

9208 WESTMINSTER DR

01525310

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

$400

FILE: 3380 B DATE: 1-27-95

TC: 015-253-10 L CRT

SERIAL Nº 16121

Name of Owner John Huber Juris.:

Address of Property 9208 Westminster Dr

Inspection Data:

Tank Material Exist

Total Length of Drainfield Added 9'x35'

Number of Lines 3 @ 35' each

Cover Depth 24"

Water Supply Source well

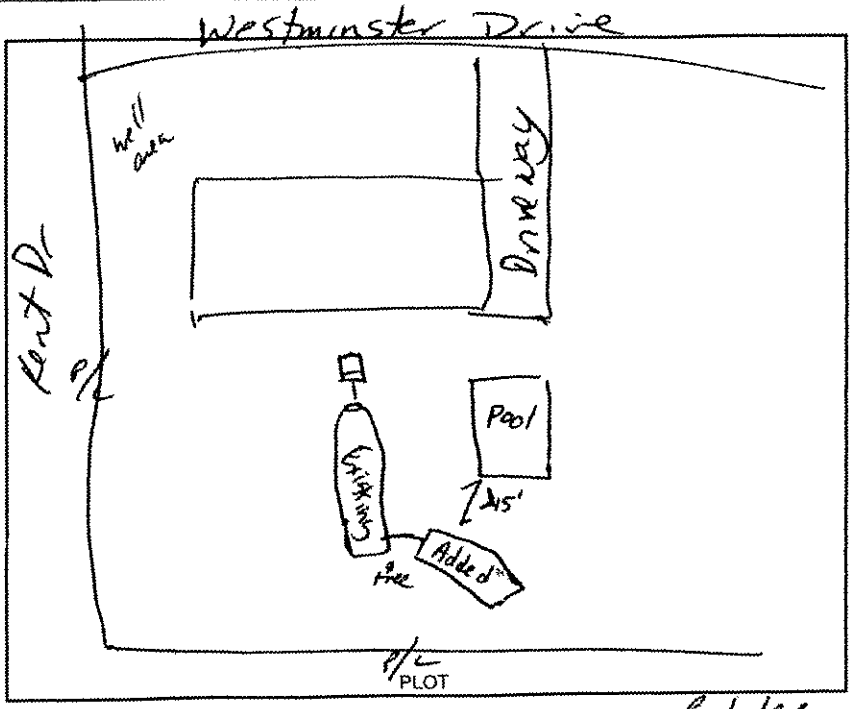
Distance to Water Source ≥50'

Excavation Inspected 1-27-95

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 1995 repair, 17" stone, 9'x35' added to end

Bond Lee
CTR# 67

The undersigned has inspected the Septic Tank System described above, and certifies it has been
installed or constructed
X altered or repaired
in accordance with the permit issued
X 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
X 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: Recommend diverting downspouts past septic system. Homeowner requested to only add to system as shown above and not install separate washer field at this time.

Q 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 APPROVAL

L400

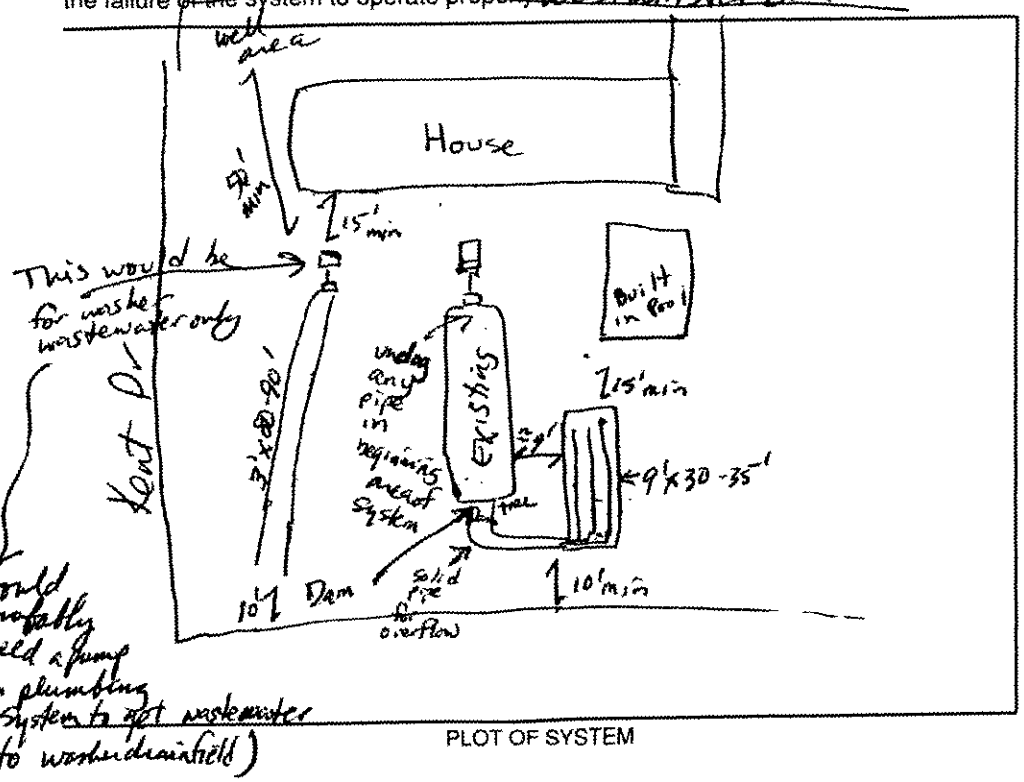
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3380 B DATE: 1-25-95

TC: 015-253-10 L

SERIAL Nº 16168

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 12-8-94. All work shall be completed on or before 2-25-95, 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~~ Westminster Dr.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction existing

Trench Depth Keep as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 9'x30'-35' feet
washer field 3'x80-90' each

Trench Walls Scored and Porous yes

Total Line Length 9'x30'-35' feet
washer field 160'-180'

Number of Lines 2-3

Depth of Stone 17" in bed inches
12" in trench for washerfield

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

Divert downspouts past system area

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

NAME OF OWNER John Huber

LOCATION OF PROPERTY 9208 Westminster Drive

Comments: Recommend washer drainfield be installed as well as adding onto existing drainfield. Keep min 15' from pool + min 10' from any property line. Dam to have effluent conveyed over it with solid pipes to then feed 2 of 3 pipes in new drainfield.

JBurney for SDowd

Susan Baldwin
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

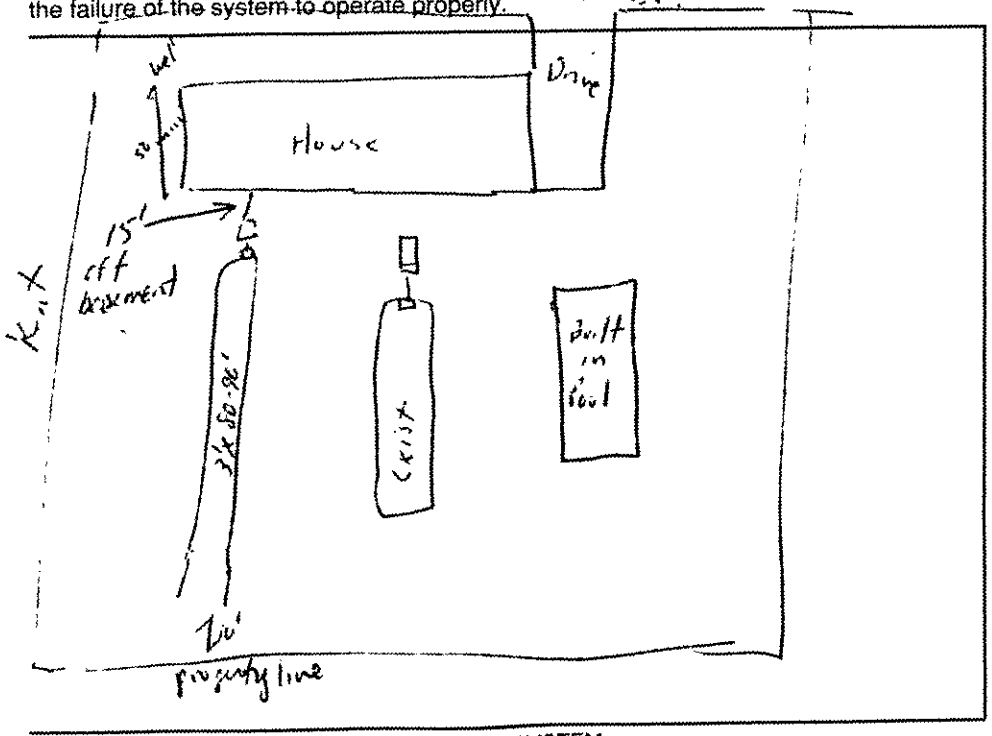
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3358 B DATE: 1-3-95

TC: C15-253-10 L

SERIAL Nº 16166

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 12-8-94. All work shall be completed on or before 2-3-95, 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 ___ gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction Existing

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 160-180 feet

Number of Lines 2 at 80-90 each

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

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

NAME OF OWNER John Huber

LOCATION OF PROPERTY 4208 Westminster Drive

Comments: Add. trench drainfield for washer wastewater only - washer would probably need a plumbing pump. Check from septic tank to dist box for any blockages.

Approved by Bunny for S Daniel 1-10-95

Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

3280B

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: (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

Date: 015-253-10

PROPERTY OWNER:
NAME: HUBER, JOHN (last) (first) (mi)
ADDRESS: 9208 Westminster Dr. PHONE: 704 393-6773
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-231-10
STREET ADDRESS: 9208 Westminster Dr.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 10 LOT SIZE (in acres): ~~2.876~~ 1.3 ±

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 M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: 5

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)
[X] 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: John C. Huber Date: 12-8-94

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.

... Repair permit issued

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

Susan Bateman 1-3-95
Environmentalist Date

Bunny Morrison 1-10-95
Director or Authorized Section Head Date

WATER : 122

* Pool installed 9-01-94 c no record