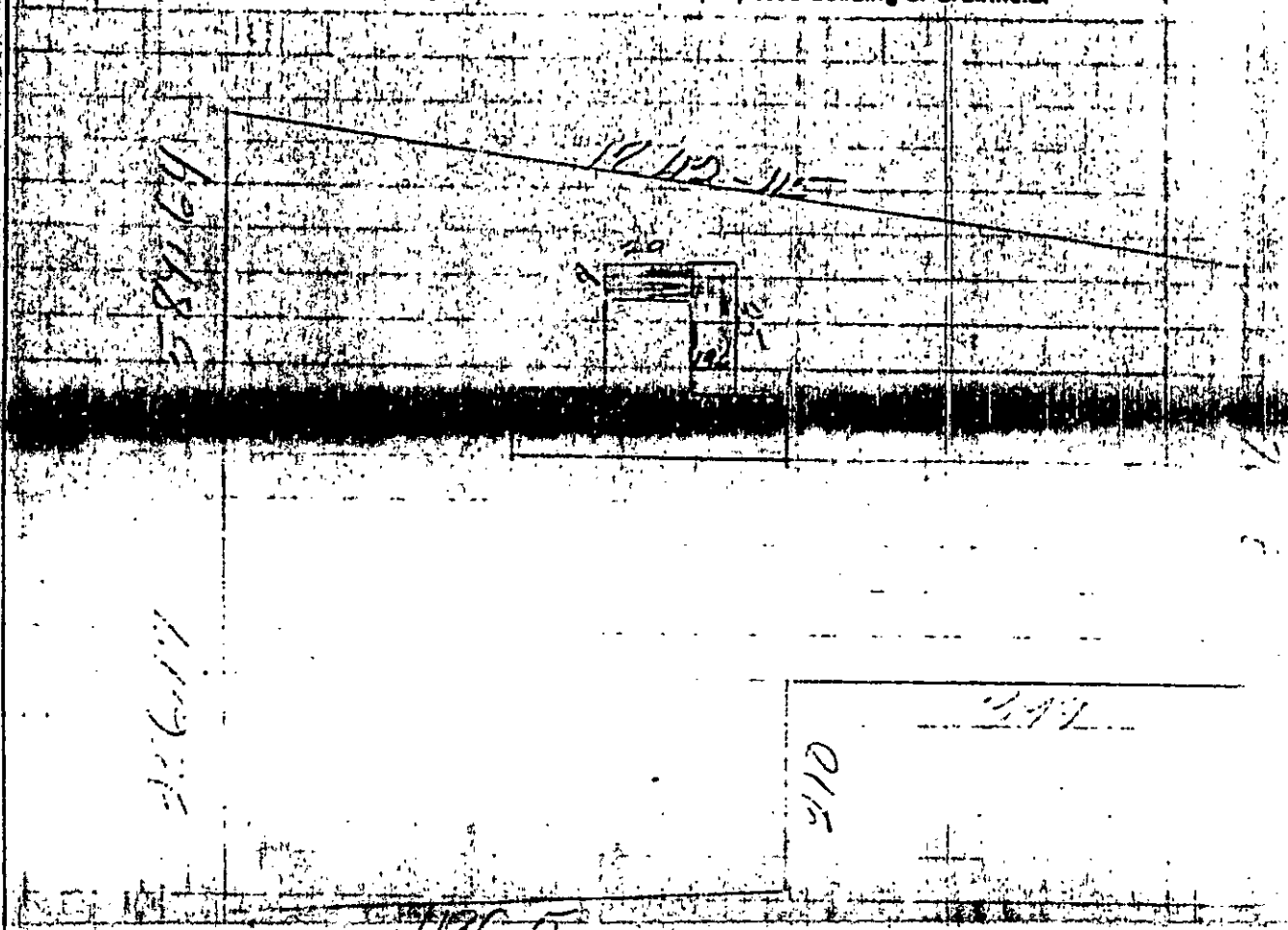
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4081

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.



Signed: Elly Michels

Date: DEC. 10, 87.