


8817 HAMBRIGHT RD

01512155

8/25/08

marliwr

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

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

19847

1000 ✓ ✓ ✓ #50 7/20/95 #268 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: Pardue (last) Ralph (first) Donald (mi)
ADDRESS: 8617 Hambright Rd PHONE: (704) 875-9771
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 045-121-55
STREET ADDRESS: 8617 Hambright Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P) Storage builden
☒ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☒ DOUBLE WIDE (D) ☐ 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)
☐ 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 ☐ 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: Ralph D. Pardue Date: 7-20-95

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. ysm

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

7/26/95 ysm
Lisa B. Mialik RS 7/24/95 ysm
Environmentalist Date

Director or Authorized Section Head 7-27-95 Date

7/26/95 ysm Approval for to utilize existing system for construction of storage building. See plat plan in file. ysm

WATER : 22 91

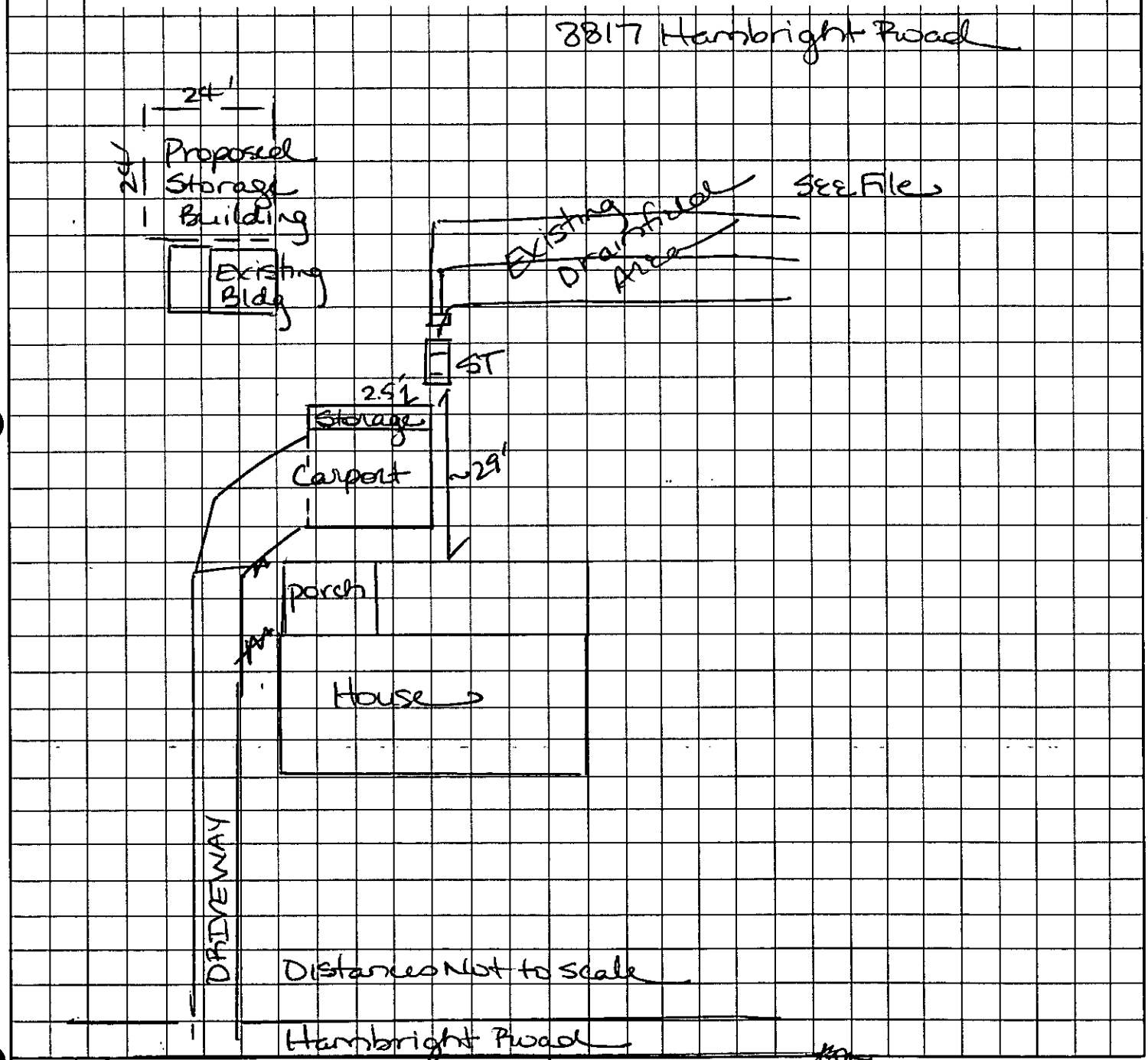
# PROPOSED PLOT PLAN

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

FILE: 19847

TC: 015-121-35

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.




Rebecca N Pardue
OWNER/AGENT SIGNATURE

DATE 7-26-95

APPROVAL DATE ~~7/24/95~~ 7/26/95
Lora B. Malik, RS.

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

THIS IS A LEGAL DOCUMENT.

DATA FORMS OF CHARLOTTE, INC.

# PLOT PLAN FOR PERMIT APPLICATION
## ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # 5817 (N,S,E,W) STREET NAME Hambright Rd (AV,RD,ST, etc) Rd

SUITE/UNIT(S):

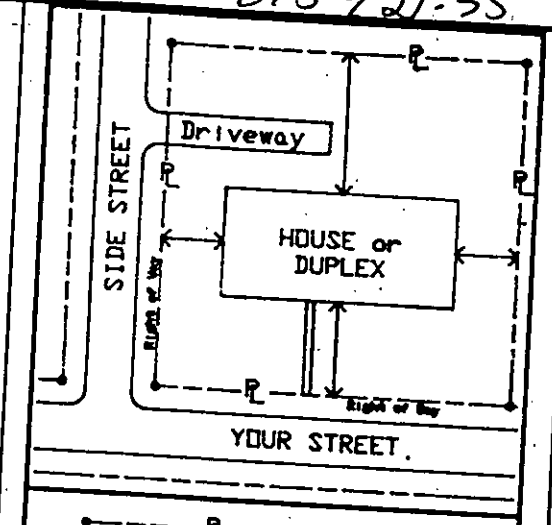
PERMIT #

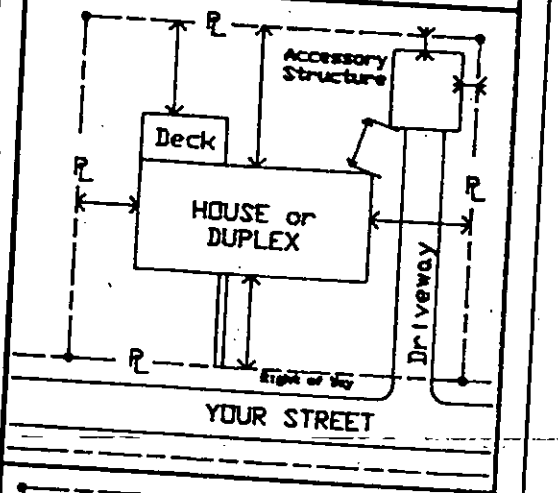
TAX JURISDICTION: (Check One)
- ☒ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

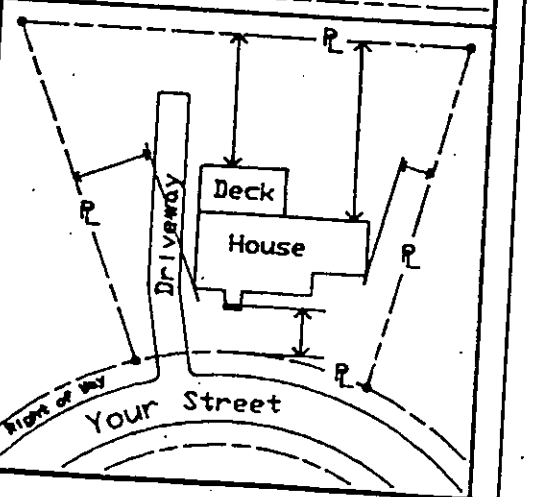
TAX PARCEL # 015-121-55

JOB # 5001

EXAMPLES/PLOT PLAN



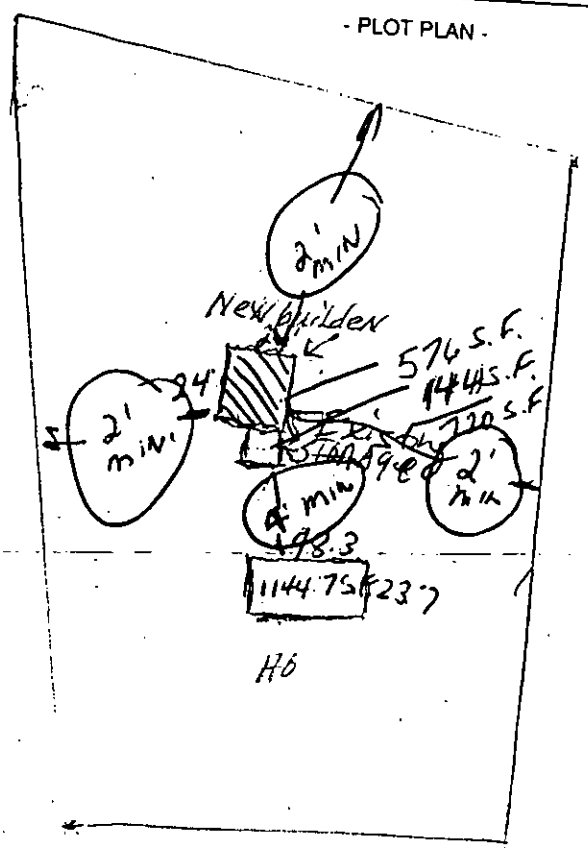




- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



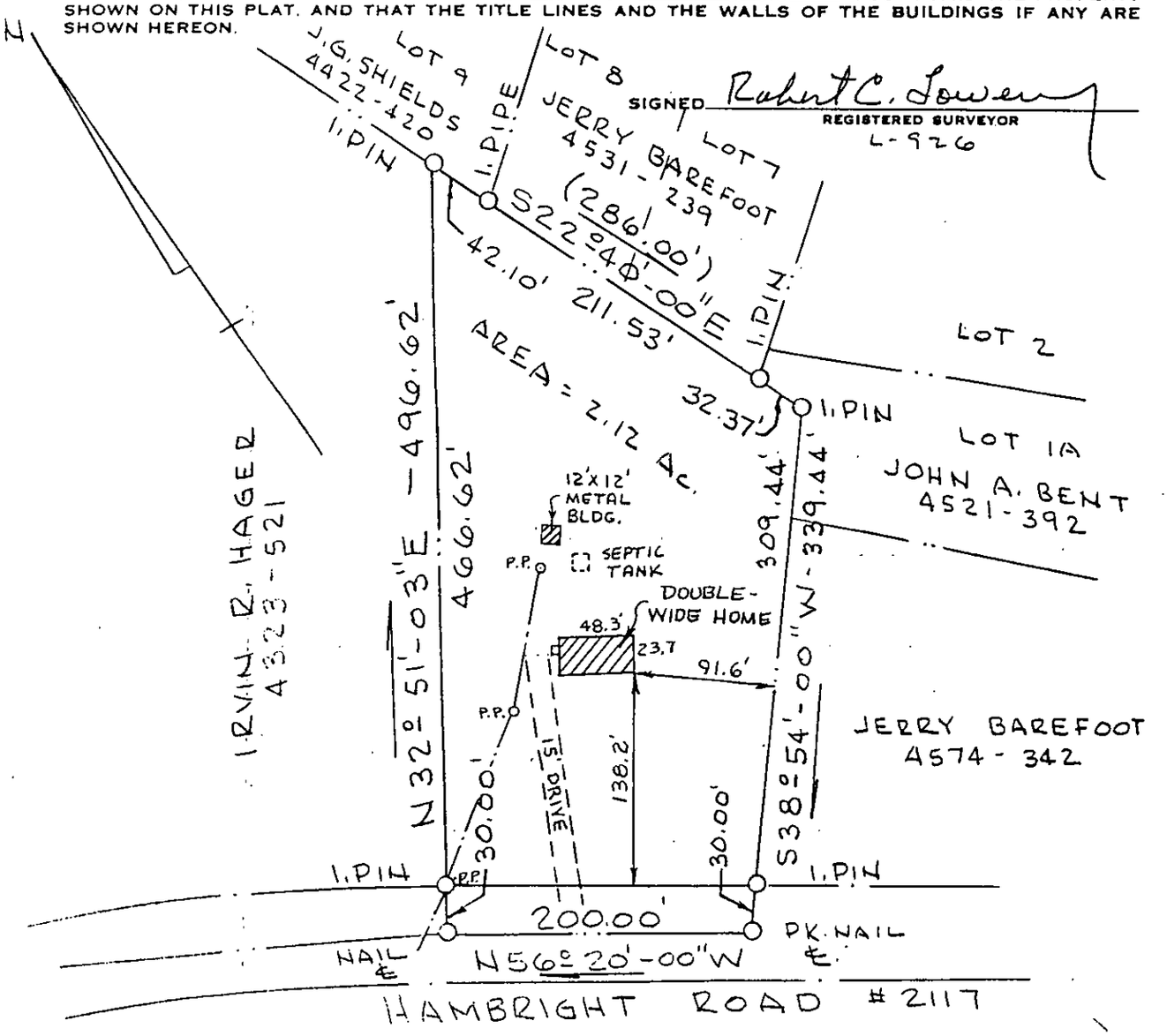

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Ralph Donald Pardue 7-20-95 RALPH DONALD PARDUE

APPLICANT'S SIGNATURE DATE

THIS IS TO CERTIFY THAT ON THE 23rd DAY OF JUNE 1984 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Robert C. Lowery
REGISTERED SURVEYOR
L-926




NORTH CAROLINA REGISTERED SEAL L926 LAND SURVEYOR ROBERT C. LOWERY

# PHYSICAL SURVEY OF

## 2.12 Ac. TRACT

SCALE 1" = 100'

THE PROPERTY OF RALPH D. PARDUE SR.

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

LONG CREEK TWSP. MECKLENBURG CO. N.C.

Col A (s) No. 19847

Date Issued Feb. 17, 1984 Serial 6422 T C No. C15-121-07

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## CERTIFICATE OF COMPLETION

### CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Pardue (LAST) Ralph (FIRST) (MIDDLE)

Location of Property 8817 Hamlight Rd.

Application Number 19847 Permit Number 19847

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material Pre Cast Conc.

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source not in yet deep 100' away

Excavation Inspected 2-17-84 (DATE) Tank Inspected 2-17-84 (DATE)

Nitrification Field Inspected 2-17-84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

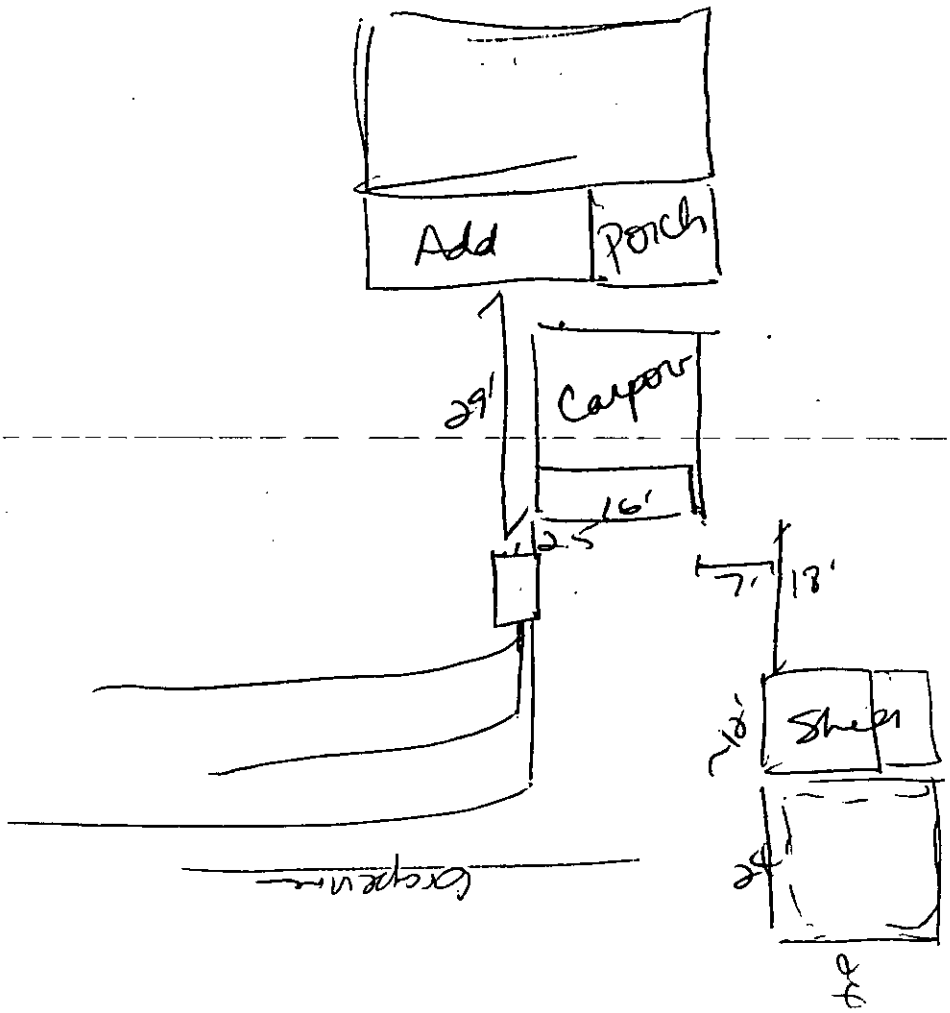
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions 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 additions are made to the property which would increase the requirements for said system.

Comments: _____

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY


Add
Porch
29'
Carport
16'
25'
7'
18'
10'
Shed
24'

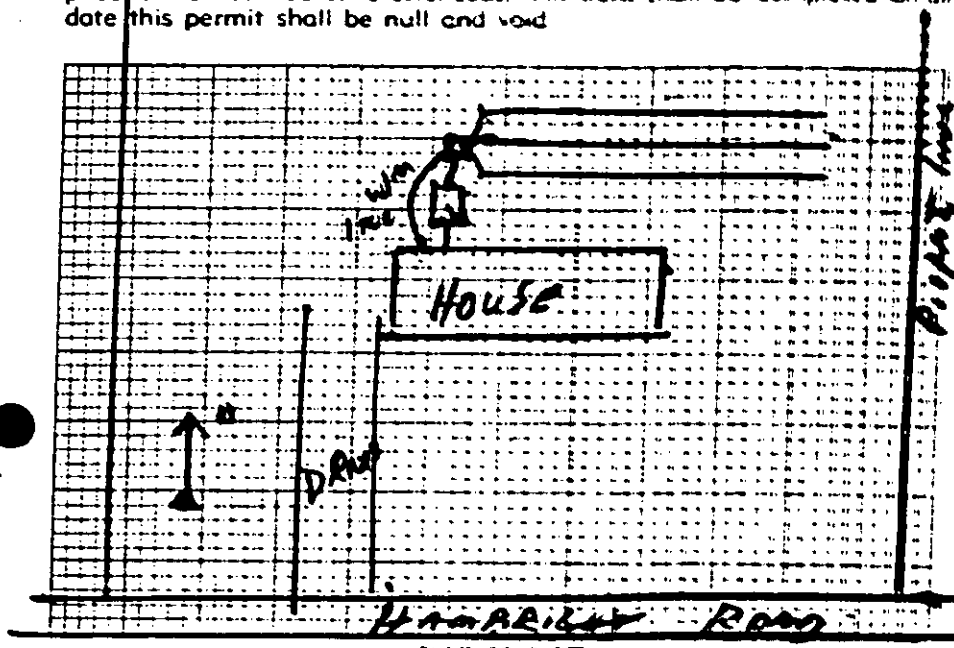
Date Issued 1-13-84 Serial No. 6890 ICAR(S) Permit No. 8877

T. C. No. 05-42-17

Map Date: _____

# 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 X 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 on application 8877 dated 7-20-83 and this permit shall be void and of no effect if the information provided on the application is not true or is erroneous. All work shall be completed on or before Feb 15 1984, after which date this permit shall be null and void




PLOT OF SYSTEM

Permeability Rate P.S. Fr

Tank Capacity 1500 gal

Type Construction Pre Cast Concrete

Absorption Area in Square Feet

Total Line Length 300 Lin Ft

Number of Lines Three

Distance from Tank 10 FT

Distance from Property Line 10 FT

Rock 100 Gravel, Stone or Mix not less than

NAME OF OWNER Pardue, Ralph

LOCATION OF PROPERTY 8817 Harbright 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 trench can be covered, approved, or rendered uninspectable or can be used. 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 in any manner owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Three trenches to be 100 FT x 3FT. x 12 inches stone bed minimum.

Comments: COVER- grade b/s - plant w/s DIVERT DOWN SPOUTS

B. Harbuck
Division or Section Head

Ralph Pardue
Environmentalist

* 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 the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY