

13139 ASBURY CHAPEL RD

01938108

5/20/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2346 DATE: 3-14-95

TC: 019-211-16 ☐ L ☐ CRT

SERIAL Nº 16158

Name of Owner Rodney D. Wright Juris.: _____

Address of Property 13139 Asbury Chapel Road

Inspection Data:

Tank Material —

Total Length of Drainfield 2 at 50' (6'x50' bed)

Number of Lines 2 @ 50'

Cover Depth 12"-16"

Water Supply Source well

Distance to Water Source 50'+ closest well

Excavation Inspected 9-27-94 & 3-14-95

Tank(s) Inspected —

Wash Line Inspected 9-27-94 & 3-14-95

High Water Alarm Inspected —

PLOT

Design 1995 Repair, 24" stone min, 6'x50' bed, Advised property owner to have septage hauler pump out contents due to rain water getting into system, CTR# Homeowner

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: Upgrade /

Gwen Huggins Bunney, R.S. for Sylvia Arnold

Environmental Health Specialist

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

2346

PD 50.00 CK 1/25/94 DT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Wright (last) Rodney (first) D (mi)
ADDRESS: 13139 Asbury Chapel Rd PHONE: (704) 875-8767
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Wright (last) Rodney (first) D (mi)
ADDRESS: 13139 Asbury Chapel Rd PHONE: (704) 875-8767
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-211-16
STREET ADDRESS: 13139 Asbury Chapel Rd Huntersville, NC 28078
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 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 [] 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: Rodney D Wright Date: 1-26-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... System upgraded - Mobile home in place at time of final inspection for upgrade - Mobile home foundation 5' from septic tank.

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

Susan Peterson 2-24-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

COPY

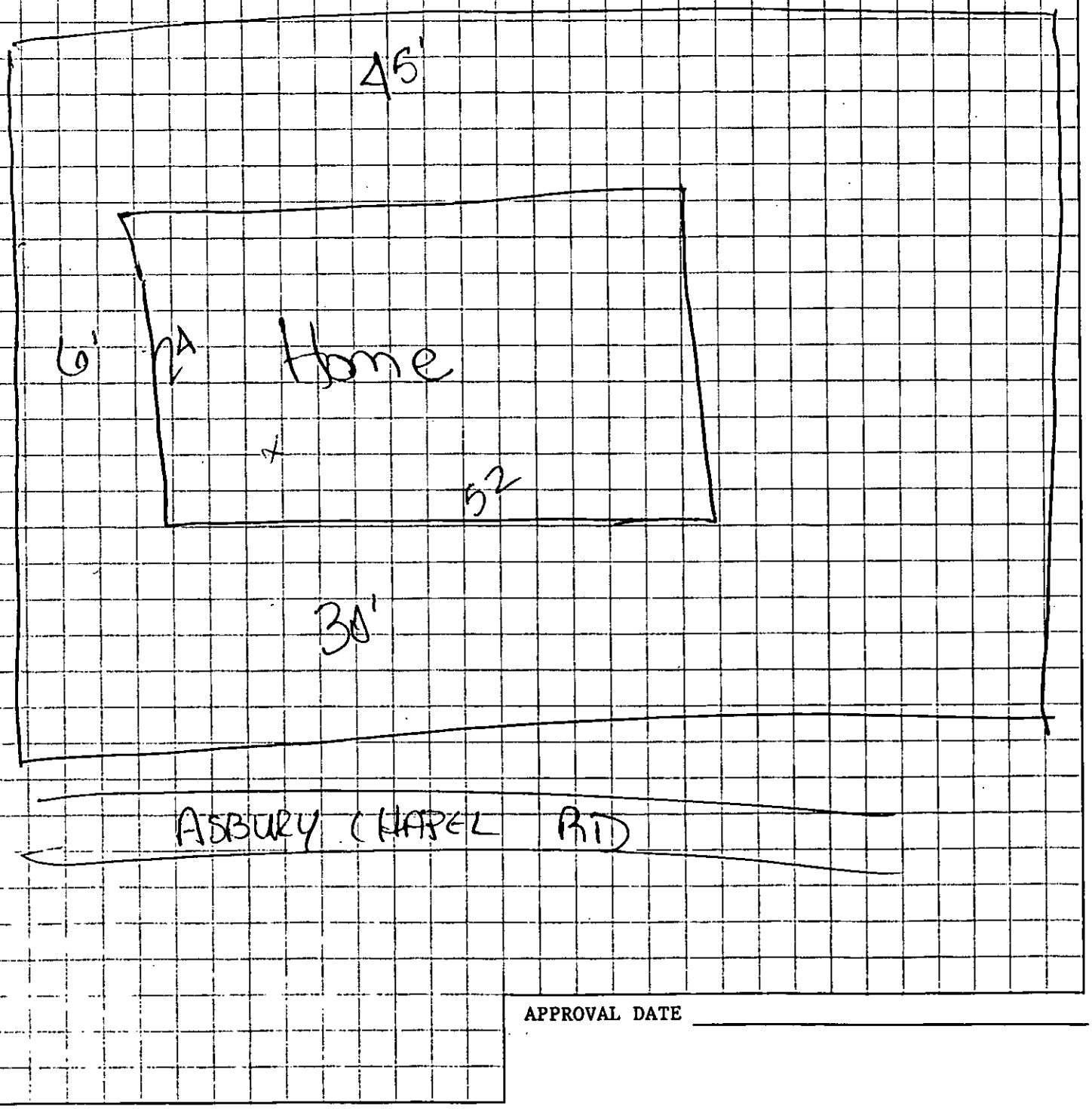
PROPOSED PLOT PLAN

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

FILE: 2346

TC: 019-211-16

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 _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

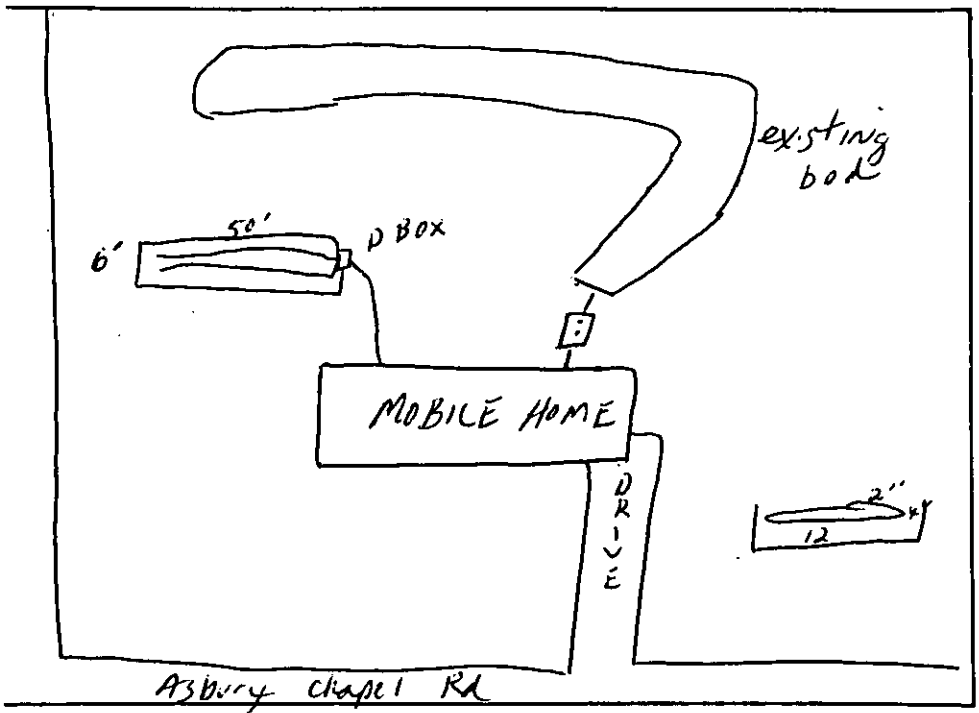
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2346 DATE: 1/27/94

TC: 019 211 16 ☐ L

SERIAL Nº 15216

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 1/25/94. All work shall be completed on or before 2/25/94, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 6 feet

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Rodney D. Wright

LOCATION OF PROPERTY 13139 Asbury Chapel Rd

Comments: Bed system 6'wd x 50'long x 18"stone
Stone depth 18" total | 12" below pipe, 4 beside, 2 on top
Keep drainfield on contour of land and level, Keep septic system > 50' from any well.

F. Walker R.S. for S. Daniel 1/26/94
Division or Section Head

Phyllis 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.

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

Date Issued 10/12/71 Serial No. 1404 ICAR(S) Permit No. 2346

T. C. No. _____

Map Date _____

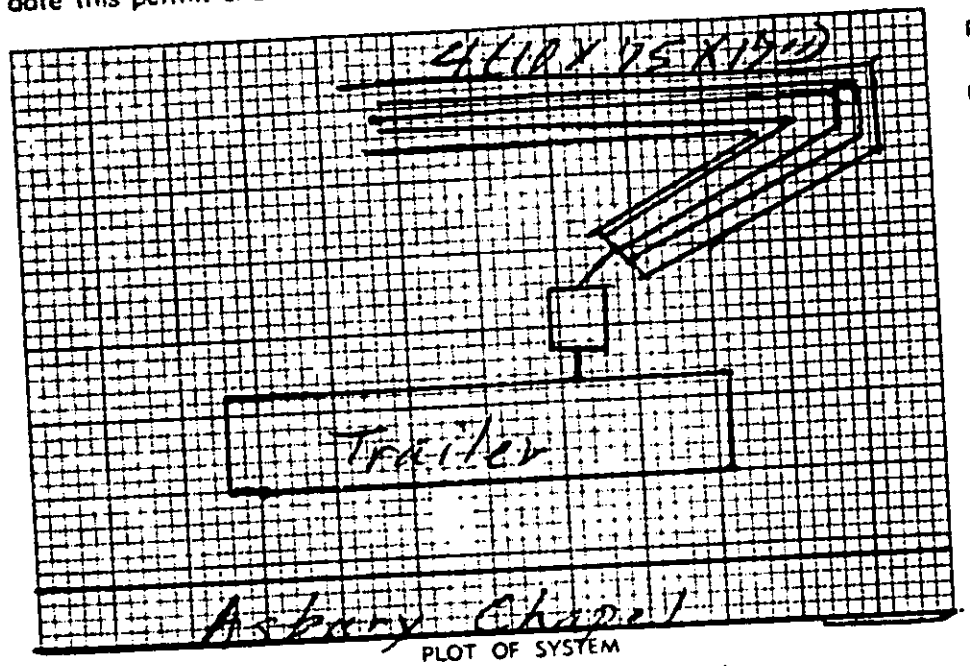
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ____ Alter or Repair the individual septic tank waste-water 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 application 23 dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 11/12/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1000

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4 (10' x 75' x 12")

Distance from House 10'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Nipper, William

LOCATION OF PROPERTY Asbury Chapel Rd

The system 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 up or otherwise rendered uninspectable or can be used.

Comments _____

Charles H. Williams
Environmentalist

Division or Section Head

- If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NC E-5-4-1-71

DEPARTMENT'S COPY

Date Received 8-4-71

CAR(S) Application No. 2346

T. C. No. _____

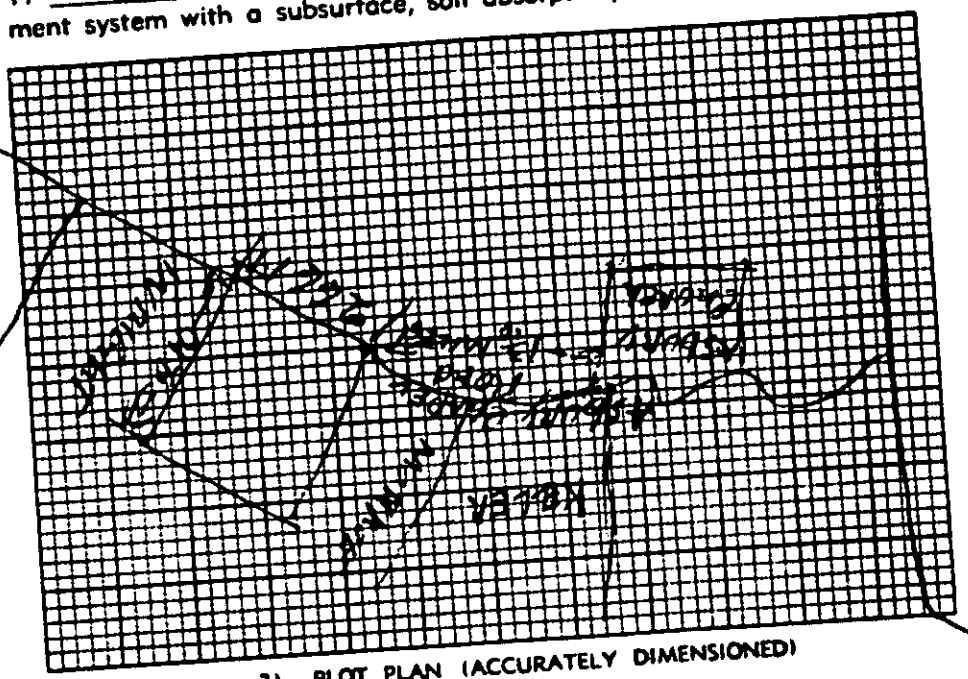
Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) X 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) No. of Bedrooms 2

5) Business Use — Max No Employees no

6) Washing Machine ____ Yes X No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply:
   A) Individual Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source neighbor
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer ____ Yes X No
   House located within 200 feet of community sewer ____ Yes X

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Nipper, William Joseph (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 6213 Hunter Avenue, Charlotte

15) PHONE NO. Home 596-7837 Office _____

16) LOCATION OF SYSTEM Asbury Chapel Road (STREET OR COUNTY ROAD)

17) SUBDIVISION W. A. Ferrell Estate Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3224 AT PAGE 356

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the c
of same are true. It is understood that any permit applied for herein shall be void and of no effect if
the above facts are not true.

AUGUST 3-1971
DATE OF APPLICATION

W. J. Nipper
OWNER

HEALTH DEPARTMENT'S COPY

FORM NO. E-4-4-1-71

C of A (s) No. 2346

Serial No. 1232

T. C. No.

Date Issued 10/13/71

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner NIPPER (LAST) WILLIAM (FIRST) (MIDDLE)

Location of Property ASBURY CHAPEL RD

Application Number 2346

Permit Number 1404

Inspection Date:

Liquid Capacity of Tank 1000

Total Length of Drain Tile 300

Depth of Filter Material 17"

Water Supply Source WELL NOT PROP

Excavation Inspected 10-13-71 (DATE)

Nitrification Field Inspected 10-13-71 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material PC Conc.

Number of Lines 4

Cover Depth 2½'

Distance from Water Source 100

Tank Inspected 10-13-71 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 No plumbing in trailer for washing machine

Charles H. Williams
Environmentalist

FORM NO. E 0-4-1-71

HEALTH DEPARTMENT'S COPY