

10837 MOUNT HOLLY RD

5/23/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application For
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Robert H. Kayton

Address: 103 OLD MINE RD.
MT. Holly, N.C. 28120

Description of public record requested: 10837 MT Holly Rd

Street Name (or County Road): FILE **Lot:** __ **Blk:** __

Parcel Number: 053-022-11

Owner's Name: L. GLENN LITTLEJOHN

Reason for Request:
INTERESTED IN PURCHASING
PROPERTY

Signature of Person Making Request: Robert H. Kayton

Supervisory Person: [signature]

Date: 9/9/91 **Time:** 9:10 AM

recinspt.txt

L. GLENN LITTLEJOHN & ASSOCIATES
FINANCIAL CONSULTANTS

416 N. TRYON STREET
CHARLOTTE, N.C. 28202
(704) 377-5200

P. O. DRAWER 1026
HOLLY HILL, S.C. 29059
(803) 496-3531

August 17 1991

ENVIRONMENTAL HEALTH DEPT
ATTENTION MS KIZER

PLEASE ALLOW REPRESENTATIVES OF MILLS PROPERTIES OR THEIR POTENTIAL CUSTOMERS ACCESS TO ANY WATER AND SEPTIC TANK DATA REGARDING PROPERTIES THAT I OWN IN YOUR AREA.

THANK YOU IN ADVANCE FOR YOUR COOPERATION.

SINCERELY,

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4814-A DATE: 6-21-90

TC: 053-02211 ☒ L ☐ CRT

SERIAL № 13271

Name of Owner Amy Mc Kendree Juris.:

Address of Property 10837 Mt. Holly Rd.

Inspection Data:

Tank Material repair

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 18"

Water Supply Source well

Distance to Water Source >100

Excavation Inspected 6-21-90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 septic repair CTR# 182

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:

K. R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

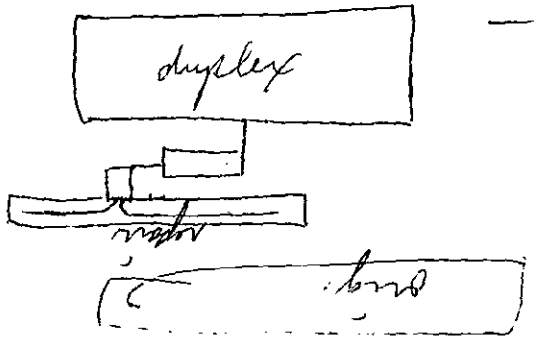
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4814-A DATE: 6-20-90

TC: 053-022-11 WL

SERIAL Nº 13315

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 6-11-90. All work shall be completed on or before 7-20-90, 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 repair gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 100 feet

NAME OF OWNER Amy McKendree

LOCATION OF PROPERTY 10837 Mt. Holly Rd.

Comments: Used 6'X50'X24" stone

Division or Section Head

B.R. Ferguson
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

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: 4814A
TC: _____
SERIAL: № 20938

RECEIVED
MECKLENBURG COUNTY HEALTH DEPT.
JUN 12 1990
ENVIRONMENTAL HEALTH DIVISION
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10837 Mt. Holly Rd. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 053 022 11
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: Amy (FIRST) Ruth (MIDDLE) McKendree (LAST)
⑨ MAILING ADDRESS: 10837 Mt. Holly Rd. Apt. 5
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) _____ ⑭ (HOME) 827-9570

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 ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 4 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

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: Amy R. McKendree for L. D. Thomas Littlejohn
Date: June 11, 1990

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

Director or Authorized Section Head / Date

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

SERVICE REQUEST/WORK ORDER

Parcel: _____ Emergency? Y N

Date: 6-4-90 Hour: _____

Section: Invs Log No.: _____

REQUESTING PERSON: Anon Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name 10837 Mt Holly RD

Address Corner of Creston Circle & Hwy 27 (Duplexes) City _____ Zip _____

SERVICE REQUESTED: [ ]

Illegal dumping venting TANK into Ditch -

ASSIGNED TO: Ferguson TAKEN BY: CMH

DATE	ACTIVITY REPORT
6/6/90	Site visit observed straight pipe off of Septic System to roadside ditch. 053 022.11
6/21	Repair completed by #182 Bill Ferguson Approved See attached GLENN Littlejohn / Holly Hills S C.
	Amy Mortgage see mortgage #5
	Louis Glenn Littlejohn PO Box 1026 Holly Hill SC 29059

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal (X) Not Applicable

COMPLETED BY: Judy J Lewis RS. 8/6/90

REVIEWED BY: _____

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4814A DATE: 8-11-88

TC: 053-022-11 ☐ L ☐ CRT

SERIAL № 11375

Name of Owner Lewis Glenn Littlejohn Juris.:

Address of Property Mt. Holly Rd (10837)

Inspection Data:

Tank Material NA

Total Length of Drainfield 9X50 (3 Beds)

Number of Lines 3 @ 50'

Cover Depth 15" - 36"

Water Supply Source Well

Distance to Water Source 100

Excavation Inspected 8-11-88

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

There are 5 apts or homes under this address they are no related on all 5! Jim said this Improvement Permit did not need to be signed!

PLOT

Design: Repair - Very Poor Soil Evan CTR# 103

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:

Willard B. Ramsey
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

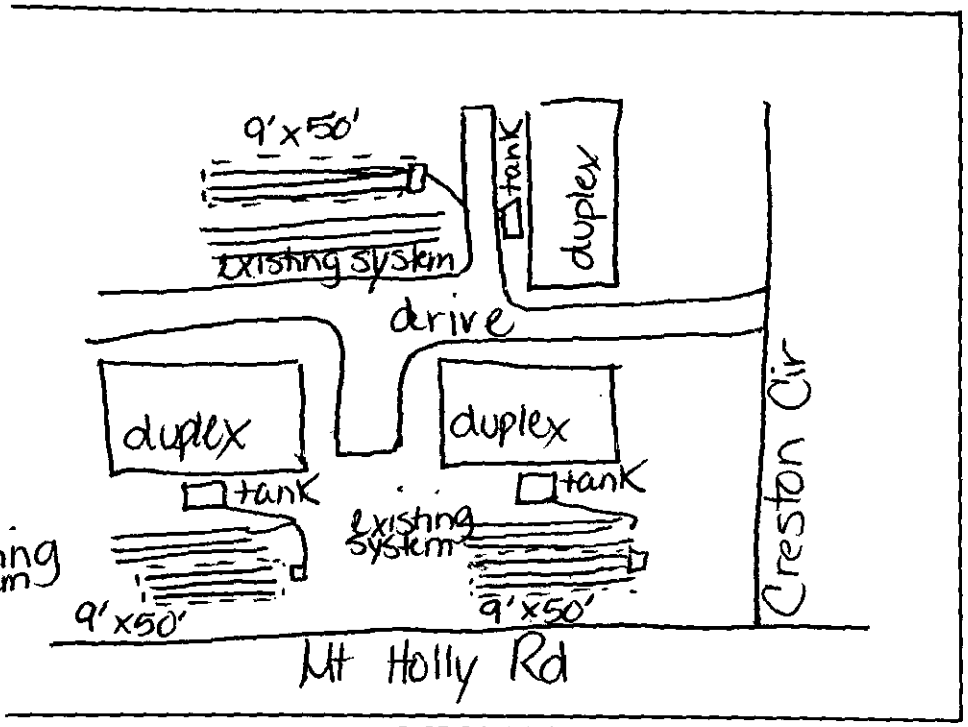
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4814A DATE: 7/26/88

TC: 053-022-11 ☐ L

SERIAL № 12081

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 7/26/88. All work shall be completed on or before 8/15/88, 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

Repair

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 9 & 9 & 9 feet

Total Line Length 150 & 150 & 150 feet

Number of Lines 3 & 3 & 3

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Louis Glenn Littlejohn

LOCATION OF PROPERTY 10837 Mt Holly Rd

Comments: add 3 beds; 1 to repair each system
9'x 50' x12" stone; straw cover

Darla W Johnson

Division or Section Head

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 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

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: 4814A
TC: _____
SERIAL: № 16608 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10837 Mt. Holly Rd. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 05302211
⑤ SUBDIVISION: _____ ⑥ LOT: 11 ⑦ BLOCK: _____

OWNER

⑧ NAME: ~~Lyons~~ Louis (FIRST) Glenn (MIDDLE) Littlejohn (LAST)
⑨ MAILING ADDRESS: P.O. Drawer 1026
⑩ CITY: Holly Hill ⑪ STATE: S.C. ⑫ ZIP: 29059
⑬ PHONE: (WORK) 803-496-5472 ⑭ (HOME) Same

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 ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 duplex ㉕ Type? _____
㉓ Maximum occupancy? 4-4 bedroom/2-3 bedroom 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

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: Virginia M. Smith
Date: 7/25/88

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

Director or Authorized Section Head / Date

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