

4521 HOOD DR

10516570

5/22/08

marliwr

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

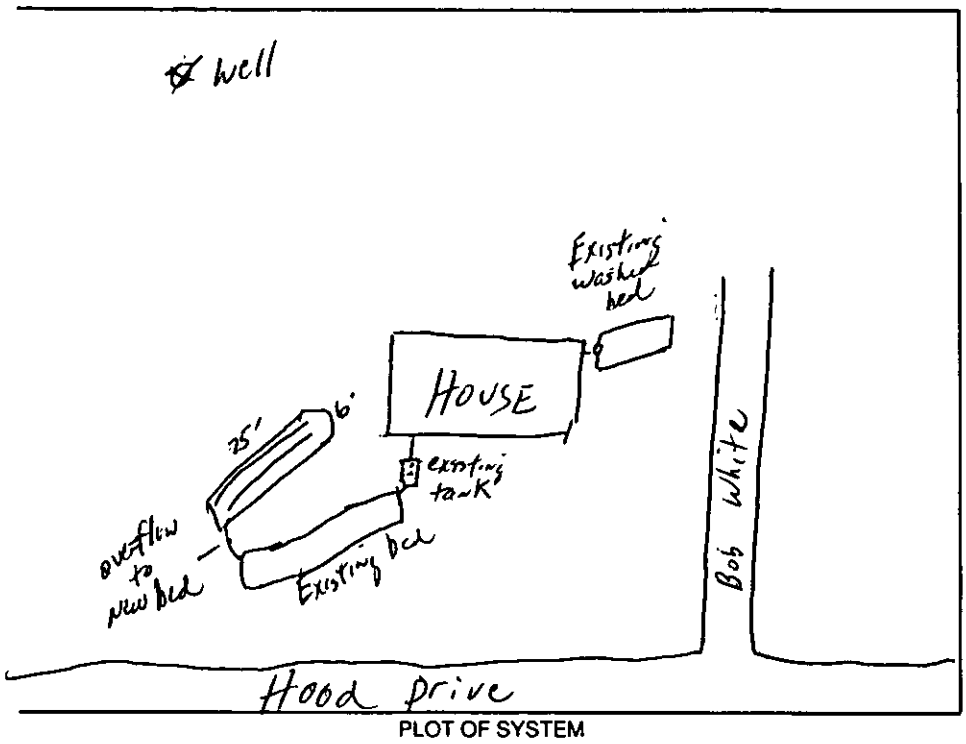
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4124 DATE: 7/8/03

TC: 105 165 70 ☒ L

SERIAL 19056

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 7/8/03. All work shall be completed on or before 8/8/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 36"-48"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous Yes

Bed Total Line Length 150' feet

Bed Number of Lines 2 (75')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

50' MIN

6" sand

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

NAME OF OWNER Dennis & Dawn Armstrong

LOCATION OF PROPERTY 4521 Hood Dr

Comments: Bed system, Install bed 6' wd x 75' long x 18" stone x 6" sand
Keep the septic system > 50' from any wells. Type II

Phillip L. Walker RS
Environmental Health Specialist

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4124

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105 165 70.

STREET ADDRESS: 4521 Hood Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: P10 BC 1972

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

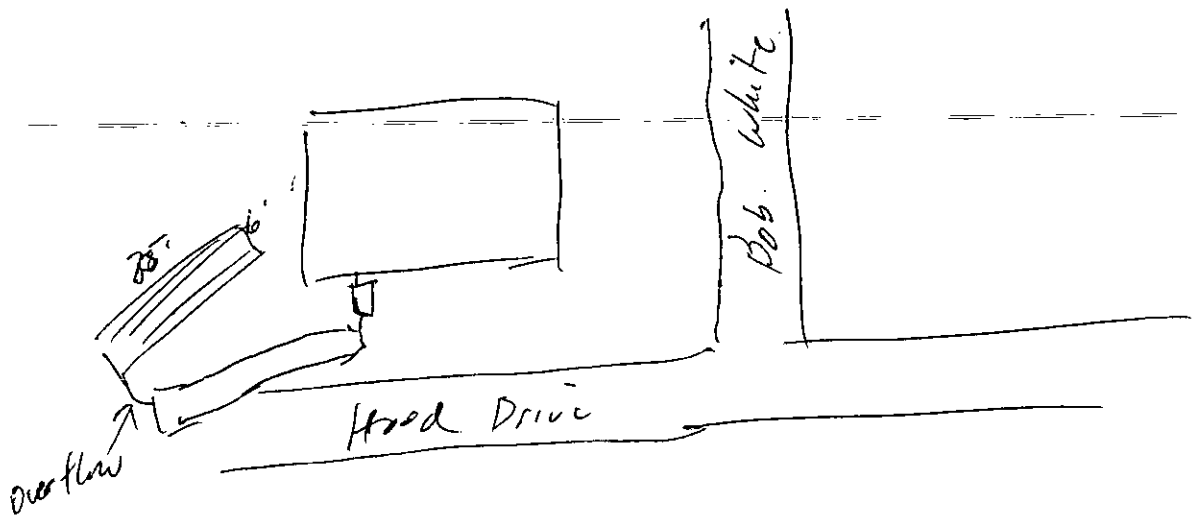
PROPERTY OWNER: DENNIS + DAWN ARMSTRONG	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ARMSTRONG (LAST) DENNIS (FIRST) R. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 4521 Hood Dr.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28213	
DAYTIME PHONE: (704) 596-7880	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Dawn C. Armstrong DATE: 7-8-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



Bed System 6'wd x 75'long x 6"Sand x 18"stone

LIVING / WORKING / GOVERNING VISITING

Real Estate Lookup

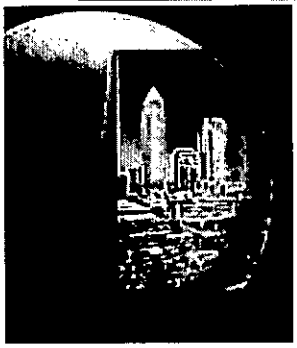
Tax Bills Photo Directions

Search By: Address
Filtered By: No Filter
House No. Dir.: 4521
Street Name: hood
St. Type Suffix: DR
Jurisdiction: ALL

Search

Parcel	Owner	Location
10516570	ARMSTRONG DENNIS R	4521 HOOD DR UNINC
10516570	DAWN C ARMSTRONG (H/W)	4521 HOOD DR UNINC
Page 1		

2 records



Market Analysis Link

Property Assessments and Records Management

Business Personal Property

Individual Personal Property

Street Name Lookup

Tax Collections Homepage

Tax Bill Lookup

Street Assessment Lookup

Street Lighting Lookup

Pay Taxes

Parcel Information

Parcel ID	Account
10516570	INDIVIDUAL

Owner(s)

Owner Name	Mailing Addre
ARMSTRONG DENNIS R	4521 HOOD DR
DAWN C ARMSTRONG (H/W)	4521 HOOD DR

Legal Information

Legal	Municipality	Dat Ann
P10 BC M16-97	MECKLENBURG COUNTY-UNINCORPORATED	

Total Parcel Assessment

Building	Land	Features	Total	Exe Exe
113900	27000	1400	142300	

Sales Information

Sale	Price	Stamps	Qualify	V/I	Type
Jun 28 2001	0			IMP	DEED STAMP

Land Use

Use	Units	Type	Neighborhood
R100	1	LT	K510

Building Information

Bldg	Description	Type	Year Built
1	Single-Fam	RES	1972

Bldg	Story	Units	Total SqFt	Heated SqFt	Founda
1	1 STORY	1	2226	1826	CRAWL

Bldg	Heat	Fuel	FirePlace	AC	Fixtur
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL	

Sub Area

Bldg	Description
1	BASE (FIRST FLOOR)
1	CARPORT - FINISHED

Depreciation

Bldg	Physical	Functional	Econoı
1	AV - 17%		

Special Features & Yard Items

Bldg	Built	Type	Quantit
1	1972	TERRACE	1
1	1976	STORAGE	1

Value Changes

Notice Date	Tax Year	Reason
Jan 17 2003	2003	Countywide Revaluatior
Jan 5 1998	1998	Countywide Revaluatior
Jan 2 1991	1991	Countywide Revaluatior

Serial No. 1915

PTR No. 4124

Date Issued July 3, 1972

T. C. No. 105-165-70

Map Date 9/29/71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

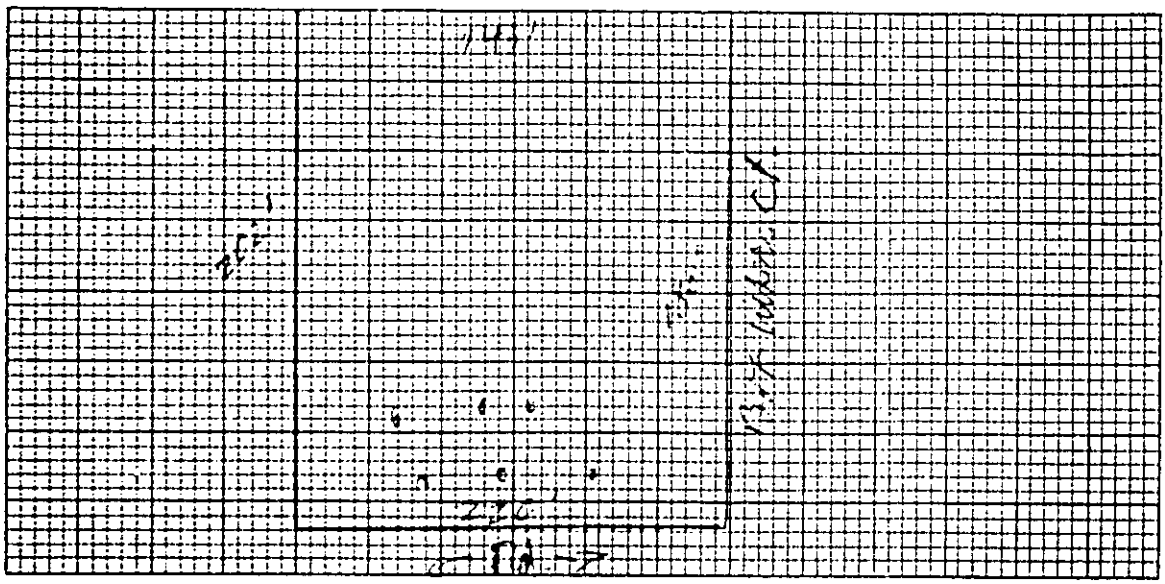
PERCOLATION TEST REPORT

NAME OF OWNER Hodges (LAST) Eugene (FIRST) Wilson, Jr. (MIDDLE)

ADDRESS OF OWNER Route 8, Box 93 ZIP 28212

LOCATION OF PROPERTY 4521 ~~4510 Xxdd~~ Hood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO. 10 BLOCK NO. C



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

G. L. McMillan

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY