

5839 HUCKS RD

02719175

8/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

18383 — 9/24/93 $50.00 — W40 — Ck#5170 — CRT

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

(704)336-5102 027-194-92

Date: SEPT. 24, 1993

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 027-191-18

STREET ADDRESS: 5839 Hucks Rd

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: STEWART (last), J. ALTON (first), CONST INC, (mi)

ADDRESS: 105 W. MOREHEAD PHONE: 704 333-1553

CITY: CHARLOTTE, NC STATE: ZIPCODE: 28202

PROPERTY OWNER:

NAME: THREAT (last), HILDA (first), (mi)

ADDRESS: 5839 HUCKS ROAD PHONE: 704 596-9063

CITY: HUNTERSVILLE STATE: NC ZIPCODE:

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) attached garage
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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: J. Alton Stewart Date: Sept. 24, 1993

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.

... use existing system
Keep proposed garage building foundation a min 5' from any part of the wastewater treatment & disposal 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

Environmentalist 9-29-93 Date

Director or Authorized Section Head Judy J. Kiser R.S. 10/7/93 Date

WWATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 9-24-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 027-191-18

ASSIGNED ADDRESS 5839 Hucks Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: attached garage

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: DCM

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

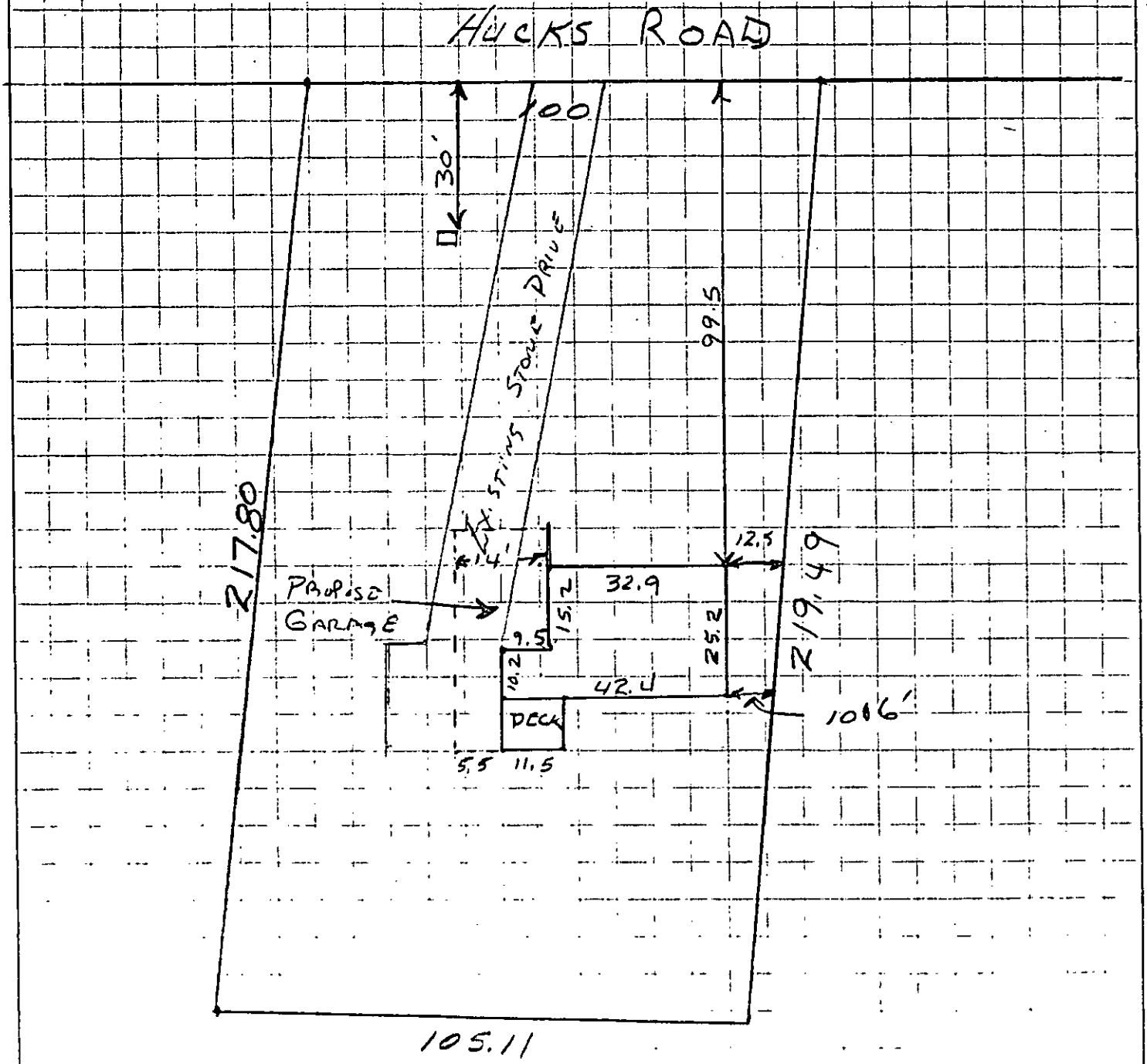
PROPOSED PLOT PLAN

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

FILE: 18383

TC: 027-191-8

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 _____

18383

5839 Hudson Rd

given at

021-111-18

9/27/18

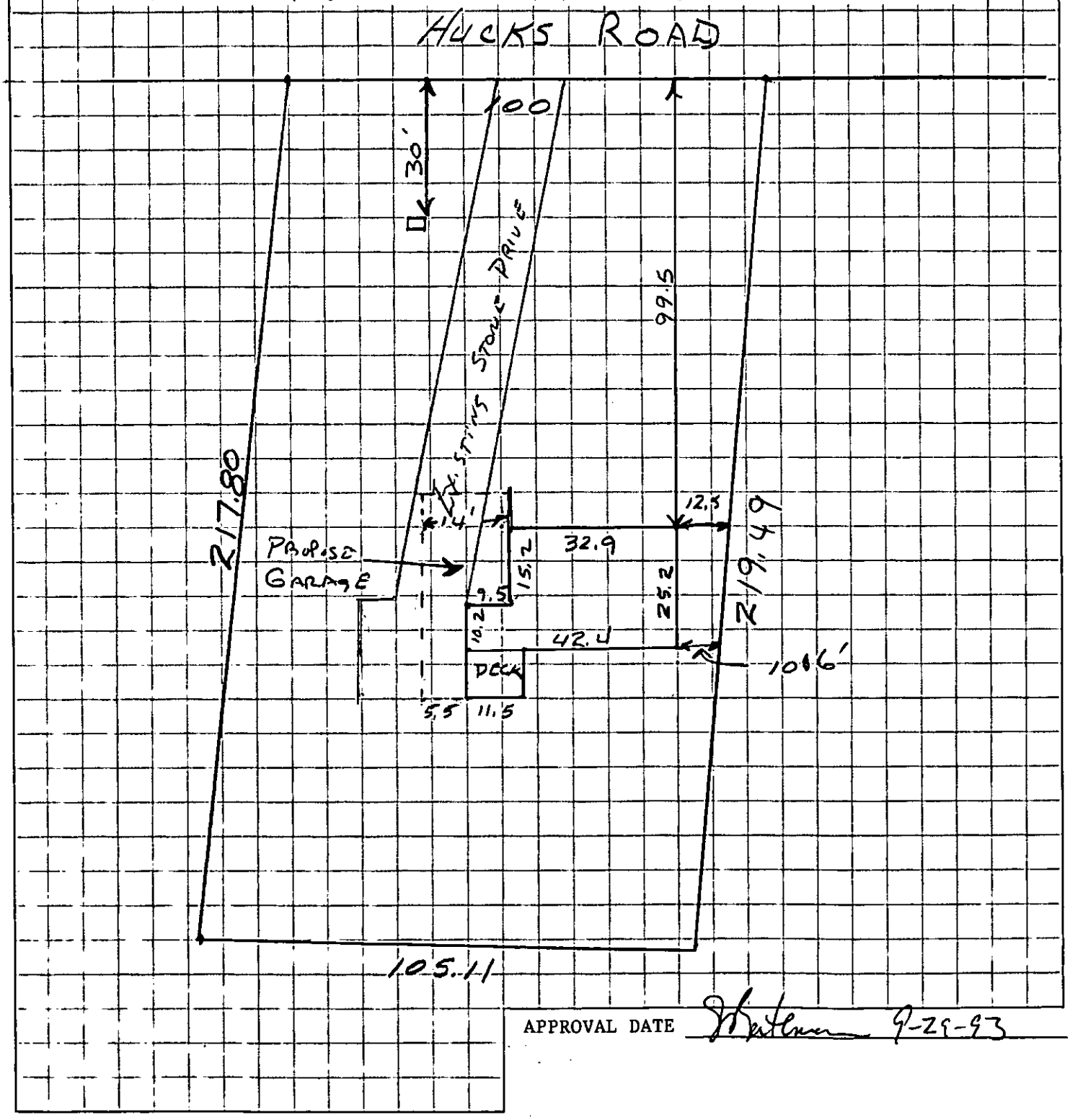
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APPROVAL DATE 9-29-93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

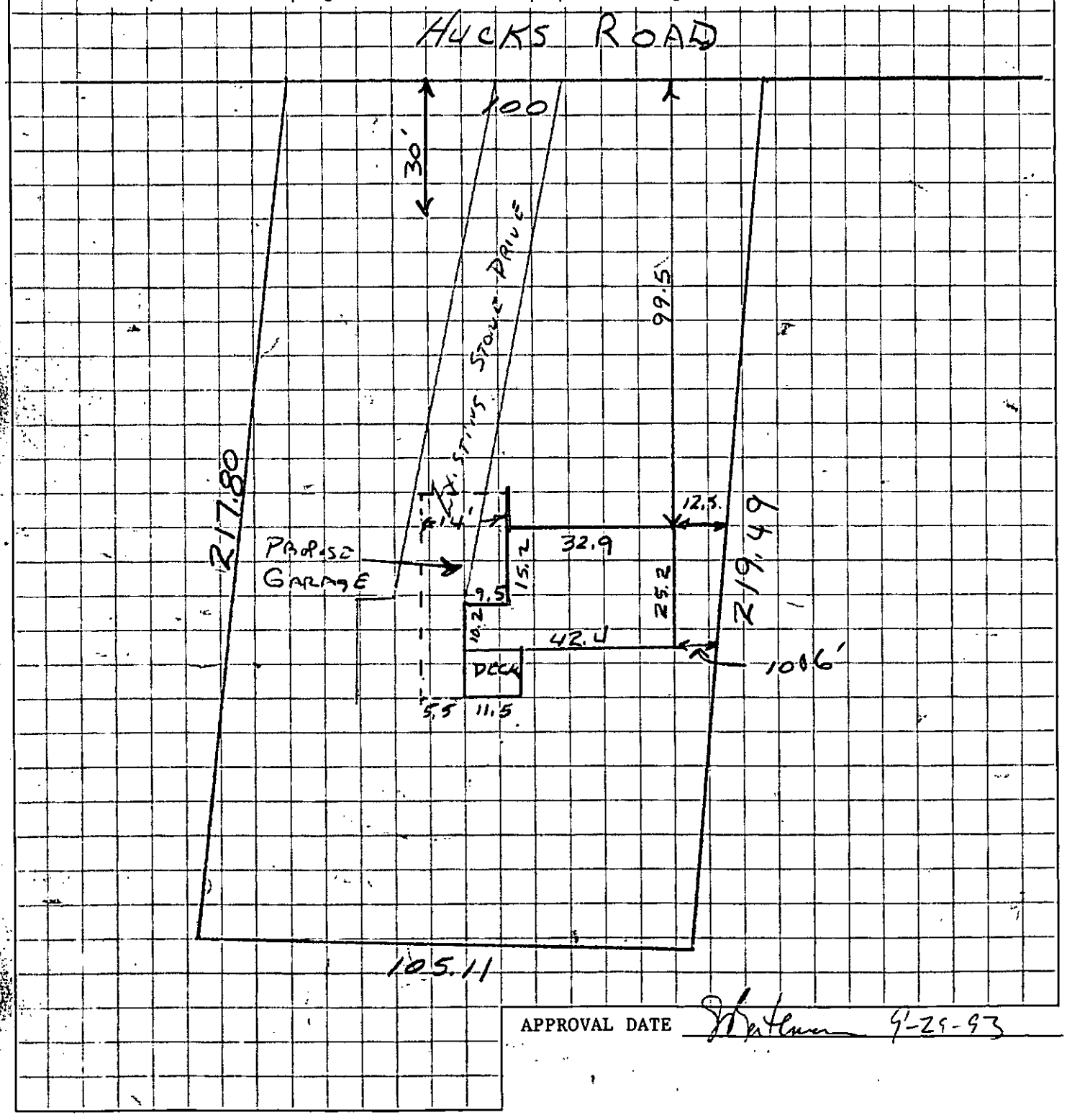
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APPROVAL DATE [signature] 9-29-93

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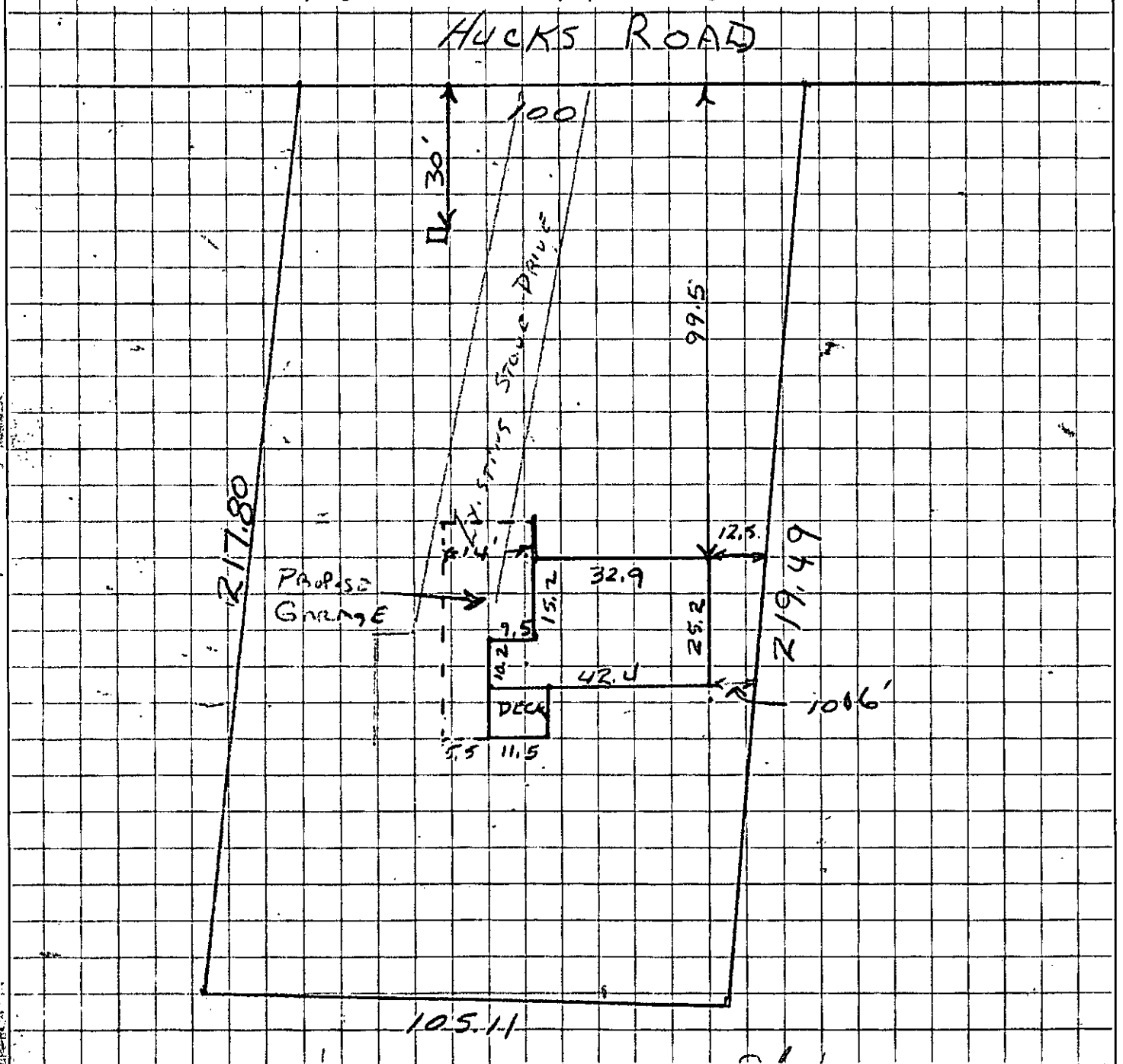
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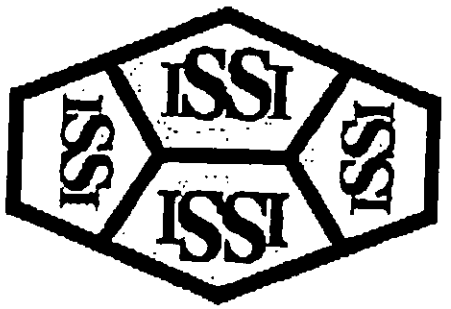
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE M. Thomas 4-21-93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



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ISSI Operations Center Staff

Date Issued 8-17-82 Serial 5299

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner THREATT (LAST) HILDA (FIRST) — (MIDDLE)

Location of Property 5839 HUCKS ROAD

Application Number 18383 Permit Number 18383

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PRECAST

Total Length of Drain Tile 220' + 125' Number of Lines 4 + 4

Depth of Filter Material 11" Cover Depth 20"

Water Supply Source Well Distance from Water Supply > 50'

Excavation Inspected — (DATE) Tank Inspected 8-11-82 (DATE)

Notification Field Inspected 8-11-82 (DATE)

Warning Mechanism Inspected If Applicable 8-17-82 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption field effluent discharge as described above and it has been ✓ installed in compliance with the standards of rules and regulations governing the construction and maintenance of septic tank systems adopted or reenacted in accordance with the permit system of the Mecklenburg County Board of Health Commissioners in effect on the date of issuance of this permit. This certificate does not constitute a guarantee that the system will perform satisfactorily, but only that the system was installed in accordance with the rules and regulations governing the construction and maintenance of such systems in effect on the date of issuance of this permit. This Certificate of Approval may be subject to such additional requirements as may be imposed by the Board of Health Commissioners in addition to those specified herein. Any misrepresentation of any information contained in the application for this permit may be cause for the Board of Health Commissioners to revoke this permit or increase the requirements specified herein.

Comment _____

R. Skelton Watson Jr.
Environmental Health Specialist

Serial No. 5076

ICAR-S Permit No

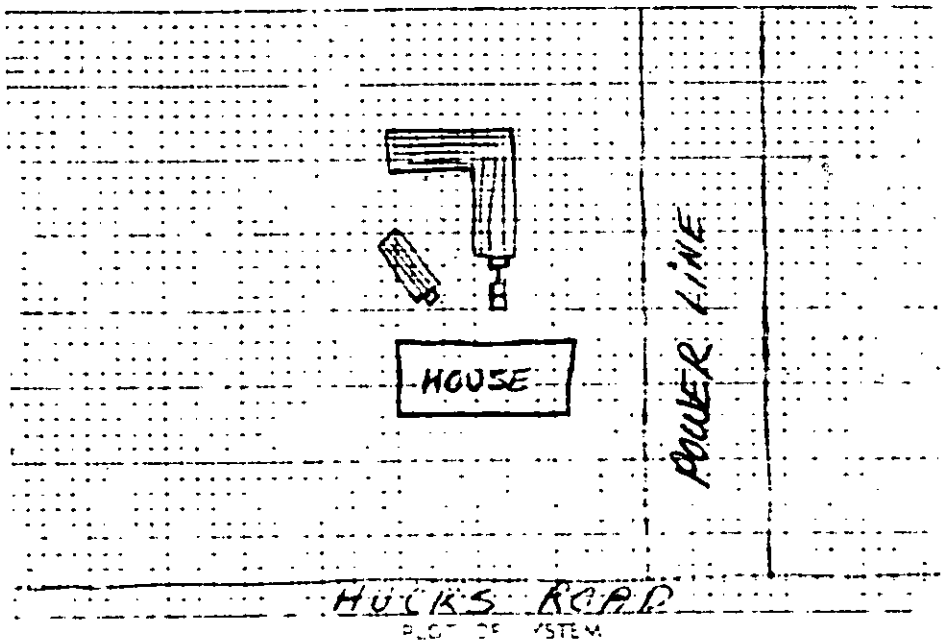
Date Issued 9/5/82

I C No

Mail 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 water treatment system with subsurface, soil absorption, effluent discharge as described herein and as described location. This permit is granted based upon the information supplied on application dated 6/2/82 and this permit shall be void and of no effect if the information provided on said application is not true and erroneous. All work shall be completed on or before 9/15/82 after which date this permit shall be null and void.



PLOT OF SYSTEM

12
1000 gal
150 ft
sand + clay
4 ft
>16'
>16'
>50'

NAME OF OWNER HILDA THREATT

LOCATION OF PROPERTY 5634 HUCKS ROAD

This system shall meet all requirements of the Mecklenburg County Board of Health Regulations governing Individual Sewage Disposal Systems and shall be installed in accordance with the Environmental Health Division's approved plans and specifications. Any deviation from the approved plans and specifications must be considered as rejected unless approved by the Environmental Health Division. The system shall be located as shown on the plot plan. Trenching, laying and backfilling shall be in accordance with the following:

12"X55'X10" GRAVEL FOR SEPTIC TANK; 12"X50'X10" GRAVEL

Comments

Initial Inspection

This permit for the installation of the above system must be presented to the Health Department before any work is started. Inspections are required at the following stages of construction:

e Received 6-2-82

SEE INSTRUCTIONS ON BACK

RECEIVED

JUN

ICAR (S) Application No

T C No

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

e owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

✓ Install or Construct an Alter or Repair an individual septic tank system with a subsurface soil absorption effluent discharge

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13 NAME OF OWNER SHEPPARD (LAST) HUGH (FIRST)

14 ADDRESS OF OWNER 3720 DORCHESTER

15 PHONE NO Home 375-5112 Office

16 LOCATION OF SYSTEM (STREET OR COUNTY ROAD)

17 SUBDIVISION Lot No Block No

Map Book No Page No

18 DEED REFERENCE — DEED BOOK AT PAGE

9 HAS A SOIL INVESTIGATION BEEN RUN YES

I certify that the information given above is true

Issued 9/5/82

Serial No. 5576

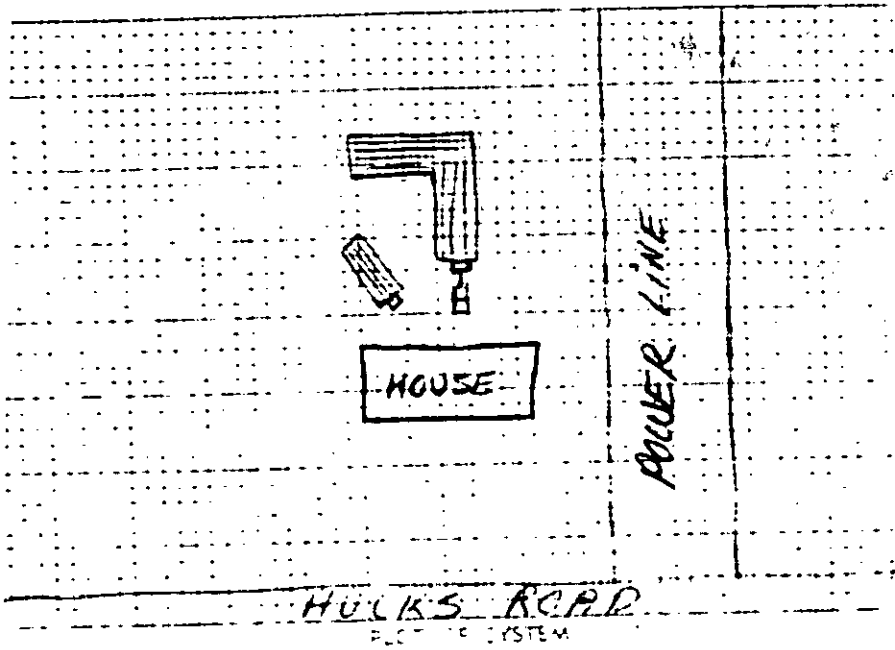
ICAR S Permit No

T C No

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

...ission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank ...
...treatment system with subsurface, soil absorption effluent discharge as specified here...
...ied copy. This permit is granted based upon the information supplied on application ... 1223-S
...d 6/2/82 and this permit shall be void and of no effect if the proposed work is ...
...this permit shall be null and void. All work shall be completed on or before 9/15/82



PE

1000 gal

Level T

22C + 1C

4 + 4

>16'

>16'

>50'

...ELECTRIC SYSTEM

...OF OWNER HILDA THREATT

...CONSTRUCTION 539 HUCKS ROAD

...the system ... septic ... permit ...
...Health Department ... Environmental ... Division ...
...ordered ... system ... installed ...
...trolling ... and ... from ... is ...

1½ KSS 1½" GSTONE for SEPTIC TANK, 12"x12" GSTONE ...

Comments

...Signature ...

...Division ...
...where ...

Date Issued 8-17-82 Serial : 99 C27-[illegible]-1[illegible] 191

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

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Location of Property 5839 HUCKS ROAD

Application Number 18383 Permit Number 18383

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PRECAST

Total Length of Drain Tile 220' + 125' Number of Lines 4 + 4

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected — Tank Inspected 8-11-82 (DATE)

Nitrification Field Inspected 8-11-82 (DATE)

Washing Machine Line Inspected If Applicable 8-17-82 (DATE)

The undersigned has inspected the Individual Septic Tank System with [illegible] effluent discharge as described above and it has been ✓ installed / altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Health Commission in effect on the date of issuance of the permit. This approval does not in any way guarantee that the system will operate properly [illegible] hereafter owning, controlling or using such system from any liability resulting from the system to operate properly. This Certificate of Approval is issued specifically [illegible] shown on the permit in addition to those listed below and [illegible] shall be null and void if any information contained in the application [illegible] made to the property which would increase the requirements for said system.

Comments —

R. [illegible]
Environmental Specialist