

9501 MT. HOLLY ROAD

6/22/2007

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: 7007-A DATE: 10-25-90

TC: 055-081-01 ☒ L ☐ CRT

SERIAL № 13578

Name of Owner Bob Tallent Juris.:

Address of Property 9501 Mt. Holly Rd

Inspection Data:

Tank Material existing

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 48"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 10-25-90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 altered septic system CTR# 67

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:

B.R. Ferguson
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

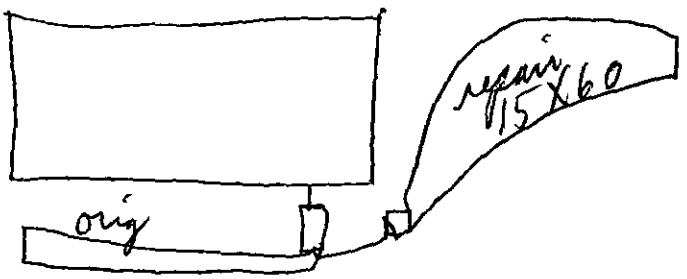
FILE: 7007-A DATE: 10-1-90

TC: 055-081-01 ~~PL~~ L

SERIAL Nº 14820

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 8-24-90. All work shall be completed on or before 11-1-90, 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.

well



Mt. Holly Rd.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank repair gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 15 feet

Total Line Length 300 feet

Number of Lines 5

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 150 feet

NAME OF OWNER Bob Tallent

LOCATION OF PROPERTY 9501 Mt. Holly Rd.

Comments: 1 bed 15'X 60'X 24" stone

_____ B. R. Ferguson

Division or Section Head — 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

JOHN J. OATES PLUMBING CO.

PLUMBING and SPECIAL PIPING
ROUTE 14, BOX 465 GUM BRANCH RD. • CHARLOTTE, N.C. 28208
BUSINESS PHONE: 392-4248 HOME PHONE: 394-6505

CUSTOMER NAME: Tom Stevens PER:
ADDRESS OF JOB PHONE
MAILING ADDRESS DATE CALLED
TOWN DATE WANTED
WORK TO BE DONE

EMPLOYEE NAME	DATE	FUEL	DEPARTURE TIME	ARRIVAL TIME	TOTAL TIME	COST OF LABOR	
Billy	8-31						
Tommy	8-31						

MATERIALS USED	MATERIAL COST		MATERIAL CHARGE	
TOTAL CHARGE				

JOHN J. OATES PLUMBING CO.

PLUMBING and SPECIAL PIPING
ROUTE 14, BOX 465 GUM BRANCH RD. • CHARLOTTE, N.C. 28208
BUSINESS PHONE: 392-4248 HOME PHONE: 394-6505

CUSTOMER NAME: Tommy Stewart PER:
ADDRESS OF JOB PHONE
MAILING ADDRESS DATE CALLED
TOWN DATE WANTED
WORK TO BE DONE

EMPLOYEE NAME	DATE	FUEL	DEPARTURE TIME	ARRIVAL TIME	TOTAL TIME	COST OF LABOR

MATERIALS USED	MATERIAL COST	MATERIAL CHARGE
6 Water retard 1 Ea.	172 60 ea.	1035.60
6 Sealing Seal.	86	5 16
6 Supply Rod + nuts	3 10	1860
6 set Closet Bolts	6 9	4 14
		1063.50
	5% tax	53.18
		1,116.68
TOTAL CHARGE		

SEPTEMBER 9, 1990

AS THE OWNER OF THE PROPERTY AT 9015 MT. HOLLY RD. CHARLOTTE, N.C. (NICKELODEON), I AGREE TO CEASE OPERATION IF THE SEPTIC SYSTEM SHOULD MALFUNCTION. I ALSO AGREE NOT TO SERVE FOOD.

ROBERT O. TALLENT

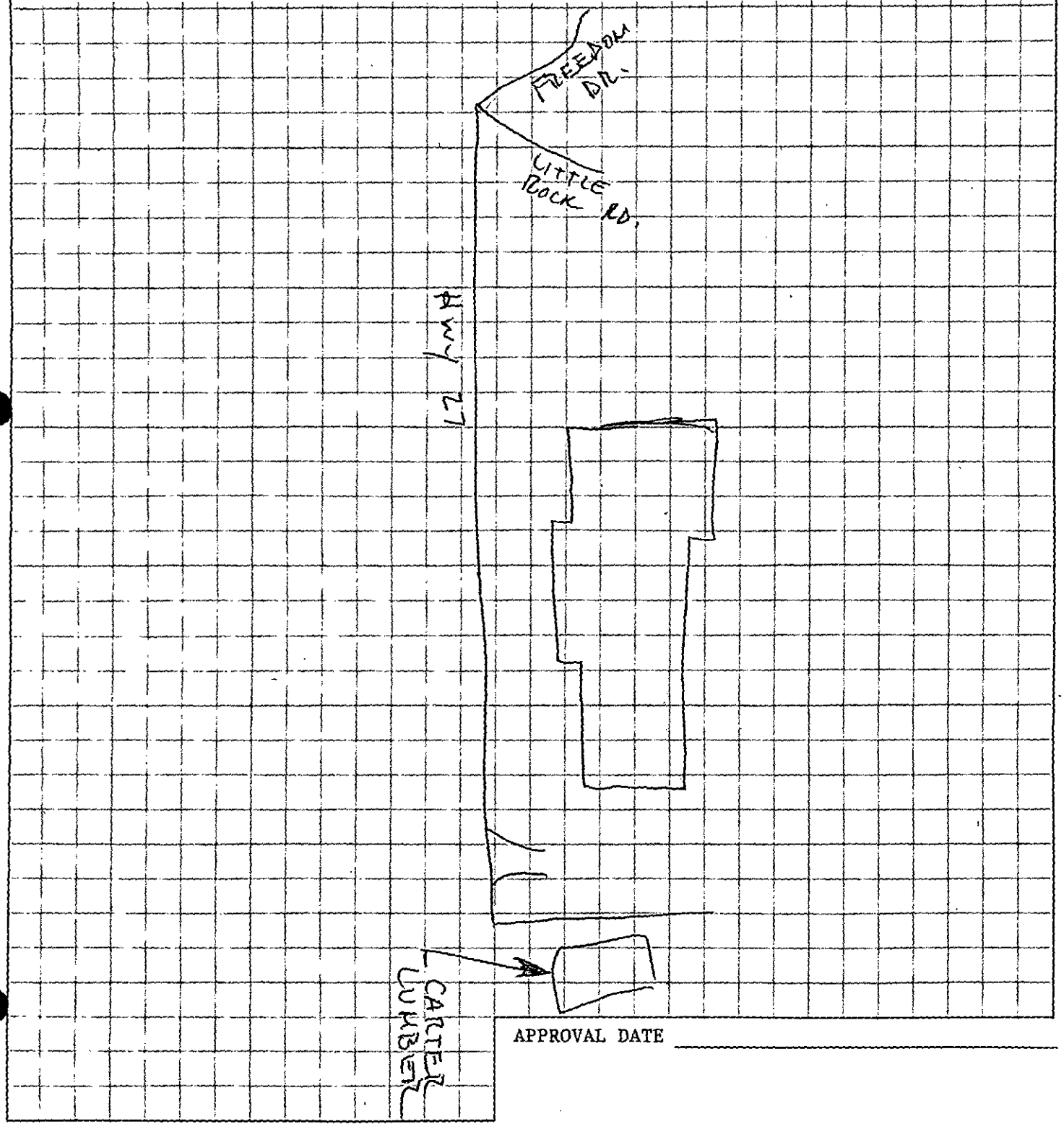
PROPOSED PLOT PLAN

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

FILE: 7007A

TC: 055-081-01

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner'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: 7007A
TC: _____
SERIAL: № 17264
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 9501 (STREET NO.) Mt. Holly Rd (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 055-081-01
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) TAllent (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 201A Summit Avenue
⑩ CITY: Mt Holly ⑪ STATE: NC ⑫ ZIP: 28120
⑬ PHONE: (WORK) 827-9651 ⑭ (HOME) ~~822-0212~~ 825-7936

REQUEST

This request is for a(n): Reopening Bar

⑮ ☐ New permit
⑯ ~~☐ Repair or alteration permit~~
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) ~~Remodeling old Bar~~ use existing SYS.

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? BAR / Lounge
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 50

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
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: Robert D. Tallent
Date: 8/24/90

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 Use existing system.

B. R. Ferguson — Environmentalist — 10-31-90 — Date

_____ — Director or Authorized Section Head — 11-1-90 — 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: 8-24-90

Name/Company: Jonathan S Powell
Barbara T. Powell

Sanitation ___

Vector Control ___

O.P.W.D. V

Service: P- Use Existing System
8010 Mt Holly Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 24 1990

File # 7007A

Fee: $ 25.00

Mailed 8-24-90 $25.00 #2024

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by


Need
project
no.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)

FILE: 7007A

TC: _____

SERIAL: N: 17264

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 9501 (STREET NO.) Mt. Holly Rd (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 055-081-01

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) TALLENT (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 201A Summit Avenue

⑩ CITY: Mt Holly ⑪ STATE: NC ⑫ ZIP: 28120

⑬ PHONE: (WORK) 827-9651 ⑭ (HOME) 822-0212

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㉒ Number of bedrooms? _____ ㉕ Type? BAR / Lounge

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Signed: Robert D. Tallent

Date: 8/04/90

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

R. R. Fagan 10-31-95
Environmentalist Date

[signature] 11-1-95
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.