FEE: _____
DATE: _____

C

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

REPAIR

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5378B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 29071110

STREET ADDRESS: 12920 Hamilton Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

WATER SUPPLY (CHECK ONE):

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

PROPERTY OWNER:

NAME: (LAST) Few (FIRST) James (MI)

ADDRESS: 15830 St Laurence Ln

CITY: Clt STATE: NC ZIP:

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: James Few / Hamilton Rd DATE: 9-3-03

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill). (if available)

2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground?

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?

5) Is there a separate wastewater line from your washing machine? Dishwasher?

6) Has your septic tank ever been pumped out? If so, approximately when?

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?

8) Approximately what year was your septic system installed?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

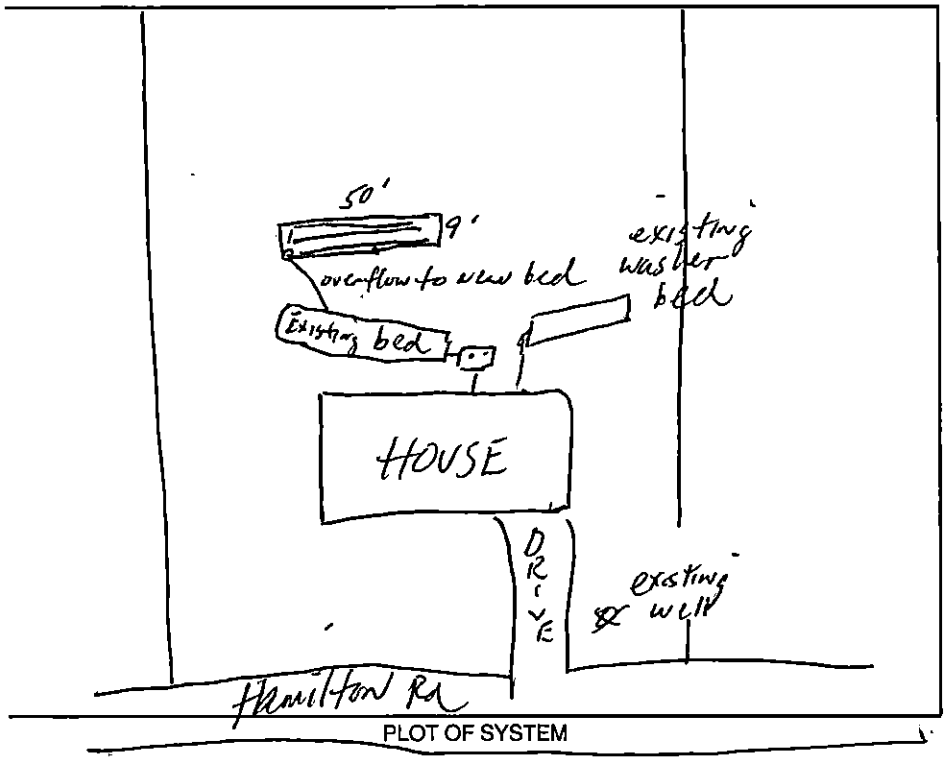
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5378B DATE: 9/3/03

TC: 219 071 10 ☑ L

SERIAL 19439

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 9/3/03. All work shall be completed on or before 10/3/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 NA gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines: Bed

Trench Width 9' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Bed Number of Lines 3 (50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER James Few

LOCATION OF PROPERTY 12920 Hamilton Rd

Comments: Bed System Repair, Install bed 9'wd x 50'long x 18"Stone
Keep the septic system > 10' from the property line

Philo S. Walker RS

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5378B DATE: 9/3/03

TC: 219 071 10 ☒ L ☐ CRT

SERIAL No 18437

Name of Owner James Few Juris.: _____

Address of Property 12920 Hamilton Road

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed 450'

Number of Lines Bed 3 @ 50'

Cover Depth 12"

Water Supply Source existing well

Distance to Water Source >100'

Excavation Inspected 9/3/03

Tank(s) Inspected NA Existing

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 2003, Repair, 450 SFB, 18" Stone CTR# Steve Autry

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: Repair to the existing system

Typetta

Phillip S. Walker RS.

Environmental Health Specialist

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

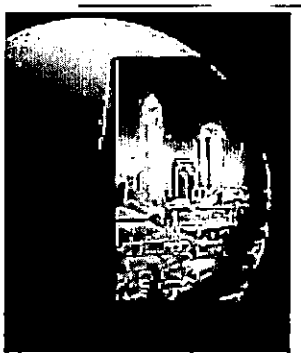
LIVING // WORKING // GOVERNING // VISITING

Real Estate Lookup

Search By: Address
Filtered By: No Filter
Home No. Dir.: 12920
Street Name: hamilton
St. Type Suffix: RD
Jurisdiction: ALL
Search

Parcel	Owner	Location
21907110	FEW JAMES R	12920 HAMILTON RD UNINC
Page 1		

1 records



Market Analysis Link
Property Assessments and Land Records Management
Business Personal Property
Individual Personal Property
Street Name Lookup
Tax Collections Homepage
Tax Bill Lookup
Street Assessment Lookup
Street Lighting Lookup
Pay Taxes

Tax Bills **Photo** **Directions**

Parcel Information

Parcel ID	Account
21907110	INDIVIDUAL

Owner(s) **January 1st Owner**

Owner Name	Mailing Address
FEW JAMES R	15830 SJ LAWRENCE RD

Legal Information

Legal	Municipality	Date Ann
12920 HAMILTON RD	MECKLENBURG COUNTY-UNINCORPORATED	

Total Parcel Assessment

Building	Land	Features	Total	Exe Exe
73700	81900	7100	162700	

Sales Information

Sale	Price	Stamps	Qualify	V/I	Ty
Jan 26 1993	0			IMP	DE

Land Use

Use	Units	Type	Neighborhood
1000	3.18	AC	V901

Building Information

Bldg	Description	Type	Year Built
1	Single-Fam	RES	1964

Bldg	Story	Units	Total SqFt	Heated SqFt	Found
1	1 STORY	1	1810	1452	CRAWL

Bldg	Heat	Fuel	FirePlace	AC	Fixtures
1	AIR-DUCTED	GAS		AC-CENTRAL	

Sub Area

Bldg	Description
1	BASE (FIRST FLOOR)
1	PORCH - OPEN - FINISHED
1	CARPORT - FINISHED

Depreciation

Bldg	Physical	Functional	Econor
1	AV - 31%		

Special Features & Yard Items

Bldg	Built	Type	Quan
1	1964	TERRACE	1
1	1964	SHOP BLDG	1
1	1991	DECK	1
1	1964	SHED	1

Value Changes

Notice Date	Tax Year	Reason
Jan 17 2003	2003	Countywide Revaluatior
Apr 2 2001	2001	Added Air Condition
Jan 5 1998	1998	Countywide Revaluatior
Jan 2 1991	1991	Countywide Revaluatior