

10732 HADLOW CT

11325127

1/8/2008

duponbj

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

APPLICATION FOR BUILDING PERMIT

5266B

TYPE PERMIT ☑ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # 10732 (N,S,E,W) STREET NAME Hadlow (AV, RD, ST, etc) ct Charlotte NC 28278

SUITE/UNIT(S):

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

SITE DATA

PROJECT # 82380#

PROJECT/SUBDIVISION NAME PHASE SECTION

OWNER Russell Yeomans ADDRESS 10732 Hadlow ct

CITY Charlotte STATE NC ZIP 28278 PHONE # 704 395 0370

TAX PARCEL # CENSUS 113.25127 LOT # BLOCK # LAND AREA (sq. ft.)

ZONING R-5 JURIS 1 MAP # 106 R/W

SPECIAL (Circle): C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST. ☐ Yes APR'D

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (if different) REQ. PARK'G

MINIMUM SETBACKS: FRONT 4'MIN bldg separation LEFT SIDE 4'MIN bldg separation RIGHT SIDE 5 REAR 4'MIN bldg separation

PROJECT

JOB # USDC # 434

PURPOSE R3

OCC. TYPE

CONST 5B

TYPE WORK: ☐ New ☑ Addition ☐ Accessory ☐ Upfit ☐ Shelf ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) ~~Screen in Porch~~ Gabazo

Mobile Home: include Yr./Make & Serial #

AREA (sq. ft.): Heated Unheated 12x20 Deck(s) # STORIES BASEMENT ☑ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS # BEDROOMS # BATHS

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company DUKE Service: ☐ New ☑ Existing Total Amps # Circuits 3

Connections 120 Volts # Connections over 120 Volts

MECHANICAL:

Gas Company # Gas Conn # Appliances ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☑ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☑ Existing Public 1-Individual Meter/Connection ☐ Water ☐ Sewer Private 3-Individual ☑ Well ☑ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #

CONTRACTOR(S): (Name/Address as appears on license)

Bldg Self Russell Yeomans Phone 704 395 0370 Lic #

Add 10732 Hadlow ct City/St Charlotte NC Zip 28278

Elect RB Electric Phone Lic # 64321

Add City/St Zip

Mech Phone Lic #

Add City/St Zip

Plbg Phone Lic #

Add City/St Zip

PLANS ☐ Arch./Eng Phone Lic #

Add City/St Zip

CONTRACT COST Nearest $100	APR'D
	FEES $
Bldg $ 1000	
Elect $ 200	
Mech. $	
Plbg. $	
Total Const. Cost $ 1200.00	
FT FEE $	
OTHER FEES $	
TOTAL FEE $	

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ 4'MIN bldg separation

REMARKS: Gabazo Screen Porch over Existing Lot-Tub.

Hold: 50'ft LLW-CA can not encoach. Roof must not exceeded existing pad.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Russell Yeomans — APPLICANT'S SIGNATURE

5/27/04 — DATE

Russell Yeomans — PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☑ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5266B DATE: 5/21/03

TC: ☒ L ☐ CRT

SERIAL 19113

Name of Owner Russell L Yeoman Juris.:

Address of Property 10732 Hadlow Court

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 150'+

Number of Lines Bed 12' x 30' x 24" stone

Cover Depth 18"-24"

Water Supply Source Well

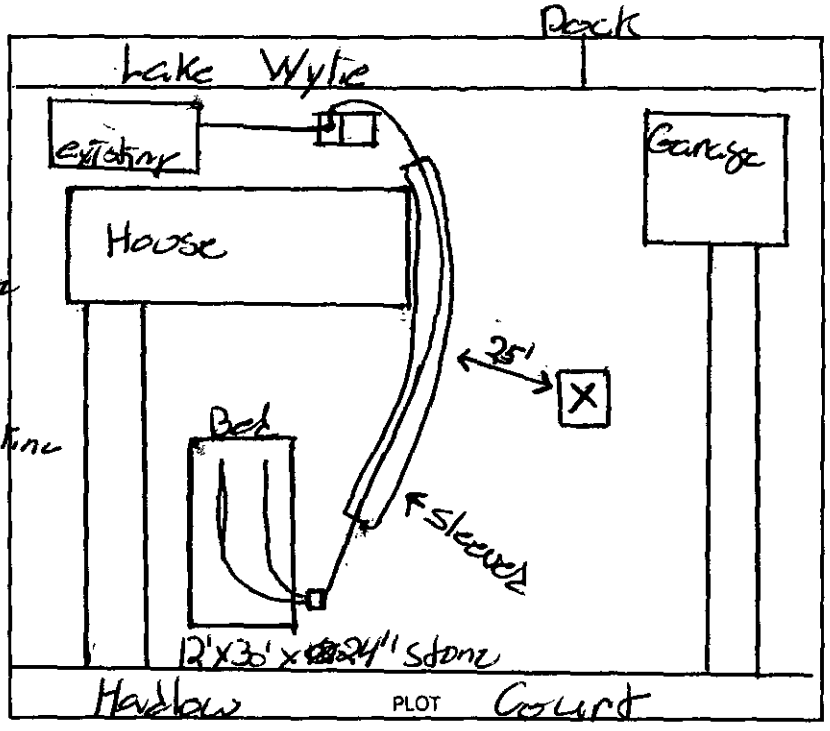
Distance to Water Source 25' to supply line
50' to Bed

Excavation Inspected 5/21/03

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected 5/21/03



Design Repair, 2003, Type III-b, 24" stone, PI, Bed, ceci | CTR# Wily C

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: System has septic tank w/pump device to pump to drainfield, ~~with backup~~. Supply line is sleeved in ductile cpvc pipe.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

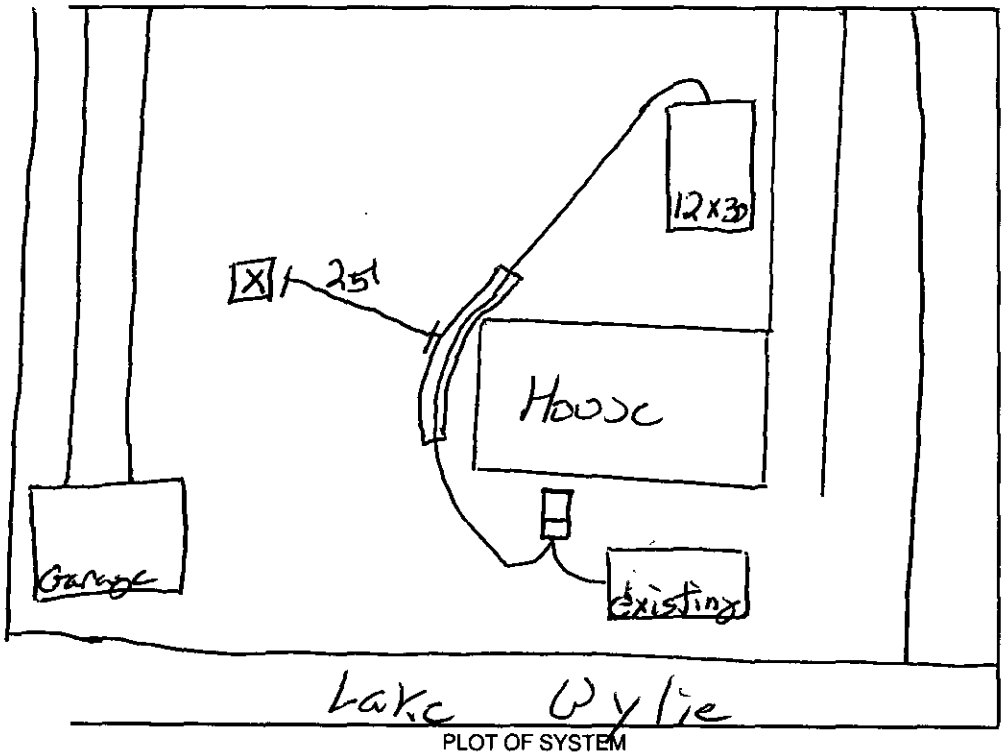
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 52668 DATE: 3/27/03

TC: _____ ☒ L

SERIAL 19220

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 _____, 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 N/A gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 12' feet

Trench Walls Scored and Porous Yes

Total Line Length Bed 12'x30' feet

Number of Lines Bed

Depth of Stone 24" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well 50' feet

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

NAME OF OWNER Russell yeoman

LOCATION OF PROPERTY 10732 Hadlow

Comments: Install pump in septic tank, use flow divider, sleeve supply line, install bed 12'x30'x24" stone.

Brenda Sorg

Environmental Health Specialist

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

FILE: [illegible]

DATE: _____

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 #: 52660

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

✓ TAX/PARCEL NUMBER: 113-251-27

✓ STREET ADDRESS: 10732 Hallow ct

✓ TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 SEC 3 1960

✓ TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

✓ NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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)
✓ 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: Yeomans Russell L 126
(LAST) (FIRST) (MI)

ADDRESS: 10732 Hallow ct

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704) - 588 3900

✓ 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: Russell Yeomans DATE: 3-21-03

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