

7011 HOLLOW OAK DR

19518202

5/30/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5209A DATE: 4/5/90

TC: 195 051 06 PO ☒ L ☐ CRT

SERIAL Nº 13232

Name of Owner Bob McLemore 4/ms Juris.:

Address of Property 7011 Hollow Oak Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 135'

Cover Depth 8"

Water Supply Source Comm-water UNMX

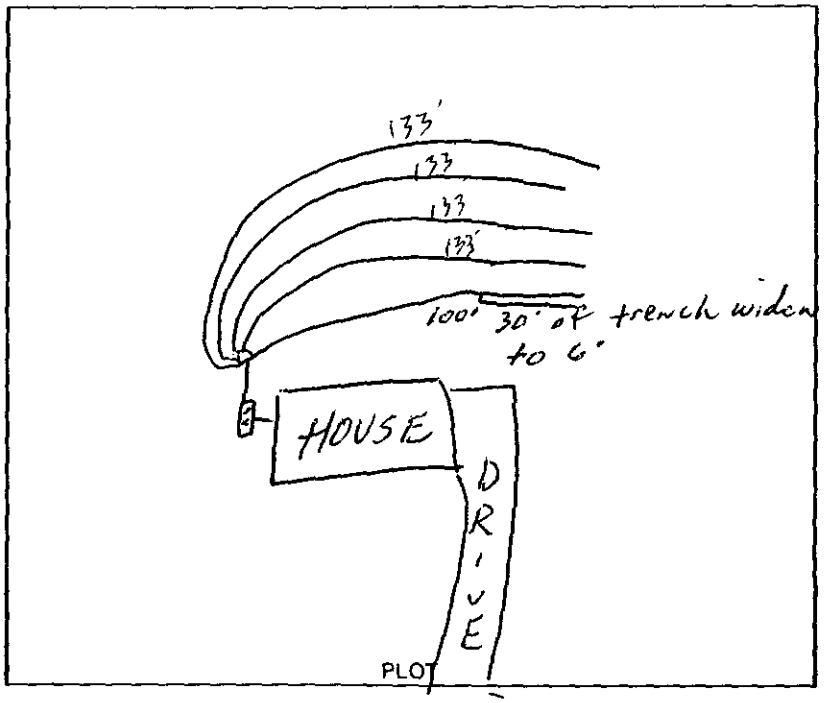
Distance to Water Source ≥10

Excavation Inspected 4/5/90

Tank(s) Inspected 4/5/90

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1990, 1500ST, 1600SFT, CON, 12"Stone cent CTR# 113

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: 30' of lot line wd to 6'

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

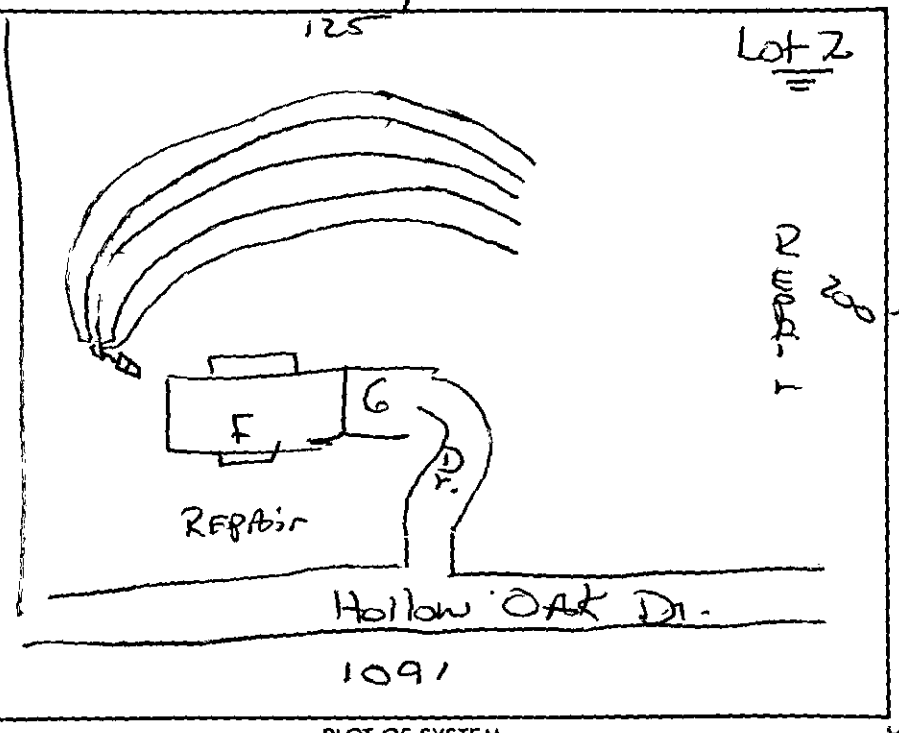
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5209-A DATE: 3/29/90

TC: 195 051 06 PO

SERIAL Nº 13212

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 3/2/89. All work shall be completed on or before 4/29/90, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

#113 C/well

NAME OF OWNER Bob McLemore Hms.

LOCATION OF PROPERTY 7011 Hollow Oak Dr.

Comments: 4 bedrm. (5) 3'x 107' x 12" G, if plumbing stub on high side lift station not required, Cont. has consulted owner.

Division or Section Head

Tim W Kittaker, 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

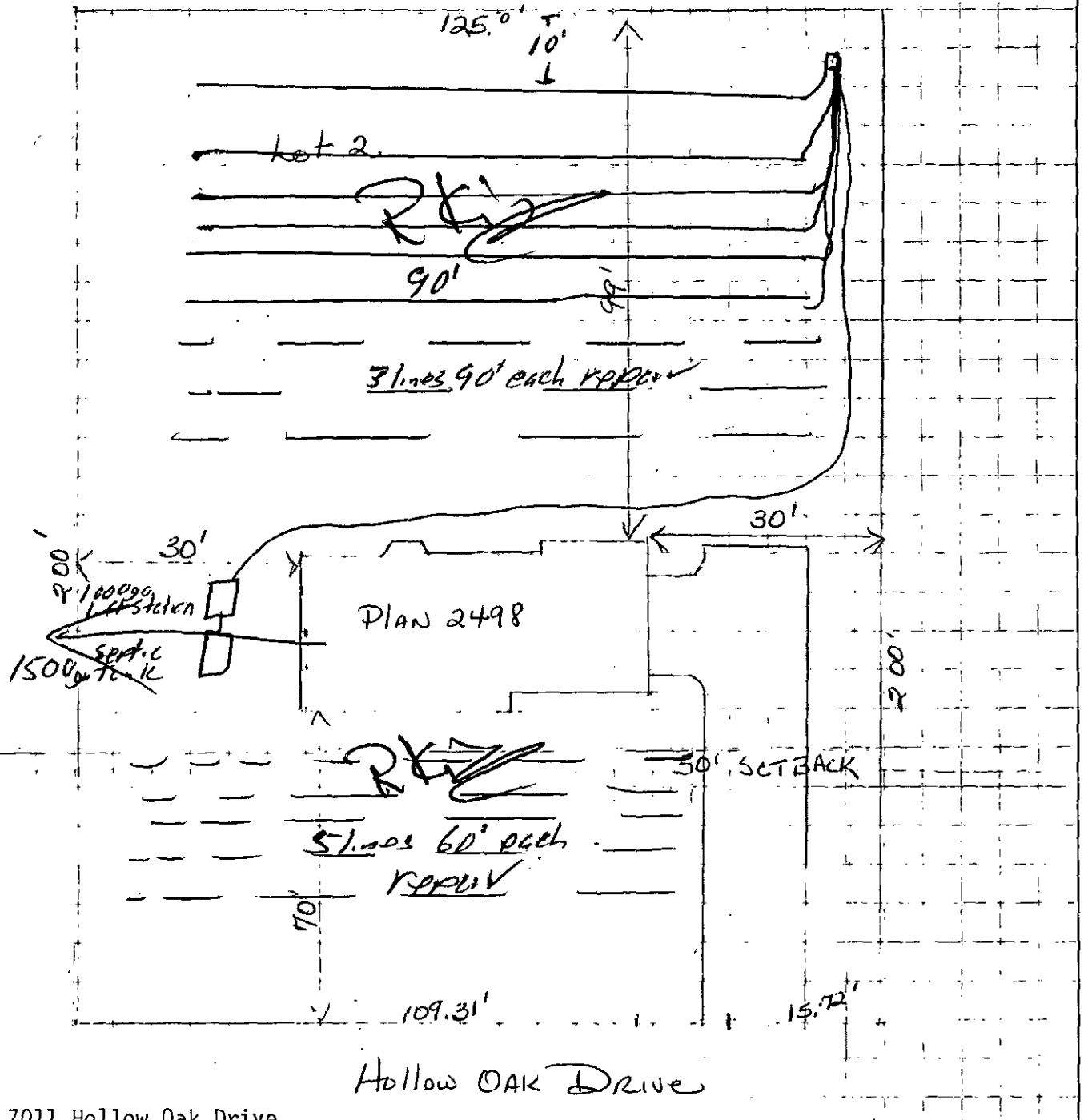
PROPOSED PLOT PLAN

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

FILE: 5209A

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.



7011 Hollow Oak Drive

Signed: Susan K Stowell

Date: May 1, 1989

DATE: May 1, 1989

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 5209A JURISDICTION CODE _____

PARCEL NUMBER 19505106 PO

ASSIGNED ADDRESS 7011 Hollow Oak Drive

EXISTING ADDRESS _____

PROJECT NAME Hollow Oak Estates

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	☐ *	☐
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: _____

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: _____

UPWEAR 1/78

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/9/89

Name/Company Sparta Homes

Sanitation

Vector Control

O.S.W.P. ✓

Service: Temp permit - new
5212A, 5213A, 5209A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 8 1989

Fee: $ 450.00 CK#21541 450.00

Collected by

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: 5209A
TC: 19505106 PO
SERIAL: No 17820
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 7011 Hollow Oak Estates (STREET NO. / STREET) ② FILE: 5209A
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 19505106PO
⑤ SUBDIVISION: Hollow Oak Estates ⑥ LOT: 2 ⑦ BLOCK:

OWNER

⑧ NAME: Sparta Brook Homes, Inc. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O. Box 308
⑩ CITY: Matthews, ⑪ STATE: N.C. ⑫ ZIP: 28106
⑬ PHONE: (WORK) (704) 847-8811 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home M.H.
㉒ Number of bedrooms? ~~5~~ 4 3/21/89
㉓ Maximum occupancy? single family
㉔ Basement? ☐ yes ☒ no
㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
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

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 onto the property for the purpose of processing this request.

Signed: Susan B Stowell
Date: 3-2-89

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.

Lift Station Required

Environmentalist — Date

Director or Authorized Section Head — Date: 5-26-89

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

Mecklenburg County
Health Department

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

December 14th, 1988

N & E Development Co., Inc.
P. O. Box 898
Matthews, NC 28106

RE: Property located at 7011 Hollow Oak Drive 2
FILE: 5209A
PARCEL: 19505106 PO

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15783) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15783

File: 5209A Action 4

Parcel: 19505106 PO ☐ PC

Location: 7011 Hollow Oak Drive

Subdivision:

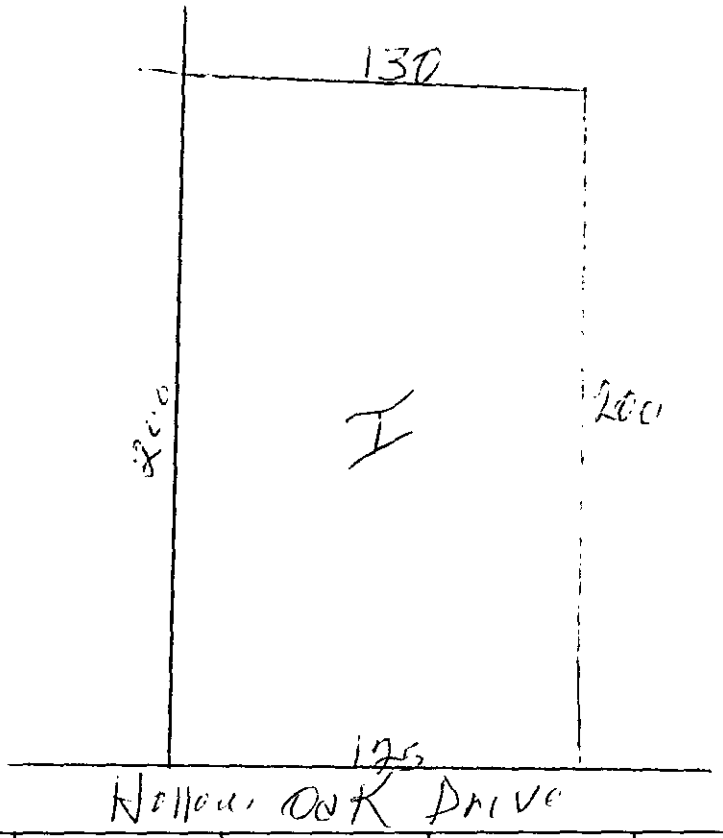
Lot: 2 Block: Acres: .60

Owner: N & E Development Co., Inc.
Address: P. O. Box 898
Matthews, NC 28106

Comments: _____

Described by: W. B. Ramsey

Date: 12 - 14 - 88



***** 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 2-3	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 4-5+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	~~IIIc~~ (IIe)					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5209A

TC: _____

☐ PC ☐ REPT

see file #5208A for change slip

JOB LOCATION

① ADDRESS: 7011 Hollow Oak Drive

② SUBDIVISION: Hollow Oak Estates ③ LOT: 2 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 05 PARCEL NO.: 051-06

⑥ DEED REFERENCE: BOOK NO.: 5857 PAGE NO.: 410

OWNER

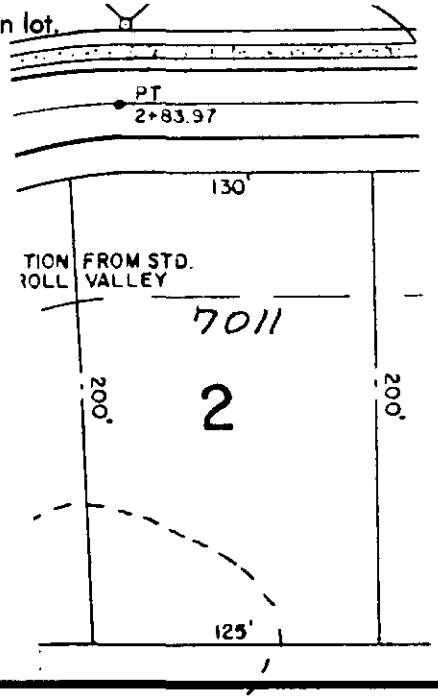
⑦ NAME: N & E Development Co., Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 898

⑨ CITY: Matthews ⑩ STATE: N.C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/847-8823 (HOME) _____

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 11/14/85

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