

8801 POTOMAC BV

02513224

5/10/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3915A + 5189A DATE: 8/27/92

TC: 025-132-24 ☒ L ☐ CRT

SERIAL Nº 14143

Name of Owner Theo Spears Juris.:

Address of Property 8801 Potomac Blvd

Inspection Data:

Tank Material PCC

Total Length of Drainfield WB 100' + SL 400'

Number of Lines WB 3 + SL 5 @ 33 + 80'

Cover Depth WB 36" | 8" SL

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 8/27/92

Tank(s) Inspected 8/27/92

Wash Line Inspected 8/27/92

High Water Alarm Inspected N/A

PLOT

Design: 1992 Alteration septic 1500ST, CON, 800SFT, 12" stone washer bed 300SFB, 12" stone CTR# cornelius grading

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: Alteration designed for 4 bedroom house

Type II

Philo S. Walker R.S.
Environmentalist

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

(X)X100

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

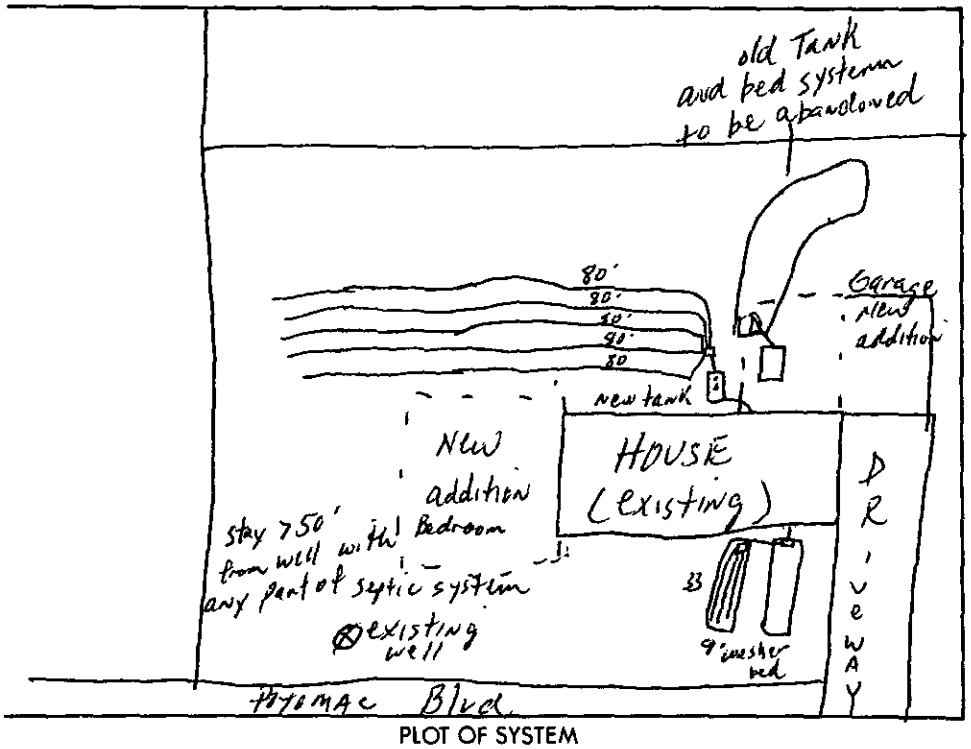
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3915A & 5189A DATE: 8/24/92

TC: 025-132-24 L

SERIAL Nº 14384

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 9/24/92, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width washer bed 9' / septic _____ feet

Total Line Length washer 100' / septic 400' feet

Number of Lines washer 3 / septic 5 (80')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Theo Spears

LOCATION OF PROPERTY 8801 Potomac Blvd

Comments: washer bed 9'wd x 33'long x 12"stone | septic lines 5 line x 80'long x 3'wd x 12"stone Abandon existing tank and drainfield | Stay 750' from well with any part of the septic system

Division or Section Head

Philo S. Walker R.S.
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.

DRAFT

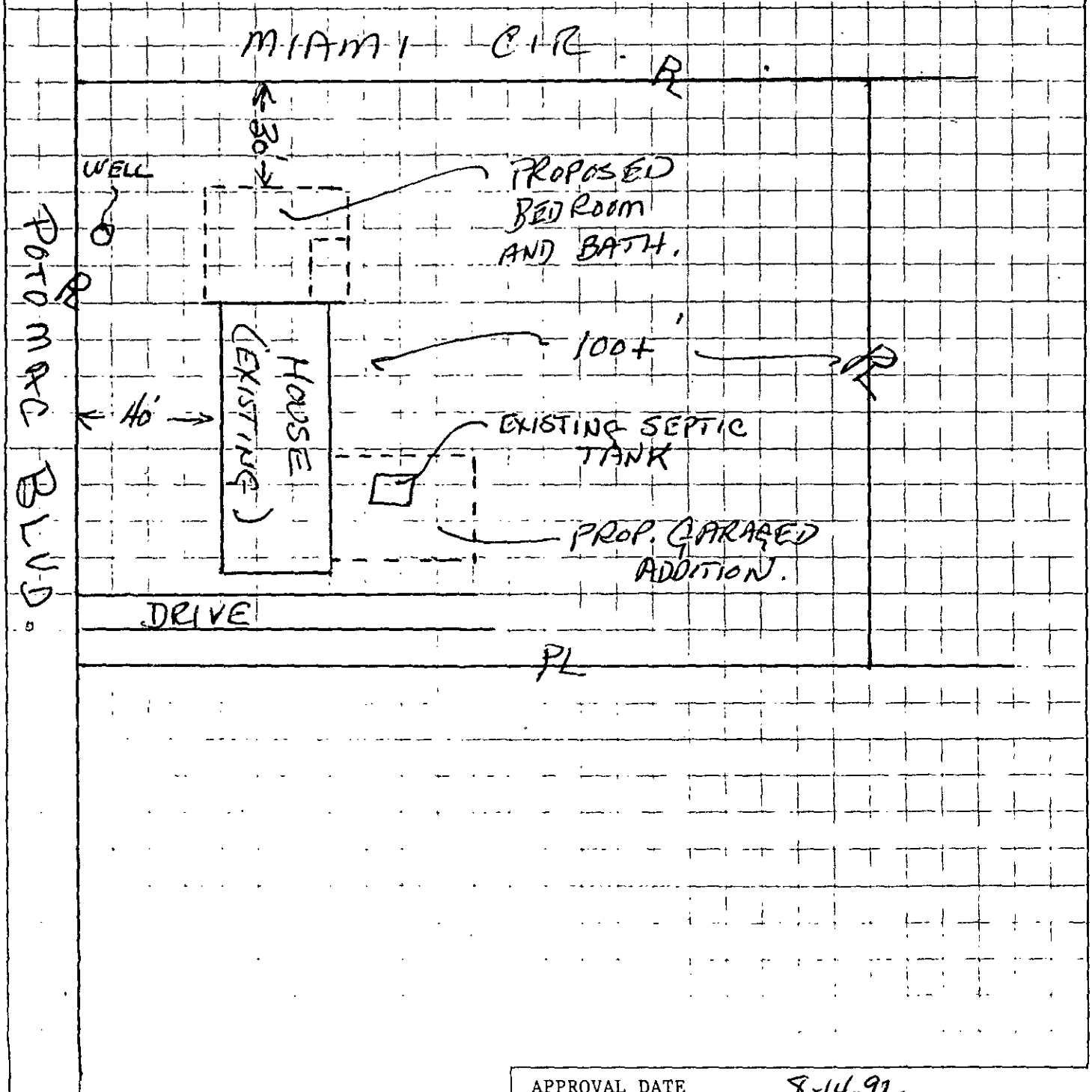
PROPOSED PLOT PLAN

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

FILE: 3915A

TC: 025-132-24

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.



APPROVAL DATE 8-14-92

400 LF

3915 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #150 8-14-92 CK# 1204

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

(704)336-5102

Date: AUG. 14, 1992

PERSON FILING APPLICATION:
NAME: PLAZA BUILDERS (last) (first) (mi)
ADDRESS: 2712 THE PLAZA PHONE: (704) 347-4594
CITY: CHARLOTTE, STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-132-24
STREET ADDRESS: 8801 Potomac Blvd
ZONING:

PROPERTY OWNER:
NAME: SPEARS TYERO (last) (first) (mi)
ADDRESS: 8801 POTOMAC BLVD PHONE: (704) 596-0380
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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) garage & bedroom & bath
[ ] 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: 4

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 [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] Deck/Patio [X] 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: Walter L. Spears Date: AUG. 14, 1992

NOTICE: PLAZA BUILDERS

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.

...

Use existing system

septic system replaced 500' total

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

Philip S. Walker R.S. 8/27/92
Environmentalist Date

8/28/92
Director or Authorized Section Head Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/8/88

Name/Company [illegible] W. Spears

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]
5189A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 8 1988

Fee: $ 25 — Rec'd 5156 #95.00

[illegible]
Completed by

[illegible]
Collected by

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

December 13, 1988

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $75.00

ORG/ACCOUNT # 462-3511

PAYABLE: Kenneth W. Spears
5009 San Francisco Circle
Charlotte, North Carolina 28216

DATE OF ORIGINAL DEPOSIT: 11/08/88

REASON: Client decided not to add an addition to his home. Full fee $95.00 for addition and installment permit. The $75.00 is for the installment permit, since he did not have to change his system, the fee is $20.00 in lieu of $95.00.

/Enclosures

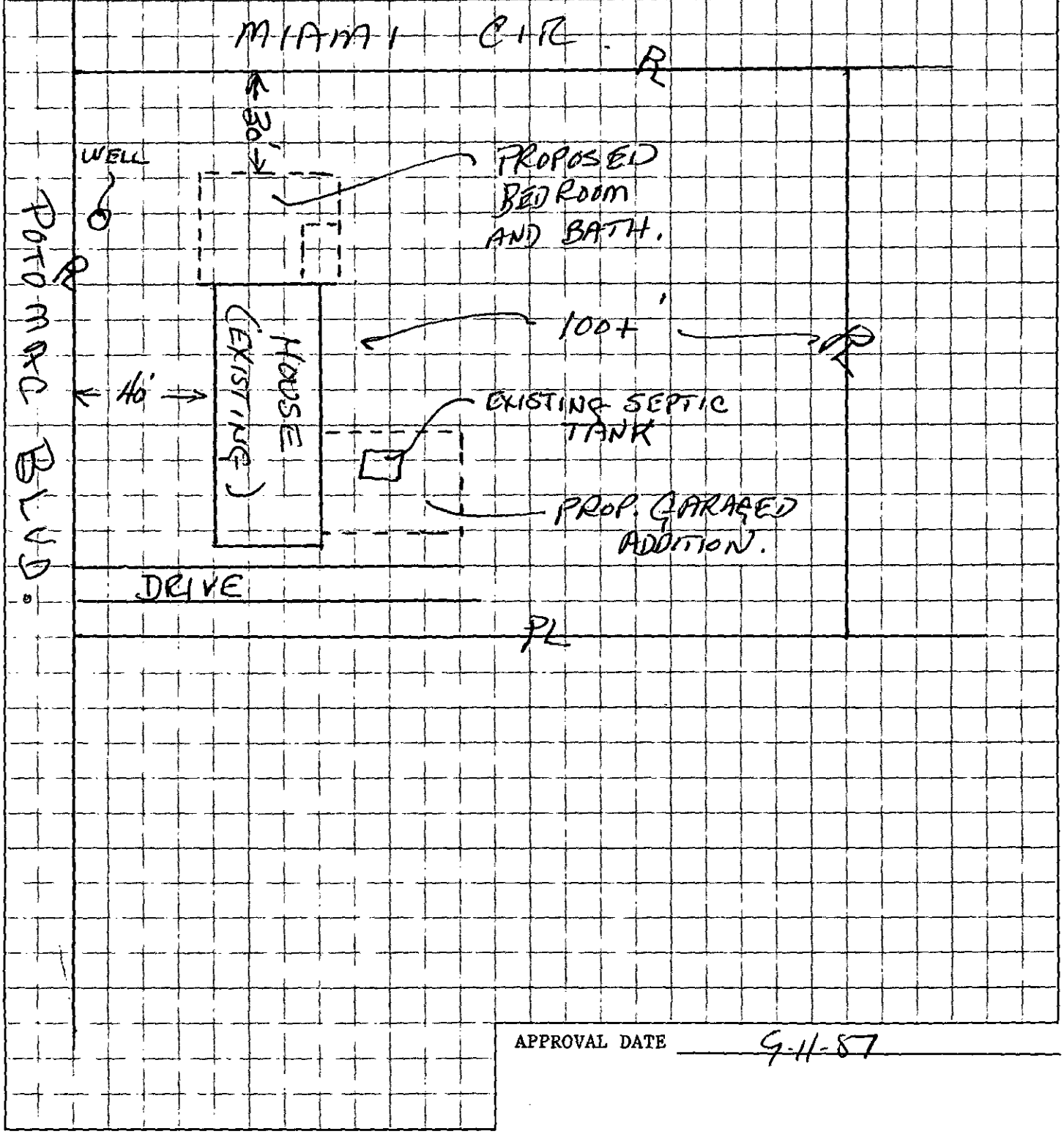
PROPOSED PLOT PLAN

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

FILE: 3915A & 5189A

TC: 025-132-24

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.



APPROVAL DATE 9-11-87

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

PROPOSED PLOT PLAN

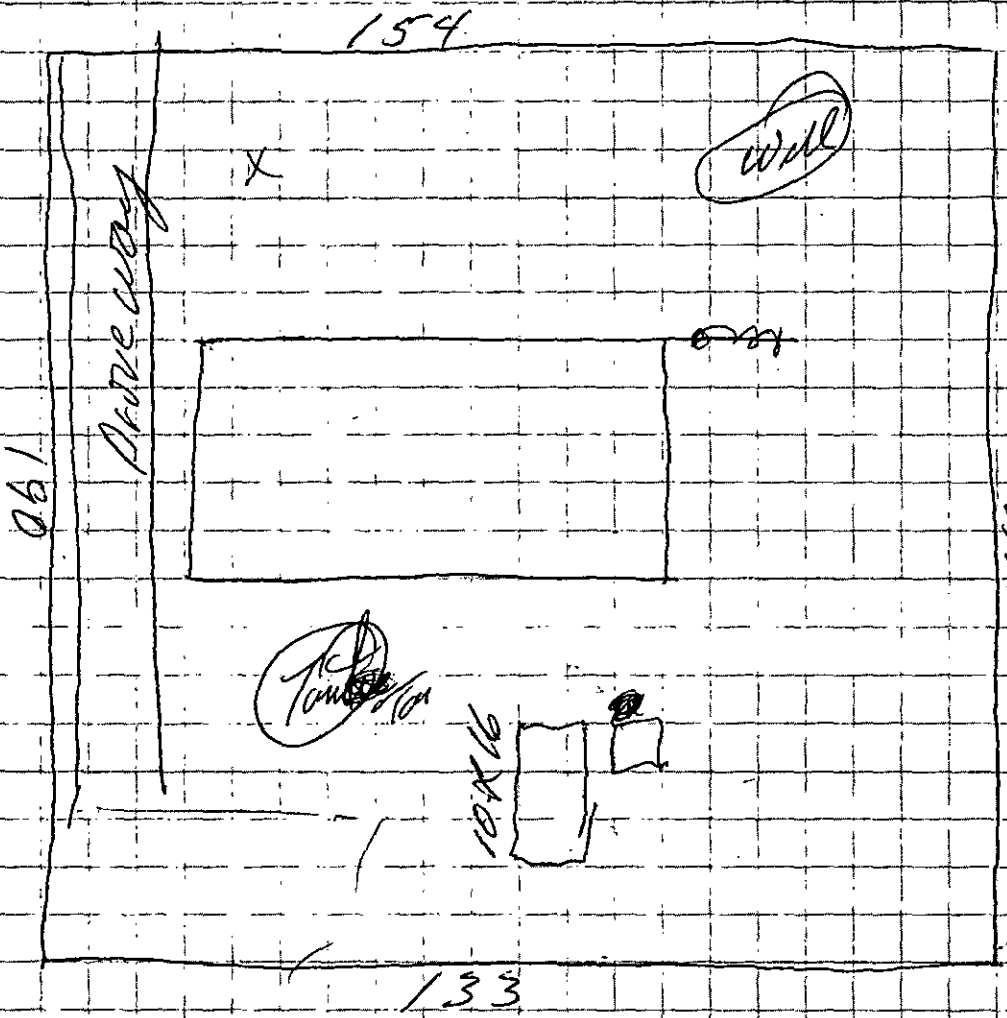
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3915A

TC: 025-132-24

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.



Signed: [signature]

Date: 9-11-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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: 3915A
TC: 025-132-24
SERIAL: Nº 14478
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8801 (STREET NO.) Potomac Blvd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Thero (Doris wife) (FIRST) G. (MIDDLE) Spears (LAST)
⑨ MAILING ADDRESS: 8801 Potomac Blvd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 379-9386 ⑭ (HOME) 596-0580

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) storage bldg.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 5
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed:
Date: 9-11-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Use Existing System

Environmentalist, 9-18-87 Date

Director or Authorized Section Head, 9-18-87 Date

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

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) 3915A & 5189A
FILE: 5189A
TC: 025-132-24
SERIAL: № 17229 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8801 Potomac Blvd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Americana Park ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Thero (FIRST) G (MIDDLE) Spears (LAST)
⑨ MAILING ADDRESS: 5009 San Francisco Cir
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 379-9386 ⑭ (HOME) 596-0380

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1+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: Kenneth W Spears For Thero G Spears
Date: 8 Nov 88

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.

DENIED Refund for APTS or Sewage 12-13-88

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.