

10801 LAMESA PL

01728408

1/3/2008

duponbj

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

CERTIFICATE OF [illegible] PERMIT

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

FILE: 3548 B DATE: 5/26/95

TC: 017-284-08 ☐ L ☐ CRT

SERIAL Nº 16235

Name of Owner Margaret Hoagland Juris.:

Address of Property 10801 Larnesa Place, Huntersville

Inspection Data:

Tank Material Existing

Total Length of Drainfield 8½' x 45' Bed, 9' x ~27' WM Bed

Number of Lines 3 @ each bed

Cover Depth 24"-30" Bed. 12"-16" WM Bed

Water Supply Source Community Well

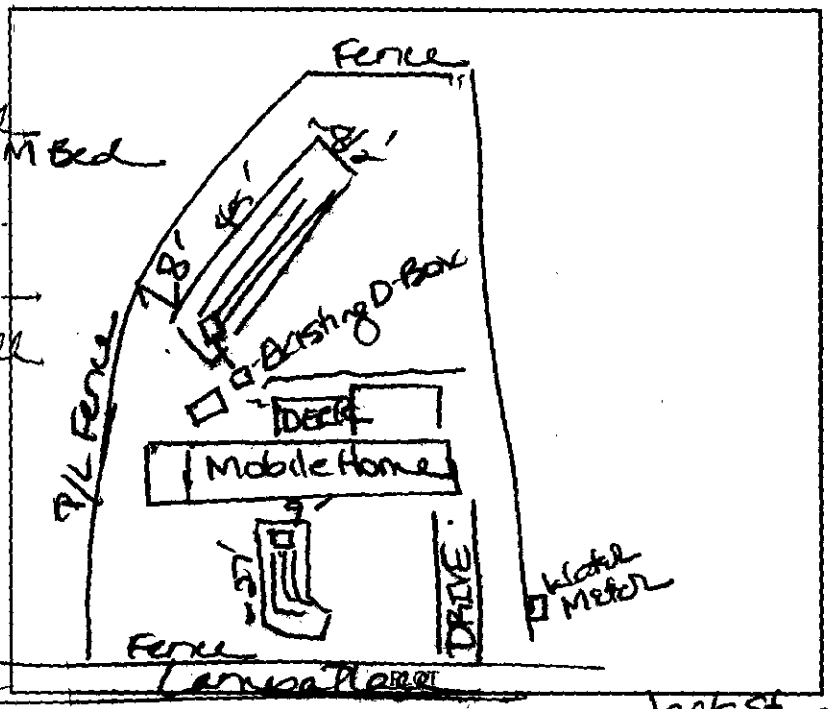
Distance to Water Source >10'

Excavation Inspected 5/25/95

Tank(s) Inspected N/A

Wash Line Inspected 5/26/95

High Water Alarm Inspected NA



Design 1995 Repair, CON, 15-18" stone CTR# Jack Stewart

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.

System >20 yrs old. Type IIA

COMMENTS: ① Divert condensation from central A/C unit off of septic tank, D-Boxes, etc.; ② Recommend elimination of rear deck which sits over septic tank - recommend steps installed off of tank at mobile home back door. ③ Practice water conservation measures.

Jane B. Mialik
Environmental Health Specialist

Mecklenburg County services are available w[illegible] see reverse

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

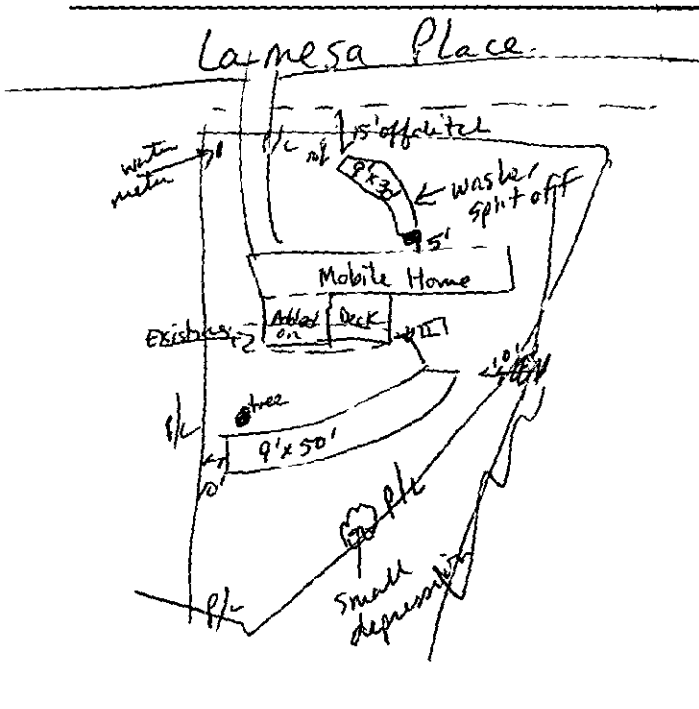
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3548B DATE: 4-27-95

TC: 017-284-08 ☐ L

SERIAL Nº 16499

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 4-24-95. All work shall be completed on or before 5-27-95, 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 ___ gallons

Tank Construction ___

Trench Depth Install according to existing d-box

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 9'x50'; 9'x30' WM feet

Number of Lines 3 lines each bed

Depth of Stone 18" inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50' min, 10' min feet to water line

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

NAME OF OWNER Margaret Hoagland

LOCATION OF PROPERTY 10801 Lamesa Place

Comments: Repair at property owners request. Advised property owner of soil conditions. Recommend splitting washing machine off to separate drainfield as shown above.

J Burney Jr & Donald

Environmental Health Specialist

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

PG. 27

PG. 23

PG. 01

HAMBRIGHT

GIBRALTER DR.

COMANCHE RD.

MARIPOSA LN.

LAMESA PL

PACEMAKER LN.

BLUE MOON CT.

ALAMOSA PL.

KLAMATH PL

#2117

RD.

KERNS

BLOCK

LINE

1567.31

678±

551.7±

137.2

410±

283

284

285

286

287

288

289

2.9AC±

2

34AC±P

1.16 AC±

3

1.45 AC GROSS

4

1.23AC

5

PURPOSES ONLY

TAX-LINE MAP BOOK 17 PAGE

MECKLENBURG COUNTY, NORTH CAROL

REVISED SCALE 1" = 2

3548B

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

PERSON FILING APPLICATION: Cecil t

NAME: HOAGLAND (last) MARGARET (first) (mi)

ADDRESS: 10801 LAMESA PL PHONE: (704) 948 1654

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-284-08

STREET ADDRESS: 10801 LAMESA PL

ZONING: WILDWOOD GREEN

Township (check one):
☐ 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 #31 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ 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 M)
☐ 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

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: Margaret Hoagland Date: 4-28-95

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.

... Repair permit issued

☒ 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 4-28-95 Date

Director or Authorized Section Head Date

WATER : 122791