

8450 ROBINSON CHURCH RD

10805119

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Groundwater and Wastewater Services File Imaging Project
May 2007
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8537

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $50 11/2/95 ck # 12764

~~GRT~~

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Williams (last) David (first) R (mi)
ADDRESS: 8031 Robinson ch. Rd PHONE: (704) 532-8461
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-051-19
STREET ADDRESS: 8450 Robinson ch. Rd
ZONING:

PROPERTY OWNER:
NAME: Wallace JR. Sam L (last) (first) (mi)
ADDRESS: 8450 Robinson ch. Rd PHONE: (__) 535-2369
CITY: Charlotte STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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: 3 NUMBER OCCUPANTS: 4
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: David R Williams Date: 11-2-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 for detached garage addition. Use existing system

[] 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. 11/3/95
Environmentalist Date

S Bateman for S Daniel Program Chief 11-9-95
Director or Authorized Section Head Date

WATER : 122791

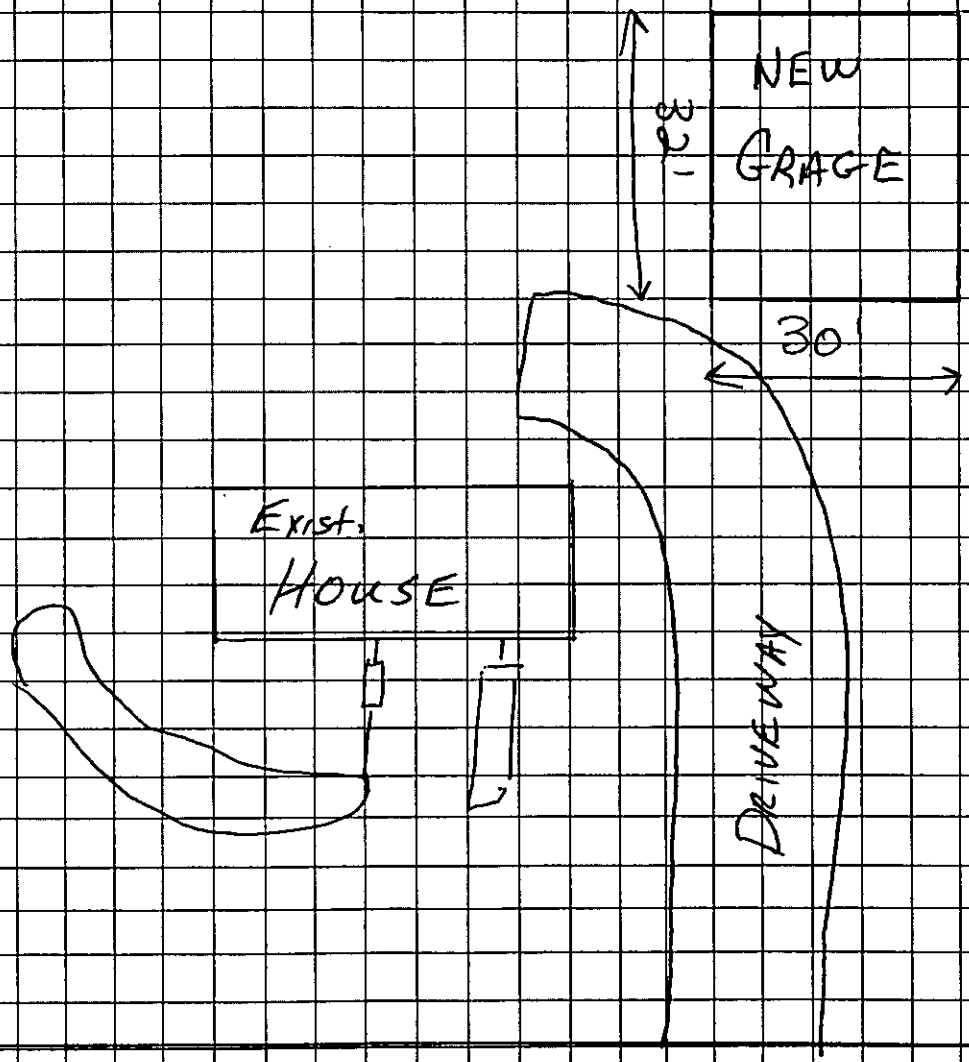
PROPOSED PLOT PLAN

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

FILE: 8537

TC: 108-051-19

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 PSW 11/3/95

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No.

C of A (s) No 8537

Date Issued APRIL 9, 1975

T. C. No 102-051-17

Map Date 6-10-74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WALLACE (LAST) SAM (FIRST) L (MIDDLE), JR.

Location of Property ROBINSON CHURCH RD.

Application Number: 8537 Permit Number 8537

Inspection Data:

Liquid Capacity of Tank 1000 GAL Tank Material PRECAST CONCRETE

Total Length of Drain Tile 400', 150' Number of Lines (4) 10c'x10'x17"

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source PRIVATE WELL Distance from Water Source 50'+

Excavation Inspected — (DATE) Tank Inspected APR 9, 1975 (DATE)

Nitrification Field Inspected APR 9, 1975 (DATE)

Washing Machine Line Inspected, If Applicable APR 9, 1975 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption and 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 Board of Health 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 from 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: WASHER LINE (50'x7½'x17")

AERATION PT OK

Paul A. Krefer

Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4Apr75 Serial No. BOAR Sr Permit No 8537

T C Tax 108-05-14

Map Date 6-10-74

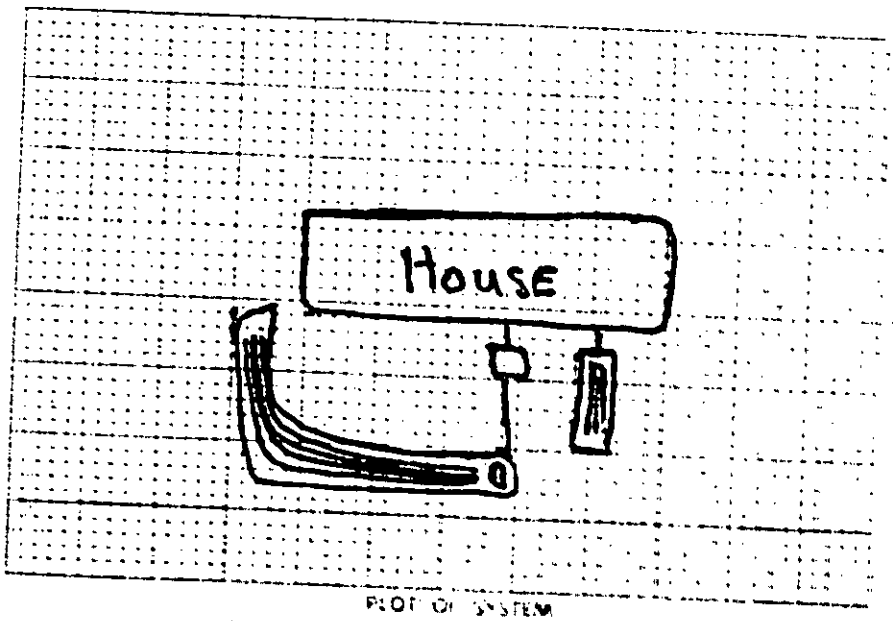
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 waste water treatment system with subsurface, soil absorption, effluent discharge at the location described location. This permit is granted based upon the information supplied on application 8537 dated 11-6-74 and this permit shall be void and of no effect if the information contained in the application is not true or is erroneous. All work shall be completed on or before 4May75 after which date this permit shall be null and void.



PLOT OF SYSTEM

60

1000

D.C.

400' & 150'

@ 10'X100'

10'

10'

100'

NAME OF OWNER Wallace, Sam L. JR.

LOCATION OF PROPERTY Robinson Ch. Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting. A completed application for permit must be issued by the Health Director before any system can be installed. Upon completion, system shall be inspected as soon as can be used.

Comments washer 7½'x50'
aeration pit 2½'x7'x4' stone

RM. Reynolds

Sanitarian

Authorized Agent

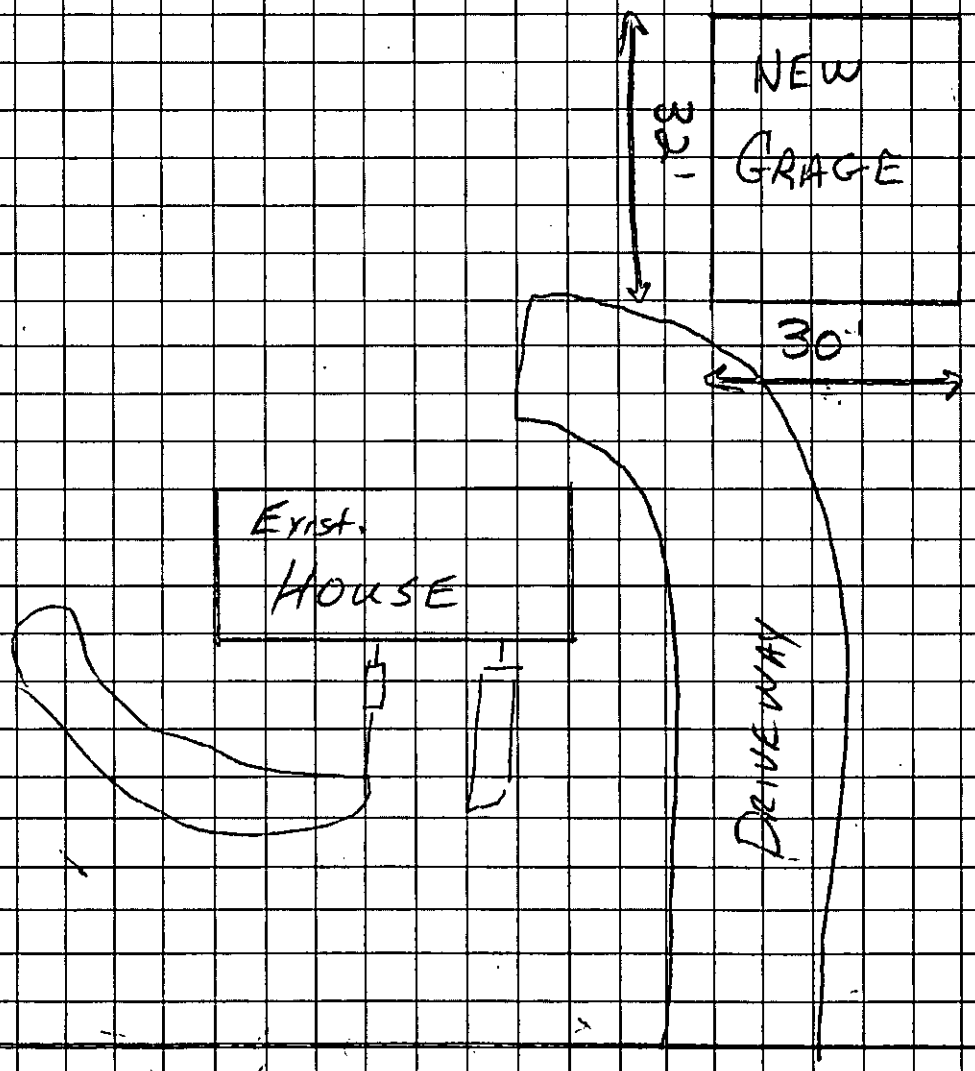
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PHONE (704) 336-5102

FILE: 8537

TC: _____

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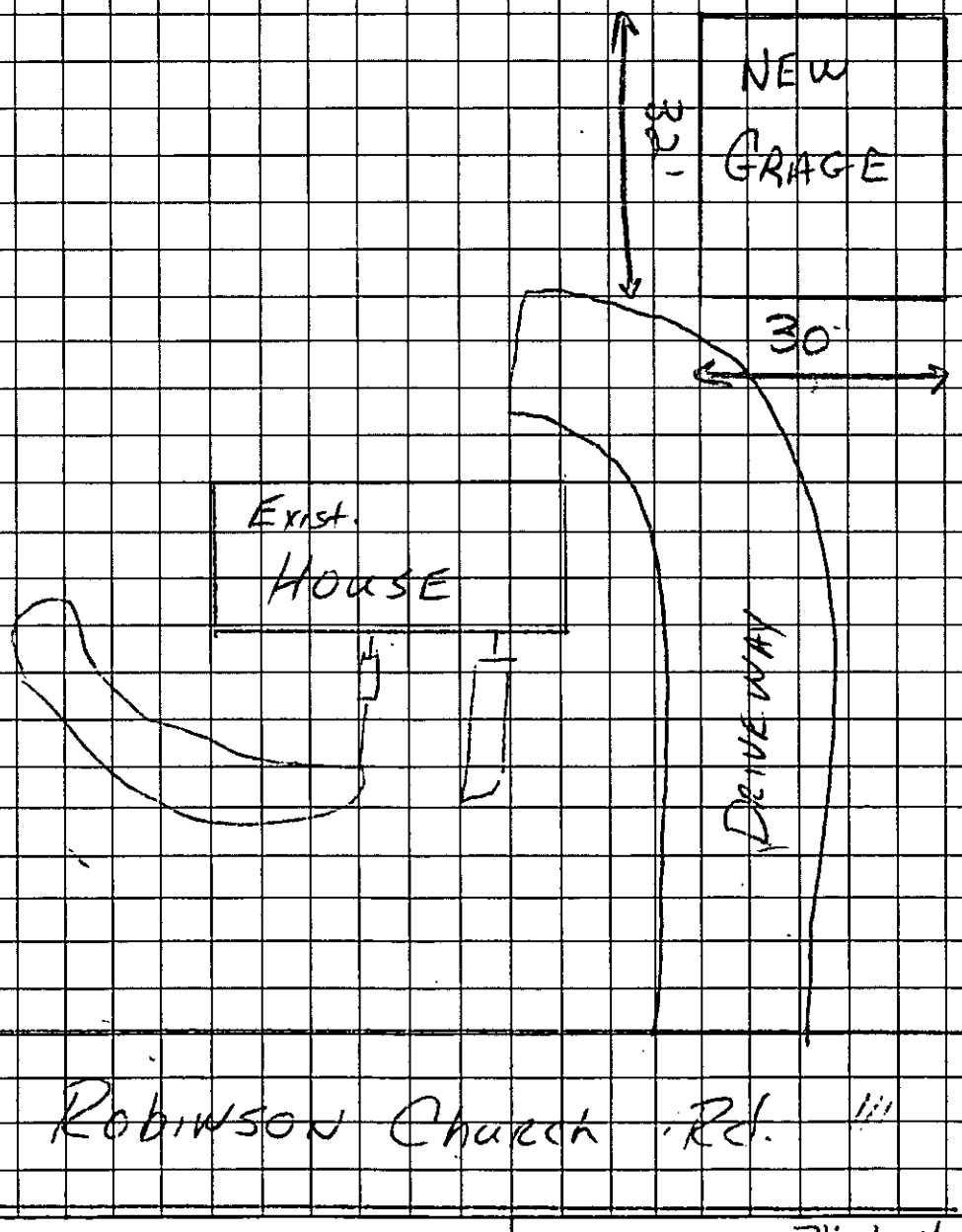
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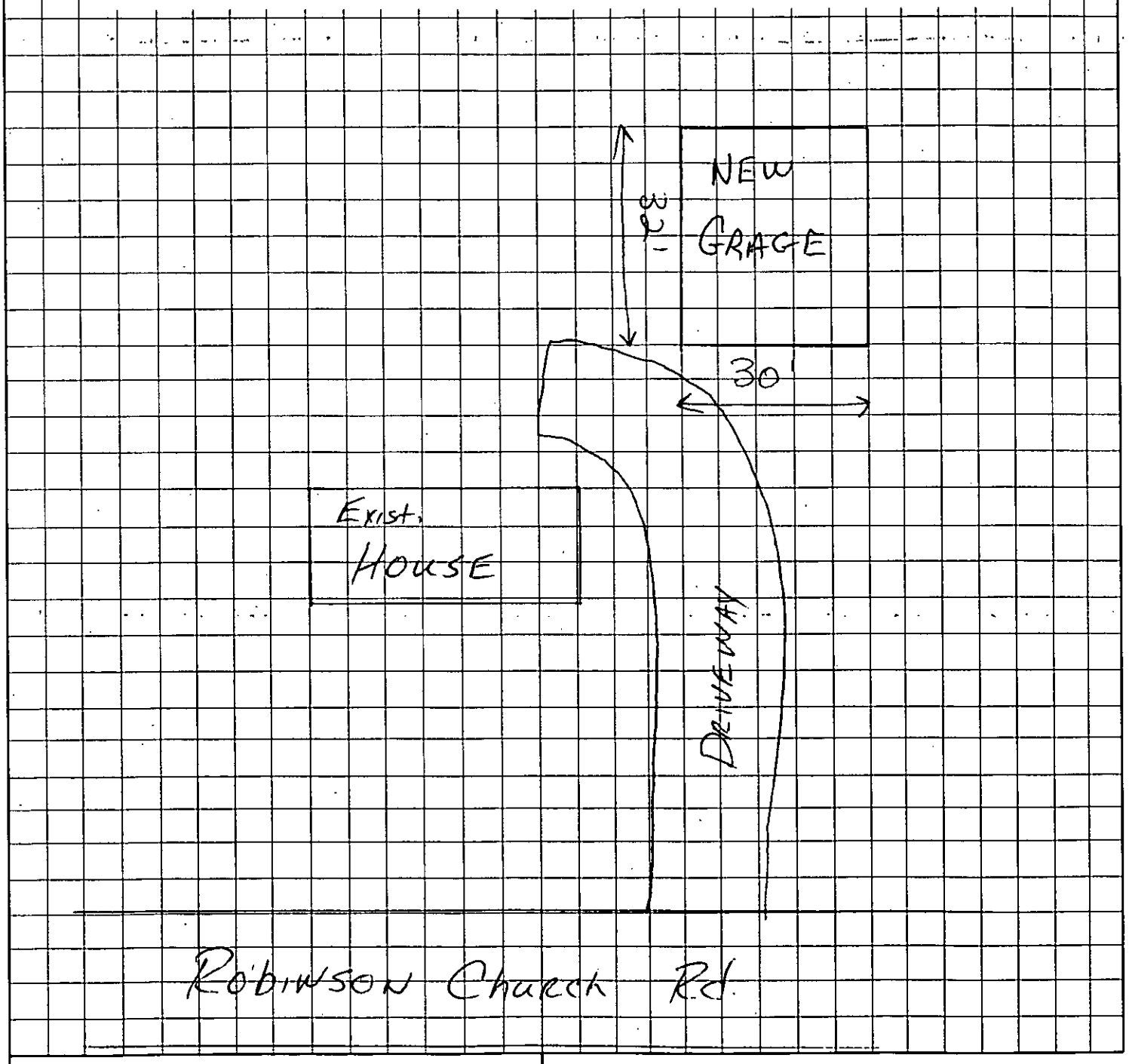
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