

9308 PROSPECTOR LN

13717323

7/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

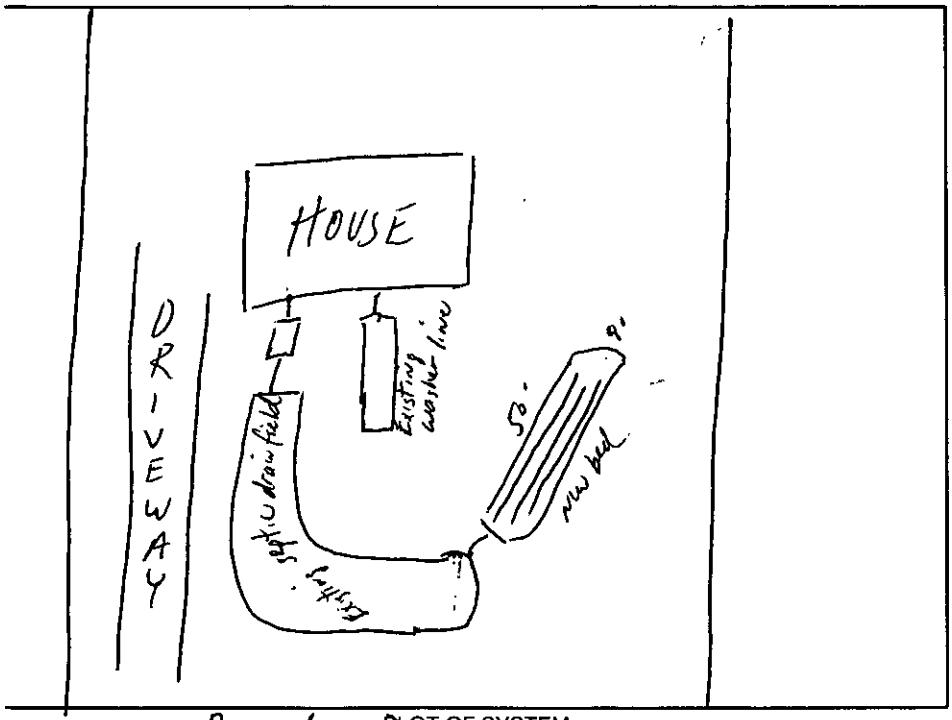
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15150 DATE: 2/9/98

TC: 137 173 23 X L

SERIAL Nº 17335

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 1/28/98. All work shall be completed on or before 3/9/98, 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.



Prospector PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:
Bed
Trench Width 9' feet

Trench Walls Scored and Porous Yes

Bed
Total Line Length 150' feet

Bed
Number of Lines 3 (50'

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet
Community well

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

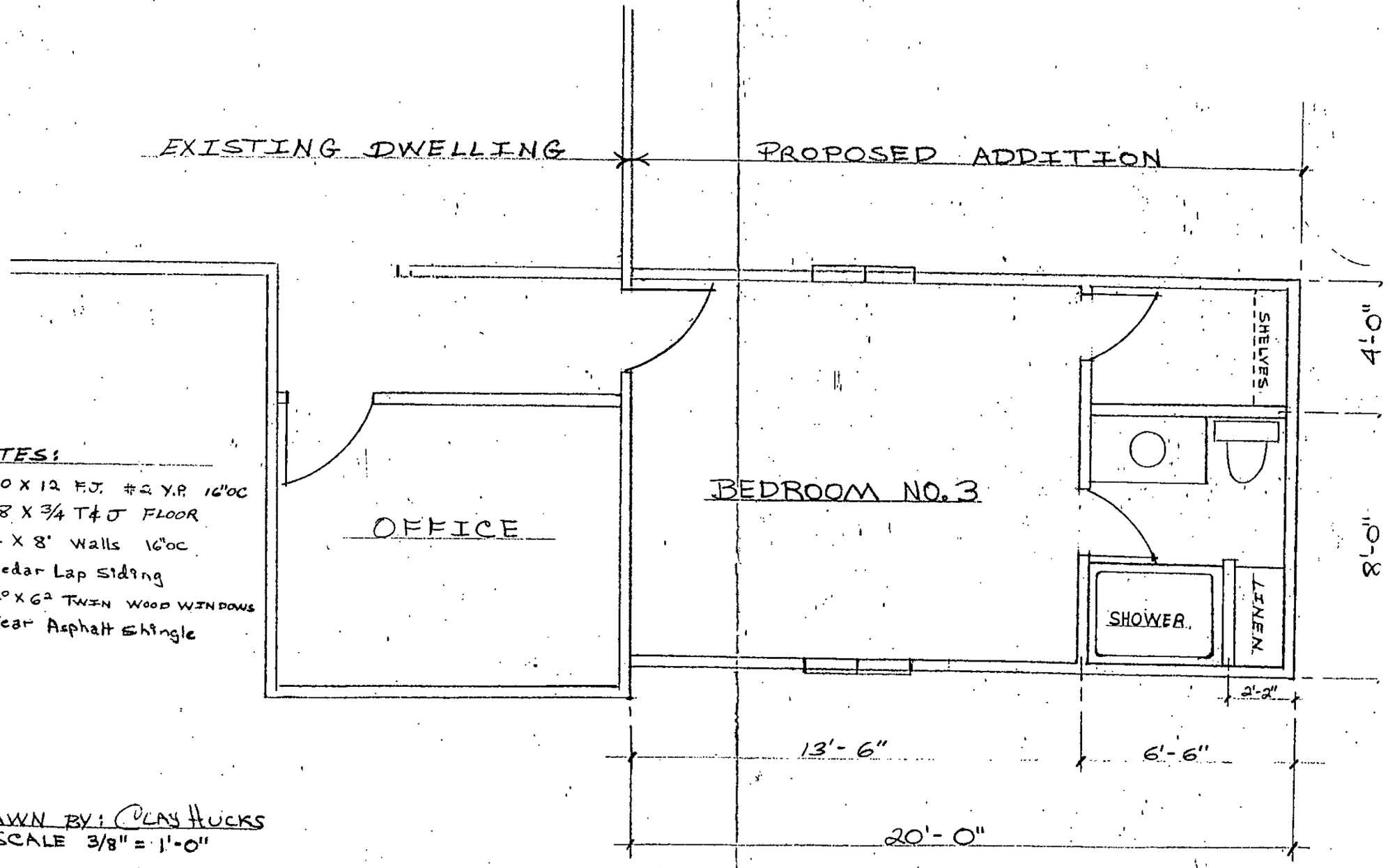
NAME OF OWNER Tony C. Johnson

LOCATION OF PROPERTY 9308 Prospector Ln

Comments: Bed system Repair 9'wd x 50'lng x 18"stone. Overflow to New bed system

Philo S. Walker R.S.
Environmental Health Specialist

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



NOTES:

2 X 10 X 12 F.J. #2 Y.P. 16"OC
4 X 8 X 3/4 T&G FLOOR
2 X 4 X 8' Walls 16"OC
6" Cedar Lap Siding
2 - 20" X 62" TWIN WOOD WINDOWS
20 Year Asphalt Shingle

DRAWN BY: CLAY HUCKS
SCALE 3/8" = 1'-0"

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 Ck # 3867 1/29/98 (1) CRT

Gte 15150

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 1-28-98

PERSON FILING APPLICATION:
NAME: Hucks (last) Clay (first) E (mi)
ADDRESS: 14231 Kendelton mdw. PHONE: (704) 545-0167
CITY: Cher NC STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-173-23
STREET ADDRESS: 9308 Prospector Ln.
ZONING:

PROPERTY OWNER:
NAME: Johnson (last) Tony (first) C (mi)
ADDRESS: 9308 Prospector Ln. PHONE: (704) 545-2518
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: BAIN BRIDGE

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

LOT NUMBER: 31 LOT SIZE (in acres): .593 acres

TYPE APPLICATION (check one):

[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

*

[x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
No Increase in BedRooms
[redacted] Plans provided

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: 3 NUMBER OCCUPANTS: 2

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):
[x] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] 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 [x] Bedrooms [x] Other BATHROOM

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: Clay Hucks Date: 1-28-98

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.

...Approval granted for a bedroom addition Total bedrooms 3 (closet to be eliminated, in an bedroom) use existing system

System repair finaled 2/13/98

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

Philo S. Walker R.S. 2/13/98
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

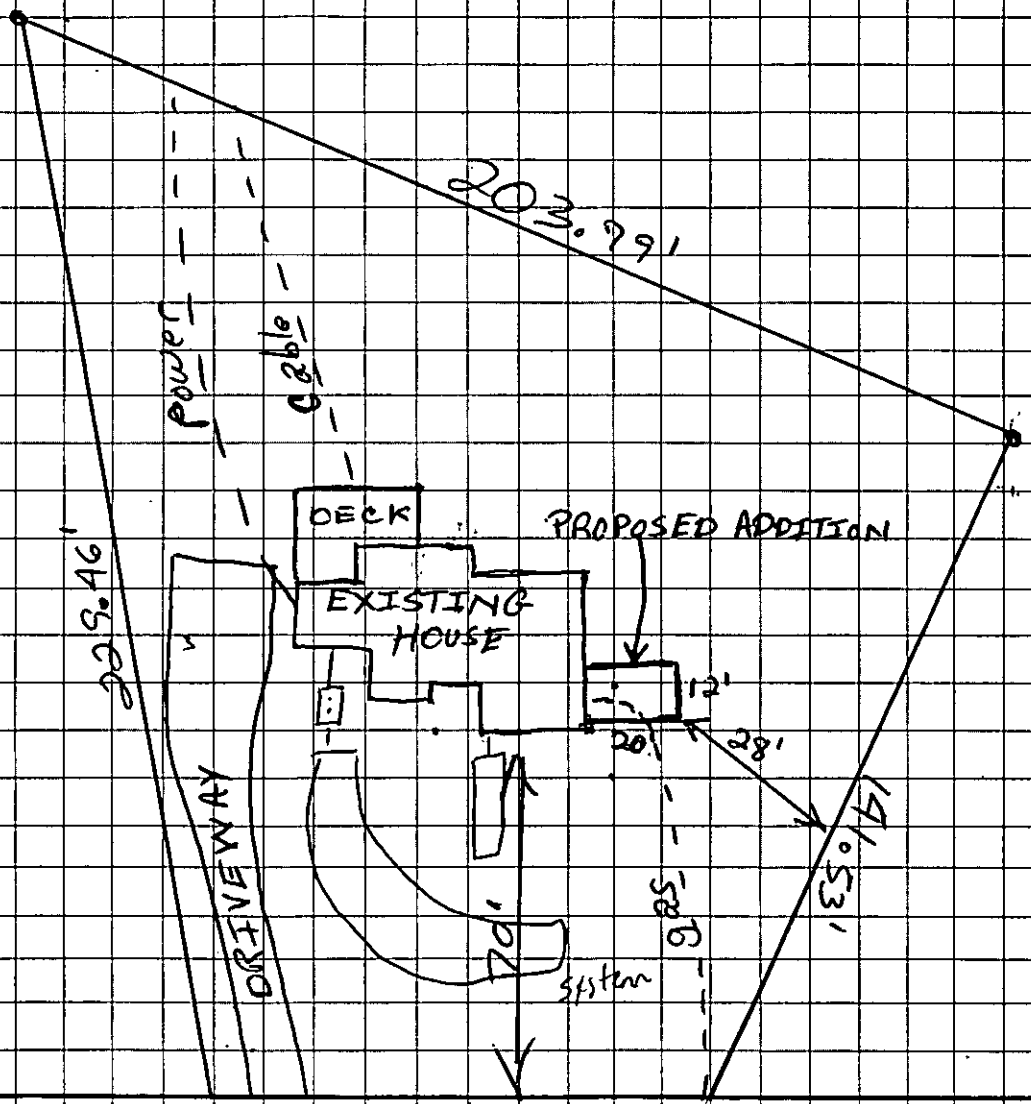
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15150

TC: 137-173-23

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.



OWNER/AGENT SIGNATURE

DATE 1-28-98

APPROVAL DATE TSW 2/13/98

system failing on first visit
Repair inspected 2/13/98

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 15150 DATE: 2/13/98

TC: 137 173 23 ☒ L ☒ CRT

SERIAL Nº 17331

Name of Owner Tony C. Johnson Juris.: _____

Address of Property 9308 Prospector Ln

Inspection Data:

Tank Material Existing

Total Length of Bed Drainfield 120'

Number of Lines 3 @ 40'

Cover Depth 36"

Water Supply Source Com well

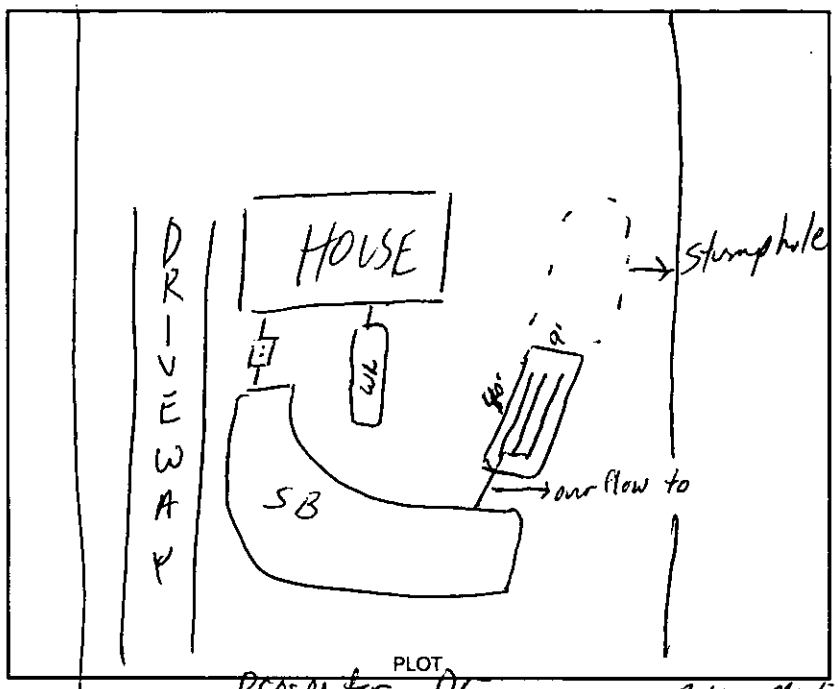
Distance to Water Source > 100'

Excavation Inspected 2/13/98

Tank(s) Inspected Existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1998, Repair 360SFB, 18" Stone CTR# Bobby McCance

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 I5A 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 I5A 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: Repair to Existing system / Bed size reduced to 9 x 40' because of stumphole location

OD 1988

Philo A. Walker R.S.
Environmental Health Specialist

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

Serial 3538

ICAR(S) Permit No. 1515-0

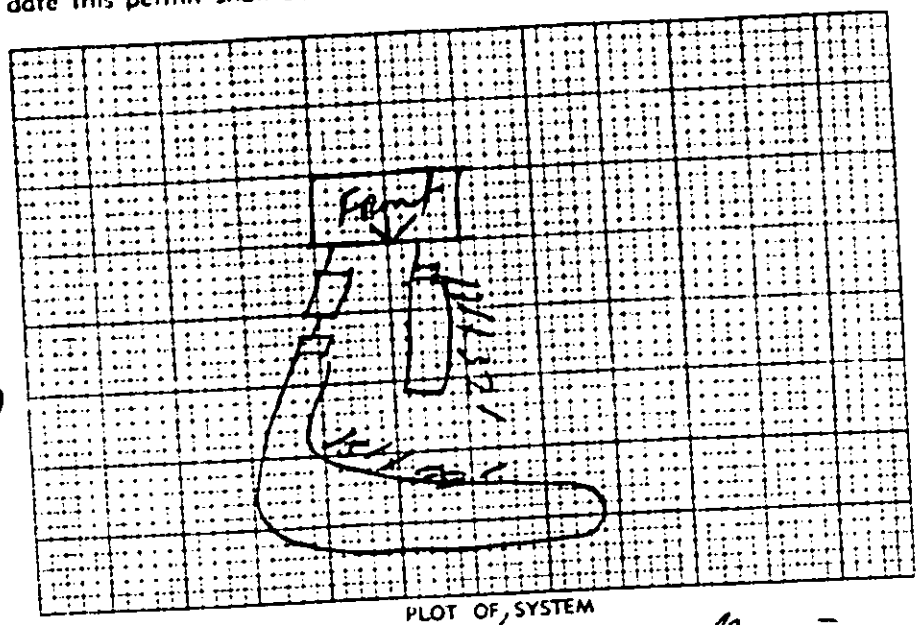
T. C. No. 37-132-[illegible]

Date Issued 1-21-80

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 1515-0, dated 9/24/79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-20-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S

Liquid Capacity of Tank 1500 gal

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Length 495' + 132'

Number of Lines 5 + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well Com Well

NAME OF OWNER Harry Grimmer Co Inc

LOCATION OF PROPERTY 9038 Prospector Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

151 + 99' Septic System

121 + 32 Working Machine

Bob Wilson
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C of A Isl No. 15150

Serial 3392

T C. No 137-132-05

Date Issued 29 Jan 80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Huey Grissom Co (LAST FIRST MIDDLE)

Location of Property 9035 Prospector LN.

Application Number _____ Permit Number 15150

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material PC. Conc.

Total Length of Drain Tile 495' ; 125'

Number of Lines 5 ; 4

Depth of Filter Material 17"

Cover Depth 15"

Water Supply Source comm

Distance from Water Source 100'

Excavation Inspected _____ (DATE)

Tank Inspected 29 Jan (DATE)

Nitrification Field Inspected 29 Jan (DATE)

Washing Machine Line Inspected, If Applicable 29 Jan (DATE)

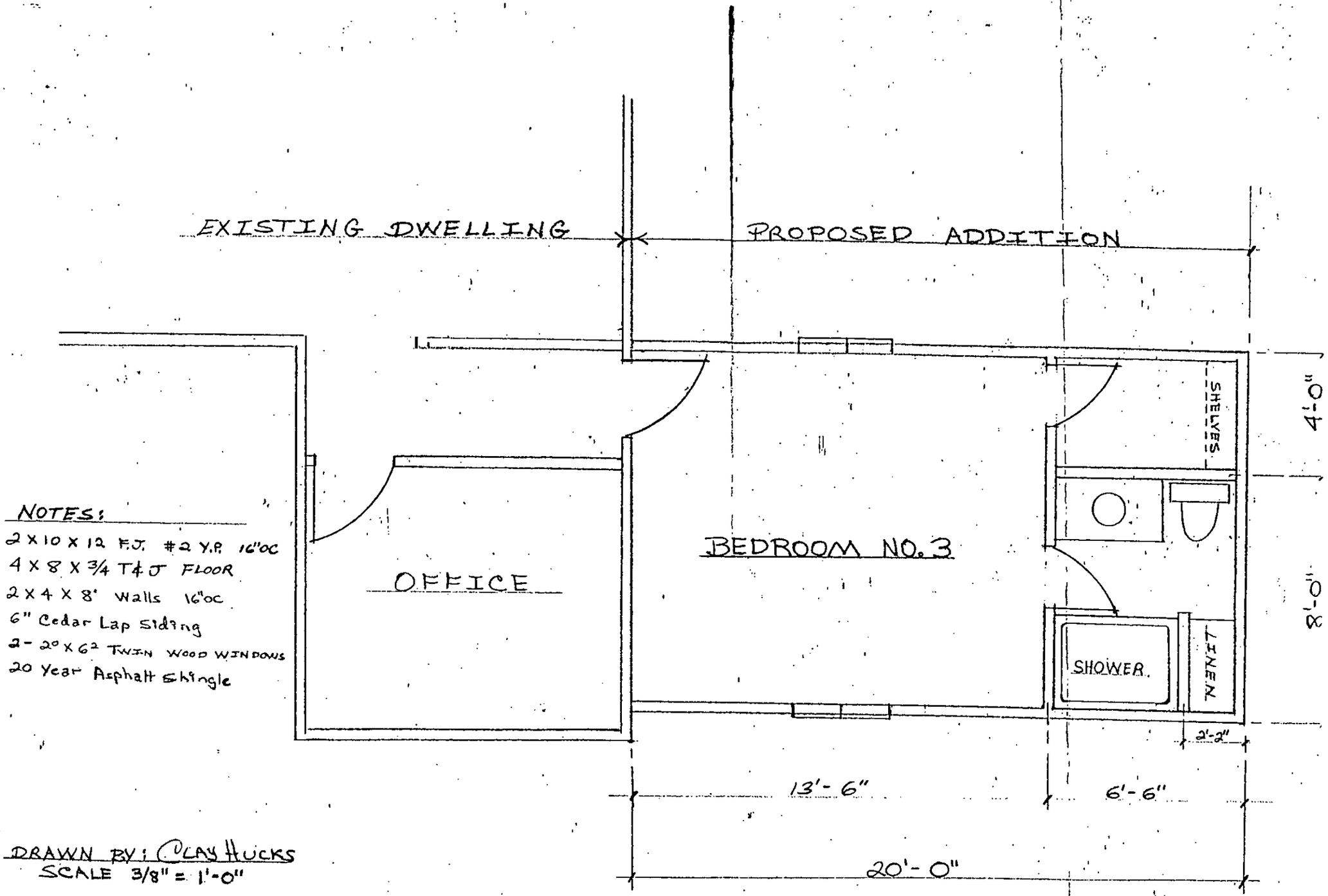
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 Installed as permitted

Environmentalist

EHD-5-76

Environmental Health Department's Copy



NOTES:

2 X 10 X 12 F.J. #2 Y.P. 16"OC
4 X 8 X 3/4 T&G FLOOR
2 X 4 X 8' Walls 16"OC
6" Cedar Lap Siding
2 - 20 X 62 TWIN WOOD WINDOWS
20 Year Asphalt Shingle

DRAWN BY: CLAY HUCKS
SCALE 3/8" = 1'-0"