

13725 THOMPSON RD

19501511

5/21/08

marliwr

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

FEE: NA JBH
DATE: 6/19/97

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION 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 #: 3237

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-015-11

STREET ADDRESS: 13725 Thompson Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 B C

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 18,000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

6/2/97 OSR. Drainfield dry upon probing - problem appears to be between ST & drainfield
6/24/97 OSR. Mr Hill + Willie of RCS present. Line from ST. to D-Box deteriorated. D-Box clogged with roots. Advised accordingly. No repair approval / "permit" required.
7/1/97 PC w/ Kathy Hudson of RCS - ① Stated D-Box replaced, ② line from S.T. to D-Box replaced, ③ no correction made to existing bed

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE): City W

___ 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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: SARAH M. Hill

NAME: Hill (LAST) SARAH (FIRST) McCulloh (MI)

ADDRESS: 13725 Thompson Rd

CITY: Mint STATE: NC ZIP 28227

DAYTIME PHONE: 704 336-6268 (h) 847-6667
336-3966

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

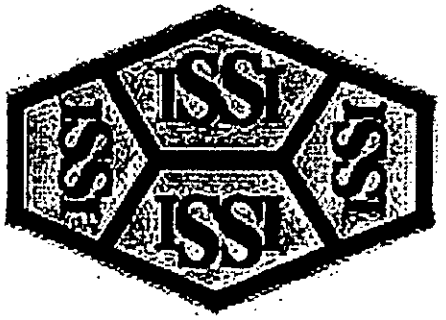
DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1972

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Sarah M Hill DATE: 6-17-97

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



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ISSI Operations Center Staff

Serial No: 3075

ICAR(S) Permit No. 5437

Date Issued 11-__-72

T. C. No. 105-05

Map Date 12 14 73

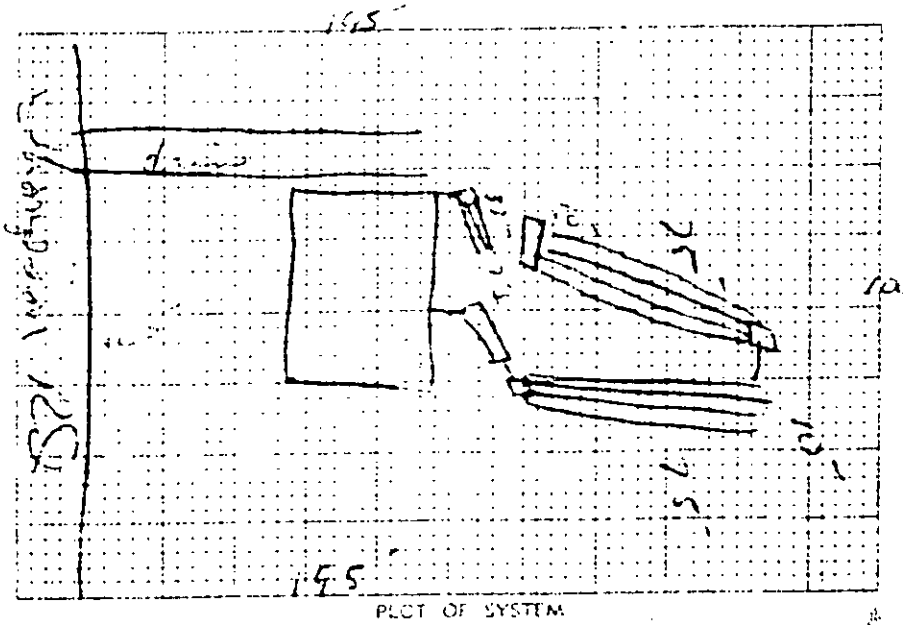
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, After or Repair the individual septic tank sewage water treatment system with subsurface, soil absorption, effluent discharge as specified herein to serve the above mentioned property. This permit is granted based upon the information supplied in application No. 5437 dated 11-__-72, and if such information proves to be false, this permit shall be void and of no effect. If the application is not approved otherwise, All work shall be completed on or before 12-__-72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1500 gals.

Tank Construction concrete

Absorption Area

Total Lineal Feet 600'

Number of Lines 4

Distance between lines 10'

Distance from Property Line 10'

Distance from Well 200'

NAME OF OWNER Rattlinger, Walter & Anne

LOCATION OF PROPERTY Lot 9-C Thomas Rd (Dabbs Rd)

The installer shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered or otherwise rendered inaccessible for inspection.

Conditions of Permit: 1000 gal septic tank and 600' of trench

Thomas R. Dabbs

Permittee

Failure to obtain a permit, comply with the provisions of these regulations or any authorized agent of the Health Department in order to do so shall constitute grounds for revocation of this permit. A new permit must be secured where an existing system is being altered or repaired.