

16026 STATESVILLE RD

00924156

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5831-A DATE: 8/24/90

TC: 909 123 10 ☐ PO ☐ L ☒ CRT

SERIAL Nº 13549

Name of Owner ELEANOR B. LITTLE Juris.:

Address of Property 16026 ~~STATES~~VILLE RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source CMUD

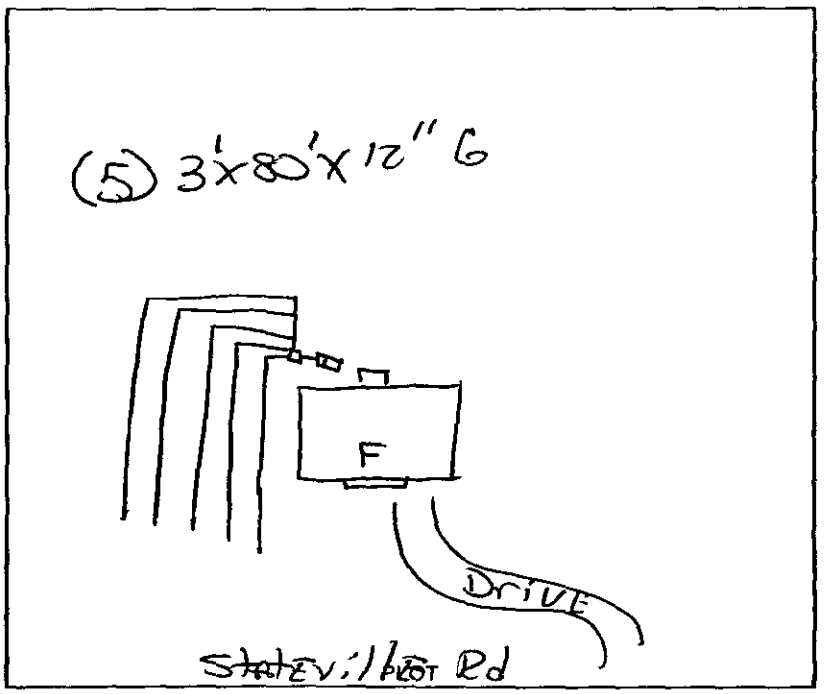
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1,500 ST, CDN, 1200 SFT, 12" G CECIL LIKE CTR# 80

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: 3 bedrm. (5) 3'x80' x12" G, S.

Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

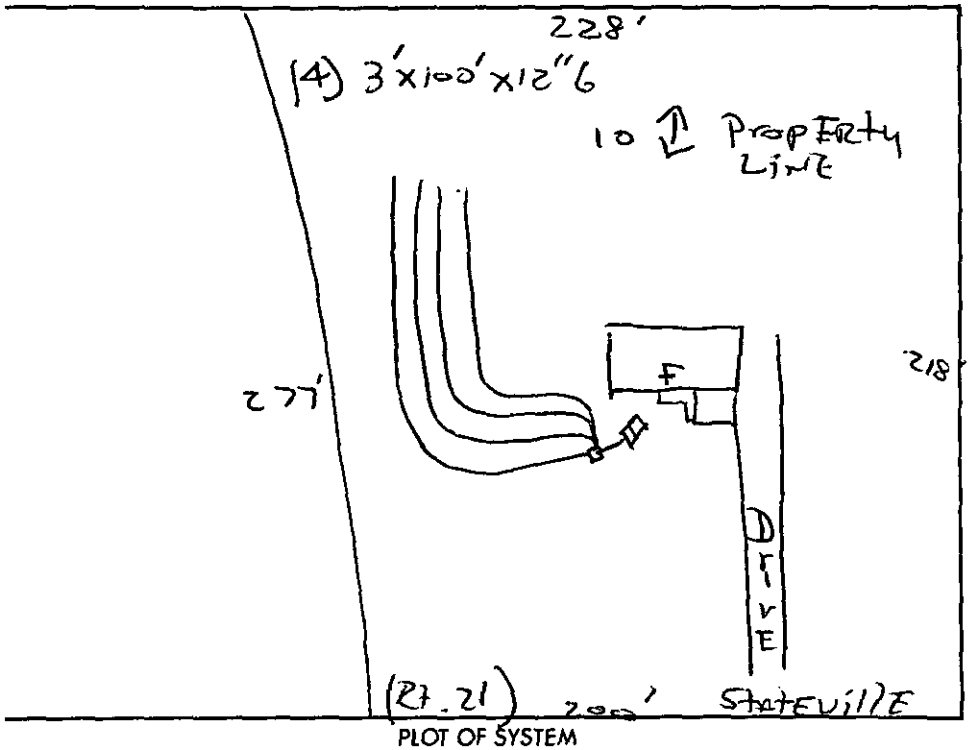
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5831A DATE: 6/5/90

TC: 069 123 10 P9 L

SERIAL Nº 13330

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 11/10/89. All work shall be completed on or before 7/5/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Eleanor B. Little

LOCATION OF PROPERTY 1626 Statesville Rd.

Comments: 3 bedrm. (4) 3'x100'x12"G, str. aw.
✓ for well placement.

Division or Section Head

Tim Whittaker, 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.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/14/89

NAME/COMPANY: Jim Wheeler Homes

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Comp - new
583A

ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 14 1989

FEE: 200.00

CSH 17950
PP 200.00

Completed By

Collected By

DATE: 11/10/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 009-123-10 p0

ASSIGNED ADDRESS 16026 Statesville Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☑ *	☐
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rob

OPWEAR 02/86

RV New address

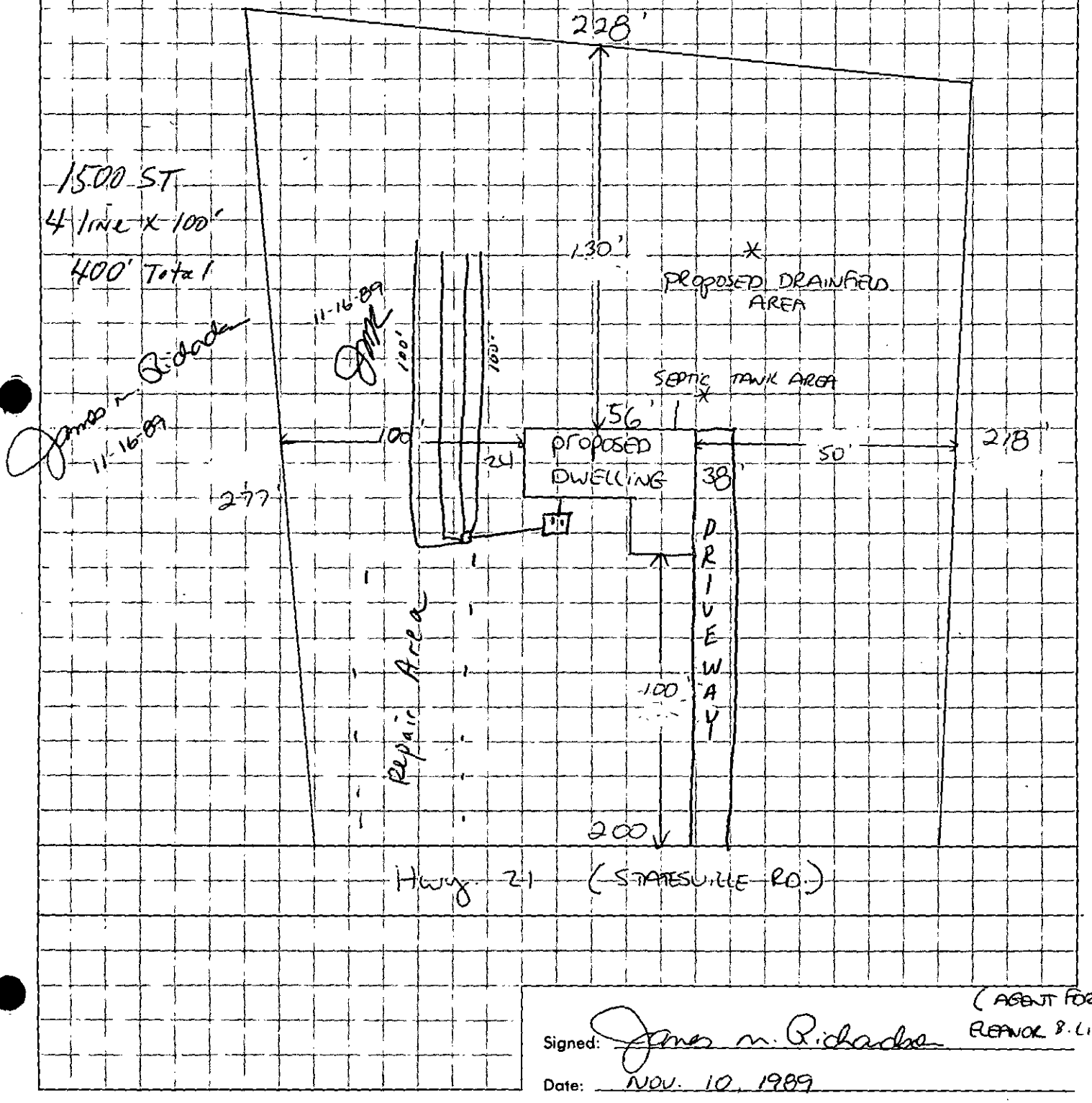
PROPOSED PLOT PLAN

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

FILE: 5831 A

TC: 009-123-10 PO

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: James M. Richardson (AGENT FOR ELEANOR B. LITTLE)

Date: NOV. 10, 1989

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
NOV 1 1989
ENVIRONMENTAL HEALTH DIVISION

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

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

(OFFICE USE ONLY)
FILE: 5831 A
TC: 009-123-10 PO
SERIAL: № 19481
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 16026 (STREET NO.) STATESVILLE Rd. (STREET) ② FILE: 5831 A
③ JURISDICTION: HUNTERSVILLE, N.C. ④ TAX PARCEL NO.: 009-123-10 PO
⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: ELEANOR (FIRST) B. (MIDDLE) LITTLE (LAST)
⑨ MAILING ADDRESS: 2233 Gramercy Ave.
⑩ CITY: ATLANTIC City, ⑪ STATE: N.J. ⑫ ZIP: 08401
⑬ PHONE: (WORK) N/A ⑭ (HOME) 609-348-9067

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? —
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? —
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? —

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Philo S. Walker, 11/16/89
Environmentalist Date

11-17-89
Director or Authorized Section Head Date

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

㉙ 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. (AGENT FOR ELEANOR B. LITTLE)

Signed: James A. Richardson

Date: NOV. 10, 1989

Mecklenburg County
Health Department

August 9th, 1989

Basil G. Delta, M.D., M.P.H.
Health Director

Eleanor B. Little
2233 Grammercy Avenue
Atlantic City, NJ 08401

RE: Property located at Hwy 21 1
FILE: 5831A
PARCEL: 00912310P0

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 16215) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

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

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16215

File: 5831A Action 4

Parcel: 00912310PO ☐ PC

Location: Hwy 21

Subdivision:

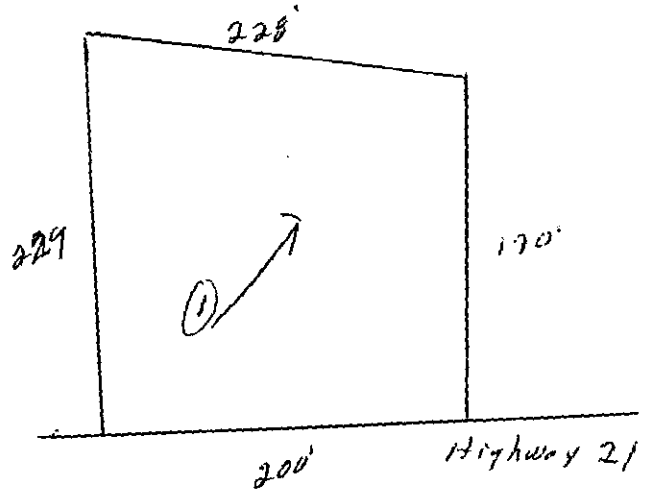
Lot: 1 Block: Acres: 1.0
Inv.

Owner: Eleanor B. Little
Address: 2233 Grammercy Avenue
Atlantic City, NJ 08401

Comments: _____

Described by: William R. Marti

Date: _____



***** 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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" To water	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 736"	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	1UA Cec:1-1/40					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

300 fee
5831A for change slip

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 2. 1989
ENVIRONMENTAL HEALTH
DIVISION

FILE: S831A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS:

② SUBDIVISION: NEW - UNRECORDED MAP ③ LOT: 1 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 009 PAGE NO.: 123 PARCEL NO.: 10

⑥ DEED REFERENCE: BOOK NO.: (OLD) 3019 PAGE NO.: 519

OWNER

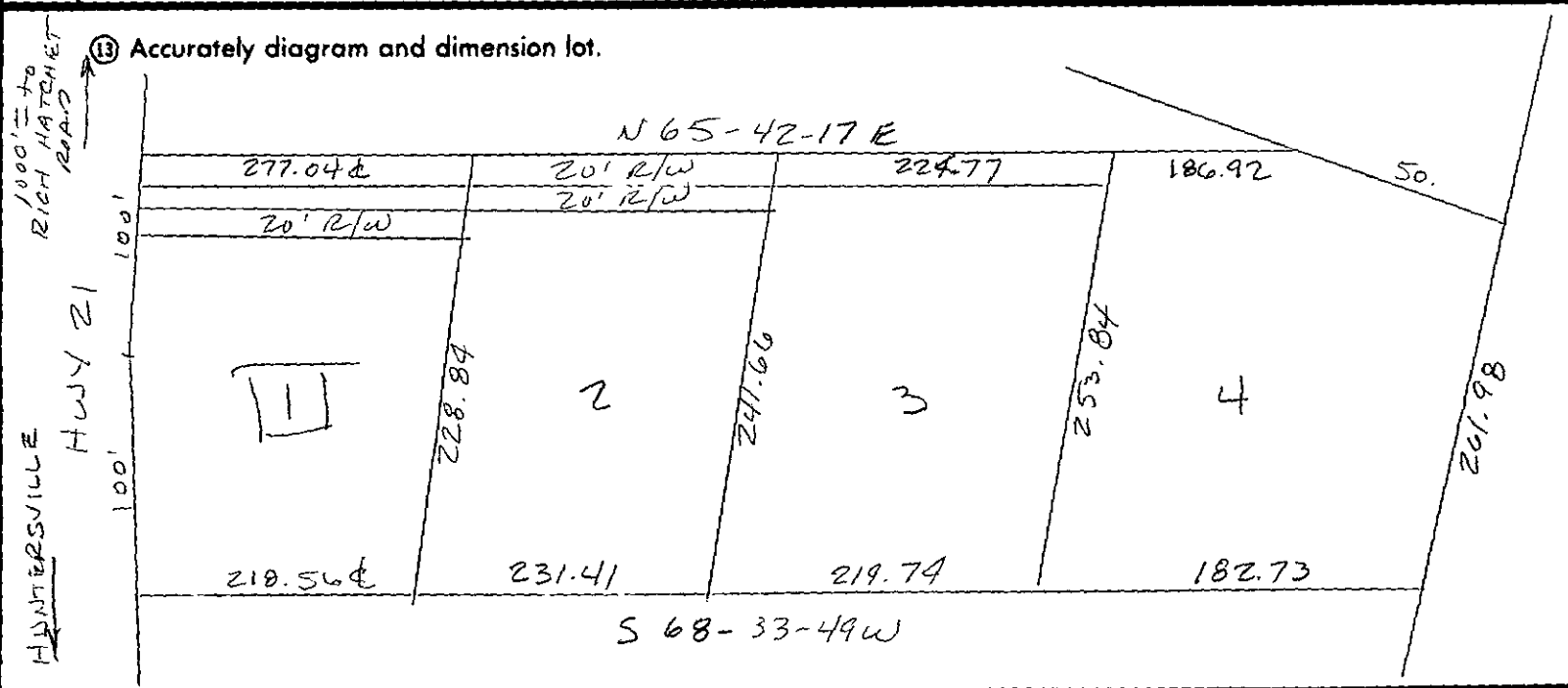
⑦ NAME: Eleanor (FIRST) B. (MIDDLE) Little (LAST)

⑧ MAILING ADDRESS: 2233 Grammercy Ave.

⑨ CITY: Atlantic City ⑩ STATE: N.J. ⑪ ZIP: 08401

⑫ PHONE: (WORK) (HOME) (609) 348-9067

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: Vandora Walker agent

Date: 6-20-89

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