

8208 ROBBIE CR

14111124

6/1/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5612 A DATE: 10/26/89

TC: 141-111-13 ☑ L ☐ CRT

SERIAL № 12132

Name of Owner Pauline Wingate Juris.:

Address of Property 808 Robbie Circle

Inspection Data:

Tank Material PCC

Total Length of Drainfield 402'

Number of Lines 6 @ 67'

Cover Depth 12"-24"

Water Supply Source Well

Distance to Water Source Not Installed

Excavation Inspected 10/26/89

Tank(s) Inspected 10/26/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1500 St 1206 SFT 12" 6 Lin, Trench CTR# 82

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: System designed for 3 bedroom home

Judy J. Kisor R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

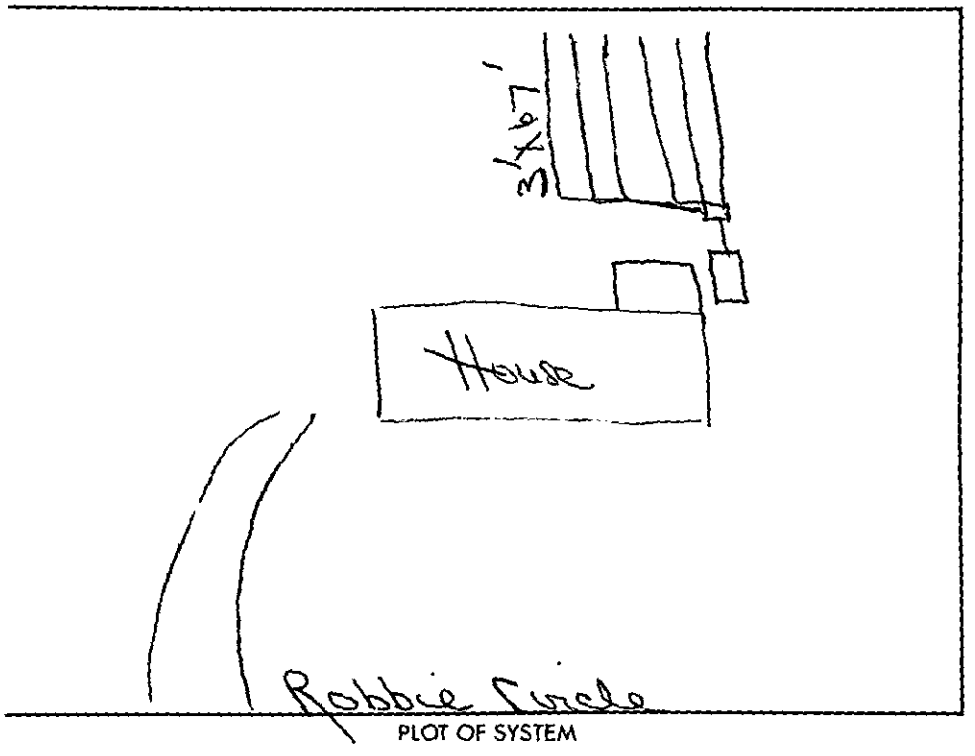
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5612A DATE: 9/26/89

TC: 141-111-13 Ø L

SERIAL № 12999

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 9/21/89. All work shall be completed on or before 10/26/89, 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 Department of Environmental Health 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 3 feet

Total Line Length 400 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Wingate, Pauline

LOCATION OF PROPERTY 8208 Robbie Circle

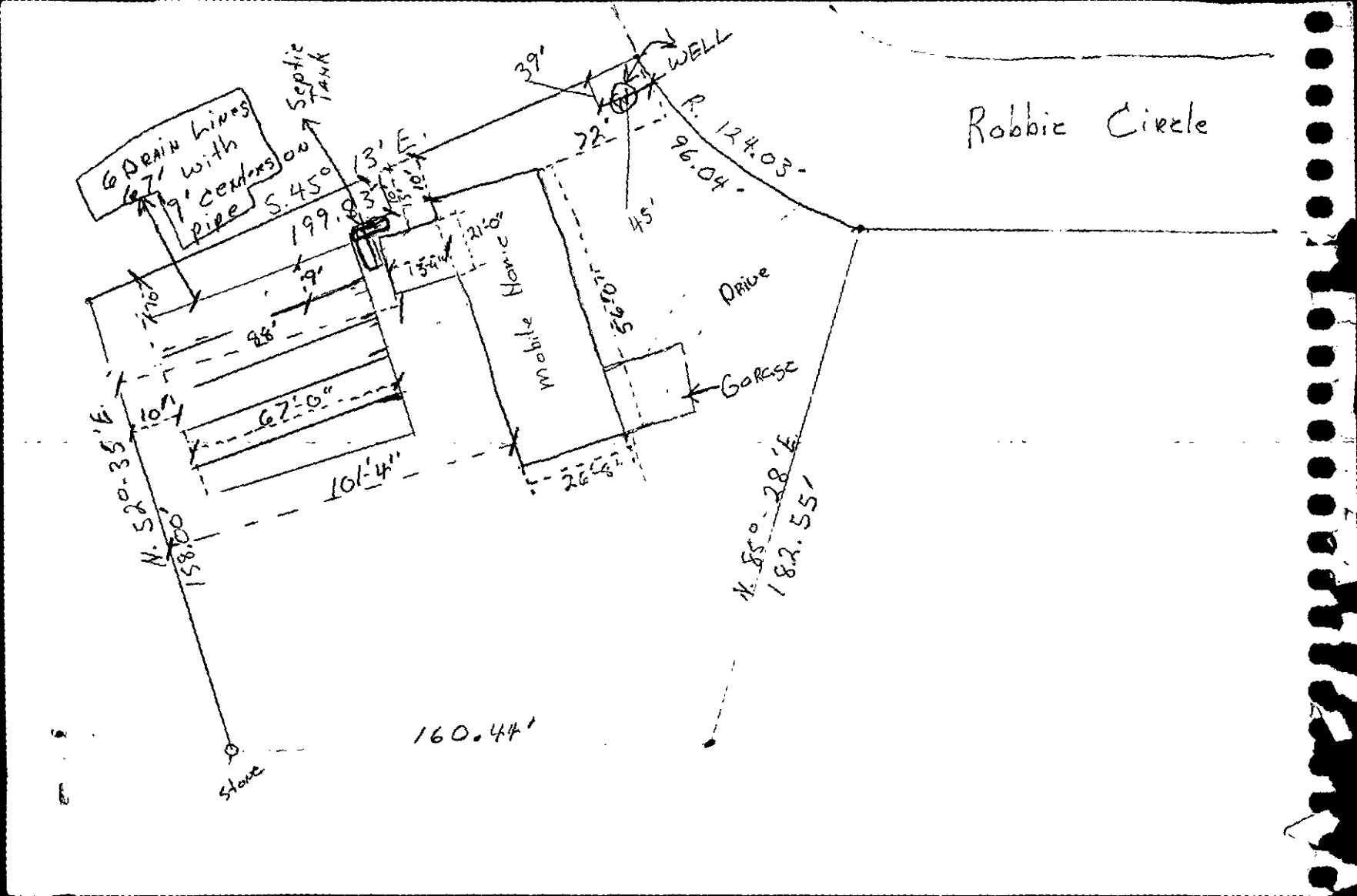
Comments: INSTALL 6 Trenches 3'x67', 12" Stone, Straw Cover.

Division or Section Head

Environmentalist Judy J. Kiser R.S.

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY


6 Drain Lines 67' with 9' centers
Septic Tank
S. 45° E.
199.83'
13'
10'
39'
WELL
R. 124.03'
96.04'
Robbie Circle
72'
45'
1'10"
9'
98'
10'
67'-0"
101'-4"
7'-4"
21'-0"
Home
59'-0"
Drive
Garage
26'-6"
N. 52°-35' E.
158.00'
N. 55°-28' E.
182.55'
160.44'
Stone

All Dimensions
3 Bedrooms
4 Bdr. and Lot

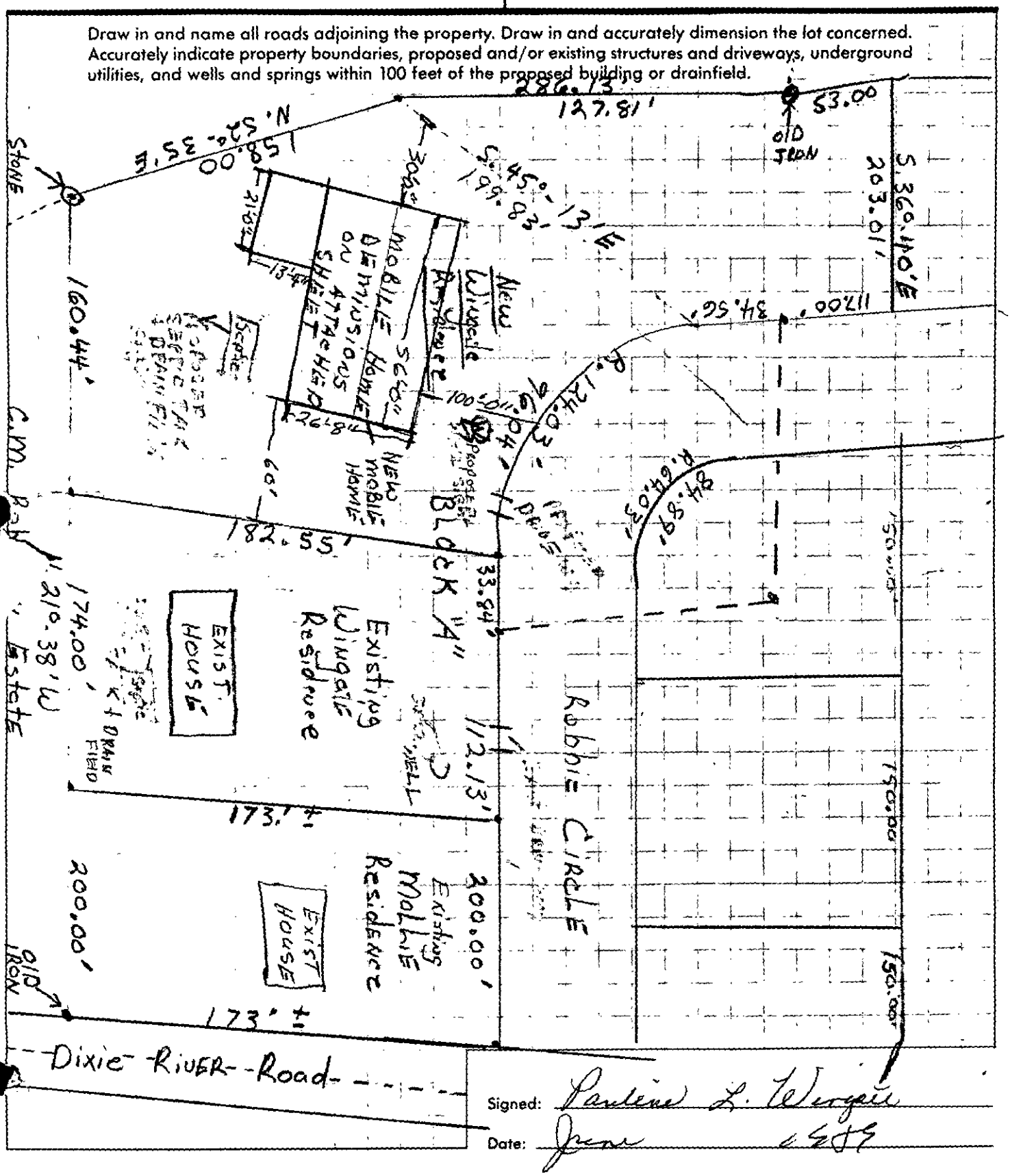
PROPOSED PLOT PLAN

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

FILE: 5612A

TC: _____

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: Pauline L. Wingate

Date: June 6 1979

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: 5612A

TC: _____

SERIAL: No: 18707 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8208 (STREET NO.) Robbie Circle (STREET), Charlotte, NC. ② FILE: 5612A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 14111113

⑤ SUBDIVISION: _____ ⑥ LOT: 12 ⑦ BLOCK: "A"

OWNER

⑧ NAME: Pauline (FIRST) Winker (MIDDLE) Wingate (LAST)

⑨ MAILING ADDRESS: 8210 Robbie Circle

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208

⑬ PHONE: (WORK) _____ ⑭ (HOME) 704-588-3855

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? 3 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

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 8/21/89

Director or Authorized Section Head _____ Date 8/21/89

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

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 on the property for the purpose of processing this request.

Signed: Pauline L. Wingate

Date: June, 1989

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 7/3/89

Name/Company Delux - Dr Ernest Wingate

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dump Permit
8208 Robbins Circle
_____
_____

ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 3 1989

File # 5612A

CR# 1369

Fee: $200.00 $200.00

Jackie Abernethy
Completed by

Collected by

700 N. Tryon St

DATE: 7-3-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 141-111-13 po

ASSIGNED ADDRESS 8208 Robbie Cr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

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

REMARKS: Well septic tank triple wide MH

NOTE: **THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.**
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: JCP

OPWEAR 02/86

Mecklenburg County
Health Department

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

May 5th, 1989

Pauline Wingate
8210 Robbie Circle
Charlotte, NC 28208

RE: Property located at Robbie Circle
FILE: 5612A
PARCEL: 14111113

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16093) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16093

File: 5612A Action 1

Parcel: 14111113 ☐ PC

Location: Robbie Circle

Subdivision:

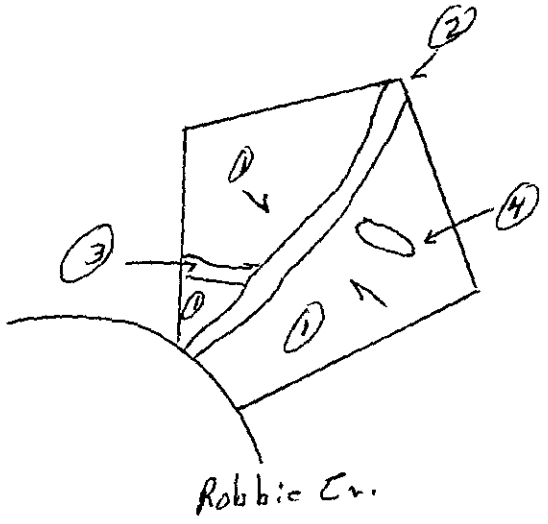
Lot: Block: Acres: 1.0

Owner: Pauline Wingate
Address: 8210 Robbie Circle
Charlotte, NC 28208

Comments: Would need 100% repair area.

Described by: William R. Marlin

Date: 5-4-89



*** 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 6-15%	S PS (U) Drainageway Depression	S PS (U) Cut	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36-44"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S (PS) U limited	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	IVA Cecil-Lilly	Drainageway Depression	Cut	complex slopes		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: S612A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8210 Robbie Circle

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: 14111113

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

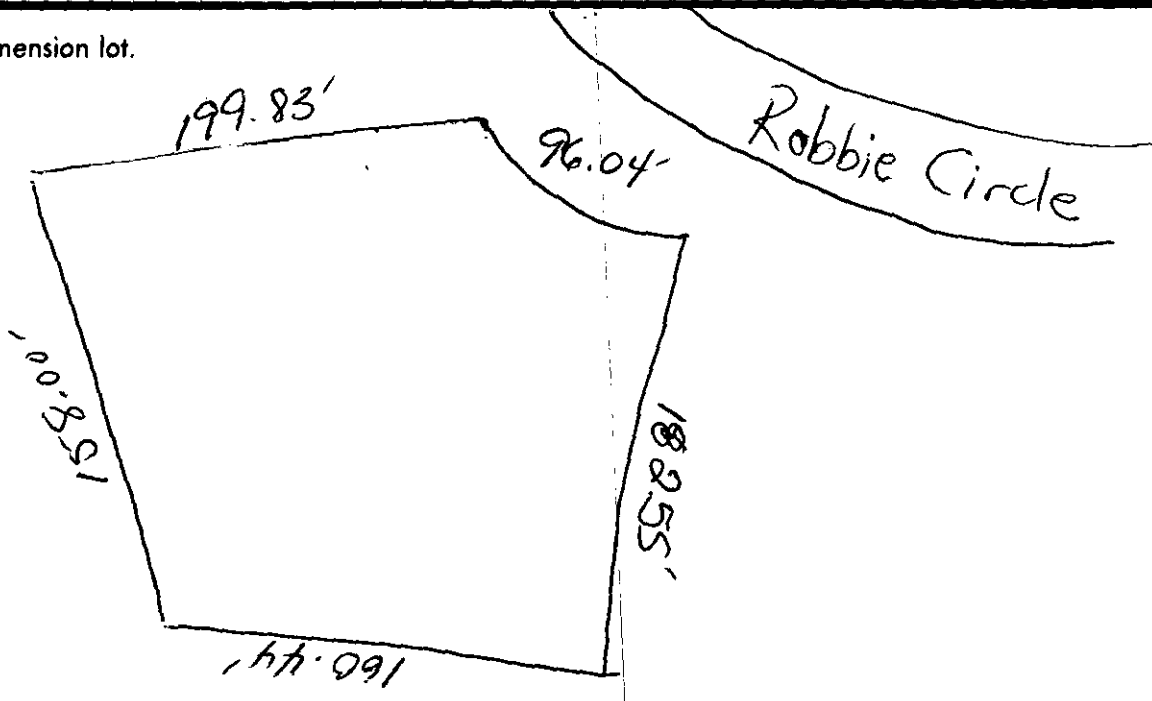
⑦ NAME: Pauline (FIRST) W. (MIDDLE) Wingate (LAST)

⑧ MAILING ADDRESS: 8210 Robbie Circle

⑨ CITY: Charlotte, N.C. ⑩ STATE: N.C. ⑪ ZIP: 28208

⑫ PHONE: (WORK) _____ (HOME) 588-3855

⑬ Accurately diagram and dimension lot.



⑭ 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: Pauline L. Wingate

Date: April 14, 1989

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/14/89

Name/Company Pauline Wingate

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil investigation
5612A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 14 1989

Fee: $ 20.00