

3704 VOYAGER RD

11317314

8/20/08

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: 19061 DATE: 12/5/94

TC: 113-173-14 ☐ L ☐ CRT

SERIAL Nº 16014

Name of Owner Jock Hicks Juris.:

Address of Property 3704 Voyager Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 150

Number of Lines 4 @ 39'

Cover Depth 12"

Water Supply Source Community

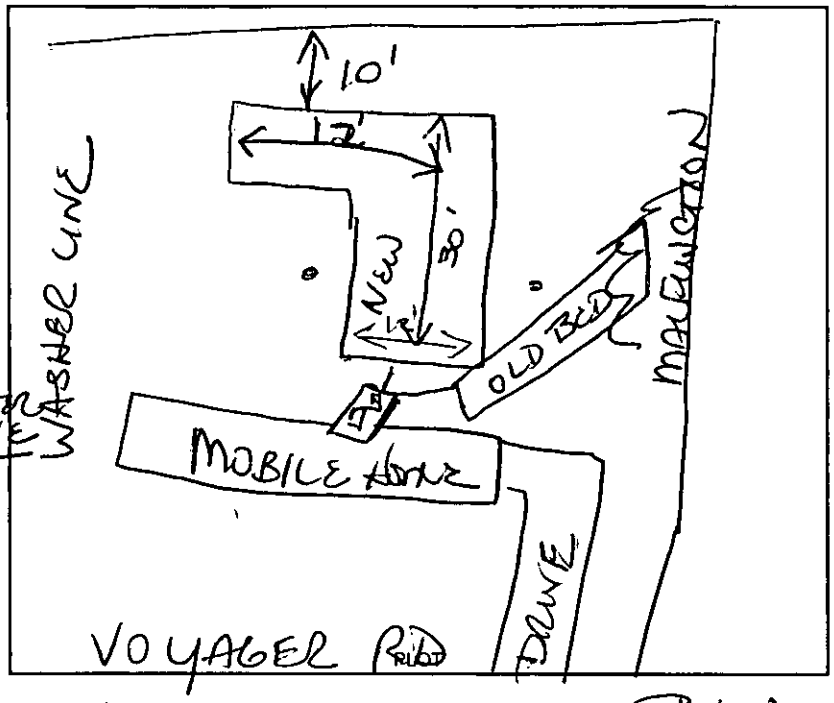
Distance to Water Source 10' off WATER LINE

Excavation Inspected 12/5/94

Tank(s) Inspected 12/5/94

Wash Line Inspected Installed new tee

High Water Alarm Inspected —



Design 12X37'X2', CONC-LIKE CTR# BTW LANDSCAPING

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: PRIOR 1980 REPAIR. - INSTALLED NEW TEE TO SYSTEM. CATCH INITAL FLOW THEN OVERFLOW TO OLD BED.

David H Newell, R.S.

Environmental Health Specialist

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

19061

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: Hicks (last) Jack (first) B (mi)

ADDRESS: 3704 Voyager PHONE: (704) 394-9195

CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 12/2/94

PROPERTY OWNER:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-173-14

STREET ADDRESS: 3704 Voyager Rd

ZONING: _____

Township (check one):
[x] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 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)
[ ] 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):
[x] SINGLE MOBILE HOME (S) [ ] DOUBLE WIDE (D) [ ] HOUSE (H) [ ] MODULAR HOME (M) [ ] MULTIPLE FAMILY (U) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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):
[x] Community (C) [ ] Municipal (M) [ ] Private Well (P) [ ] Shared Well (S) [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Garage [ ] Jacuzzi [ ] Storage Building [ ] Stable/Barn [ ] Deck/Patio [ ] Workshop [ ] Bedrooms [x] None [ ] 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: Jack Hicks Date: 12-2-94

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.

...Repair permit issued

[ ] 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: Lon K Newell, RS. 12-2-94 Date

Director or Authorized Section Head: J Newell for J Daniel 12/94 Date

WATER : 12279

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

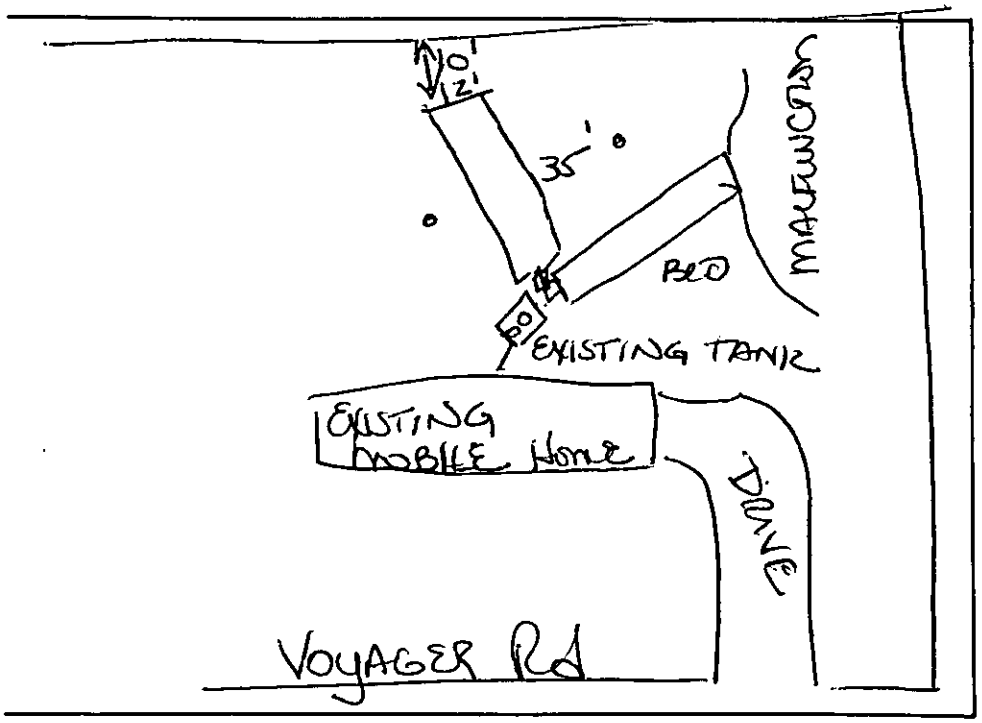
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19061 DATE: 10-18-94

TC: _____ ☐ L

SERIAL Nº 13925

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 _____. All work shall be completed on or before 11-18-94, 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

37 X4 148

Liquid Capacity of Septic Tank N/A gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 140 feet

Number of Lines 4

Depth of Stone 18" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

COMMUNITY

NAME OF OWNER JACK HICKS

LOCATION OF PROPERTY 3704 ~~3709~~ Voyager Rd. 28214

Comments: INSTALL @ 35'X12'X18" WITH ANEW DBOX IF ONE DOES NOT EXIST. LEAVE EXISTING DRAIN CONNECTED JUST CONNECT TO TAKE OVERFLOW. FIX RUNNING TOILETS.

Newell for S. Smith
Division or Section Head

Tom H Newell R.S.
Environmentalist 336-5872

* 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.

35 X4

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

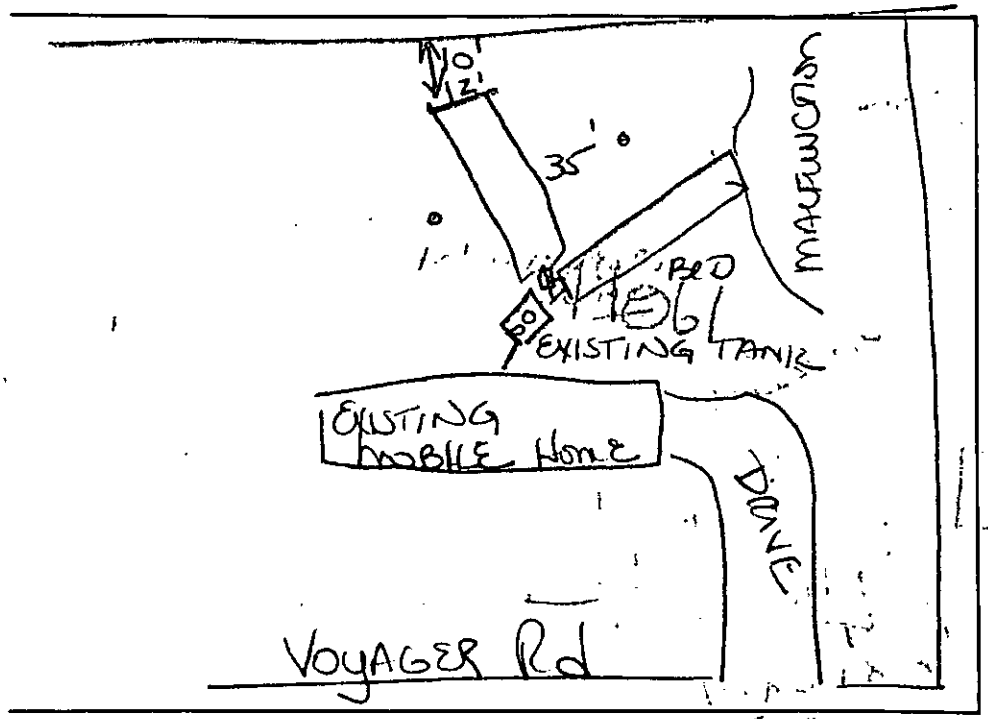
FILE: 19061 DATE: 10-18-94

TC: _____ ☐ L

SERIAL № 13925

12/2/94

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 NC. _____. All work shall be completed on or before 12/1/94, 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

35 X4 = 140

Liquid Capacity of Septic Tank N/A gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 140 feet

Number of Lines 4

Depth of Stone 18" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

COMMUNITY

NAME OF OWNER JACK HICKS

LOCATION OF PROPERTY 3704 ~~3709~~ Voyager Rd 28214

Comments: INSTALL @ 35'X12'X18" WITH ANEW DBOX IF ONE DOES NOT EXIST. LEAVE EXISTING DRAIN CONNECTED. JET CONNECTION TO TAKE OVERFLOW. FIX RUNNING TOILETS.

12/1/94

JNewell for SAmick

Division or Section Head

JNewell RS

Environmentalist

336-5572

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35 X4

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