

10320 COUNTRY LN

03118226

12/19/2007

duponbj

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

Com — 031-182-25 Lender Cat #

SERVICE REQUEST/WORK ORDER

Log No.: 1923
Date: 02/24/94
Section: ENWS
Parcel: 031-182-25
Hazard? [ ] Yes [ ] No
<60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Tom Wyke RS See File Phone 382-4479
Address 2155 NC Hwy Huntersville City Cha Zip 28214

PROPERTY CONCERNED: Facility Name
Address 10320 Country Lane City Cha Zip 28214
SERVICE REQUESTED: Drainage Problem Septic System
OWNER - Hugh Hoffman Charlotte NC 28214

ASSIGNED TO: [illegible] TAKEN BY: E Brisson

DATE	ACTIVITY REPORT
2/24/94	Telephoned Office - Not Available - left Message to Call
3/2/94	Called Mr. Wyke today and explained Situation at 10320 Country La. Ground is too wet to repair - rain yesterday. Told - Permit to repair issued on 1/11/94 - Thinking the day I issued permit to Bob Brigman - We have had 1 week without rain but Mr. Brigman did not do the job. He stated he had checked and it was too wet to repair - I will keep him Apprised of Situation
3/3/94	Site visit & Surface Sample Collected
3/10/94	Telephoned Mr. Wyke advised him Sample Collected was positive for fecal Coliform. However Septic System was repaired on 3/16/94 & that this should resolve discharge problem onto his lot.

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

COMPLETED BY: [signature] RS 3/17/94

REVIEWED BY: P. Walker for D. Daniel 3/24/94

SERVICE REQUEST/WORK ORDER

2113B 1014B/8886A Complete

Log No.: 1923 Section: IWWS Hazard? [ ] Yes [ ] No

Date: 12/8 Parcel: _____ <60 Days? [ ] Yes [ ] No

See file

REQUESTING PERSON: T. Risen Phone _____

Address IWWS City _____ Zip _____

PROPERTY CONCERNED: Owner Facility Name Hugh M. Hoffman

Address 10320 Country LA City _____ Zip 28214

SERVICE REQUESTED: S.E.P.T.i.c. M.A.I.N.T.e.N.A.N.C.E. . . . .

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
12/8	Septic malfunction found on site
	Violation notice sent
1/11	Repair permit issued
	Granted 30 days to repair. Hold open until 2/11/94
3/18/94	System repaired -

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

COMPLETED BY: Judy S. Kerr RS 3/18/94

REVIEWED BY: K. Walker for S. Kinard 4/6/94

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~2013B/9284A~~ 10148/8886A DATE: 3-16-94 3/17/94

TC: 031-182-26 ☒ L ☐ CRT

SERIAL Nº 15880

Name of Owner Hugh M. Hoffman Juris.:

Address of Property 10320 Country Lane

Inspection Data:

Tank Material —

Total Length of Drainfield 200'

Number of Lines 4 @ 50'

Cover Depth 18-24"

Water Supply Source Well

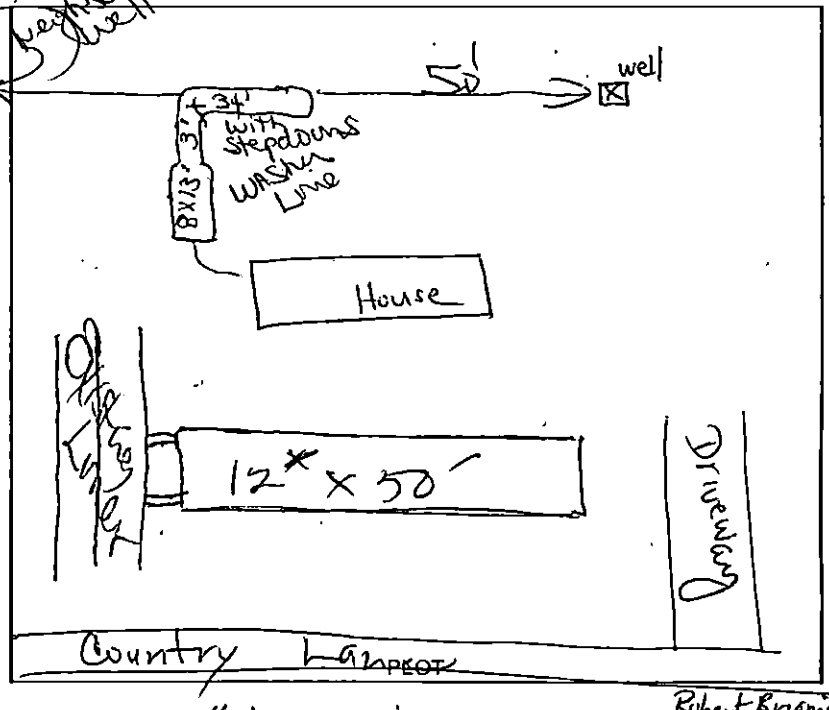
Distance to Water Source >50'

Excavation Inspected 3-16-94

Tank(s) Inspected —

Wash Line Inspected 3/17/94

High Water Alarm Inspected —



Design: Repair 1994; 12' x 50' Bed system; 18" stone, 4 lines CTR# Robert Bingman 14

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 ~~15~~ 18 NCAC ~~18~~A .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 ~~15~~ 18 NCAC ~~18~~A .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: Bed system; 12' x 50', 4 lines, 18" stone, 18-24" cover 200 TLF. Overflow from old Bed

Original System 1970's

Judy J. Kiser R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

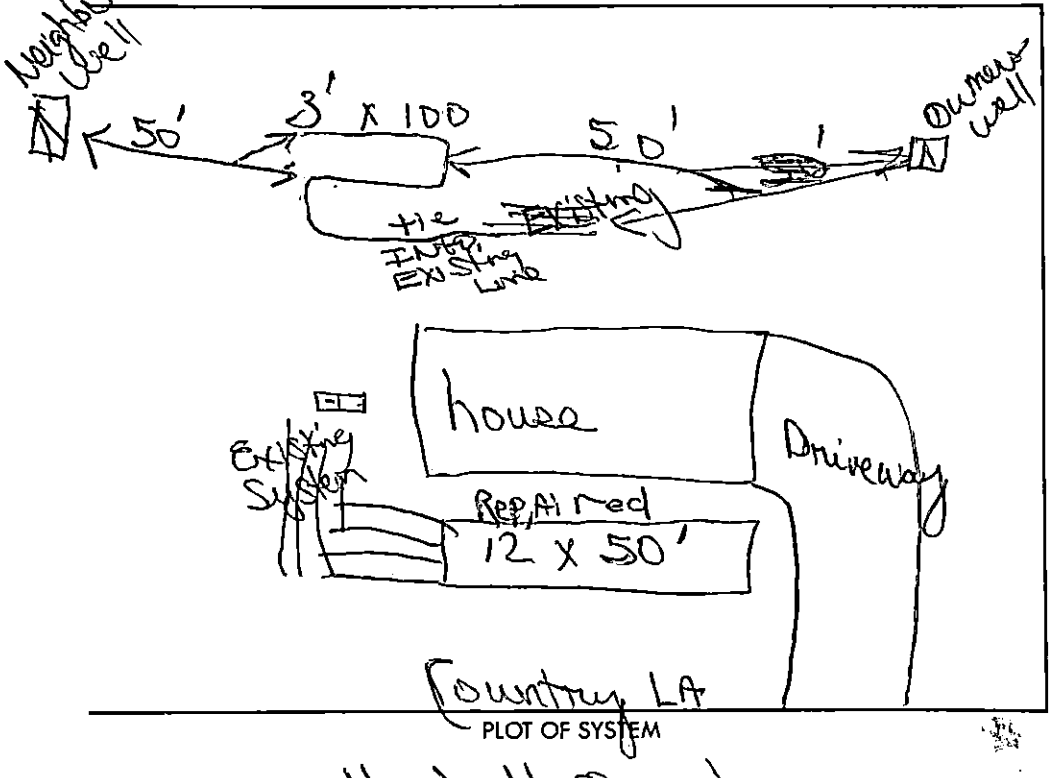
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10148 | 8886A ~~11515 | 12345~~ DATE: 3/16/94

TC: _____

SERIAL Nº 15904

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 3/16/94. All work shall be completed on or before 4/16/94, 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 _____

Repair to Washer

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Hugh Hoffman

LOCATION OF PROPERTY 10320 Country

Comments: Install for repair to Washer: 1 LL Trench 3' x 100' x 12" Stone

Division or Section Head

Judy J Kuser RS.
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

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: Hoffman (last) Hugh (first) M (mi)
ADDRESS: 10320 Country Ln PHONE: 704 393-0373
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-182-26
STREET ADDRESS: 10320 Country Ln.
ZONING:

PROPERTY OWNER:
NAME: Hoffman (last) Hugh (first) M. (mi)
ADDRESS: 10320 Country Ln. PHONE: 704 393-0373
CITY: Charlotte, STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE/OR RENOVATION/NO MAJOR CHANGES (X) Work Shop Storage Bldg
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 2 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: Hugh M. Hoffman Date: 2-28-94

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.

...May use existing System to add workshop/carport Storage Bldg.

[] 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

Environmentalist Date 3/7/94

Director or Authorized Section Head Date 3/24/94

WWATER : 122791

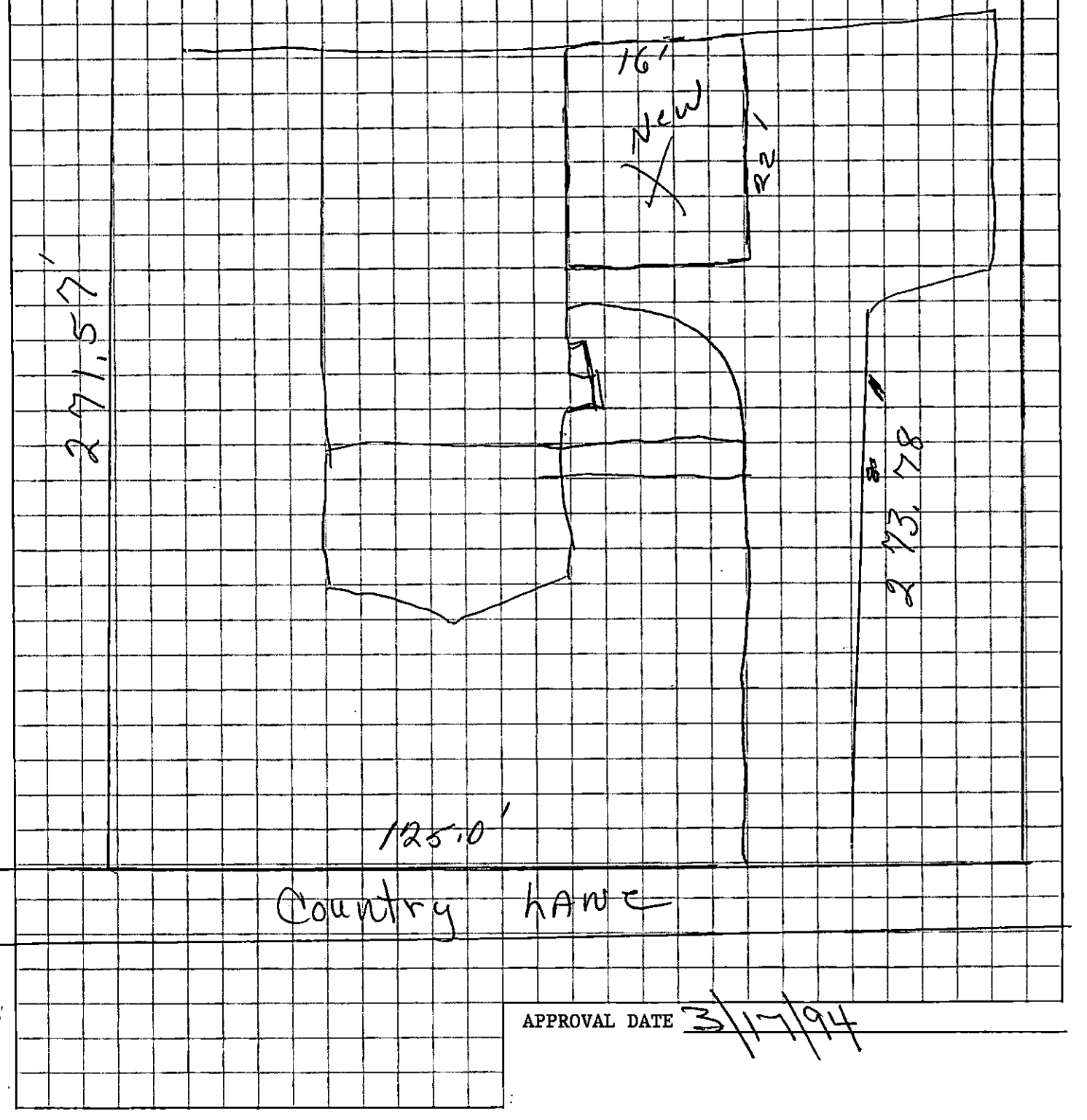
PROPOSED PLOT PLAN

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

FILE: 1014B/8886A

TC: 031-182-26

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 3/17/94

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

SERVICE REQUEST/WORK ORDER

1014B/8886A

Log No.: 1923
Date: 02/21/94

Section: TWNS
Parcel: 031-183-25

Hazard? [ ] Yes [ ] No
<60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Tom Wyke, RS Phone 382-4479
Address 2155 NC Highway Terrace City Cher Zip 28214

PROPERTY CONCERNED: Facility Name
Address 10320 Country Lane City Cher Zip 28214

SERVICE REQUESTED: Drainage problem
OWNER - Hugh Hoffman Charlotte, NC 28214

ASSIGNED TO: [illegible] TAKEN BY: [illegible]

DATE	ACTIVITY REPORT
2/22	Telephoned Office - Not available - left Message to call
3/2	Called Mr. Wyke today and explained situation at 10320 Country Ln. Ground is too wet to repair & rain yesterday. Today - permit to repair issued on 11/1/94 - Raining the day I issued permit to Robt Brigman - we have had 1 week without rain but Mr. Brigman did not do the job. He stated he had checked and it was too wet to repair - It will keep him apprised of situation
3/3	Site visit & Surface Sample Collected
3/14	Telephoned Mr. Wyke advised him Sample Collected was positive for fecal Coliform. However Septic System was repaired on 3/16/94 & that this should resolve discharge problem into his lot.

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

COMPLETED BY: [signature] RS 3/17/94

REVIEWED BY: [signature]

Survey

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: VACANT LOT ACROSS

Address: 3102 E County LN Zip

Collected By: J Rivers

Date Collected: 3/3/94 Time: 1:15 AM PM

Sample Source: Surface

Date Delvd. to Lab: 3/3/94 Time: 420 AM PM

Delivered By: J Rivers

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Community
- ☐ Other (specify)
- ☐ Non-Community
- ☐ City

Surface

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☒ Fecal Coliform
- ~~☐ Fecal Strep~~ Enterococcus
- ☐ Sulfate Reducing Bacteria
- ☐ Food Quality Survey
- ☐ Foodborne Investigation (specify)
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Other (specify)

Comments: Check for possible Sewage Leak

Laboratory Analysis Report

Method: ✓ Membrane Filter ____ Colilert

Total Coliform	420 /100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	600 /100 ml.	Plate Count	/gm. or ml.
Fecal Strep		Coliform Count	/gm. or ml.

Laboratory Comments: Positive for Enterococcus.

Date Received: 3/3/94

Received By: J. Williams

Date Reported: 3/7/94

Analyst: DJW/HO/TP Lab #: 785

Laboratory Identification #: 378518

EL 1.14 1/92

LAB REPORT COPY

JK

Refuse

1014B/8886A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: Hoffman (last) Hugh (first) M (mi)
ADDRESS: 10320 County Ln PHONE: 704 393-0373
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-182-26
STREET ADDRESS: 10320 Country Lane
ZONING:

PROPERTY OWNER:
NAME: Hoffman, Hugh M (last) (first) (mi)
ADDRESS: 10320 Country Lane PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28214

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): 1.31

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

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: 2 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 [X] 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: Hugh M. Hoffman Date: May 11

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.

...4/27/93 This System has dried up Like Rain Has Commenced

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE TC# 031-182-26

OWNER HUGH M. HOFFMAN MAILING ADDRESS 10320 COUNTRY LANE, CHARLOTTE, 28214

OCCUPANT _____ LOCATION 10320 COUNTRY LANE, CHARLOTTE 28214

☒ RESIDENCE ☐ BUSINESS ☐ OTHER _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5571.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs *(specify)* _____

☐ Perform Maintenance *(specify)* _____

If the wastewater violation is not brought into compliance by MAY 26, 1993, appropriate legal action will be taken.

Notice Issued APRIL 27, 1993 (Date) Signed JUDY J. KISER, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

CMUD
Doing Survey
for him
6/24

Lot Repair

1014B/8886A
2113B/9284A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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: Hoffman (last) Hugh (first) M (mi)
ADDRESS: 10320 County Ln PHONE: 704 393-6373
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date: 1-8-94

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-182-26
STREET ADDRESS: 10320 County Ln
ZONING:

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

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)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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: 2 NUMBER OCCUPANTS: 5

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: Hugh M. Hoffman Date: 1-8-94

NOTICE:

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...This permit is not transferable.

...Grant to Repair System used.

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

Judy J Kuss RS 1/11/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

DATE: July 14, 1993

TO: File #1014B/8886A, Property located at 10320 Country Lane

FROM: Judy J. Kiser, R. S.

A violation notice was issued on April 27, 1993 in response to a citizens request for action received anonymously by telephone on the same day.

The septic field was found to be malfunctioning at the front of the property. The soils in this area are very poor and limited for repair area and seasonal rains also appeared to have impacted the system to a point of malfunction.

Mr. Hugh Hoffman responded to my violation notice with a phone call and requested information about city sewage. I referred him to the Charlotte Mecklenburg Utility Department for information on extending the sewer line to his property. He called again to state he had contacted Jeff Mills with C-Mud and they were to run a survey on the area and give him an answer as to whether they could run the line.

I have visited the lot on two (2) occasions since and have found the area to have dried up. I am certain that with recurrent rainfall the system will fail again; however I will monitor this system and move to repair if the city is unable to extend the municipal sewer line.

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

DATE: July 14, 1993

TO: File #1014B/8886A, Property located at 10320 Country Lane

FROM: Judy J. Kiser, R. S.

A violation notice was issued on April 27, 1993 in response to a citizens request for action received anonymously by telephone on the same day.

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

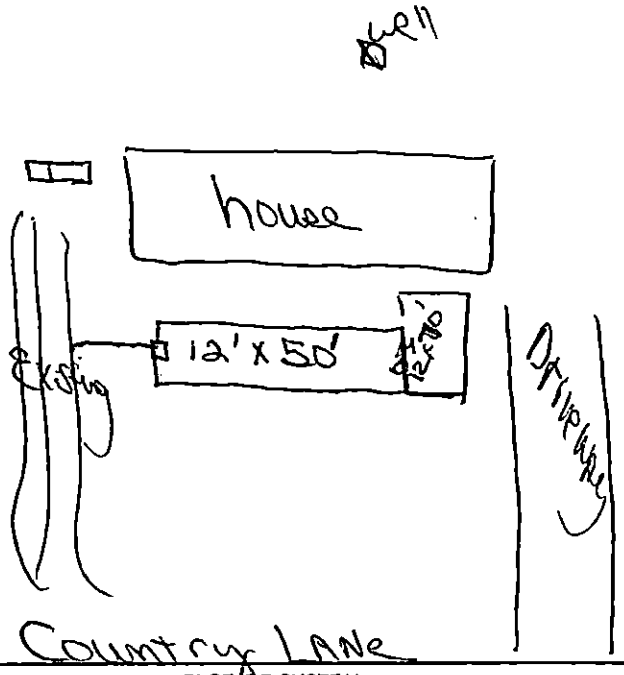
1014B/8886A

FILE: ~~2113B/9284A~~ DATE: 1/11/94

TC: 031-182.26 ☐ L

SERIAL Nº 15691

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 1/18/94. All work shall be completed on or before 2/11/94, 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 Repair

Absorption and/or Nitrification Lines:

Trench Width 12' x 50' Bed feet

Total Line Length 200' feet

Number of Lines 4

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Hugh M. Hoffman

LOCATION OF PROPERTY 10320 Country LA

Comments: Install for repair Bed w/ D-Box 12' x 50' x 18" Stone. Or. 12' x 50' x 18" Stone. Overflow from old Bed

T. Walker R.S. for S. Daniel 1/18/94
Division or Section Head

Judy J. Kuser 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

Refused

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1014B/8886A

[ ] CRT

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: Hoffman (last) Hugh (first) M (mi)
ADDRESS: 10320 Country Ln PHONE: 704, 393-0373
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-182-26
STREET ADDRESS: 10320 Country Lane

ZONING:

PROPERTY OWNER:
NAME: Hoffman, Hugh M (last) (first) (mi)
ADDRESS: 10320 Country Lane PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28214

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): 1.31

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

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: 2 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 [X] 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: Hugh M. Hoffman Date: May 11 93

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791