

2521 MT HOLLY-HUNTERSVILLE RD

03118269

6/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D400

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

FILE: 7403 A DATE: 1-6-95

TC: 031-182-69 ☐ L ☒ CRT

SERIAL Nº 16116

Name of Owner William J. Wauters Juris.: _____

Address of Property 2521 Mt. Holly - Huntersville Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 8"-10"

Water Supply Source well

Distance to Water Source 86'

Excavation Inspected 1-6-95

Tank(s) Inspected 1-6-95

Wash Line Inspected —

High Water Alarm Inspected —

Occupational Hold in property — * Hold on memo #1 & #2

PLOT

Norman Roach

Design 1995 Alteration, 12" stone, 1500 gst 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 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: Initial system >20 years old

Bunny for S Daniel

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

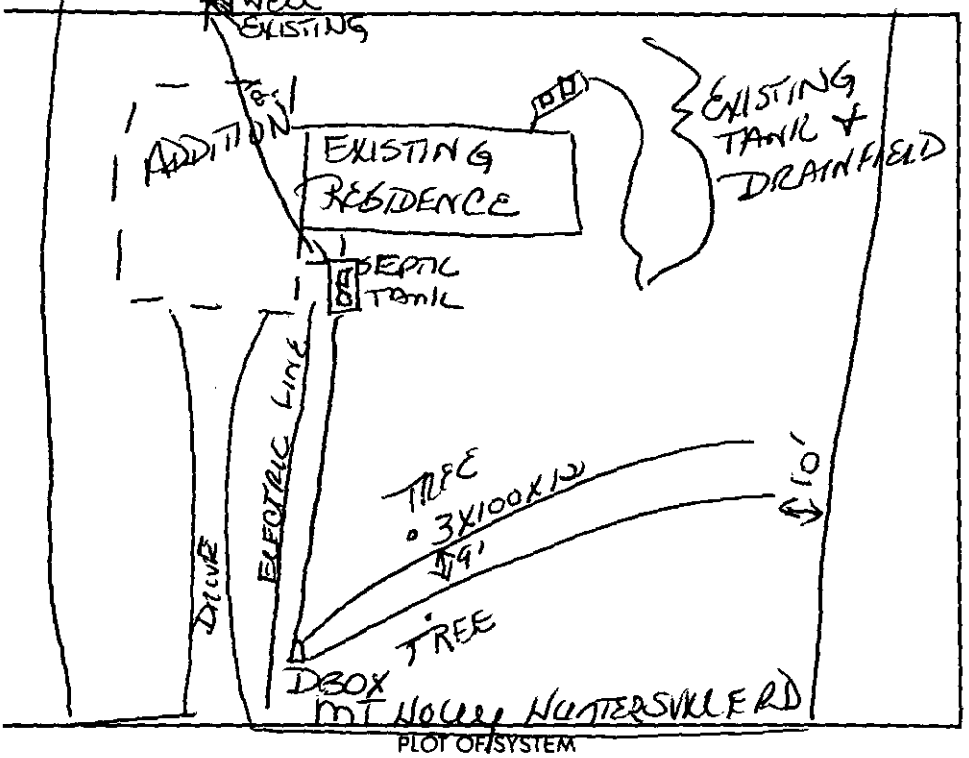
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7403A DATE: 12/15/94

TC: 03118269 ☐ L

SERIAL Nº 13928

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 12/15/94. All work shall be completed on or before 12/15/95, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' feet

NAME OF OWNER William J. Watters

LOCATION OF PROPERTY 2521 Mt. Holly - Huntersville Rd.

Comments: INSTALL 1500 SEPTIC TANK D DBOX and 2 trenches 3 x 100 x 12". Move or change surface drainage from gutter, Plumbing of 1 bedroom (bath) and kitchen to the new system. 6" Soil Cover Added 20" TRENCH DEPTH

Division or Section Head

David Newell RS.
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

N403A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

$200 9/14/94 CK # 1128

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nat Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: WARTERS (last) WILLIAM (first) J. (mi)
ADDRESS: 2521 MT HOLLY-HUNTERSVILLE RD PHONE: (704) 398-0990
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 13 SEP 94

PROPERTY OWNER:
NAME: WARTERS (last) WILLIAM (first) J. (mi)
ADDRESS: 2521 MT HOLLY-HUNTERSVILLE RD PHONE: (704) 398-0990
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03118269
STREET ADDRESS: 2521 MT HOLLY-HUNTERSVILLE RD CHARLOTTE, NC 28214
ZONING: R3 SINGLE FAMILY

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] 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: 4 NUMBER OCCUPANTS: 4

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)
[X] 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 [X] Deck/Patio [X] 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: X Rita P. Warters Date: X Sept 14 1994

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 12279

(HENRY)
* HANK Moore (Previous owner)

#200.00 APPLICATION FEE TO MECKLENBURG COUNTY HEALTH DEPARTMENT

1/9/95 - Called Mrs. TB
Wanted to inform her
that we are releasing
this for building permit
but a hold for final
to check that Building
Foundation is 5' from fence,
plumbing properly connected,
and gutter drain diverted.

PROPOSED PLOT PLAN

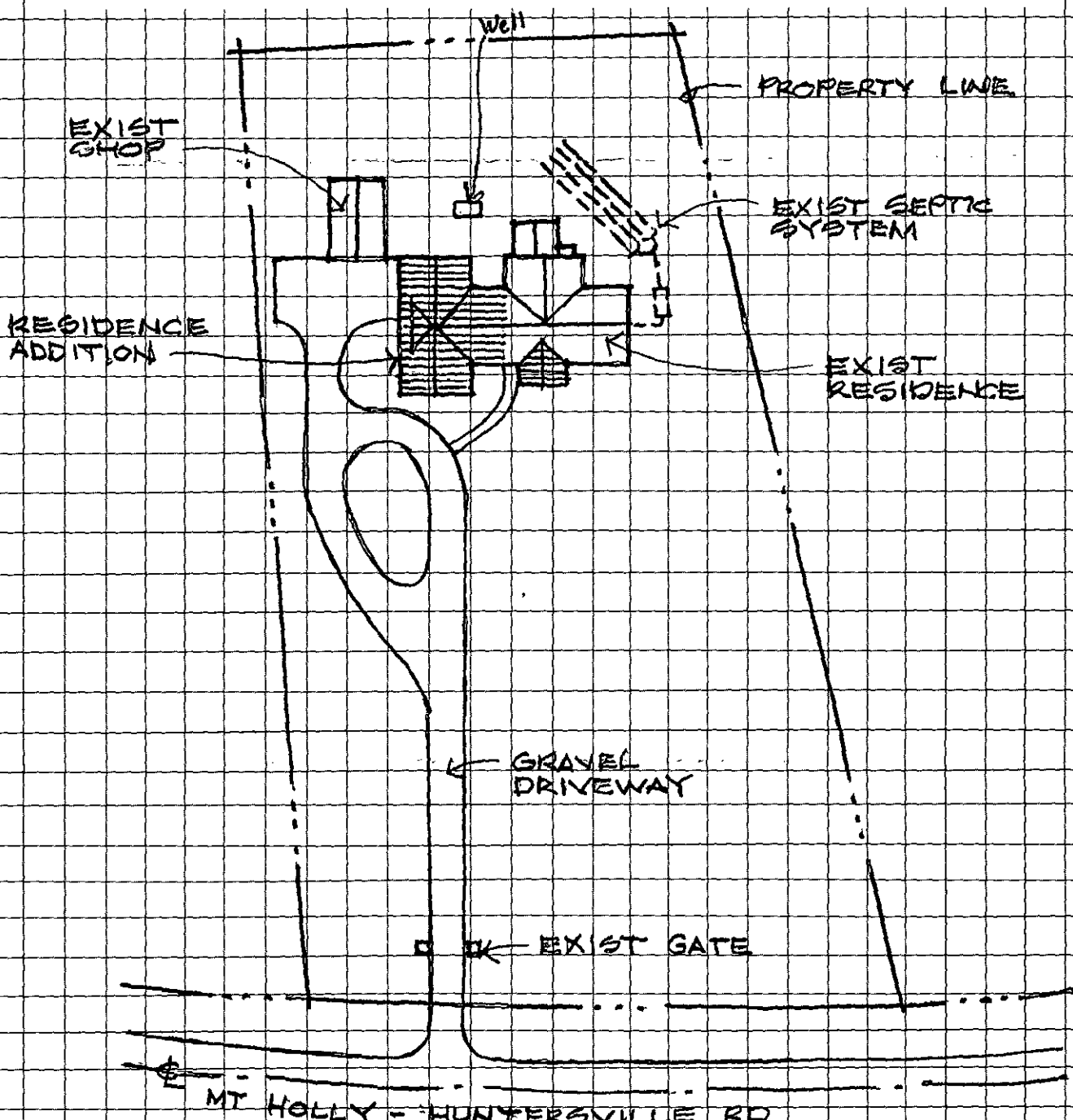
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

WARTERS RESIDENCE ADDITION
2521 MT HOLLY-HUNTERSVILLE RD
CHARLOTTE, NC 28214

FILE: 7403A

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.



X Rita Y. Warters
OWNER/AGENT SIGNATURE

X DATE Sept 14, 1994

APPROVAL DATE _____

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

Mecklenburg County
Health Department

April 25th, 1991

Russell Lee Pinkleton
10310 Country Lane
Charlotte, NC 28214

RE: Property located at ~~2521~~ Mt. Holly-Huntersville Road
FILE: 7403A
PARCEL: 031-182-46 P O

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17152) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

GV:lw

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17152

File: 7403-A Action: 1

Parcel: 031-182-46 ☒ PC

Location: 2521 MT HOLLY HUNTERSVILLE RD

Subdivision:

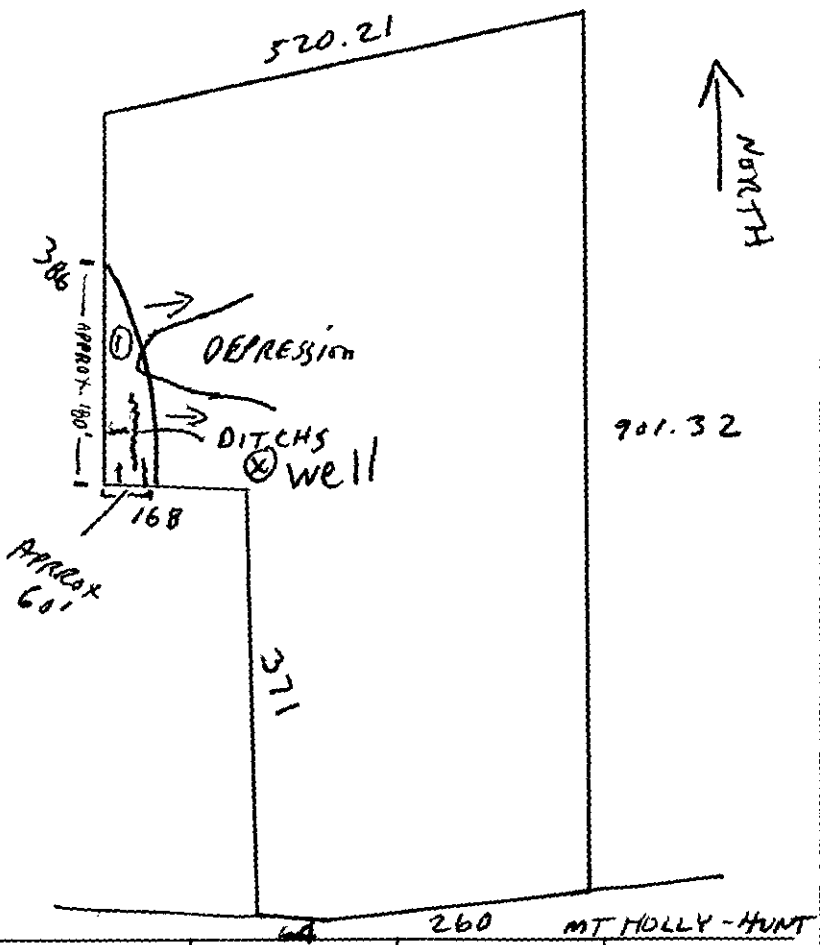
Lot: Block: Acres: 1.0

Owner: RUSSELL LEE PINKELTON
Address: 10310 COUNTRY LANE
CHARLOTTE NC 28214

Comments: 100% REPAIR

Described by: Kelly Ramsell

Date: 4-22-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL LIKE					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17152

File:

Action /

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
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The "Area Classification" below indicates the suitability of areas in the diagram.

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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

pd. ck. #6586

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

(OFFICE USE ONLY)

FILE: 7403 A ✓

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 2521 Mt. Holly Huntersville Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 031 PAGE NO.: 182 PARCEL NO.: 46

⑥ DEED REFERENCE: BOOK NO.: 5721687 PAGE NO.: _____

OWNER

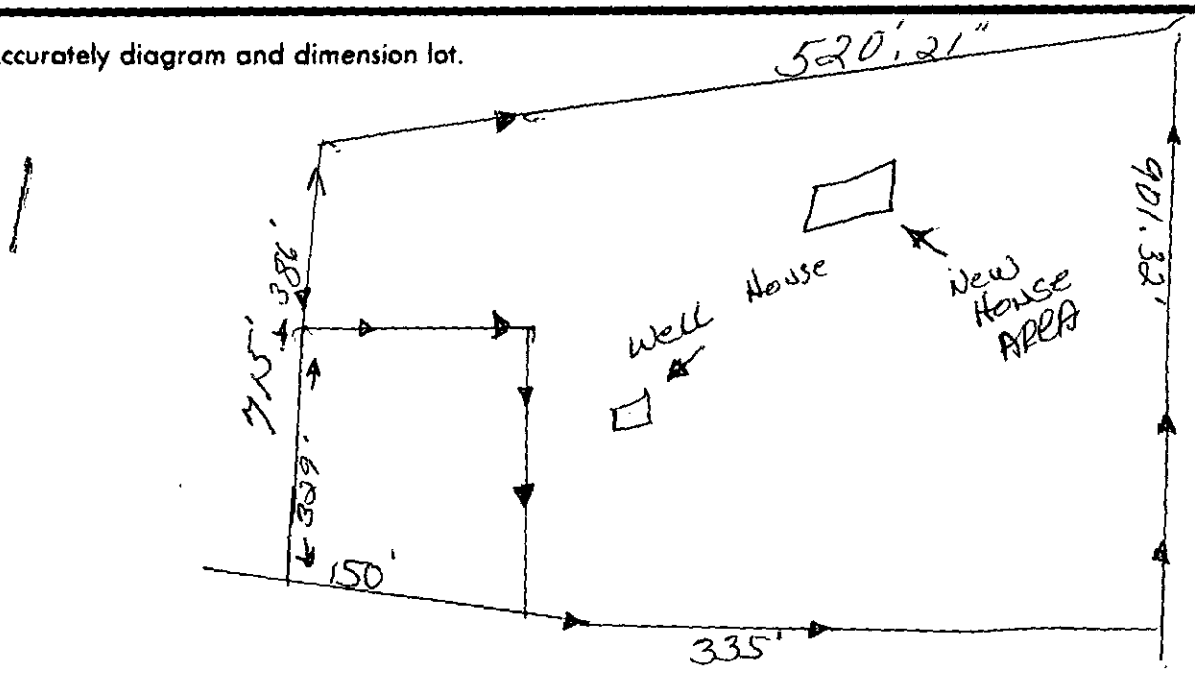
⑦ NAME: Russell (FIRST) Lee (MIDDLE) Pinkerton (LAST)

⑧ MAILING ADDRESS: 10310 Country Lane

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 392-2201 (HOME) 394-2536

⑬ Accurately diagram and dimension lot.



⑭ 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 the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Russell Lee Pinkerton

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

Date: 4-18-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

R

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-18-91

Name/Company: Russell Pinkelton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Investigation
2521 Mt. Holly Huntersville
7403 A
031 182 46

Ck # 10586

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1991

Fee: $ 50 — PD 50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

pd. ck. #6586

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

(OFFICE USE ONLY)

FILE: 7403 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 2521 Nth. Holly Huntersville Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 031 PAGE NO.: 182 PARCEL NO.: 46

⑥ DEED REFERENCE: BOOK NO.: 5731 E7 PAGE NO.: _____

OWNER

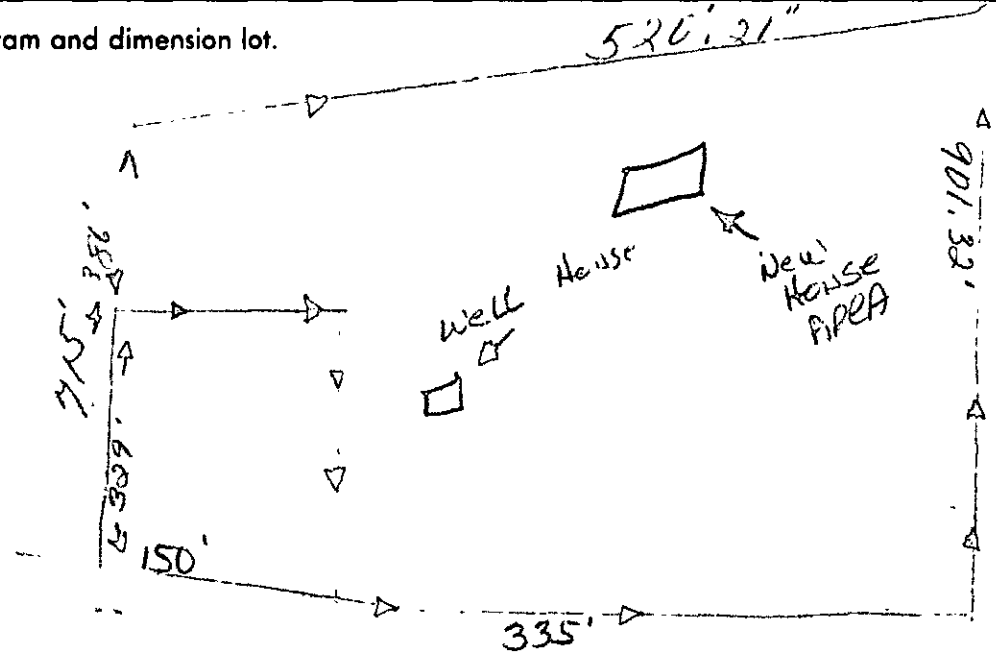
⑦ NAME: RUSSELL (FIRST) Lee (MIDDLE) PINKERTON (LAST)

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⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

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R

APPLICATION FOR SOIL INVESTIGATION

pd. ck. # 6586

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

(OFFICE USE ONLY)

FILE: 7403. A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

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⑥ DEED REFERENCE: BOOK NO.: 5721687 PAGE NO.: _____

OWNER

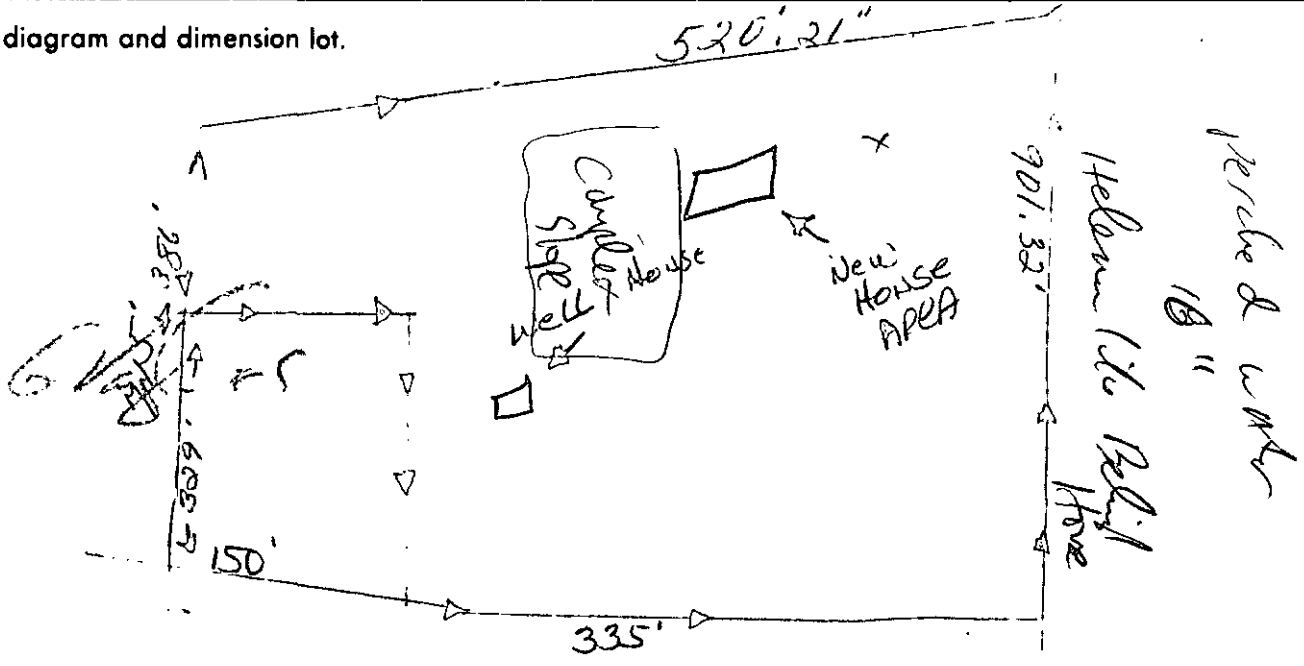
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