

5848 LEBANON RD

13526222

5/21/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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3731

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#50.00 8/30/96 CRT CR#1711

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: Gelsinger Builders (last) (first) (mi)
ADDRESS: 459 Patrick Rd. PHONE: (H) 854-3256
CITY: Gastonia STATE: N.C ZIPCODE: 28056

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-262-22
STREET ADDRESS: 5848 LEBANON RD

ZONING:

PROPERTY OWNER:
NAME: Hladun Jeff (last) (first) (mi)
ADDRESS: 5848 Lebanon Rd PHONE: (H) 545-8583
CITY: Mint Hill STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 23E LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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) Attached Bath/Comode

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: 3

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: George R. Gelsinger Date: 8/30/96

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.

... Use existing septic system for addition - no malfunction - Plumbing in garage is questionable, however, owner has paid tap-on-fee. Please see canceled check.

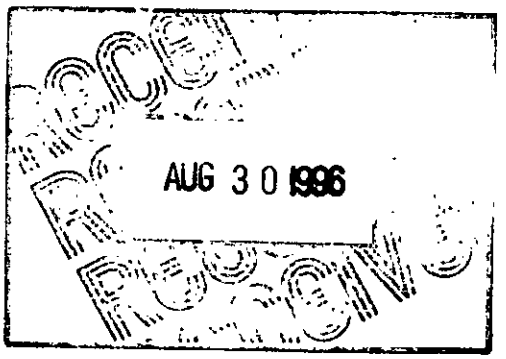
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Kenny B. Thompson, L.E.S. 9-3-96
Environmentalist Date

Chairman of Board, Program Chief 9-5-96
Director or Authorized Section Head Date

WATER : 12279

* TO BE ON CITY SEWAGE IN TWO YRS


AUG 30 1996

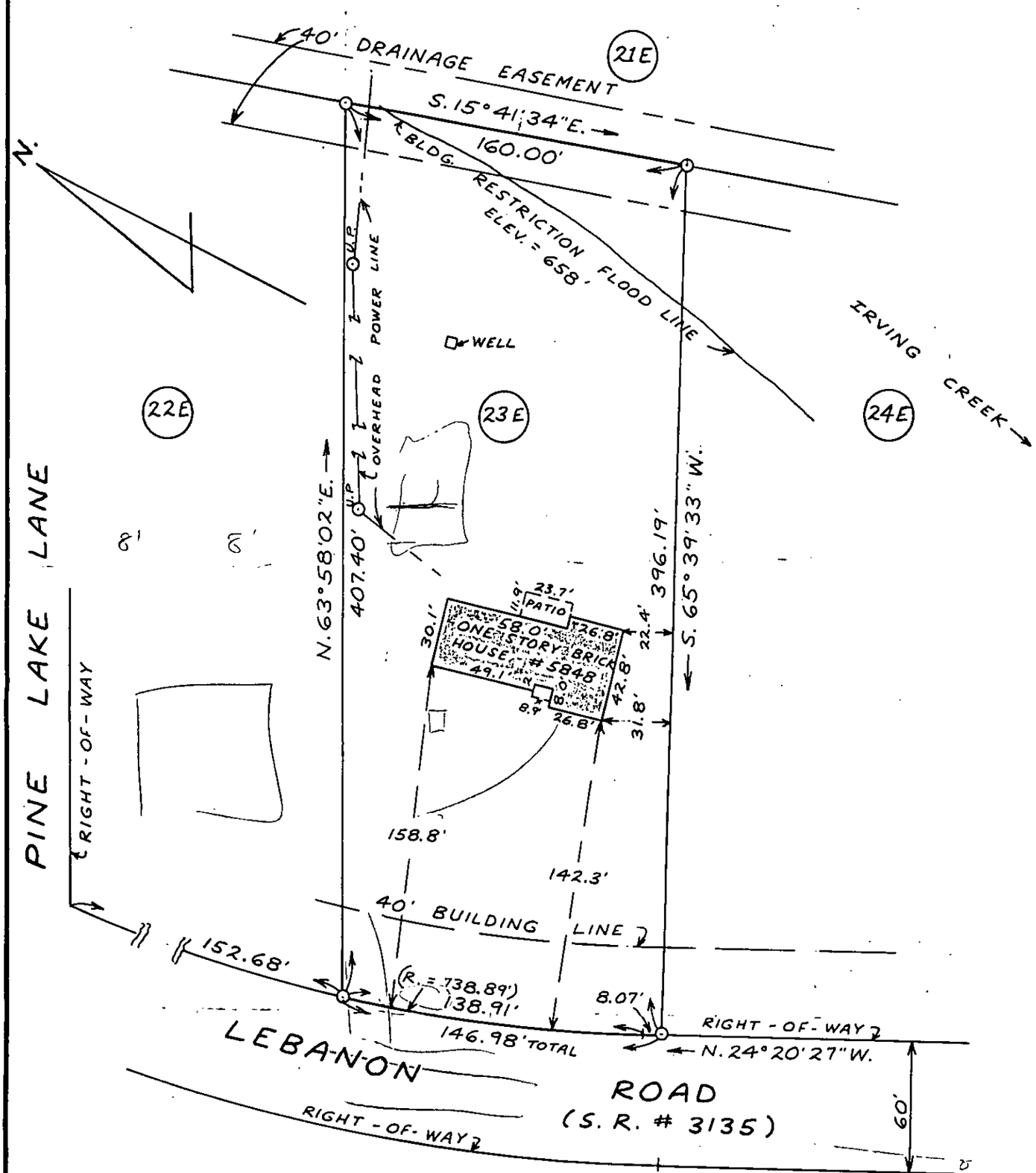
AF 44470A

THIS IS TO CERTIFY THAT ON THE 6TH DAY OF MAY 1989 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 _____
REGISTERED SURVEYOR

NOTE - SEE ORIGINAL SUBDIVISION MAP BY P.A. BROTHERTON, REG. SURVEYOR No. 643, DATED JUNE 16, 1972.

U.P. = UTILITY POLE



PHYSICAL SURVEY
OF

LOT #23-E FARMWOOD - SEC. 3
MECKLENBURG CO., MINT HILL, N.C.

SCALE 1" = 60 FT.

THE PROPERTY OF JOSEPH L. DULSKI & WIFE THERESA P.

MAP RECORDED IN BOOK 15 AT PAGE 513 DEED RECORDED IN BOOK 4089 PAGE 393

FILE # 89.05

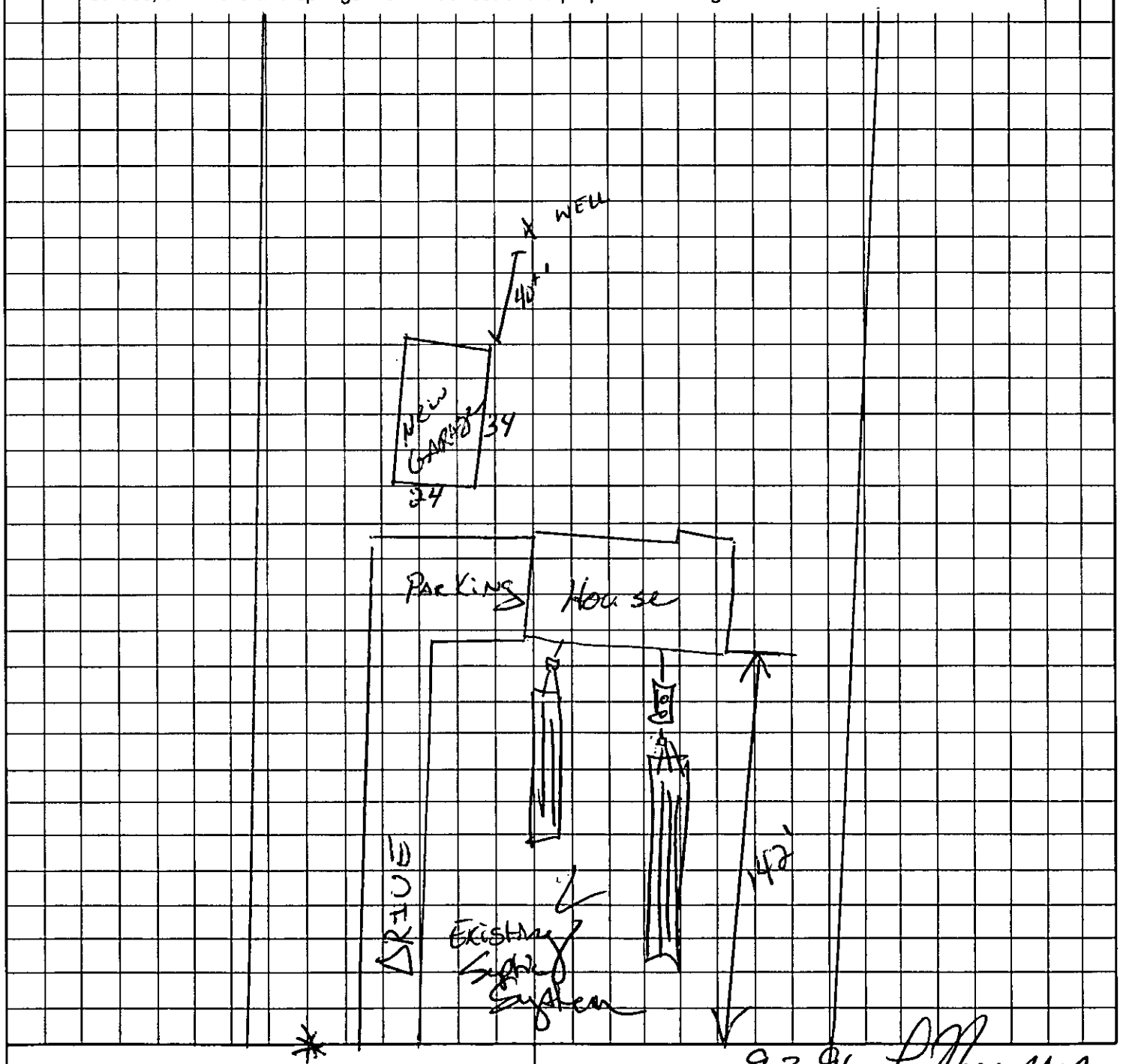
PROPOSED PLOT PLAN

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

FILE: 3731

TC: 135-262-22

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 9-3-96 J. Thompson

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

JEFFREY S. HLADUN
SHIRLEY J. HLADUN
PH. 704-545-8583
5848 LEBANON RD.
MINT HILL, NC 28227

3568

66-393/01
530

May 3 1996

PAY TO THE ORDER OF CHARLOTTE-MECKLENBURG UTILITY DEPT. $ 1,610.00

Sixteen Hundred Ten 00/100 DOLLARS

BB&T
BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NORTH CAROLINA 28202

FOR Jeff S. Hladun

⑆053003931⑆ 5632697 70⑈ 3568 ⑈0000161000⑆

FOR DEPOSIT ONLY
CITY OF CHARLOTTE
UTILITY DEPT.

JUN 13 1996

GENERAL CENTRAL DEPOSITORY FUND
ACCT # FIRST UNION NATIONAL BANK
7048300153

FOR DEPOSIT TO THE CREDIT OF
CITY OF CHARLOTTE UTILITY
GENERAL CENTRAL DEPOSITORY FUND
TOTAL $ 1,610.00
CHECK #1 1,610.00
FUNB OF NC 06/27/96
301 S. COLLEGE ST.
CHAR N C 053000219

#1
520L 0054 0204-06-96 09:36TN

#7708
PKT001
06/27/96
07215653

06264 007012 200 00681134

Serial No. 2771

Date Issued 8-29-72

ICAR(S) Permit No. 373

T. C. No. 135-261-28

Map Date 9-1-70
5.9.74

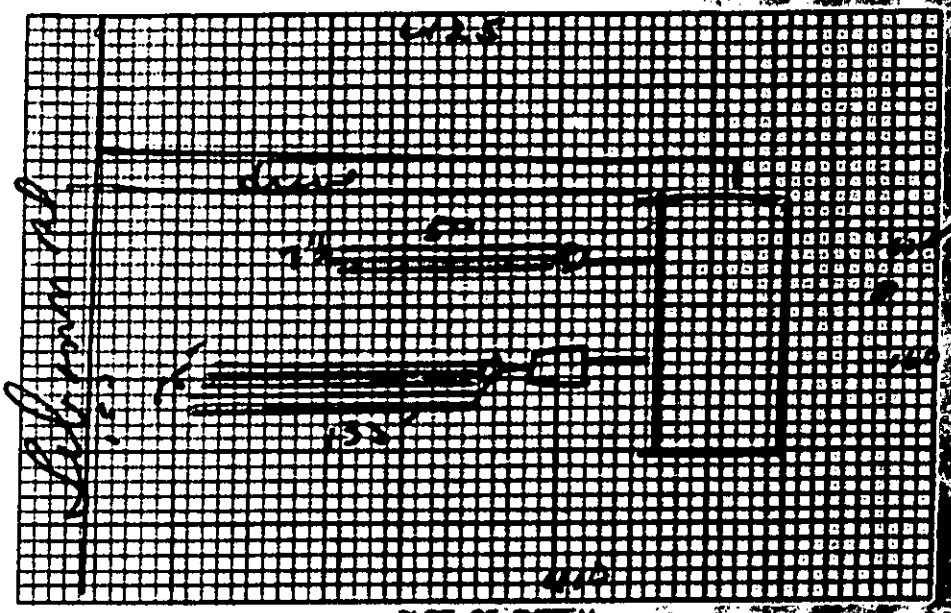
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 3731 dated 8-7-72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 9-08-72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 58

Liquid Capacity of Tank 1500 Gal

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Length 795

Number of Lines 6

Distance from House 10

Distance from Property Line 15

Distance from Well 100

NAME OF OWNER Bob McSorley & C

LOCATION OF PROPERTY Lot 13 E Wilson Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: 15 X 133 / washout 7½ X 5 ?

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 o section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT COPY

Serial No. 2493

C of A (s) No. 3731

Date Issued 9-7-72

T. C. No. 135-261-28

Map Date 9-7-70
5-9-77

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Bob McSimon & Co. (LAST FIRST MIDDLE)

Location of Property Lot 23E Sibson Rd.

Application Number 3731 Permit Number 3731

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast conc.

Total Length of Drain Tile 245' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 9-7-72 (DATE) Tank Inspected 9-7-72 (DATE)

Nitrification Field Inspected 9-7-72 (DATE)

Washing Machine Line Inspected, If Applicable 9-7-72 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: Installed by G.M. Stovall & Sons

Thomas R. Ward
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY