


7125 ALEXANDER RD

21319114

6/18/2007

duponbj

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

# Allen Tate Company

**REALTORS**

March 13, 1990

Mecklenburg County Environmental Health
1200 Blythe Boulevard
Charlotte, NC 28203

Dear Madam or Sir:

I am requesting a septic tank inspection for property located at 7125 Alexander Road, Charlotte, NC. The owner of the property is Nancy P. Austin, home phone 364-6679, office phone 333-3188. Mrs. Austin believes there may be a problem with the holding tank because the ground above the tank is damp.

Thank you for your attention to this matter.

Sincerely,

Mary Ingle

Mary Ingle

Enc: $45.00 check

1980


MARY INGLE

Allen Tate Company
6620 FAIRVIEW ROAD
CHARLOTTE, N.C. 28210

OFFICE 704/364-6400
HOME 704/365-3166
CAR 704/534-4208


RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 15 1990
ENVIRONMENTAL HEALTH
DIVISION

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6614A DATE: 4/20/90

TC: 213 191-14 ☐ L ☑ CRT

SERIAL № 13031

Name of Owner Nancy Austin Juris.:

Address of Property 7125 Alexander Rd

**Inspection Data:**

Tank Material

Total Length of Drainfield 180'

Number of Lines 4 @ 45'

Cover Depth 50'

Water Supply Source 4/20/90

Distance to Water Source ~50

Excavation Inspected 4/20/90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 Repair CTR# 117

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: Repair

Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

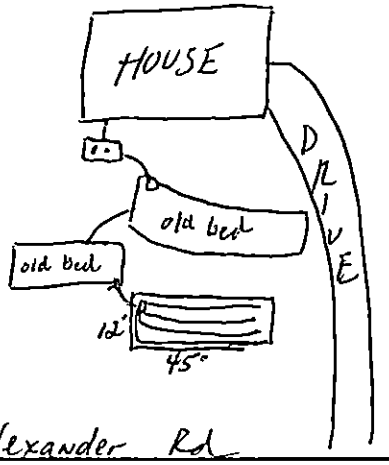
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 0614A DATE: 4/11/90

TC: 213-191-14 ☑ L

SERIAL № 13189

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 3/26/90. All work shall be completed on or before 5/11/90, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification ~~Lines~~ Bed

Trench Width 12 wd feet

Total Line Length ~~50~~ 45' 180' feet

Number of Lines 4

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Nancy Austin

LOCATION OF PROPERTY ~~Hwy~~ 7125 Alexander Rd

Comments: Bed system 12'wd x 45'long x 18" stone over flow from old bed to new bed

Division or Section Head

Philo S. Walker
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

# APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6614A
TC:
SERIAL: NC 20146
☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 7125 Alexander Road (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS:
⑩ CITY: ⑪ STATE: ⑫ ZIP:
⑬ PHONE: (WORK) ⑭ (HOME)

**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?
㉕ Type?
㉓ Maximum occupancy?
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 7125
C ☐ Community well
D ☐ Community system

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.

Signed:
Date:

## 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.

Environmentalist — Date

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.

# INSTRUCTIONS

**PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION**

**ITEM(S) . . . . INSTRUCTIONS**

① . . . . . Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② . . . . . If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ . . . . . Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ . . . . . Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ . . . . . Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ . . . . . Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ . . . . . Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ . . . . . Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ . . . . . If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ . . . . . If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ . . . . . Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ . . . . . Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 27
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: 6614A
TC:
SERIAL: № 20146 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 7125 Alexander Road (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 213-191-14
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Nancy (FIRST) P. (MIDDLE) Austin (LAST)
⑨ MAILING ADDRESS: 7125 Alexandee Road
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 704/333-3188 ⑭ (HOME) 704/364-6679

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⑯ ☒ Repair or alteration permit
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Environmentalist / Date

Director or Authorized Section Head / Date

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Signed: Nancy P. Austin

Date: March 26, 1990

# APPLICATION FOR AN IMPROVEMENT PERMIT

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MECKLENBURG COUNTY
HEALTH DEPT.
MAR 27
ENVIRONMENTAL HEALTH
DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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_____ / _____
Environmentalist Date

_____ / _____
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.

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 3/15/90

Name/Company: Mary Ingle

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Septic
7125 Alexander Rd

ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 16 1990

Ck # 6173

Fee: $ 45.00 #45.00

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