

4209 EAGLE LAKE DR N

14108209

5/7/07

duponbj

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

FEE: _____

DATE: _____

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

Repair [ ] CRT

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

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

FILE #: 3534A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 057-241-01

STREET ADDRESS: 7800 Old Mt Holly Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1979

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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:

NAME: EAGLE TRANSPORT CORP
(LAST) (FIRST) (MI)

ADDRESS: 7800 OLD MT. HOLLY RD

CITY: CHARLOTTE STATE: NC ZIP: 28214

DAYTIME PHONE: 704 399 2597

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CARROLL DAVID A.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 399 - 2597

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: _____ DATE: July 3 - 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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

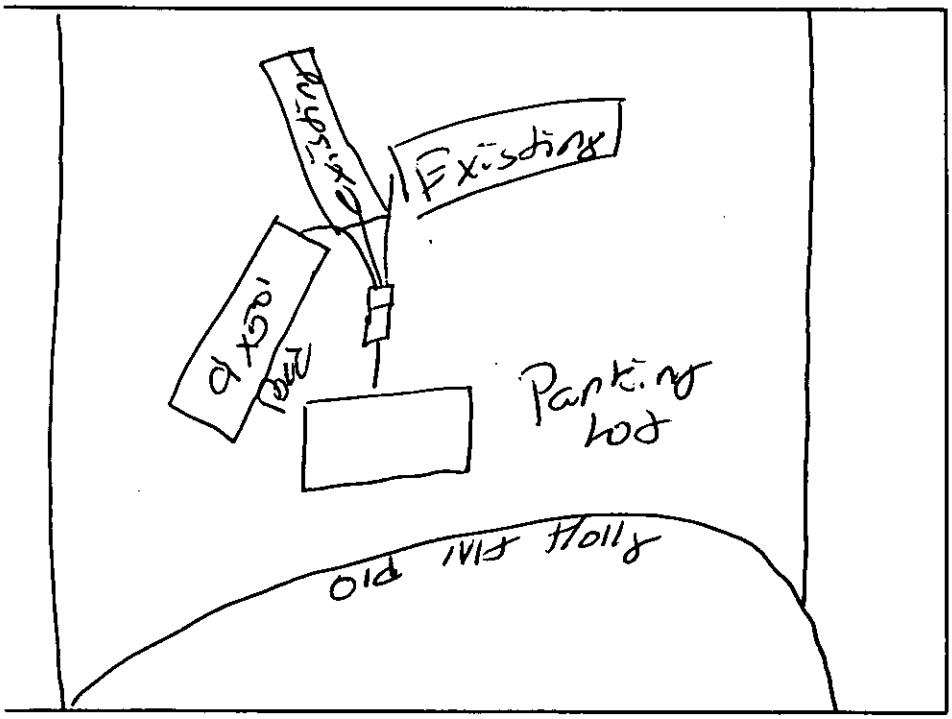
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3534/A DATE: 7/3/03

TC: 057-241-01 X L

SERIAL 19391

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 _____. All work shall be completed on or before _____, 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 N/A gallons

Tank Construction Rec

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Number of Lines Bed (3)

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well No well feet

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

NAME OF OWNER Eagle Transportation

LOCATION OF PROPERTY 7800 Old Wit Holly Road

Comments: 9'x50' Bed 18" Stone
Do not drive or park of drainlines
or any part of Setic System.

Brenda Sorrow R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

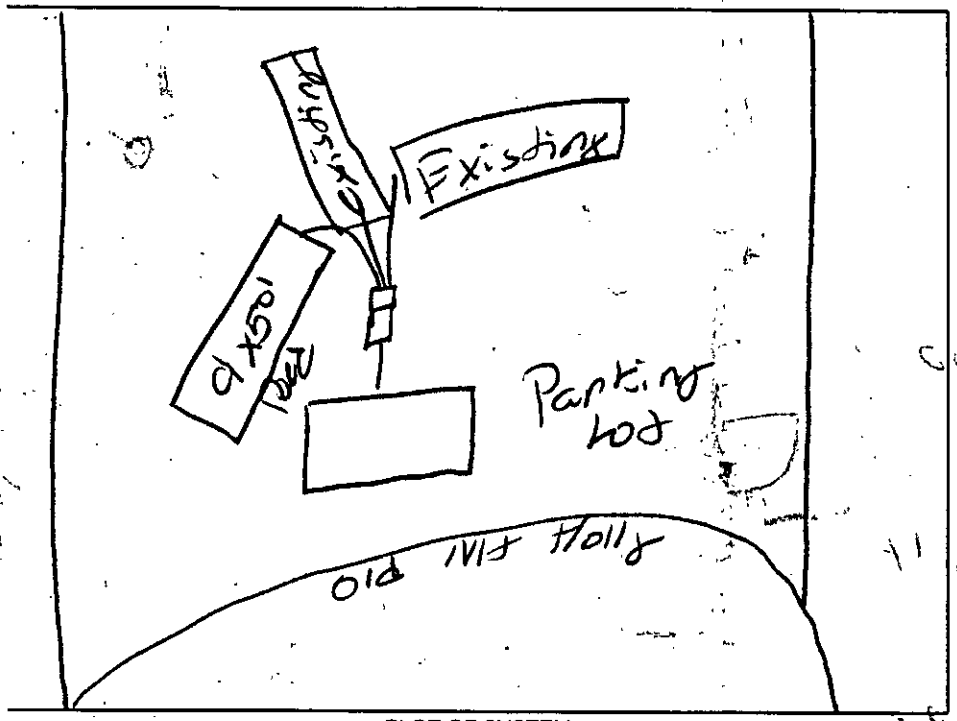
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3534A DATE: 7/3/03

TC: 057-34/12-01 ☐ L

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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 _____. All work shall be completed on or before _____, 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.



PLOT OF SYSTEM

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Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Rcc

Trench Depth 30"

Absorption and/or Nitrification Lines:

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Number of Lines Bed (3)

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well No well feet

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

NAME OF OWNER Eagle Transportation

LOCATION OF PROPERTY 7800 Old Mt Holly Road

Comments: 9'x50' Bed 18" stone

Do not drive or park on drainlines or any part of septic system.

Brenda Sorrow RS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 3534A DATE: 7/8/03

TC: 057-24-101 ☒ L ☐ CRT

SERIAL 19259

Name of Owner Eagle Transport Juris.: _____

Address of Property 7800 Old IKE Hollis Rd

Inspection Data:

Tank Material RCC

Total Length of Drainfield 150'

Number of Lines Bed @ _____

Cover Depth 24"

Water Supply Source city

Distance to Water Source _____

Excavation Inspected 7/3/03

Tank(s) Inspected N/A

Wash Line Inspected _____

High Water Alarm Inspected _____

Installed according to Permit.

PLOT

Design Repair, 2003, Bed 18" Stone, CTR# Hwy

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 15A 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 15A 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: _____

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3534A DATE: 7/8/03

TC: 057-24-101 ☒ L ☐ CRT

SERIAL 19259

Name of Owner Eagle Transport Juris.: _____

Address of Property 7800 Old IVT Mallard Rd

Inspection Data:

Tank Material Rcc

Total Length of Drainfield 150'

Number of Lines Bed @ _____

Cover Depth 24"

Water Supply Source city

Distance to Water Source _____

Excavation Inspected 7/3/03

Tank(s) Inspected N/A

Wash Line Inspected _____

High Water Alarm Inspected _____

Installed according to permit.

PLOT

Design Repair, 2003, Bed 18" Stone, CTR# Auto

The undersigned has inspected the Septic Tank System described above, and certifies it has been

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3534A DATE: 7/8/03

TC: 057-24-101 ☒ L ☐ CRT

SERIAL 19259

Name of Owner Eagle Transport Juris.: _____

Address of Property 7800 Old Wilkinson Blvd

Inspection Data:

Tank Material RCC

Total Length of Drainfield 150'

Number of Lines Bed @ _____

Cover Depth 24"

Water Supply Source City

Distance to Water Source _____

Excavation Inspected 7/3/03

Tank(s) Inspected N/A

Wash Line Inspected _____

High Water Alarm Inspected _____

Installed according to permit.

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The undersigned has inspected the Septic Tank System described above, and certifies it has been

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