

4931 MATTHEWS-MINT HILL RD

1/2/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

3276B

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: Hackenberg (last) John (first) E. (mi)

ADDRESS: 4645 Matthews Mint Hill Rd. PHONE: 704 545-2323

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 10-10-94

PROPERTY OWNER: SAME

NAME: (last) (first) (mi)

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-371-02 PA

STREET ADDRESS: Matthews Mint Hill Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: #4 LOT SIZE (in acres): 3.447

TYPE APPLICATION (check one):

[x] 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 N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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 [x] 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 E. Hackenberg Date: 10-10-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 12279

PROPOSED PLOT PLAN

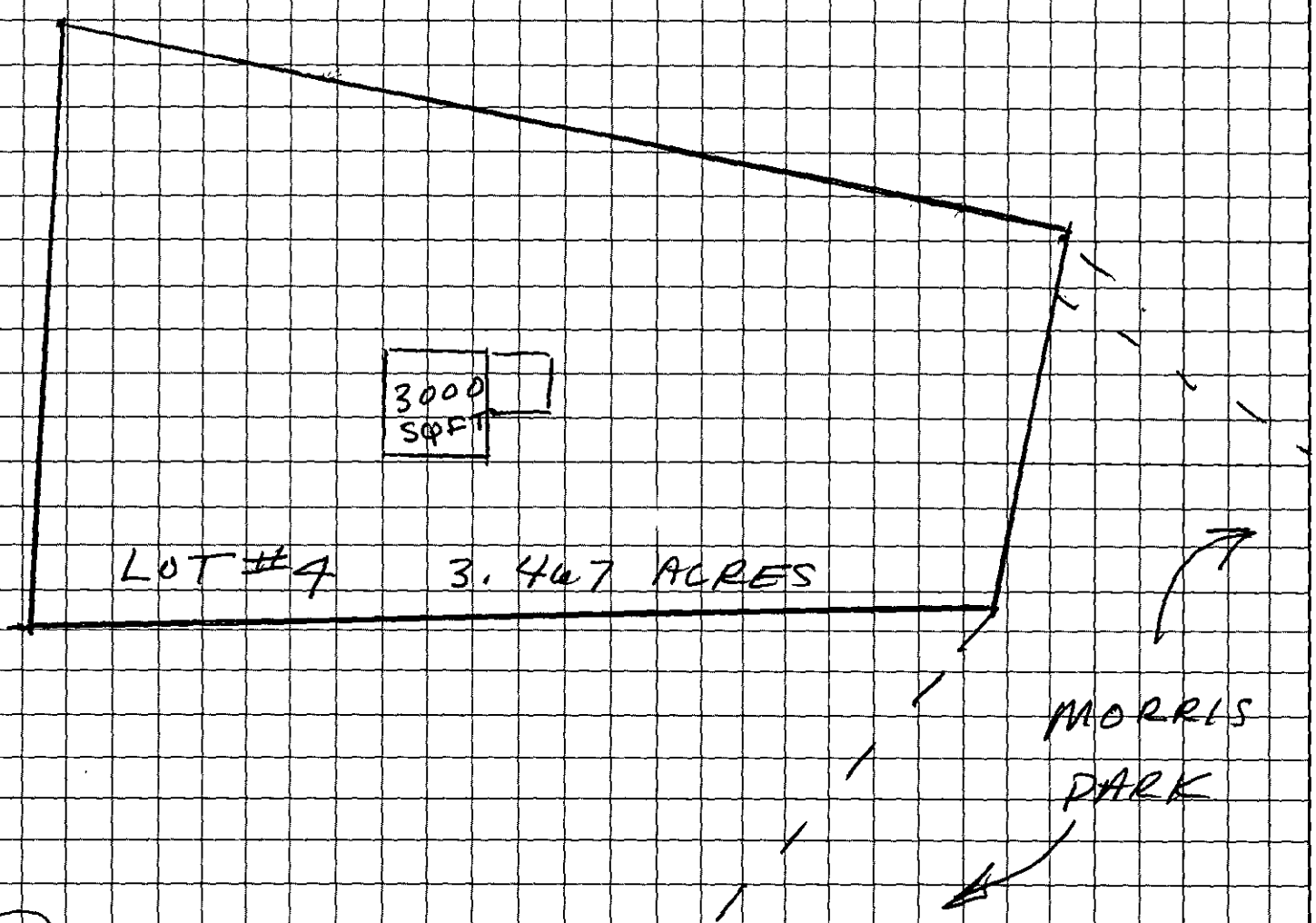
LOT #4

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

FILE: 3276B

TC: 135-37-6200

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 D. Hackenberg
OWNER/AGENT SIGNATURE

DATE 10-10-94

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20535

File: 3 276 B Action 1

Parcel: PO 135-371-02 ☐ PC

Location: off Matheeven Mint Hill Rd

Subdivision:

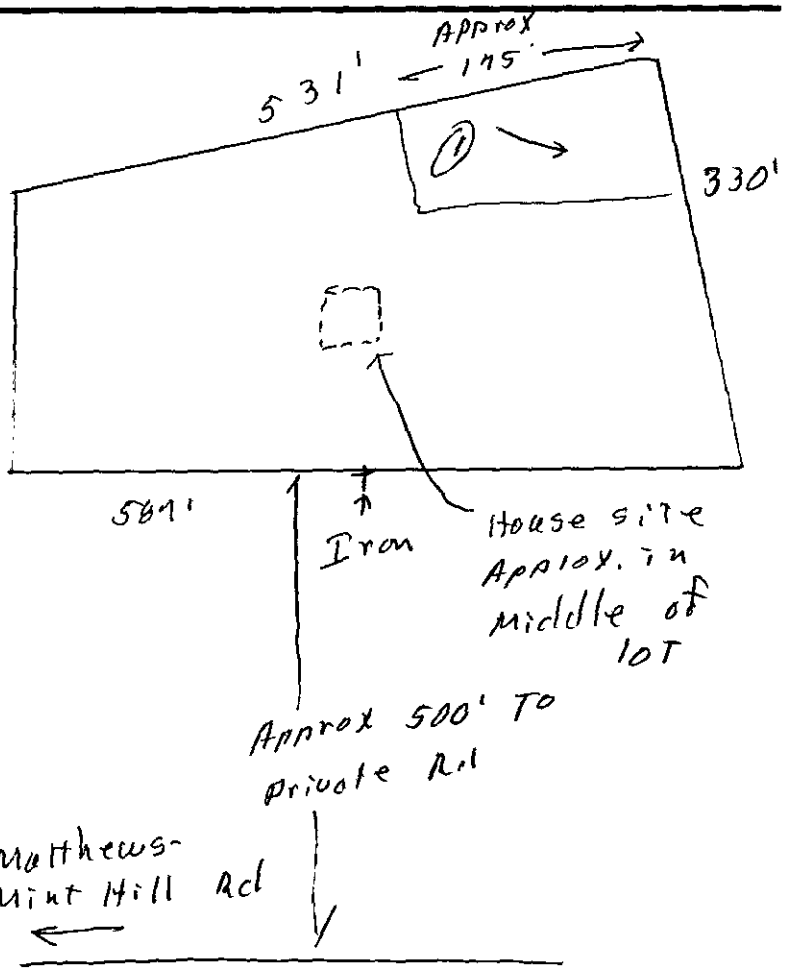
Lot: 4 Block: Acres: Approx 1.4 AC

Owner: John F. Hachenberg
Address: 4643 Matthews Mint Hill Rd
Matthews, N.C. 28105

Comments: 100% Repair, 3 gal/ft/day LPAR system would probably need pump, additional area available

Described by: William R. Marlin

Date: 11-15-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U ~ 48" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 37-45"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U ~ 45"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 30, 1994

Ref: 3276B/ Matthews Mint Hill Road

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. John F. Hackenberg originally paid $150.00 for Improvement Permit/New on 082594 check #3589.

A refund should be issued for $150.00 because client cancelled permit and no services had been rendered.

Please make check payable to: Mr. John F. Hackenberg
4645 Mathews Mint Hill Road
Matthews, NC 28105

Received 7/20/94 Hold

3276B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 8/25/94 ck #3569

[ ] CO#

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

(704)336-5102

ate:

PERSON FILING APPLICATION:

NAME: Hackenberg, John F. (last) (first) (mi)

ADDRESS: 4645 Matthews Mint Hill PHONE: 545-7323

CITY: Matthews STATE: NC ZIPCODE: 28105

OPERTY INFORMATION (FROM ENGINEERING FORM):

AX/PARCEL NUMBER: 135-371-02

REET
DDRESS: Matthews Mint Hill Rd.
Mint Hill

ONING: R-20

PROPERTY OWNER: Being purchased from Martha H. Presson & Haywood G. Presson

NAME: (last) (first) (mi)

ADDRESS: PHONE:

CITY: STATE: ZIPCODE:

UBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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[ ] 1 Charlotte [ ] 3 Cornelius [X] 5 Matthews [ ] 7 Mint Hill

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[X] NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
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NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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Signed: John F. Hackenberg Date: 8-25-94

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Initial referral to J. Hackenberg -
Does not work in private permit
at present WAM 9-28-94

Environmentalist Date

Director or Authorized Section Head Date

Work # 545-7362

WATER : (2)

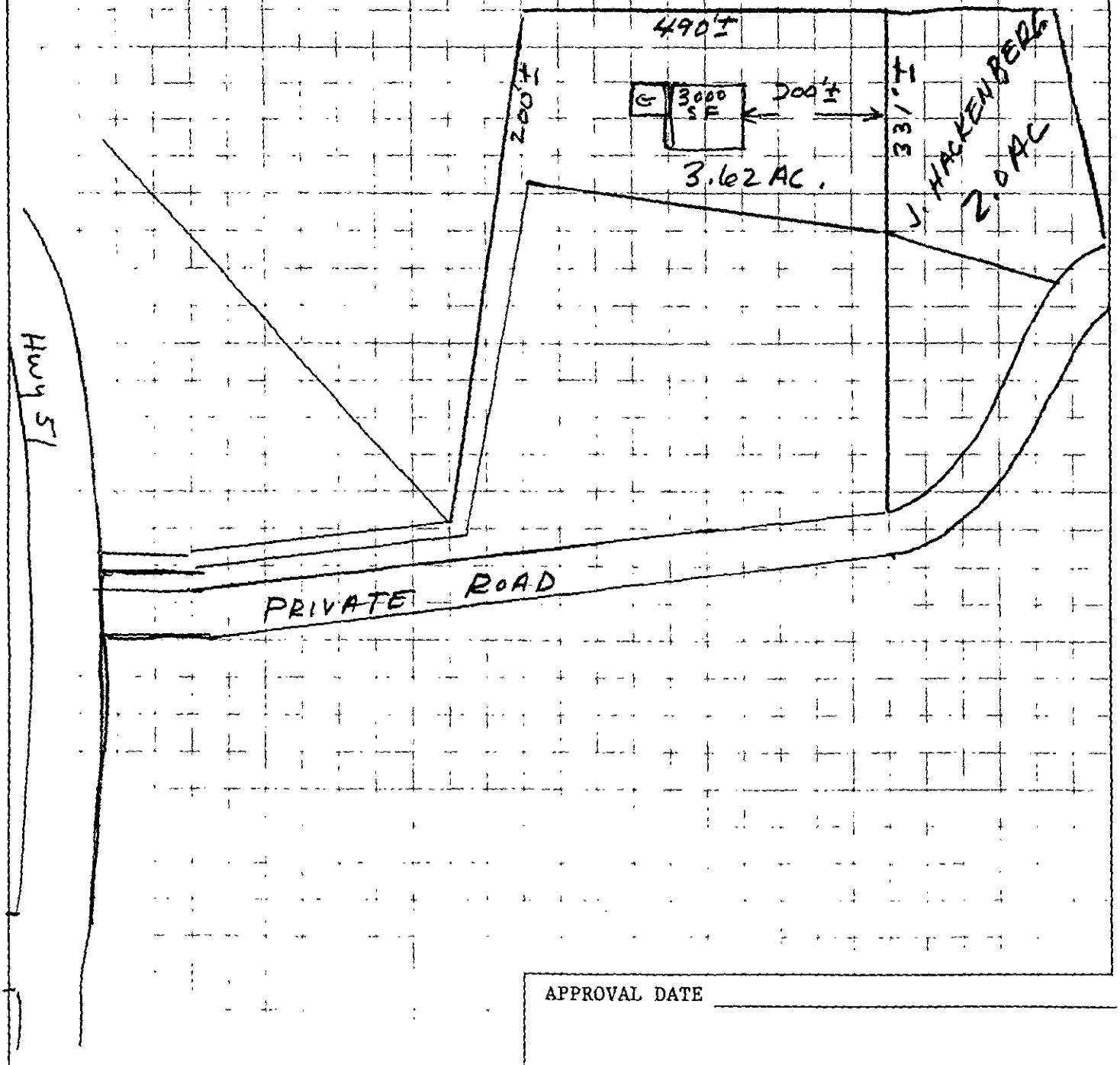
PROPOSED PLOT PLAN

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

FILE: 3276B

TC: 135-371-02

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APPROVAL DATE _____

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

3276B

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APPLICATION FOR SERVICES

$150 02 8/25 #4 #3 89

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Environmentalist Date

Director or Authorized Section Head Date

Work # 545-7362

WATER : 122

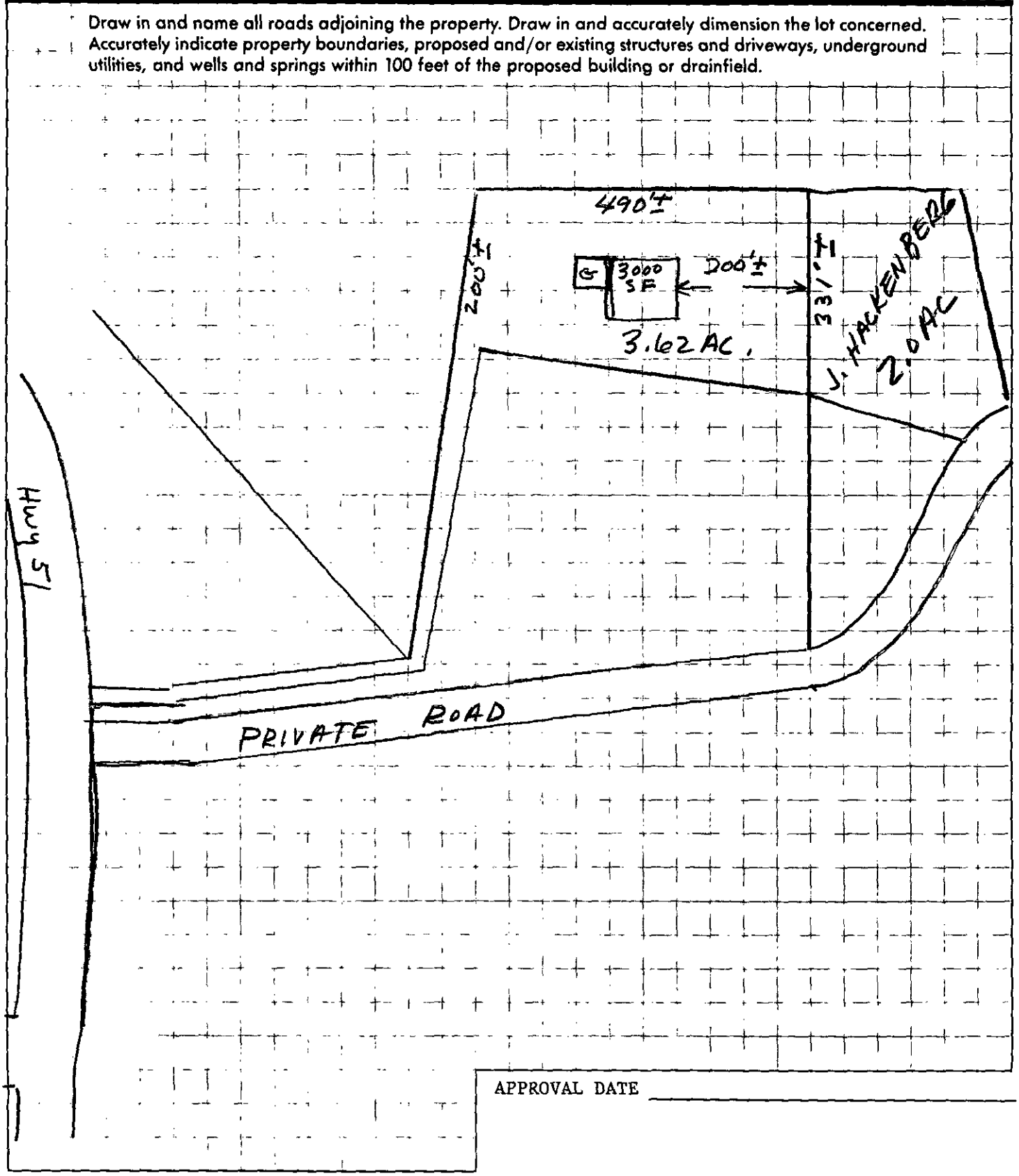
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