

6011 MT HOLLY-HUNTERSVILLE RD

02324101

12/19/2007

duponbj

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

2400

4/26/93 Cash $100.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 4/30/93 Chk 911 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 §788/§§55A

Date:

PERSON FILING APPLICATION:
NAME: Koutroulakis (last) Brenda P (first) (mi)
ADDRESS: 6011 Mt. Holly-Huntsville Rd PHONE: 704 399-4665 - 372-6493
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-081-01P
STREET ADDRESS: 6011 Mt. Holly-Huntsville Rd
Charlotte NC. 28216
ZONING:

PROPERTY OWNER:
NAME: Same (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 - 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) UKS
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R) 5/4/93 BK

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: 3 5/4/93 BK
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: Brenda Koutroulakis Date: April 20, 1993

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.

...Old house to be abandoned

Use existing system

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

Philo A. Walker R.S. 5/6/93
Environmentalist Date

Judy S. Klein RS 5/7/93
Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

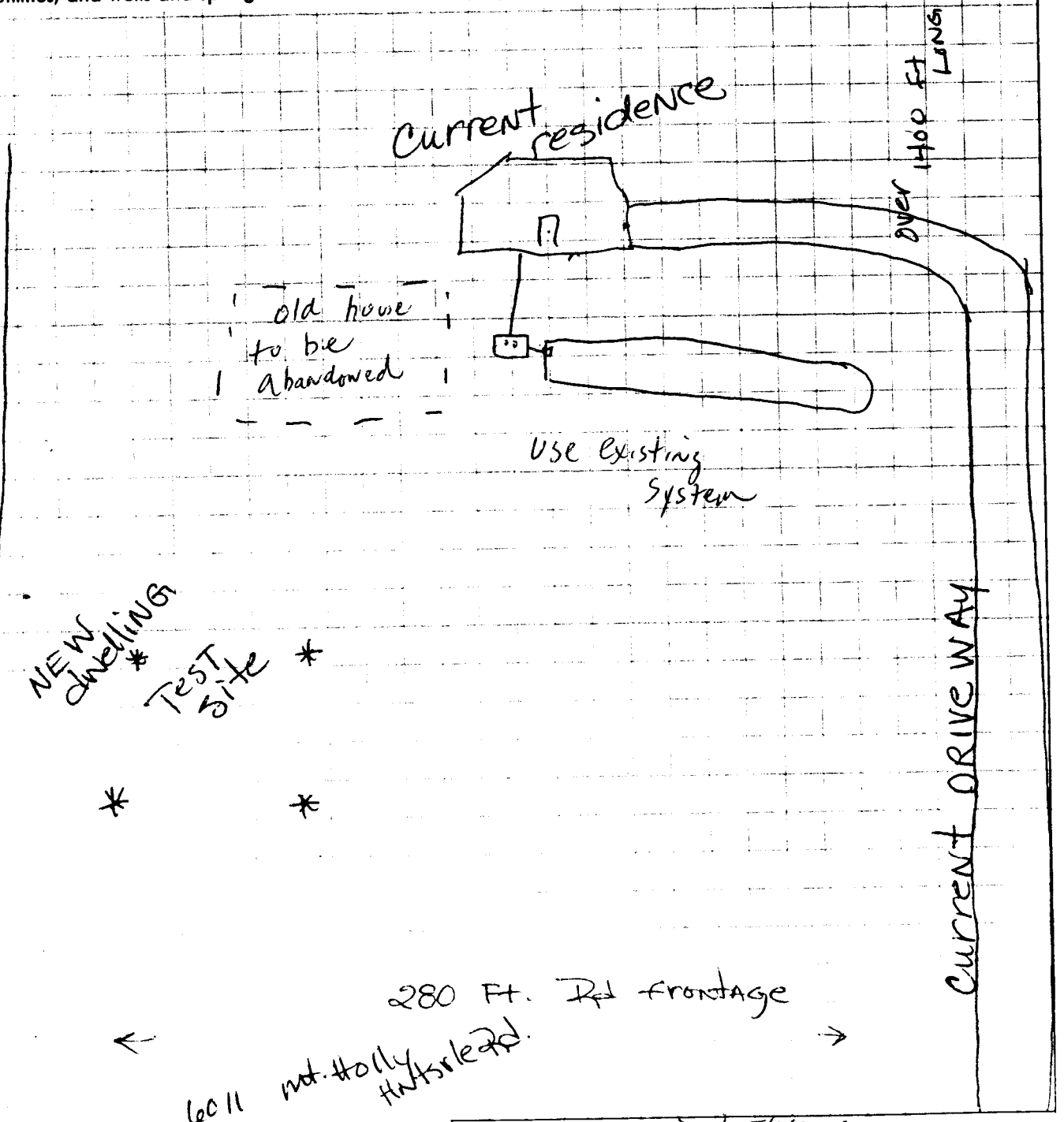
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Original

FILE: 9780/8850A

TC: 023-081-01

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 BW 5/6/93 appr
VES

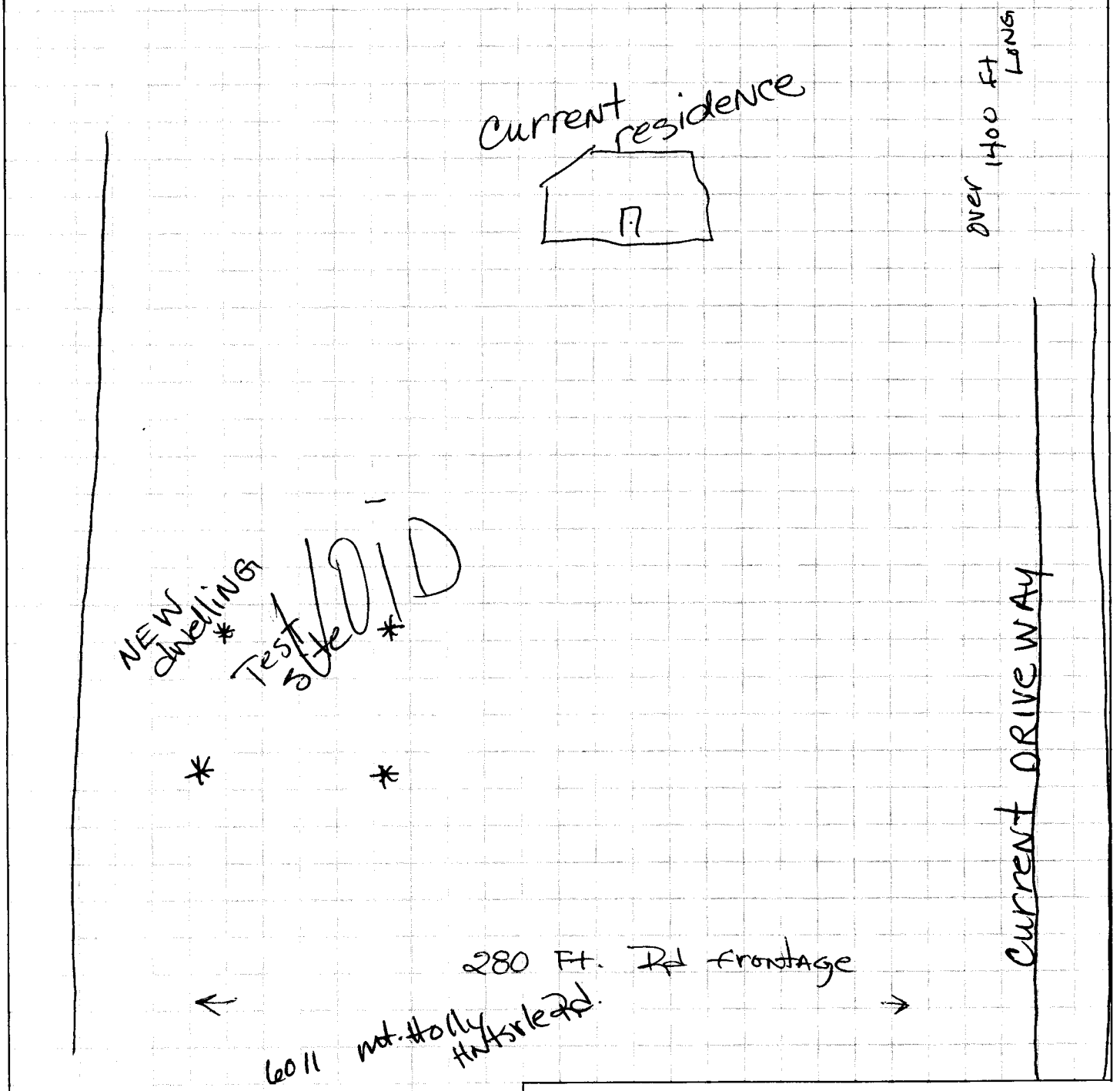
PROPOSED PLOT PLAN

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ENVIRONMENTAL HEALTH DIVISION
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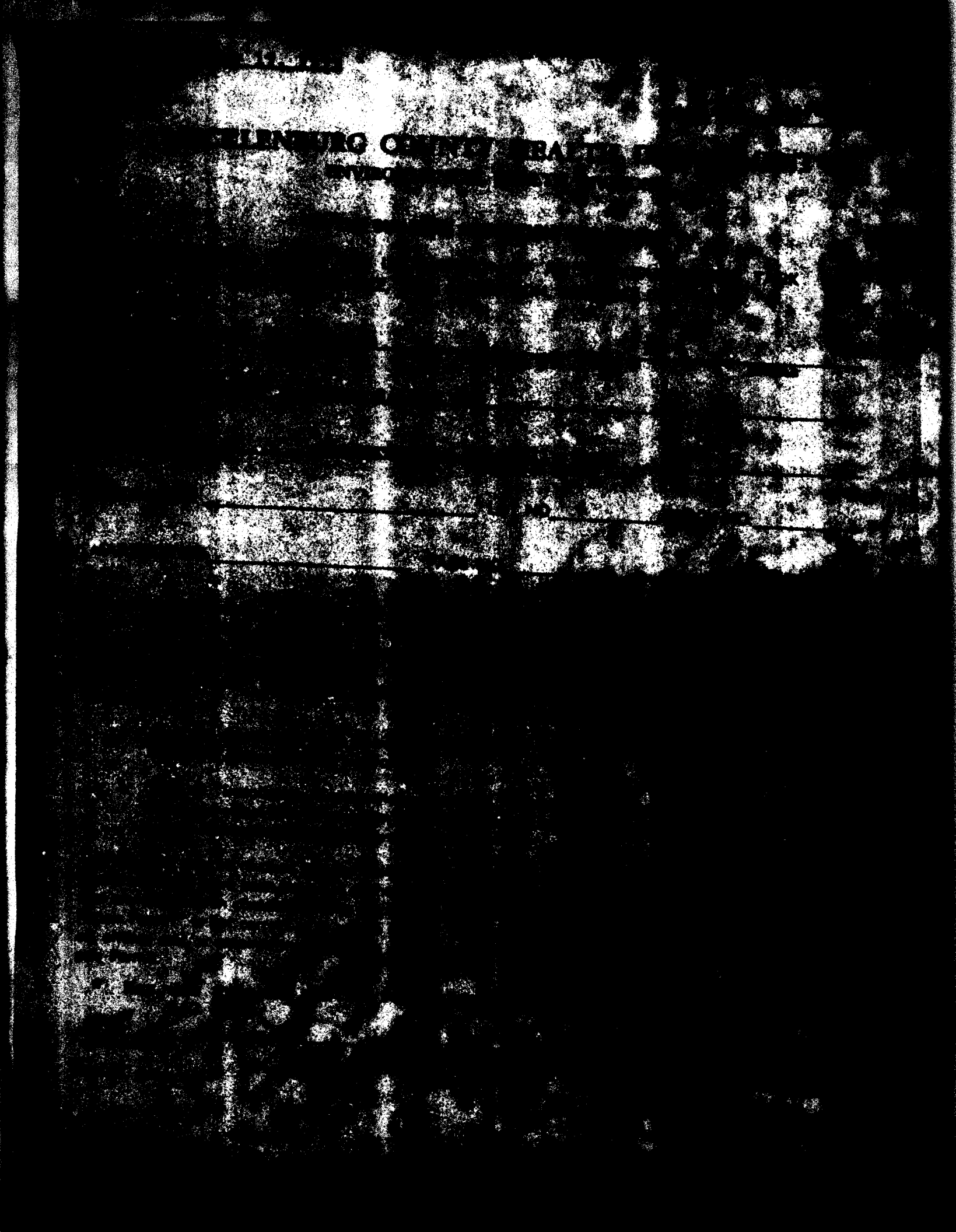
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APPROVAL DATE _____

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



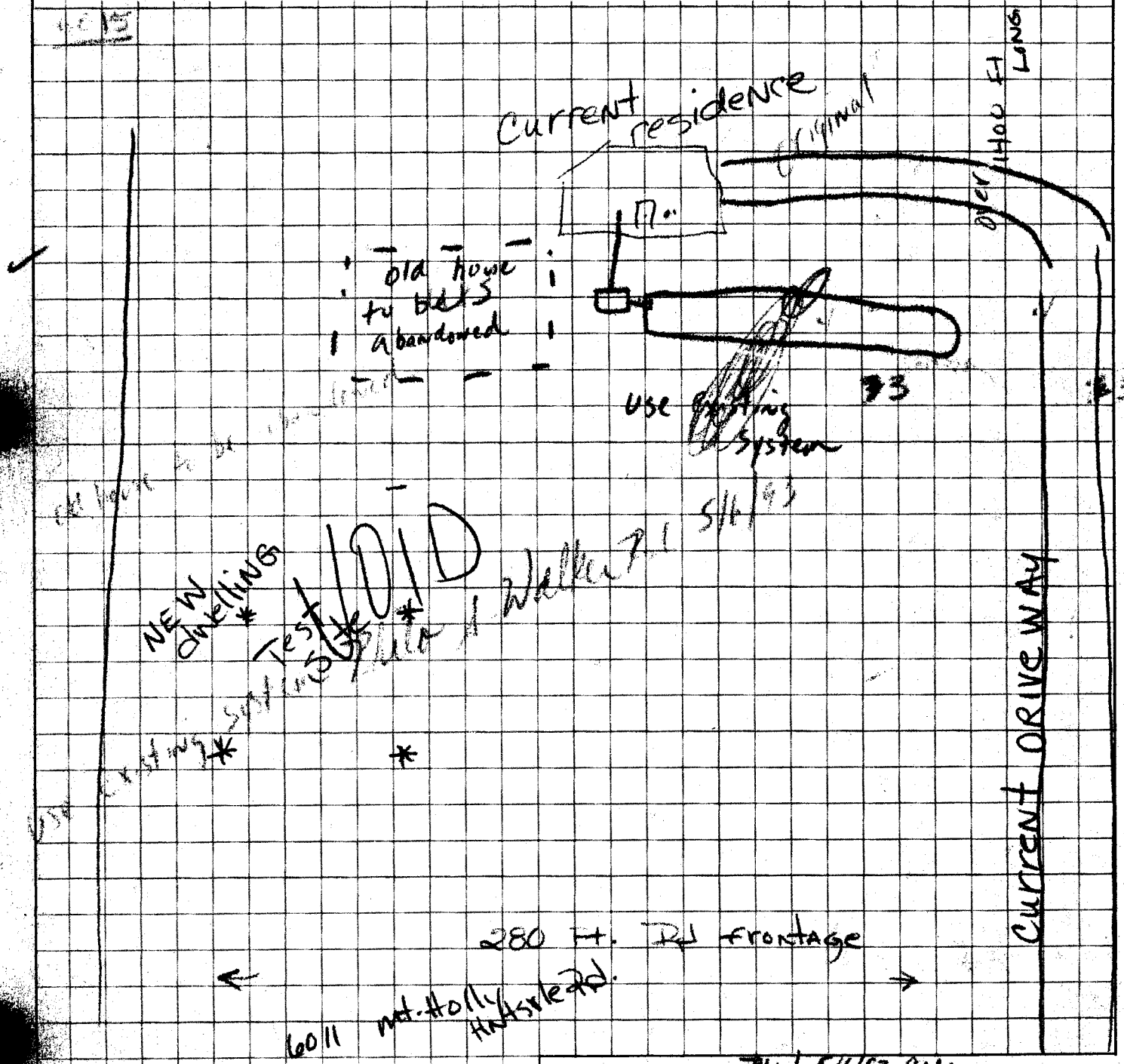
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ENVIRONMENTAL HEALTH DIVISION
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PHONE (704) 336-5102

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TC: 023-081-01

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APPROVAL DATE TJW 5/6/93 after UES

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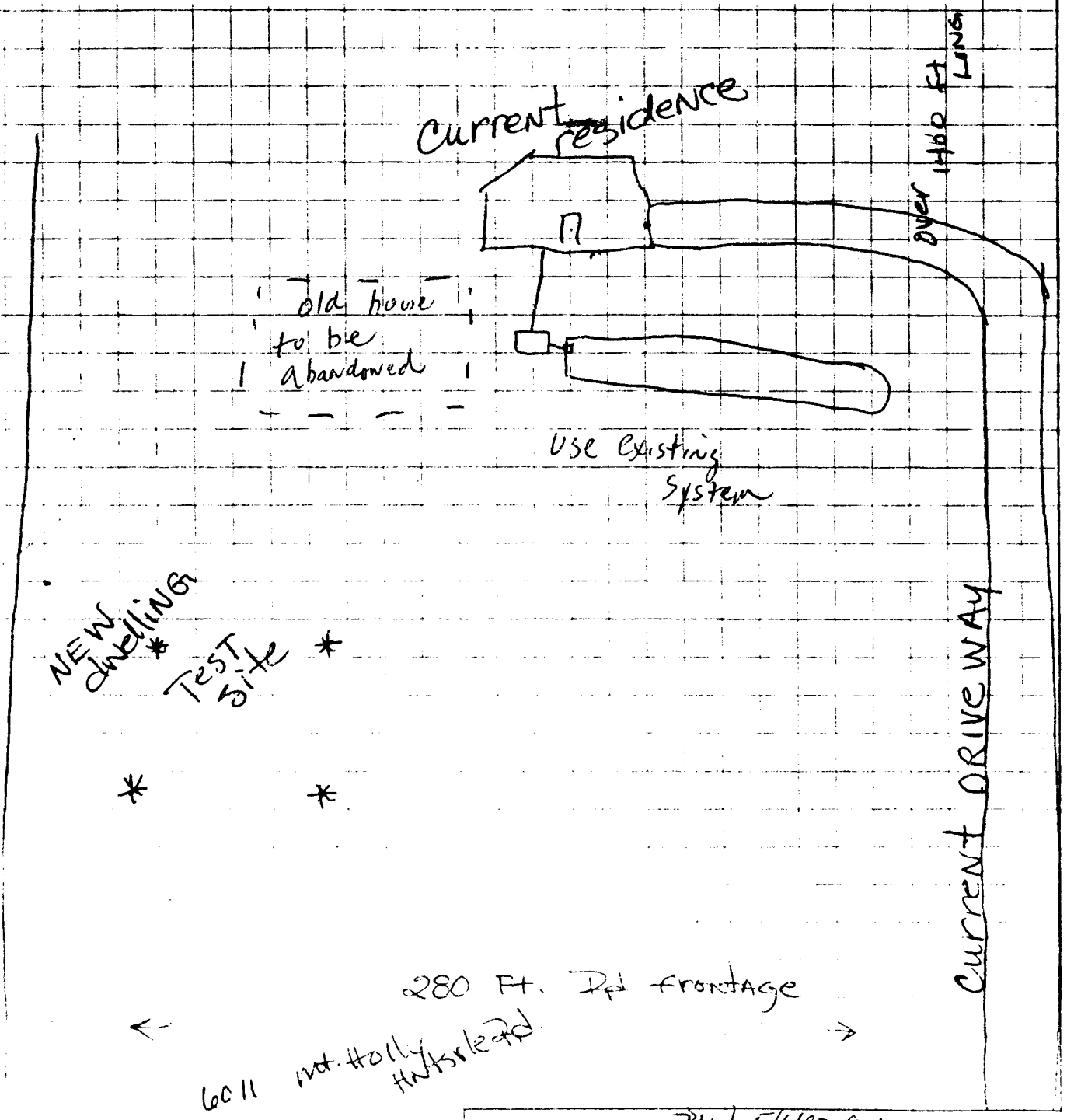
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9780/8850A

TC: 023-081-01

COPY

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APPROVAL DATE RJW 5/6/93 appr
UES

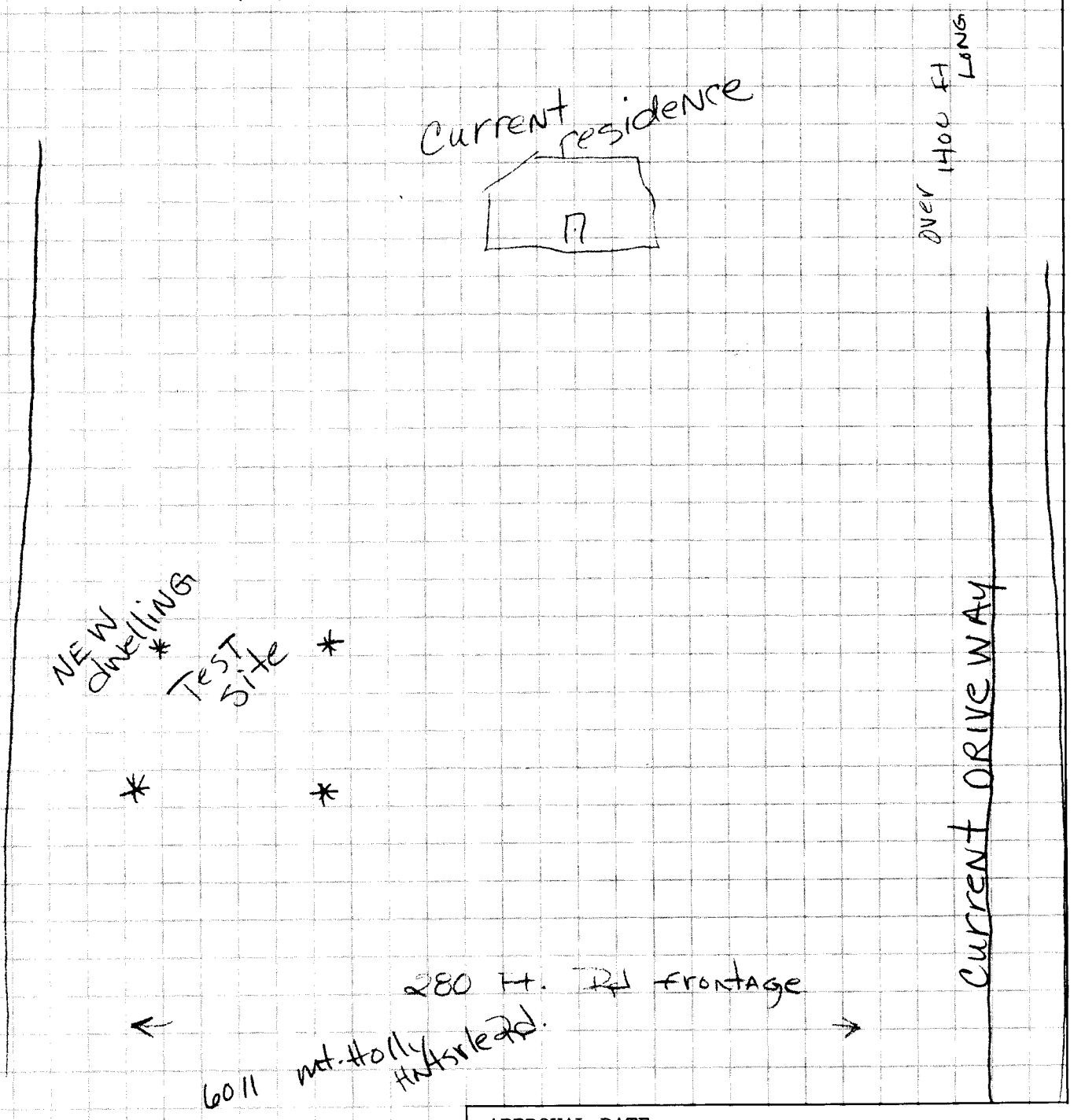
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9780/8850A

TC: 023-081-01

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APPROVAL DATE _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 4/26/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Nick

PARCEL NUMBER # 023-081-01

ASSIGNED ADDRESS 6015 N/A Holly Huntersville Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	_____*
2.	FLOODWAY REGULATIONS	/	_____*
3.	EROSION CONTROL REGULATIONS	/	_____*
4.	PUBLIC UTILITY EASEMENT	/	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	/
7.	DRIVEWAY PERMIT REQUIRED	_____*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pence

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

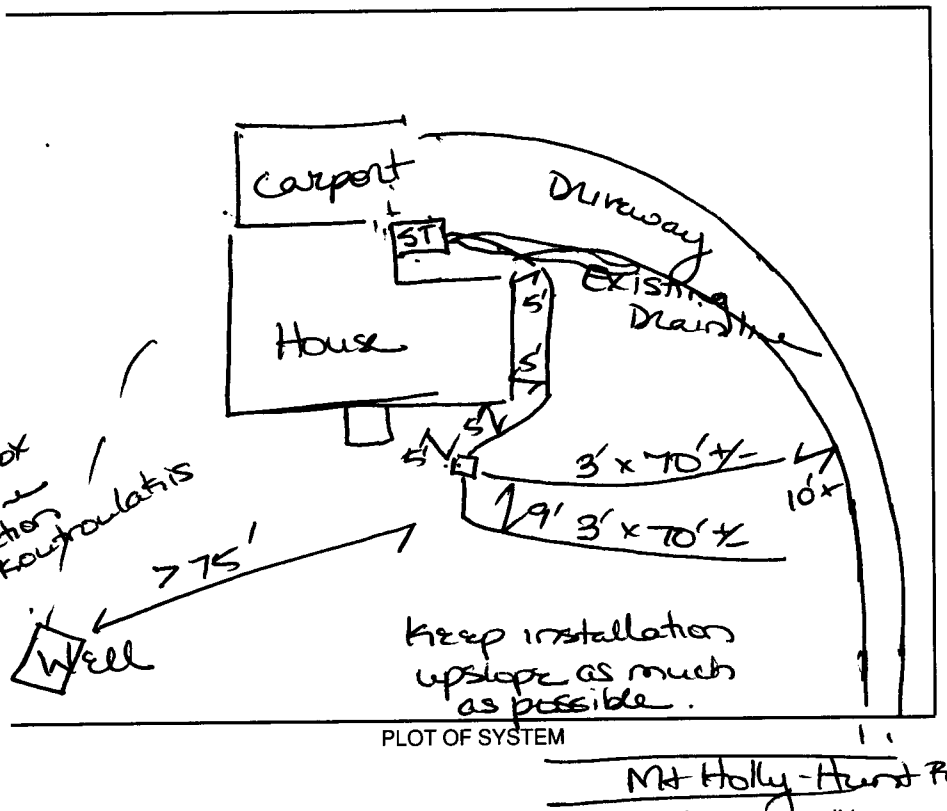
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 978B DATE: 2/27/96

TC: 023-081-01 ☐ L

SERIAL Nº 16632

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 11/28/95. All work shall be completed on or before 3/27/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 ~24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 140' ± feet

Number of Lines 2@70' ±

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ~~50'~~ >75' feet

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

NAME OF OWNER Steve & Brenda Koutroulakis

LOCATION OF PROPERTY 6011 Mt. Holly-Huntersville Rd

Comments: ① Check sanitary tee in septic tank, pump septic tank if needed ② Install new D-Box, if necessary

OD < 85

Joan B. Mialik, RS
Environmental Health Specialist

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

FEE: 75.00 Cash
DATE: 11-28-95 MA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

5400

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM ✓ EXPANSION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 9781B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-081-01

STREET ADDRESS: 6011 Mt. Holly-Huntsvle Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

TYPE OF BUILDING, (CHECK ONE)

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 02800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTE WATER SYSTEMS ✓ YES __ NO
EASEMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO
Buried GAS LINE

PROPERTY OWNER: Steve + Brenda Koutroulakis

NAME: Koutroulakis, Steve & Brenda
(LAST) (FIRST) (MI)

ADDRESS: 6011 Mt. Holly Huntsvle Rd.

CITY: Charlotte STATE: N.C. ZIP: 28216

DAYTIME PHONE: 704 372-6493

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/85

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.

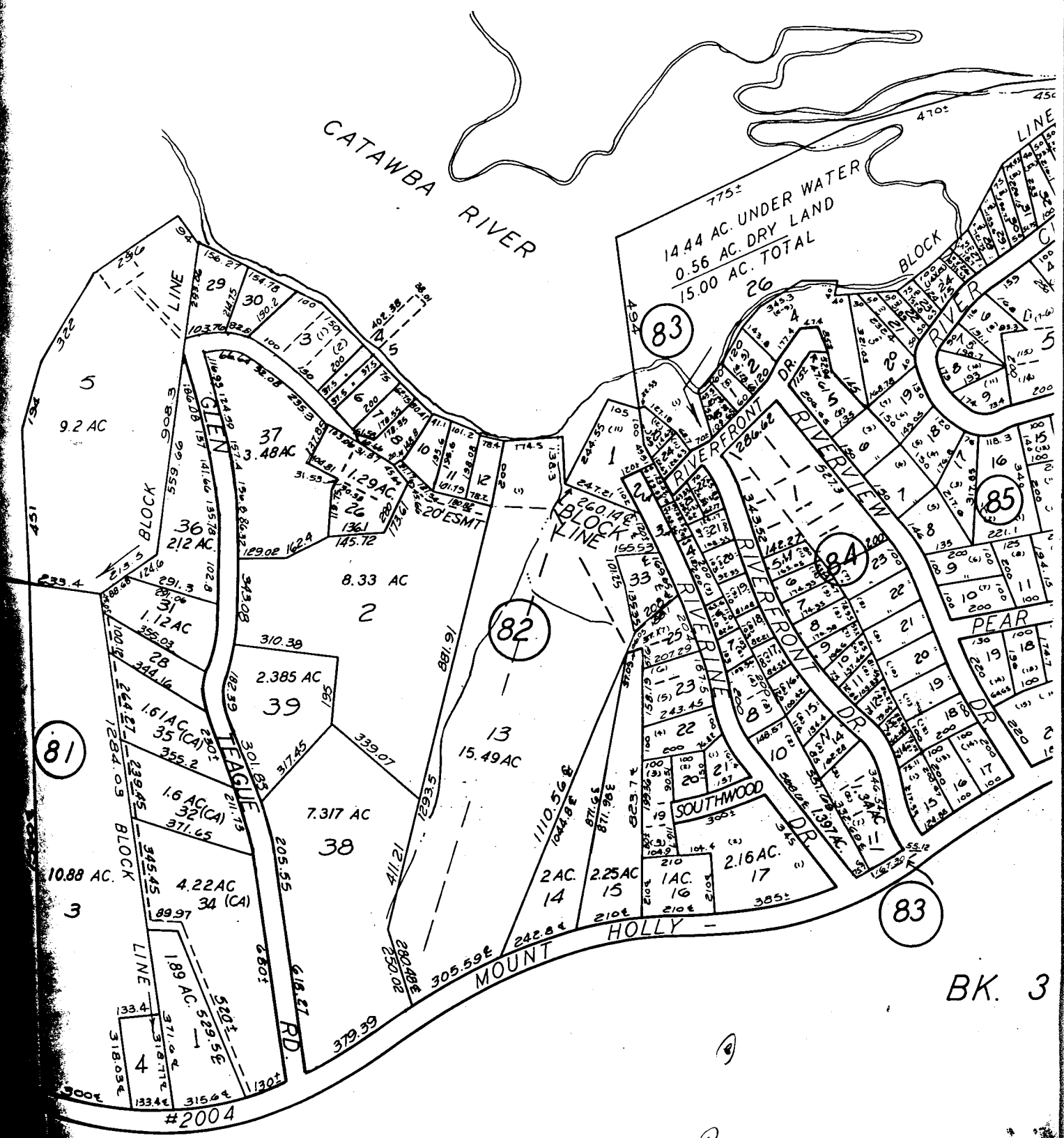
SIGNED: Brenda Koutroulakis DATE: Nov 28, 1995

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

11/28 PC w/Mrs. Koutroulakis — to stat mark P/L(S) & contact me.

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. 12/8 OSV Koutroulakis' say present ST partially under house? Checked soils to rear of new house.

PG. 14



BK. 3

FOR TAX PURPOSES ONLY

Permit Number: 978B

Tax Number:

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	____ Yes	✓ No	____ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	____ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1
____ Long-term acceptance rate	____ Max gallons/day wastewater flow	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)
____ Serviced by private well	____ Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
____ Bedrooms in residence	____ Gallon pump tank	____ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair to existing septic tank system.			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1
~420 Absorption Area (Sq ft) ~140 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	~24" Maximum Trench Depth
For existing system, enter the year originally installed: <1995			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff 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 Departme
- This Improvement permit is transferable.

Lisa B. Mialik RS 2/27/96
DEHNR Authorized Agent Date

BW Christenbury 2-27-96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

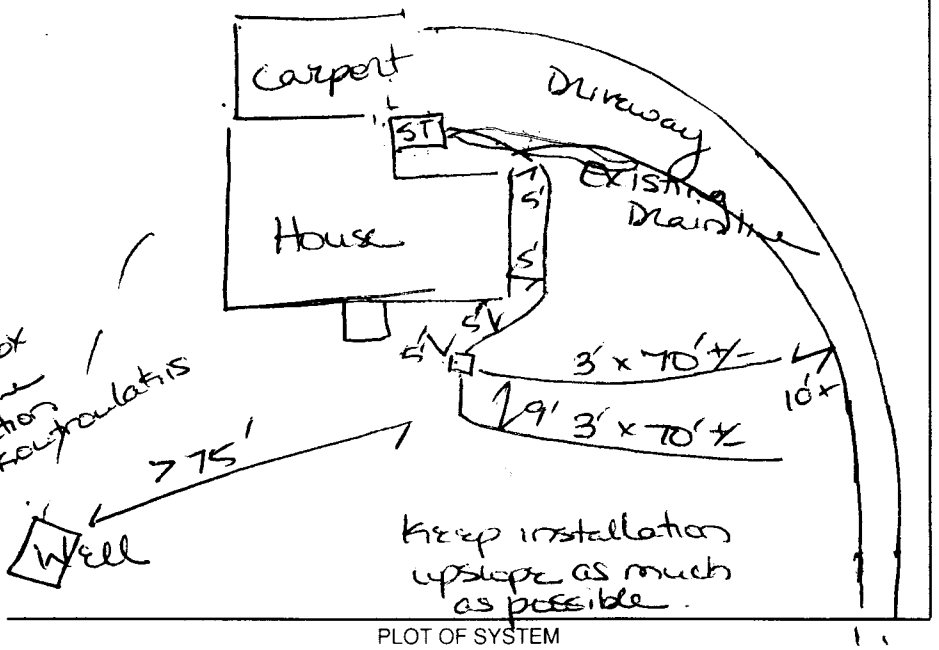
ALTER

FILE: 9798 DATE: 2/27/96

TC: 023-081-01 L

SERIAL No 16632

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PLOT OF SYSTEM

Mt Holly-Huntersville Rd

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank / gallons

Tank Construction /

Trench Depth ~24" inches

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 140'± feet

Number of Lines 2 @ 70'± feet

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ~~50'~~ >75' feet

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

NAME OF OWNER Steve & Brenda Koutroulakis

LOCATION OF PROPERTY 6011 Mt. Holly-Huntersville Rd

Comments: ① Check sanitary tee in septic tank, pump septic tank if needed ② Install new D-Box, if necessary

OD ~ 85

Joe B Mialik, RS
Environmental Health Specialist

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/27/96 PERMIT NO: 978B
PARCEL NO: 023-081-01
JOB LOCATION ADDRESS: 6011 Mt Holly-Huntersville Rd
PROPERTY OWNER: Steve & Brenda Koutroulakis
BUILDING CONTRACTOR: /
SUBDIVISION NAME: /
AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS DATE: 2/27/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 978B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See conditions of improvement permit & repair approval

Repair to existing septic tank system.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

B W Christenbury 2-27-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 978B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-081-01

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
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Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
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Additional Conditions: Repair to existing septic tank system.			
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The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff 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 Departme
- This Improvement permit is transferable.

Lisa B. Mialik RS 2/27/96
DEHNR Authorized Agent Date

BW Christenbury 2-27-96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 75.00 Cash
DATE: 11-28-95 MA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

4/28/93 @ 75.00 per QS | CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 978B 4/23/93 50.00 per QS

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-081-01

STREET ADDRESS: 6011 Mt. Holly-Huntsvle Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 02800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTE WATER SYSTEMS ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO
Buried GAS LINE

PROPERTY OWNER: Steve + Brenda Koutroulakis

NAME: Koutroulakis, Steve & Brenda
(LAST) (FIRST) (MI)

ADDRESS: 6011 Mt. Holly Huntsvle Rd.

CITY: Charlotte STATE: NC. ZIP: 28216

DAYTIME PHONE: 704 372-6493

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/85

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: Brenda Koutroulakis DATE: Nov 28, 1995

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

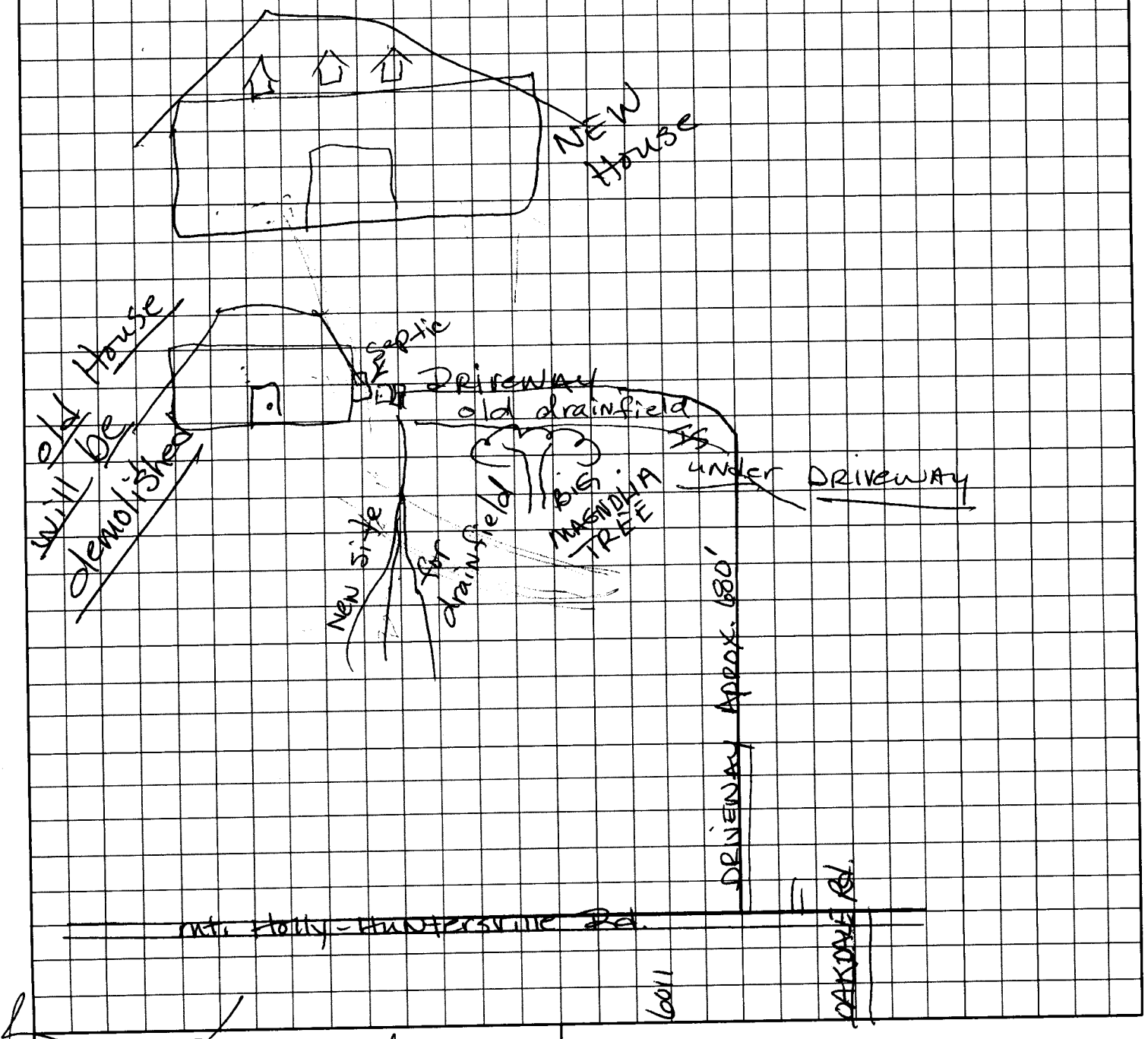
PROPOSED PLOT PLAN

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

FILE: 978B

TC: 023-081-01

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.



Brenda Poutoulakis
OWNER/AGENT SIGNATURE

DATE NOV 28, 1995

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

$400

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

FILE: 978 B DATE: 4-2-96

TC: 023-091-01 ☐ L ☒ CRT

SERIAL Nº 16604

Name of Owner STEVE KOUTROULAICIS Juris.: _____

Address of Property 6011 MT. HOLLY HUNTERSVILLE RD

Inspection Data:

Tank Material 1996 REPAIR

Total Length of Drainfield 140

Number of Lines 2 @ 70

Cover Depth 2'

Water Supply Source well

Distance to Water Source ~65'

Excavation Inspected 4-2-96

Tank(s) Inspected 4-2-96 — pumped

Wash Line Inspected _____

High Water Alarm Inspected —

PLOT

Design 1996 REPAIR CTR# WB CHRISTOWSKY

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 I5A 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 I5A 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.

COMMENTS: _____

Environmental Health Specialist

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

12/12/95 PC w/Mrs. Koutroulakis - stated plumbing in basement (bathroom w/shower off family room) new house → 3 bedroom. Advised on site to rear of new house. Per Mrs. Koutroulakis. Stated need repair to existing - house will not be complete until ~1 yr.

12/12/95 PC w/ Brenda Koutroulakis; stated O.K. for system to rear of new house. however need repair to existing + plumbing already installed in basement slab for basement bathroom

~~12/14~~

12/13/95 OSV w/ J. Kiser No one @ home.
Area located for ~140 linear feet (2@70/65') repair to existing.

12/14/95 PC to Mrs. Koutroulakis. NC. Ltr.
Copy of S.R. to B. Marlin - to eval. area behind new house.

12/14/95 PC w/ Mrs. Koutroulakis. Advised of proposed repair to front. If ST + drainfield ok after house demolished - maybe able to tie basement bathroom into existing. To have B. Marlin check soils to rear of house for new ST + drainfield.

1/11/96 OSV w/B. Marlin. Soils good. to rear of new house
Observed sump pump @ hole dug in drainfield.

1/16/96 PC to Ms. Koutroulakis. NC. Ltr.

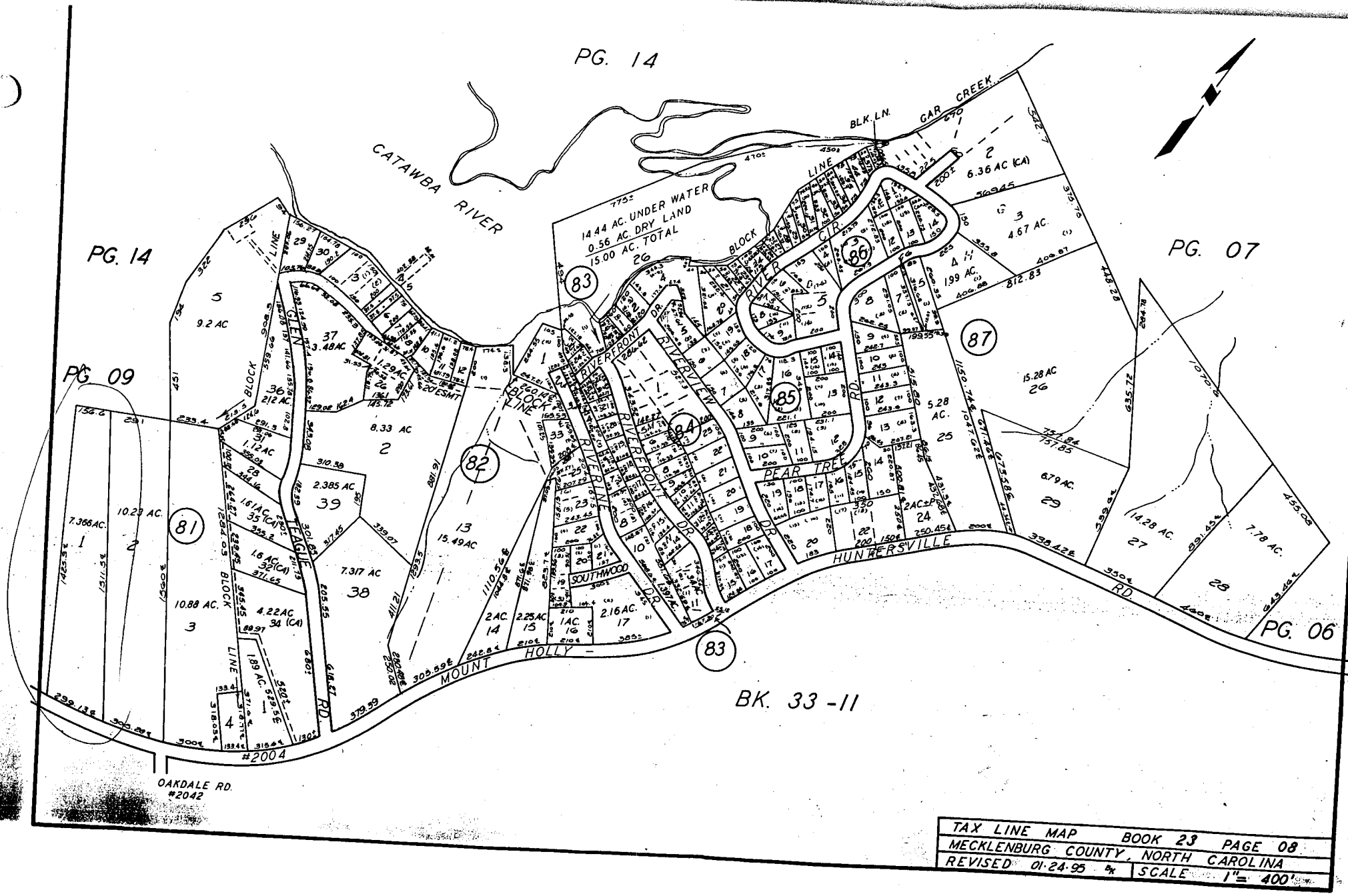
1/16/96 PC w/Ms. Koutroulakis; stated they used sump pump ~2x - have not had any need to use it recently. Discussed that effluent cannot be discharged to ground surface; house layout - 4 bdrm, need for new application for new system. $75 to new system. Advised to have ST contact within 2 weeks.

1/17/96 App. mailed to Koutroulakis

2/15/96 OSV. No answer @ door. Sump pump still @ hole dug in drainfield. Left bus. card.

2/16/96 Ltr from Brenda Koutroulakis

2/16/96 PC w/Brenda Koutroulakis - misunderstood that I need to meet S.T. contractor on-site - has contacted Audrey Street, Christiansburg. Advised Ms. Koutroulakis to have her S.T. contractor contact me asap will send application for new sys. again.


PG. 14
PG. 14
PG. 09
PG. 07
PG. 06
CATAWBA RIVER
GAR CREEK
BLK. LN.
1444 AC. UNDER WATER
0.56 AC. DRY LAND
15.00 AC. TOTAL
6.36 AC (CA)
4.67 AC.
1.99 AC.
5.28 AC.
15.28 AC
6.79 AC.
14.28 AC.
7.78 AC.
9.2 AC
3.48 AC.
1.29 AC.
2.12 AC.
1.72 AC.
8.33 AC
2.385 AC
7.366 AC.
10.23 AC.
1.6 AC. (CA)
7.317 AC
15.49 AC
10.88 AC.
4.22 AC. (CA)
1.89 AC.
2 AC.
2.25 AC.
1 AC.
2.16 AC.
2 AC±
RIVER GLEN BLOCK
RIVERFRONT DR.
RIVERVIEW DR.
SOUTHWOOD DR.
PEAR TREE DR.
GLEN LEAGUE BLVD.
MOUNT HOLLY - HUNTERSVILLE RD.
OAKDALE RD. #2042
#2004
BK. 33 - 11
TAX LINE MAP BOOK 23 PAGE 08
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 01-24-95 BK
SCALE 1" = 400'