

7509 GRIER RD

09701221

8/26/08

marliwr

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

Date Issued 7/17/85

Serial No. 08335

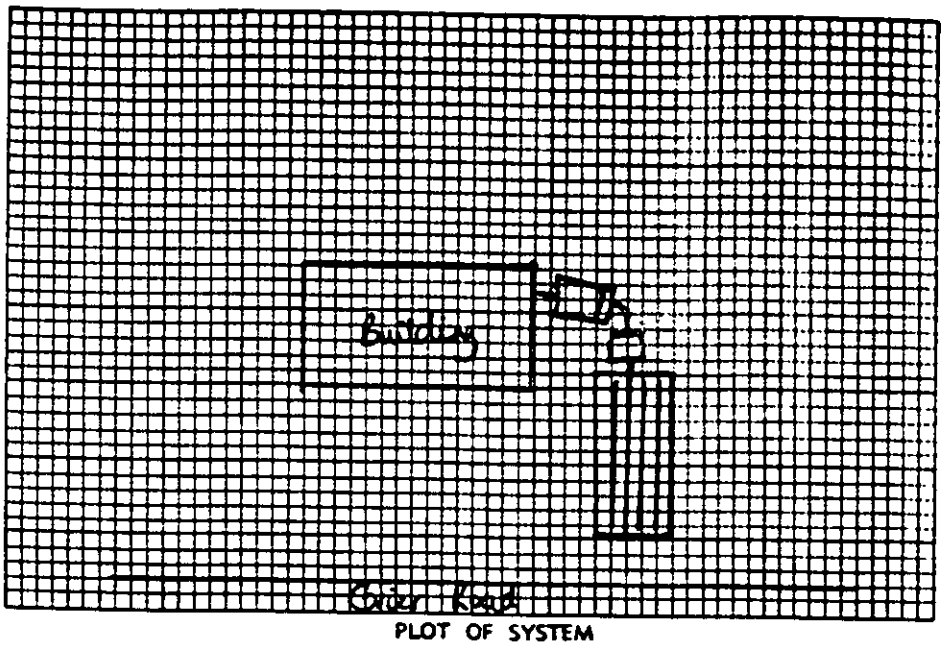
ICAR(S) Permit No. 21836

T. C. P. No. 097-012-16

Map Date L

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 21836, dated 6/9/85 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 8/17/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1000 gal

Tank Construction pcc

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well City

NAME OF OWNER Hostetler David Ross

LOCATION OF PROPERTY 7511 Brier Road

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.

1 Bed 12'x50' x17" stone with gradeboards, straw as cover

Comments:

B. Hostetler
Division or Section Head

Cynthia G Boss
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 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.

1105-3-7a

Environmental Health Department's Copy

Date Received 4-9-85

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 9 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21033

T. P. No. 097-012-16

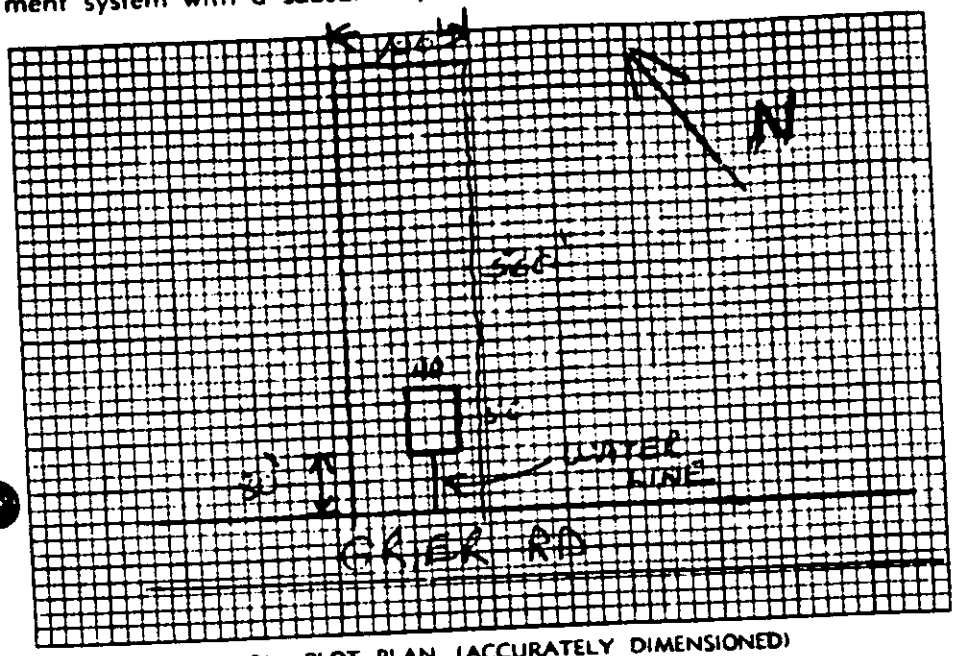
Map Date 1

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)

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

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ____Yes ____No

4) No. of Bedrooms _____
5) Business Use — Max No Employees 3
6) Washing Machine ____Yes X No
7) Garbage Disposal ____Yes X No
8) Dishwasher ____Yes X No
9) Water Supply:
   A) Individual Well _____
   B) Governmental System X
   C) Community System:
      1. Well source _____
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ____Yes X No
   House located within 200 feet of community sewer ____Yes X No
11) FHA Case No. N/A
12) VA Case No. N/A

13) NAME OF OWNER HOSTETLER (LAST) DAVID (FIRST) ROSS (MIDDLE)

14) ADDRESS OF OWNER 4401 BRITTMORE CT. CHARLOTTE

15) PHONE NO. Home 536 9967 Office 596 5059

16) LOCATION OF SYSTEM 7511 GRIER RD. (NO STREET # ASSIGNED YET) (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK F.B. 53 AT PAGE 7

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES _____ NO DATE RUN 3/11/85

20) PTR NUMBER (See Instructions) SIA. 21336 TS # 20 097-012-16

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4/5/85
DATE OF APPLICATION

D.R. Hostetler
OWNER

EHD-3-76

Environmental Health Department's Copy

NEW bldg

Fee $50.00 #20110 & 21836

Pd #50 12/13/96 ck # 18304

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

20110

Date: 12-13-96

PERSON FILING APPLICATION:
NAME: Byrd (last) Bobby (first) W. (mi)
ADDRESS: 7509 Grier Rd PHONE: (704) 596-7748
CITY: Char. STATE: N C. ZIPCODE: 28213

PROPERTY OWNER:
NAME: Byrd (last) Bobby (first) W. (mi)
ADDRESS: 7509 Grier RD. PHONE: (704) 596-7748
CITY: Char STATE: N C ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 097-012-22
STREET ADDRESS: 7509 Grier Rd.
Char 28213
ZONING: I-1

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1/2 +

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[x] COMMERCIAL OR INDUSTRIAL (N) Use Existing System
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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 Landscaping # Employees 7-8 Per Shift 4-2 7-8 1st. Wk.
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) Y Type Gas + Diesel

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[x] 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 [] Bedrooms [x] 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: Bobby W. Byrd Date: 12-13-96

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.

...NO Net increase in employees

[] 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

Philip S. Waller R.S. 12/20/96
Environmentalist Date

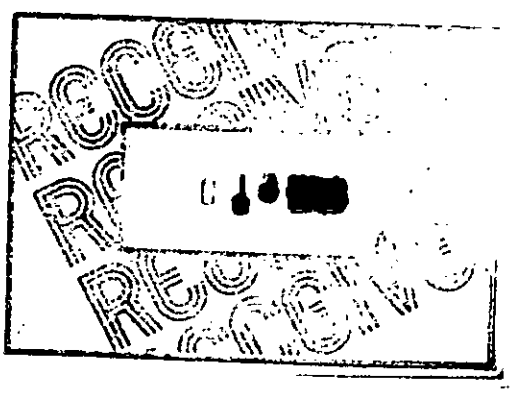
Bobby W. Byrd

12-13-96 Approval for 50' x 100' bldg. addition

Use existing system w/ grinder pump

Additional drainfield located on adjacent bldg.

WATER : 122791



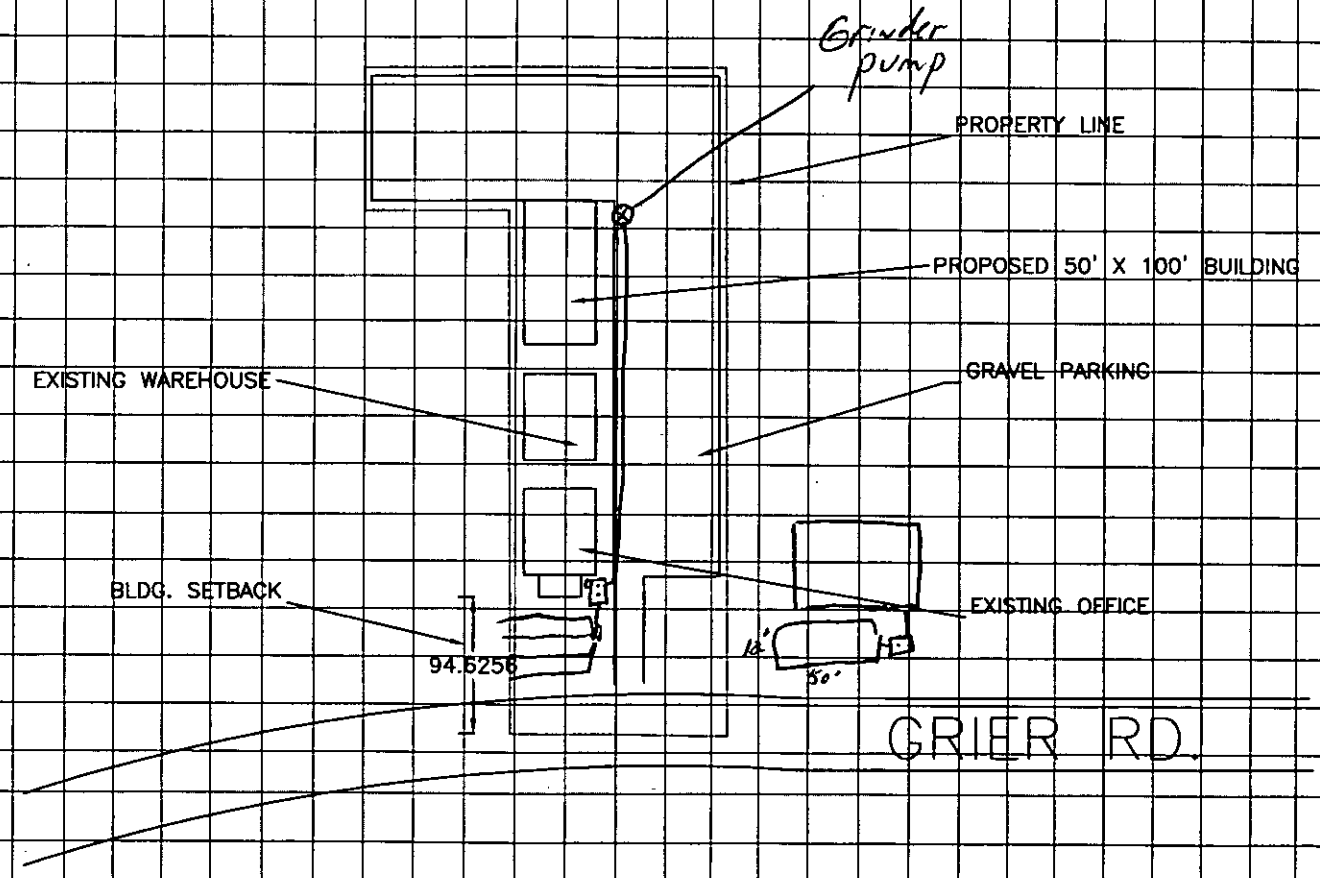
PROPOSED PLOT PLAN

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

FILE 20110 * 21836

TC: 099-012-22

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.



Grinder pump to be utilized to pump to existing system. Addition drainfield located on adjacent bldg.

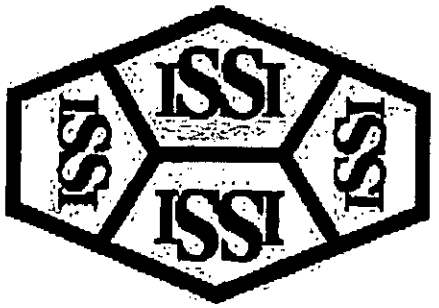
SCALE 1" = 120'

Bobby W. Byrd
OWNER/AGENT SIGNATURE

DATE 12-13-96

APPROVAL DATE 12/20/96 UES

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



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ISSI Operations Center Staff

NO I.P. ISSUED

Serial No. 6745

(CAR'S) Permit No. 2610

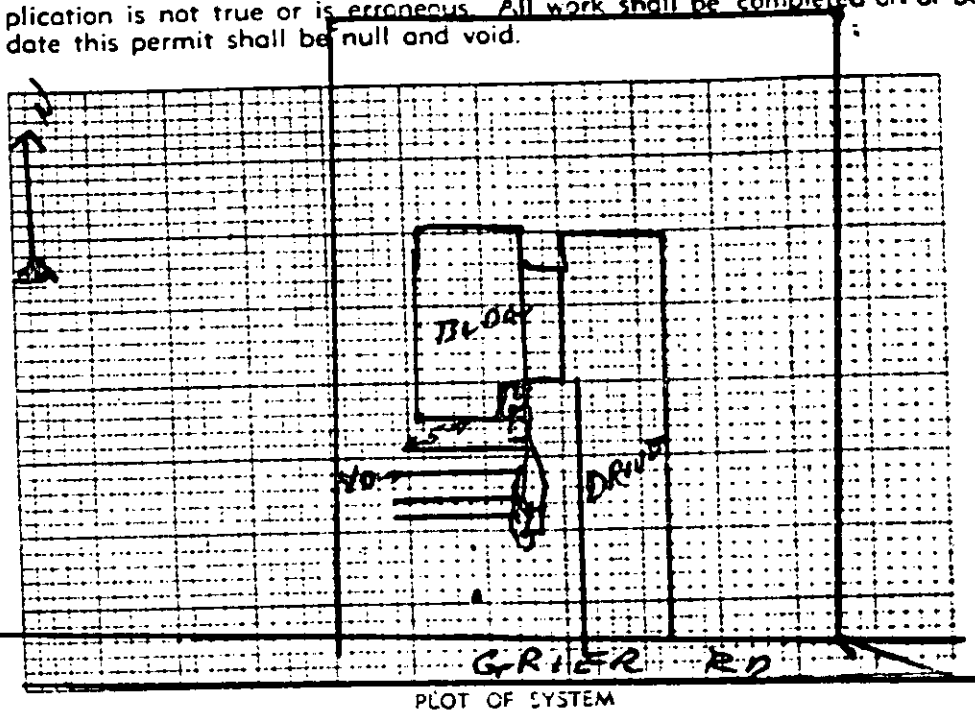
T. C. No. 092-01[illegible]

Date Issued 11-3-83

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 X Install or Construct, ____Alter or Repair the individual septic tank w[illegible] water 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 2610 dated 10-10-83 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 NOV 30 1983, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PC

Liquid Capacity of Tank 1500 Gal

Type Construction Pre Cast Con

Absorption and [illegible]

Total Line Length 200 Lin Ft

Number of Lines Four

Distance from Bldg. 5 FT

Distance from Property Line 10 FT

Distance from Well Municipal

NAME OF OWNER BYRD, BOBBY

LOCATION OF PROPERTY 7509 GRIER RD.

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 sanitary [illegible] proval 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.

Comments: Four Trenches to be 50 FT x 3 FT x 12 inches Stone - Layer of Straw over Stone - Grade Rite - Keep System Shallow - 2 FT Cover

Environmentalist Ralph Mills

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.

EHE-5-76

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4600

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

(OFFICE USE ONLY)
FILE: 20110
TC: 097-012-22
SERIAL: № 20392

JOB LOCATION
① ADDRESS: 7509 Grier Rd. (STREET NO. / STREET)
② FILE:
③ JURISDICTION:
④ TAX PARCEL NO.:
⑤ SUBDIVISION:
⑥ LOT:
⑦ BLOCK:

OWNER
⑧ NAME: Bugdi Lawn & Landscaping, Inc. (Bobby W. Bugdi) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 7509 Grier Rd
⑩ CITY: Char.
⑪ STATE
⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-7748
⑭ (HOME)

CHECKLIST
This request is for a(n):
⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Mobile Office

DESIGN CRITERIA
System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Type?
㉔ Maximum occupancy?
㉕ Maximum number of employees? 2
㉖ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

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: Bobby W. Bugdi
Date: 1-22-96

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 the Department.

This permit is not transferable, and shall become null and void 5 years from the date of issuance. Use existing system.

No plumbing to be connected.

B. R. Fleagle — Environmentalist — 1-23-96 Date

Director or Authorized Section Head — 1-23- Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.