APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 21845
TC:
SERIAL: № 20189
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9320 (STREET NO.) HAMBRIGHT RD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 017-285-06
⑤ SUBDIVISION: WINDWOOD GREEN ⑥ LOT: 28 ⑦ BLOCK:

OWNER

⑧ NAME: PAUL (FIRST) EDWARD (MIDDLE) DEANGELIS (LAST)
⑨ MAILING ADDRESS: 9320 HAMBRIGHT RD
⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078
⑫ PHONE: (WORK) 875-2830 ⑭ (HOME) 875-2826

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type?
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☒ Community system

㉙ The undersigned, 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: Paul E DeAngelis

Date: 03-29-98

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 21845 DATE: 4/17/90

TC: 017 205 06 ☑ L ☐ CRT

SERIAL № 13243

Name of Owner [illegible] Juris.:

Address of Property 732 Hawthorne

Inspection Data:

Tank Material [illegible]

Total Length of Drainfield [illegible]

Number of Lines [illegible] @ [illegible]

Cover Depth [illegible]

Water Supply Source [illegible]

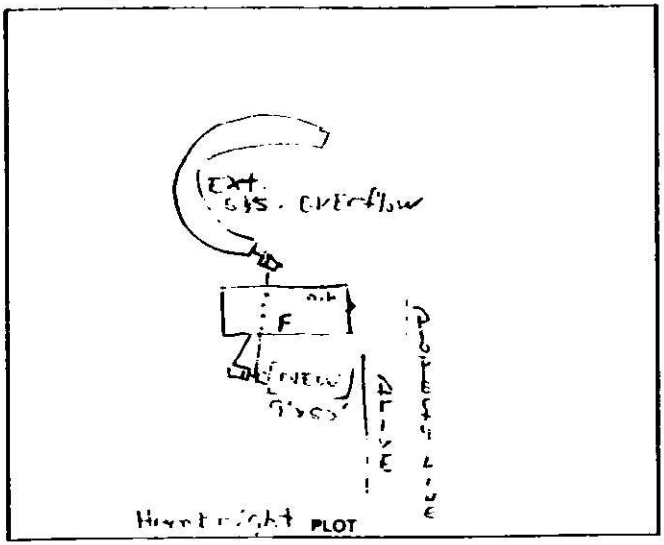
Distance to Water Source [illegible]

Excavation Inspected [illegible]

Tank(s) Inspected [illegible]

Wash Line Inspected —

High Water Alarm Inspected —



Hawthorne PLOT

Design: [illegible] CTR# [illegible]

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

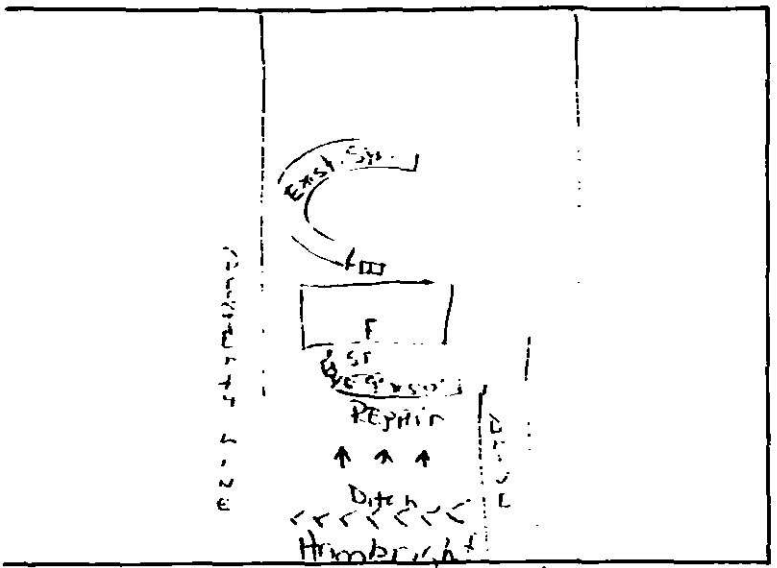
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21845 DATE: 4/6/90

TC: 617-285-0601

SERIAL Nº 13215

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 3/29/90. All work shall be completed on or before 5/6/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Trench Width 3' (min) feet

Total Line Length 150' feet

Number of Lines 1 bed

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well Cl well >50 feet

NAME OF OWNER Paul DePangelis

LOCATION OF PROPERTY 930 Hambright Rd. (Wildwood Green)

Comments: (1) 1500 gal. (1) "Y" splice, 11 Dbx Septic Ext. sys., pump into new sys. will use Dbox/Septic Ext. sys. if necessary.

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 21845
TC: _____
SERIAL: № 18080 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9320 Hambright Rd. Huntersville NC (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 017-235-06
⑤ SUBDIVISION: Wildwood Green ⑥ LOT: 28 ⑦ BLOCK: _____

OWNER

⑧ NAME: Geraldine (FIRST) S. (MIDDLE) Hostetler (LAST)
⑨ MAILING ADDRESS: 12018 Hillcrest Lane
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 714 333 7110 ⑭ (HOME) 275-1549

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☑ Authorization for mobile home exchange
⑱ ☑ Other (specify) septic tank inspection

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home 6-13-89 WH
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4 ?
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☑ Community system

㉙ The undersigned, 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: Geraldine S. Hostetler
Date: 4-5-89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 6/14/89

Director or Authorized Section Head — Date 6-14-89

* This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Date Received 1-24-85

RECEIVED
JAN 24 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21845

T. C. No. 217-285-06.

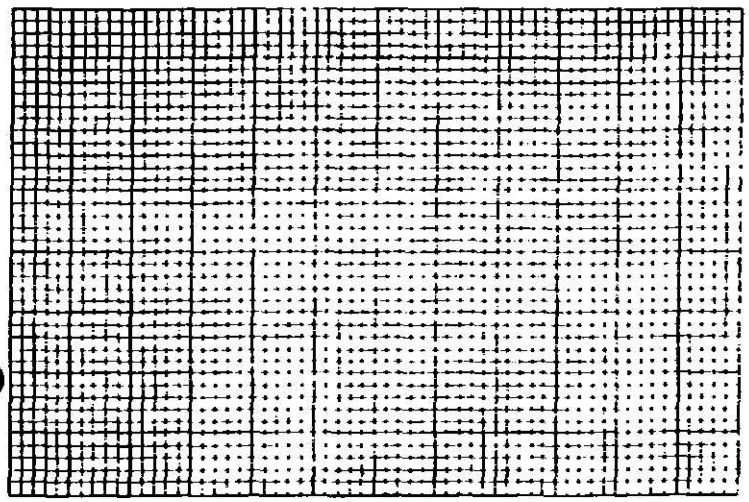
Map Date L

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: (see operating system)

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
4) No of Bedrooms 2
5) Business Use — Max No Employees ___
6) Washing Machine ___Yes ___No
7) Garbage Disposal ___Yes ___No
8) Dishwasher ___Yes ___No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___Yes ___No
House located within 200 feet of community sewer ___Yes ___No
11) FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Nixon (LAST) Pat (FIRST) McCall (MIDDLE)

14) ADDRESS OF OWNER Rt. 2, Box 603, Denver, N.C. 28037

15) PHONE NO. Home 1-483-2668 Office ___

16) LOCATION OF SYSTEM 9320 Hambright Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 28 (5) 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 ___

20) PTR NUMBER (See Instructions) ___

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.

1-24-85
DATE OF APPLICATION

Pat M. Nixon
OWNER

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/7/89

Name/Company Guarantee Hostellery

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dry Cleaners
#31845

ENVIRONMENTAL HEALTH DIVISION

APR 7 1989

Fees $ 20 -

J. Kluenhardt