

9016 HATLEY PL

22330147

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$50.00 CR#11797 3-17-97 EW 1609A [X] CRT

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

Date:

PERSON FILING APPLICATION:
NAME: ~~Paul Corcio~~ Wood, Helen, Paul (last) (first) (mi)
ADDRESS: 9016 Hatley Pl PHONE: (__) 542-7885
CITY: Charlotte STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223-301-47
STREET ADDRESS: 9016 Hatley Pl
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sunroom

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: 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)
[X] 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: [signature] Date: 3/17/97

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.

... Approval for sunroom addition

Use existing system

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

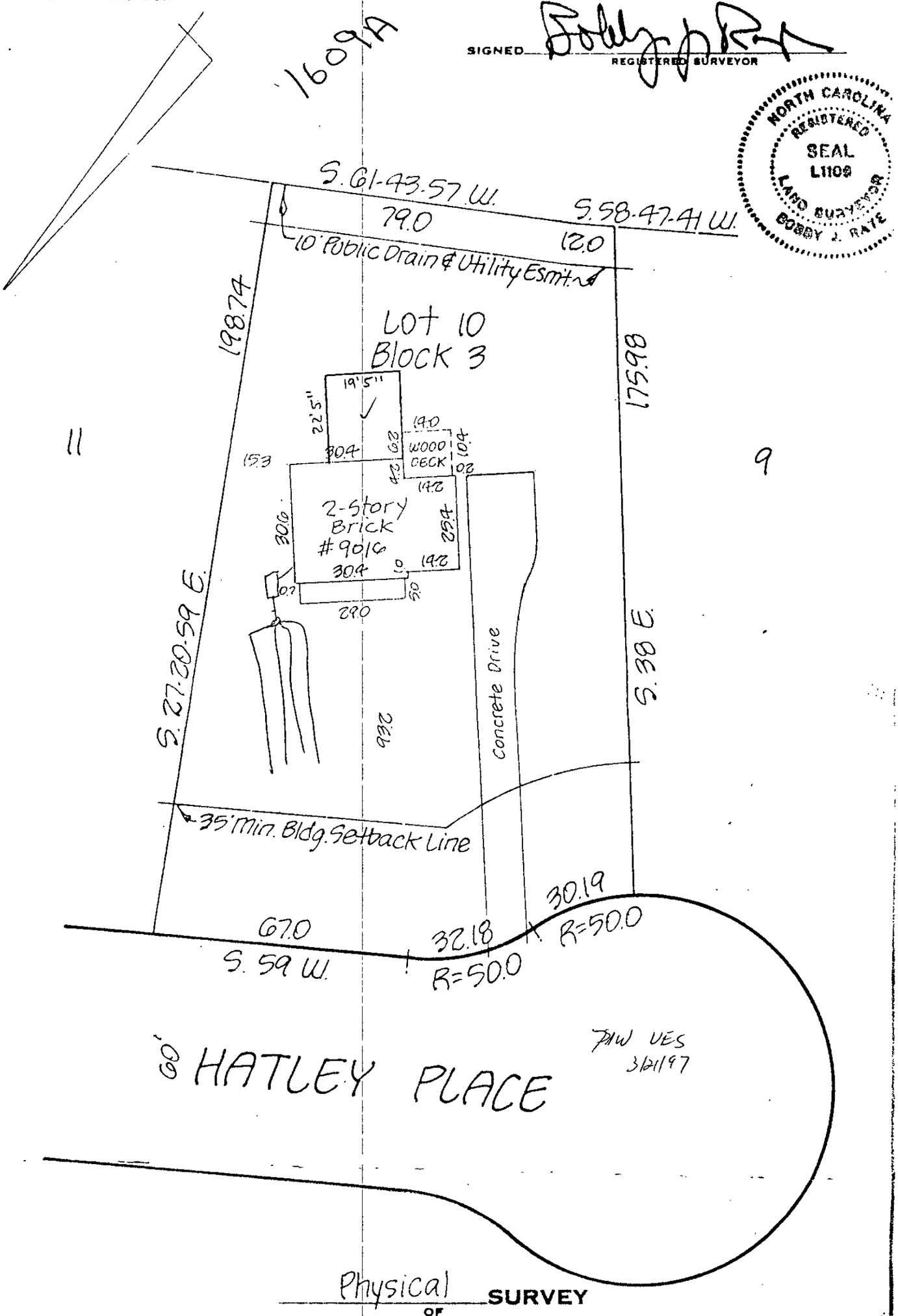
Phillis-Walker R.S. 3/20/97
Environmentalist Date

WWATER : 122791

THIS IS TO CERTIFY THAT ON THE 20th DAY OF Dec. 1990 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Bobby J. Rate
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L1109 LAND SURVEYOR BOBBY J. RATE



Physical SURVEY
OF

Lot 10 Block 3 Providence West

SCALE 1"=30' Providence Township, Mecklenburg Co., N.C.

THE PROPERTY OF Helen A. Wood and Barclay American/Mortgage Corp.

MAP RECORDED IN BOOK 21 AT PAGE 421 DEED RECORDED IN BOOK PAGE

PROPOSED PLOT PLAN

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

FILE: 1609A

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.

SEE Attached

SURVEY

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

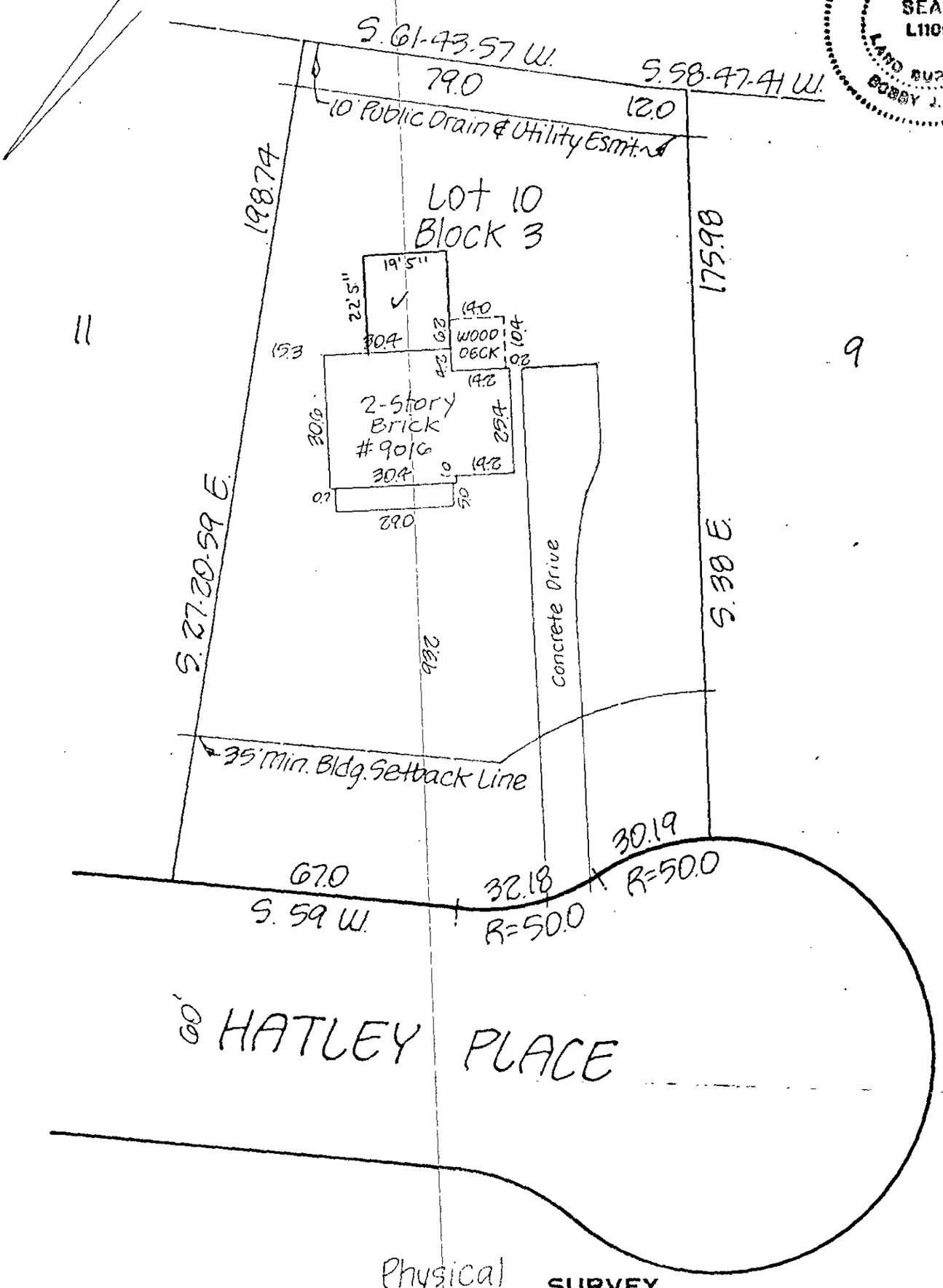
Pink - Owner's Copy

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1609A

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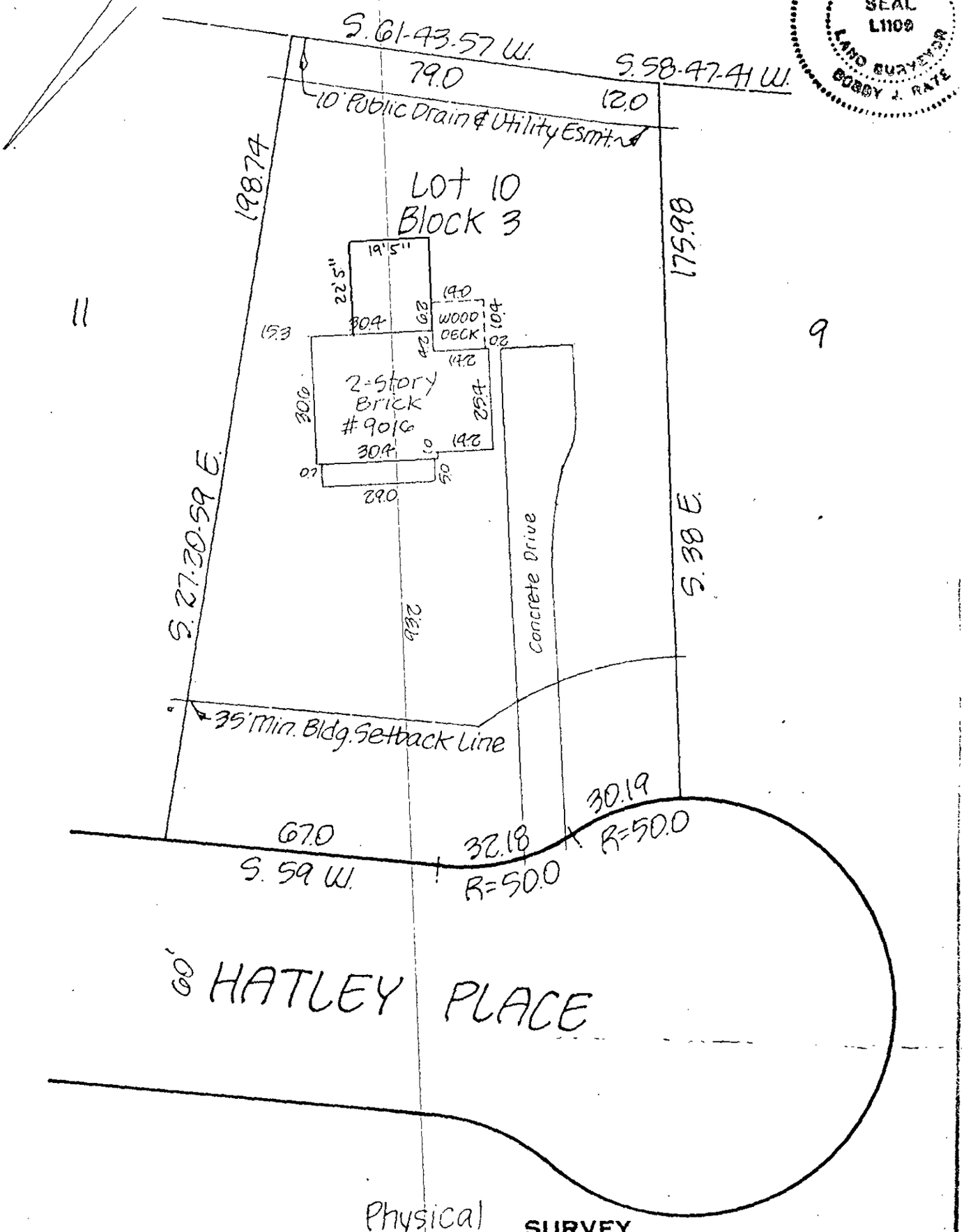
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1609A

TC: 223-301-47

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SEE Attached

SURVEY

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

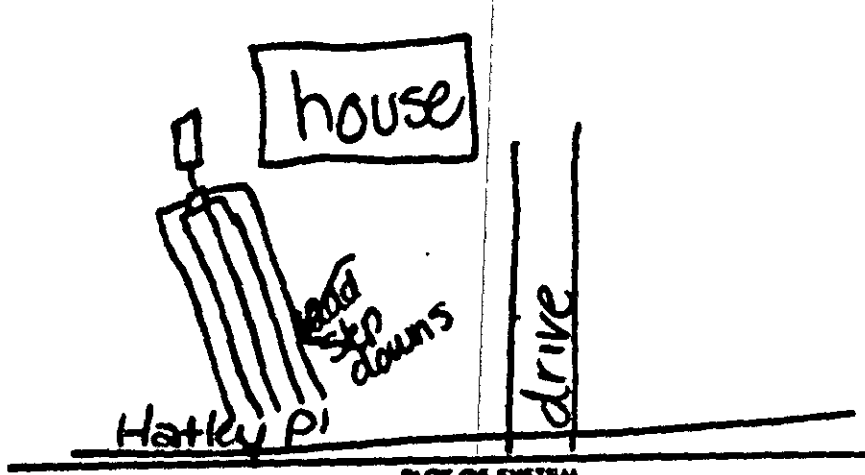
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 11009A DATE: _____

TC: 223-201-2090 ☐ L

SERIAL № 11869

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 4/19/87. All work shall be completed on or before _____, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Repair

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER Lesser, Mark S

LOCATION OF PROPERTY 9016 Hatley Pl.

Comments: Uncover existing system; add stepdowns to each line by building dams

Karla W Johnson
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 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.

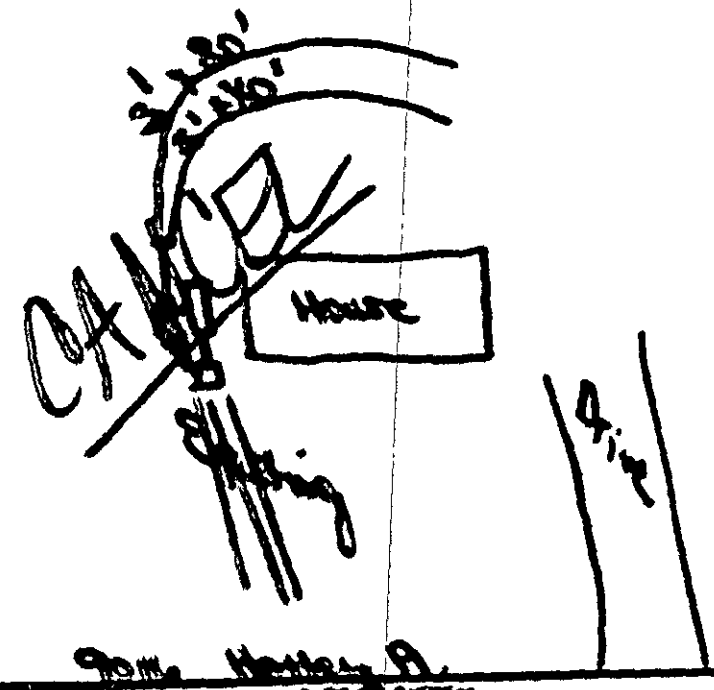
WHITE COPY - OFFICE COPY CANARY COPY - OWNER OR AGENTS COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 1609A DATE: 10/14/87
TC: 823-201-210 PD
SERIAL № 11361

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 4/1987. All work shall be completed on or before 11/30/87, 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 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.



Liquid Capacity of Septic Tank _____ gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction Repair
Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 160' feet
Number of Lines 2
Depth of Stone 12" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well (community) feet

NAME OF OWNER Lessee Mark S.
LOCATION OF PROPERTY 9016 Hathaway Pl.
Comments: Install 2 Trenches 3' x 80', 12" Stone Strait Lines - Set 2 Way Distribution box - Have Splitting T In Septic Tank - Provide 4" from Lines going back to Septic Tank

Judy J. Knight
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 a section head of the Onsite Protection Branch in order to be valid. Only the signature of the Environmentalist is required where an existing system is having minor repairs or replacement.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY • CANARY - CONTRACTOR/INSTALLER'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

12800 BLYTHE BOULEVARD
CHARLOTTE, NC 28273
PHONE (704) 336-4603

FILE 1609

RECEIVED

SERIAL NO. 12905

(1) ADDRESS: 9011a Hatley Place (STREET NO.) (STREET) (2) PIN:

(3) JURISDICTION: (4) TAX (PARCEL) NO.:

(5) SUBDIVISION: Providence West (6) LOT: 24 (7) BLOCK: 3

(8) NAME: Mark (FIRST) Steven (MIDDLE) Lesser (LAST)

(9) MAILING ADDRESS: 9011a Hatley Place

(10) CITY: Matthews (11) STATE: NC (12) ZIP: 28105

(13) PHONE: (WORK) 803-831-2963 (14) (HOME) 704-542-2348

This request is for a(n):

(15) ☐ New permit (16) ☐ Authorization for mobile home subpump

(17) ☑ Repair or alteration (18) ☐ Other (specify)

System will serve:

(19) ☑ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly

(22) Number of bedrooms? 3 (23) Type? Colonial

(24) Maximum occupancy? (25) Maximum number of employees?

(26) Basement? ☐ yes ☑ no (27) Maximum number of seats?

(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: R Steven Lesser

Date: 4/19/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the forgoing for the installation contained in this document. This approval is granted in accordance with the provisions of [illegible] Rules for Sanitary Sewage Collection, Treatment And Disposal and is valid for the time allowance 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 the Department.

. . . This permit is not transferable, and shall become null and void [illegible] months from the date of issuance.

Environmentalist Date

Director or Authorized Section Head* Date

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

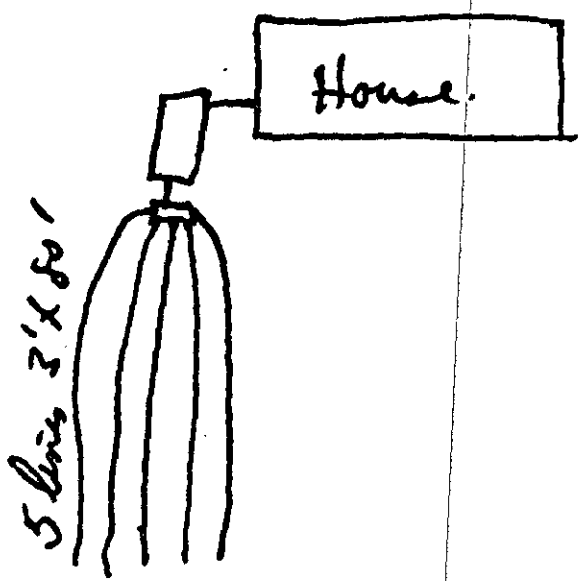
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1609A DATE: 8/22/

TC: _____ ☐ L

SERIAL № 10179

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatmen system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is grante based upon the information supplied in the application dated June 13, 1984. All work shall be completed on o before Aug 20, 1985, after which date this permit shall be null and void. The system shall meet all of th construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate o Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health befor any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the syste anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such syste from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallon

Liquid Capacity of Dosing Tank _____ gallon

Tank Construction pcc.

Absorption and/or Nitrification Lines:

Trench Width 3' fe

Total Line Length 400' fe

Number of Lines 5

Depth of Stone 12" inche

Distance from House 20' fe

Distance from Property Line 50' fe

Distance from Well Community fe

NAME OF OWNER William Trotter Company

LOCATION OF PROPERTY 9016 Hatley Place

Comments: 5 lines 3' x 50' + 12" D.

Division or Section Head

Environmentalist

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10648

File: L60SA Action: U

Parcel: 22320120 PO

Location: 9016 Hatley Place

Subdivision:

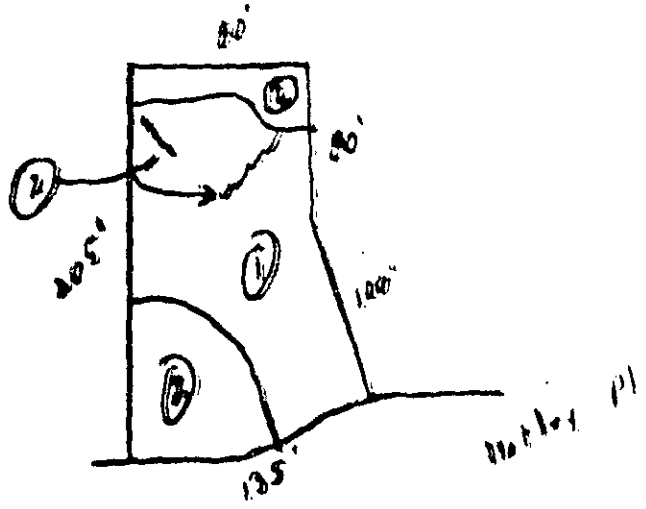
Lot: L10 B3 Block: Acres: .50

Owner: William Trotter Company
Address: PO Box 35269
Charlotte, NC 28235

Comments: _____

Described by: William R. Moulin

Date: 5-20-96



***** 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
Topography	(S) PS U 2-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS
Drainage	S (PS) U 730" to 1000"	S PS (U) mod rapid to SP	S PS U	S PS U	S PS U	S PS
Depth	S (PS) U 730"	S PS U —	S PS U	S PS U	S PS U	S PS
Restrictive Horizons	S (PS) U 730"	S PS U —	S PS U	S PS U	S PS U	S PS
Available Space	S (PS) U limited Area	S PS U	S PS U	S PS U	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	IVA Cecil/Like	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS