

8016 HEDRICK CR

02306221

5/29/08

marliwr

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

$400

6852

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10 30 09 dlk 2 179 6/13/95 DX 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

PERSON FILING APPLICATION:
NAME: CARAWAY (last) JOHN (first) F. (mi)
ADDRESS: 8016 HEDRICK CIR. PHONE: (__) 394-7649
CITY: HUNTERSVILLE. STATE: NC. ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-062-21
STREET ADDRESS: 8016 HEDRICK CIRCLE
ZONING:

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) extending bedroom
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 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: 3 NUMBER OCCUPANTS: 2

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)
☒ 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: John F Caraway Date: 6-5-95

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.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Use existing system; keep bedroom extension foundation minimum of 5' from sewage disposal system. (See attached records from 1982 specifying specifying required distance of system from house.) JBM

Lisa B. Mialik 6/8/95
Environmentalist Date

Director or Authorized Section Head Program Chief 6-14-95 Date

WATER : '22 '91

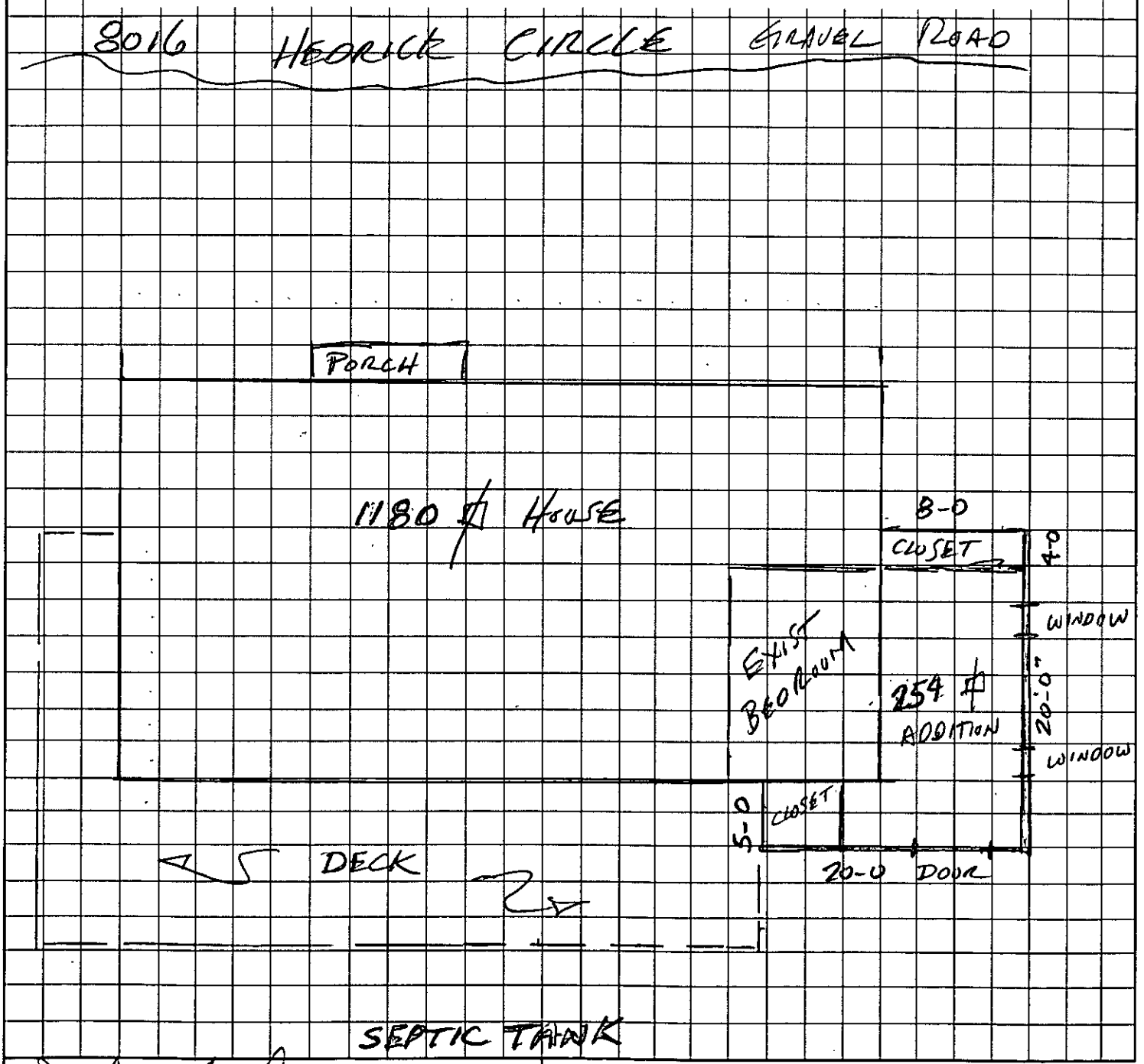
PROPOSED PLOT PLAN

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

FILE: 6852

TC: 023-062-21

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.



John F Caraway
OWNER/AGENT SIGNATURE

DATE 6-5-95

APPROVAL DATE _____

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

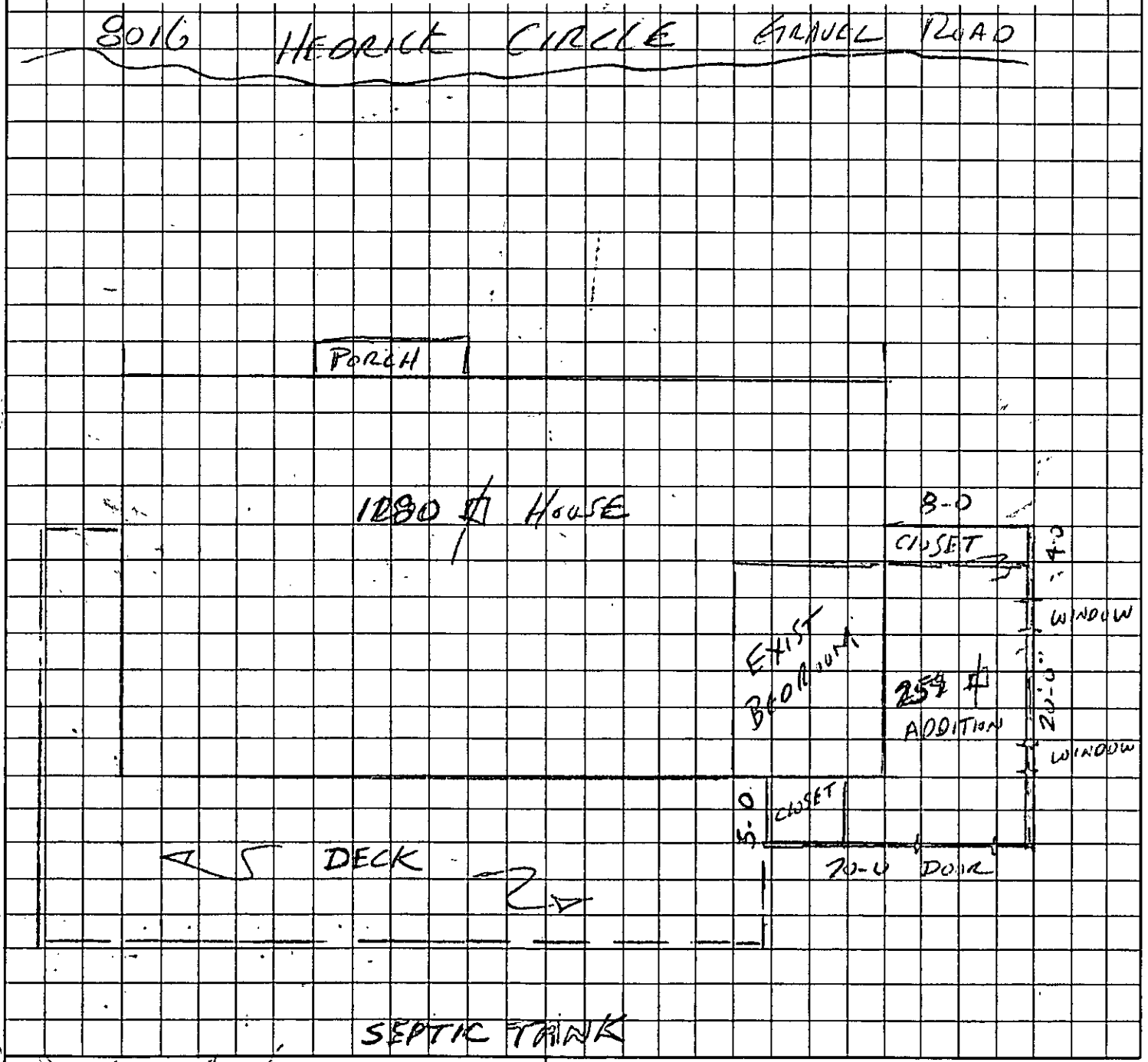
PROPOSED PLOT PLAN

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

FILE: 6852

TC: 023-062-21

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.



John F Conaway
OWNER/AGENT SIGNATURE

DATE 10-5-95

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 6852

TC: 023-062 21

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.

2016 HEDRICK CIRCLE GRAVEL ROAD

PORCH

1080 ± SQ. HOUSE

8-0

CLOSET

4-0

WINDOW

EXIST BEDROOM

254 ± SQ. ADDITION

20-0

WINDOW

5-0

CLOSET

20-0 DOOR

DECK

SEPTIC TANK

John F Caraway

OWNER/AGENT SIGNATURE

DATE 6-5-95

APPROVAL DATE _____

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

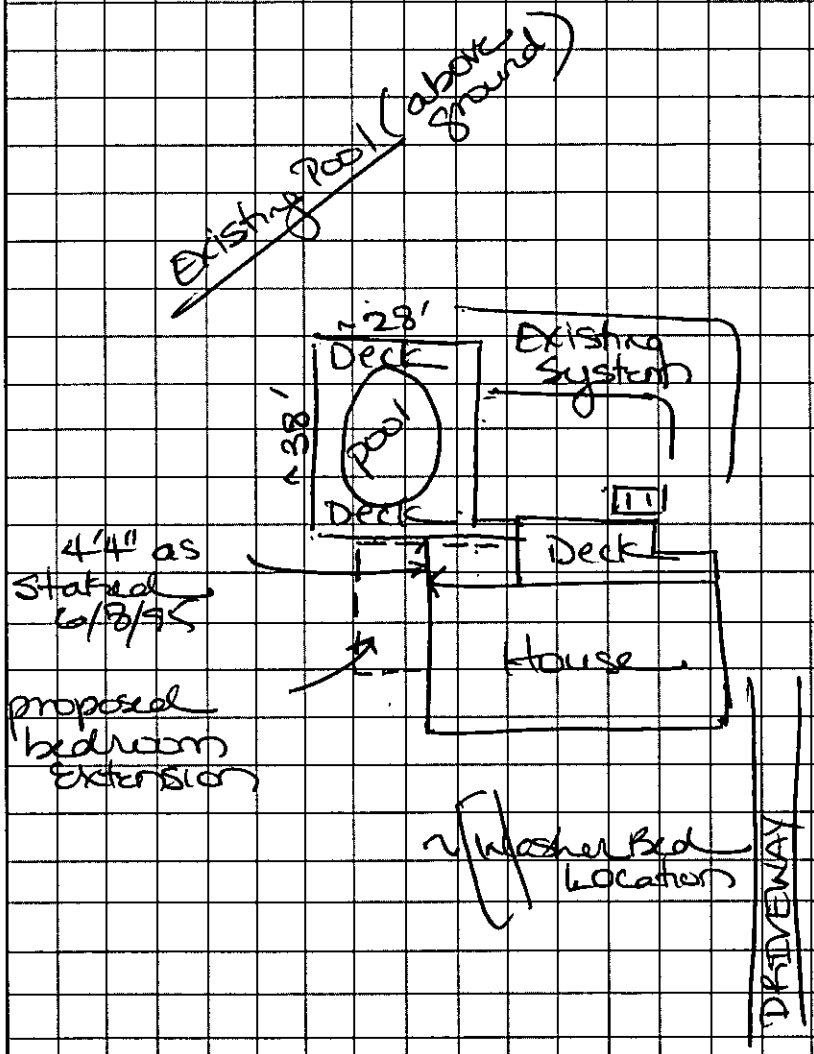
PROPOSED PLOT PLAN

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

FILE: 6852

TC: 023-062-21

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.



* Probed area of proposed addition - no gravel/mottling bed found. See attached installation permit 6852 4/9/82 specifying that drain field be kept >10' from house.

COMMENTS:
Additional repair area appears to be available should pool adversely effect septic system function.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Lisa B. Mialik 6/8/95
OS w/ J. Kisser

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

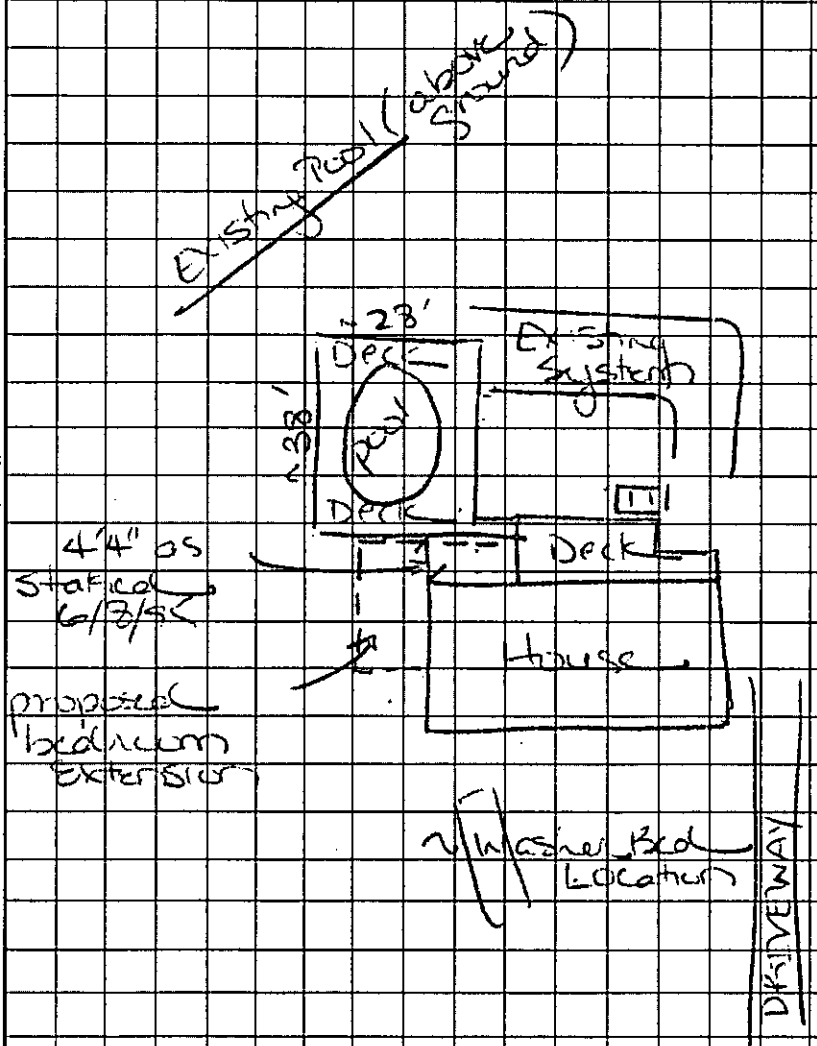
PROPOSED PLOT PLAN

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

FILE: 6852

TC: 083-062-21

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.



* Probed area of proposed addition for ground/mottling/water table found. See attached installation permit 6852 4/9/82 specifying that drainfield be kept >10' from house.

COMMENTS
Additional repair area appears to be available should pool adversely affect septic system function.

APPROVAL DATE Mike Mial. K 6/3/82
OS w/ J. Kisel

OWNER/AGENT SIGNATURE

DATE

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

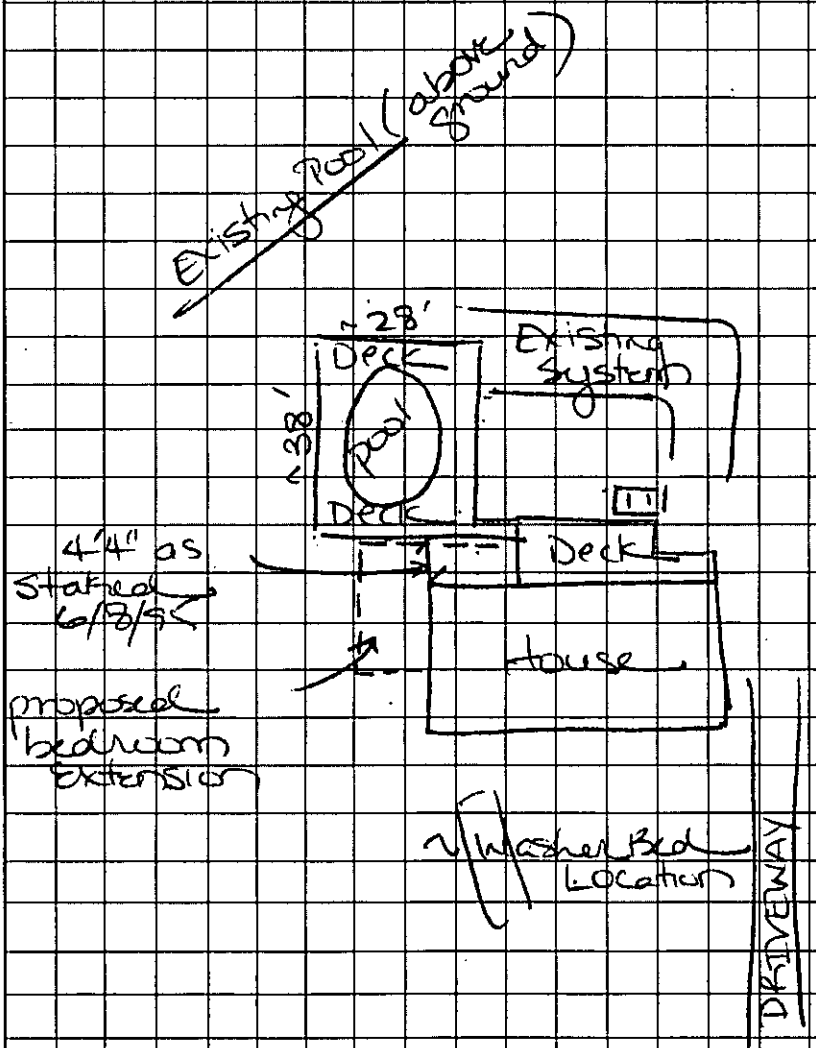
PROPOSED PLOT PLAN

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

FILE: 6852

TC: 083-062-21

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.



* Probed area of proposed addition - no gravel/mottled soil found. See attached installation permit 6852 4/9/82 specifying that drainfield be kept >10' from house.

COMMENTS:
Additional repair area appears to be available should pool adversely effect septic system function.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Lisa B. Mialik 6/8/82
OS w/ J. Kisser

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

BF-5-24-82

C of A (s) No. 6852

Serial 5167

T. C. No. 023-062-21

Date Issued 5/21/82

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Carraway (LAST) John F. (FIRST) (MIDDLE)

Location of Property 8016 Hedrick Circle

Application Number 6852 Permit Number 6852

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 450'+125' Number of Lines 5+4

Depth of Filter Material 12" Cover Depth 18" To 30"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 5/19/82 (DATE)

Nitrification Field Inspected 5/19/82 (DATE)

Washing Machine Line Inspected, If Applicable 5/19/82 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~_____~~ installed or constructed SEE PLOT PLAN. ~~in accordance with the permit issued and the regulations of the Mecklenburg County Board of Commissioners adopted 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 now 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: _____

Adam Wingfield
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

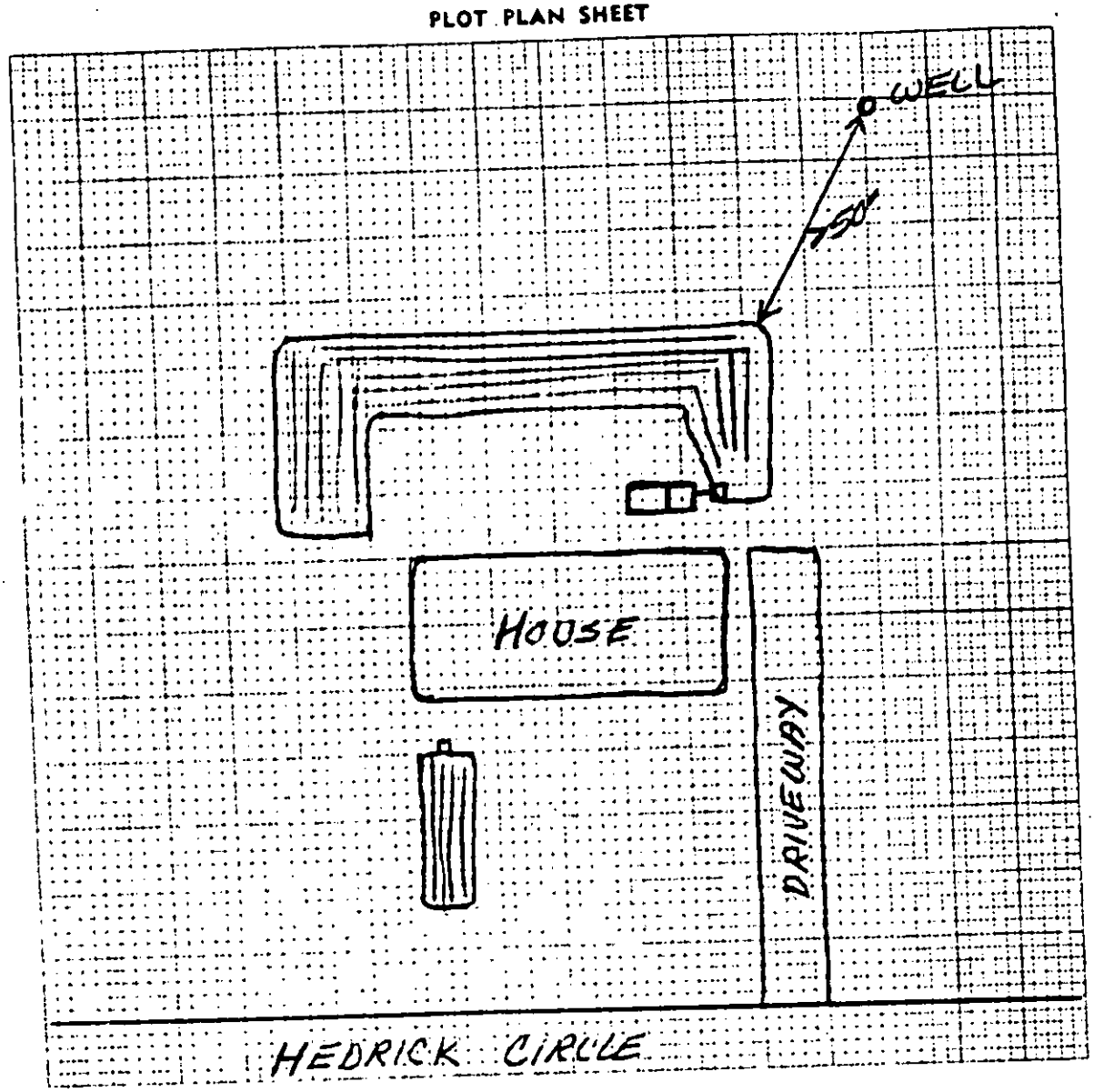
Date Issued 5/21/82

C of A (s) No. 6852

T. C. No. 023-062-21

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Adam Wipfield
Environmentalist

ENG-5-76

Health Department's Copy

Serial No. 5342

Date Issued 4/9/82

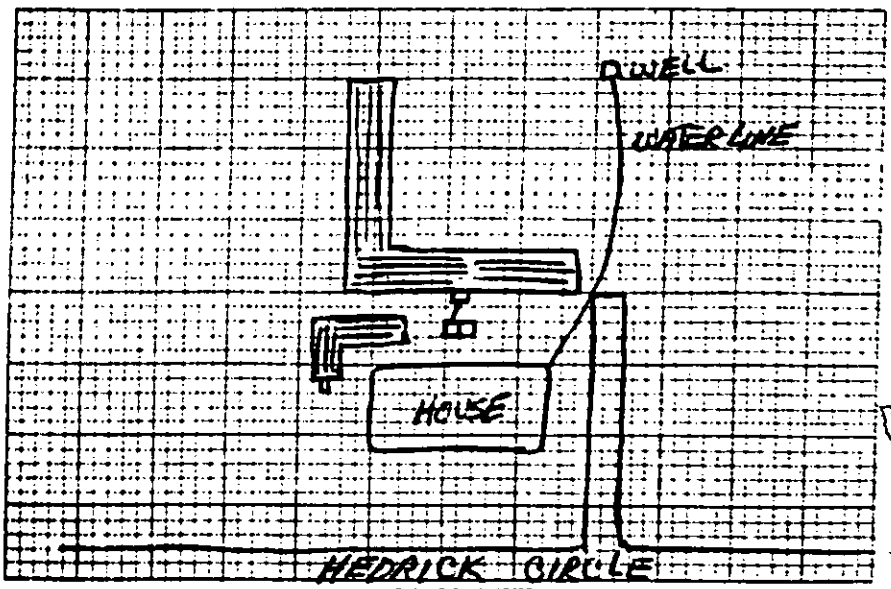
ICAR(S) Permit No. 6852

T. C. No 023-062-21

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)

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 6852 dated 4/9/80 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 5/30/82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 495'+125'

Number of Lines 5+4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER JOHN F. CARAWAY

LOCATION OF PROPERTY 8016 HEDRICK CIRCLE

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.

15'X99'X12" of STONE for SEPTIC TANK; 12'X32'X19" of STONE for L/M

Comments:

Division or Section Head

A. W. Field
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.

EHD 4-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/9/80

ICAR (S) Application No. 6852

T. C. No. 023-062

Map Date 2/12/72

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) ✓ 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)

4) Mobile Home ____ Yes ✓ No
Residence ✓ Yes ____ No

5) No. of Bedrooms 3

6) Business Use Max. No. Employees N/A

7) Washing Machine ✓ Yes ____ No

8) Garbage Disposal ____ Yes ✓ No

9) Dishwasher ✓ Yes ____ No

10) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System
1. Well source ____
2. Governmental source ____

11) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

12) FHA Case No. ____

13) VA Case No. ____

13) NAME OF OWNER Carraway (LAST) John (FIRST) Francis (MIDDLE)

14) ADDRESS OF OWNER 793 Ashley Circle

15) PHONE NO. Home 399-0459 Office 399-0450

16) LOCATION OF SYSTEM Hedrick Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Sunset Acres Lot No. 54 + 53 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 9/6/73

20) PTR NUMBER (See Instructions) 6852

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.

4-9-80
DATE OF APPLICATION

John F. Carraway
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 9-14-73

APT No. 6852

T.C. No. 023-061-21

Map Date 12-15-92

MECK. COUNTY HEALTH DEPT.
RECEIVED
AUG 1 1978
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mundy (LAST) Sadie (FIRST) Black (MIDDLE)

2) ADDRESS OF OWNER Rt 13 Box 281 Charlotte NC ZIP 28213

3) PHONE NO. Home 596-3695 Office

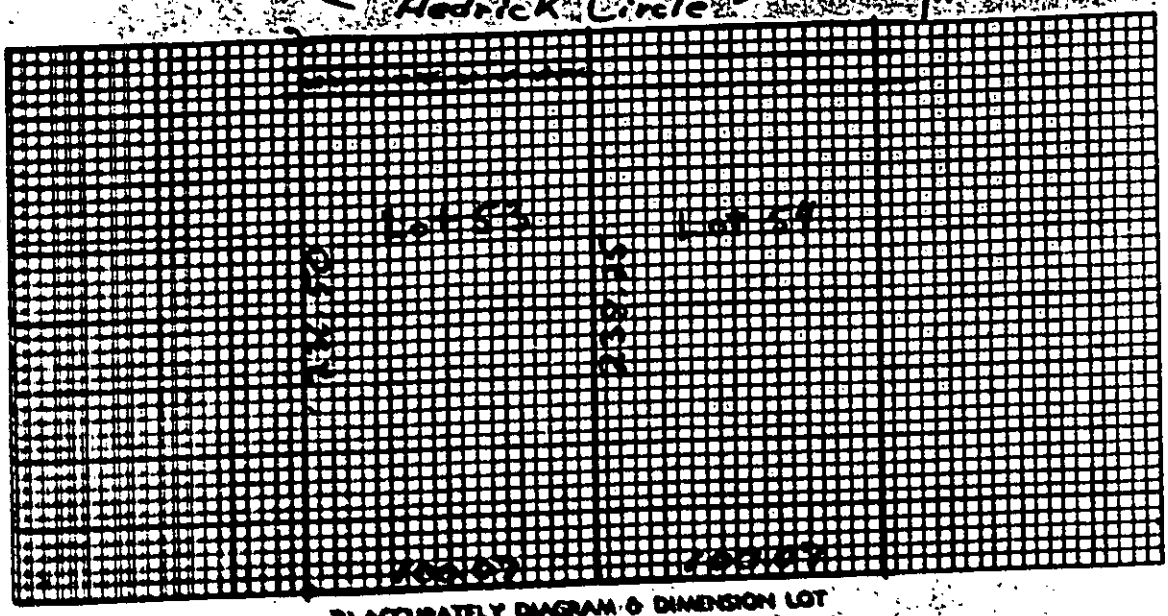
4) LOCATION OF PROPERTY Hedrick Circle Rd. Rt 7 Huntersville, NC. (STREET OR COUNTY ROAD)

5) SUBDIVISION Sunrise Acres LOT NO 54 +53 BLOCK NO

MAP BOOK NO 6 PAGE NO 377

6) DEED REFERENCE: DEED BOOK 1433 PAGE NO 64

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Sadie Black Mundy
OWNER

APPLICANT'S COPY