

12927 HELENA CR

19509110

5/30/08

marliwr

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

File 7198 9/10/97 - 9/11/97

Per conversations with Mr. Mrs Hunter - sunroom addition to back of house built before they bought house in 1990
3/74 repair indicates 10' minimum setback from house. (Sunroom Addition) extends 11' out from rear of house. Via probing. Inconsistent board-rear foundation. Advised owner. No visible malfunction. Septic tank not impacted.

JBM

400 ES

File 7198

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2050 ok# 116 9/9/97 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: HUNTER, HENRY M. SR.
(last) (first) (mi)
ADDRESS: 12927 HELENA CIR PHONE: (704) 545-2582
CITY: CHARLOTTE, N.C. STATE: ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: HUNTER, HENRY M. SR
(last) (first) (mi)
ADDRESS: 12927 HELENA CIR PHONE: 704 545 2582
CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 12927
STREET ADDRESS: HELENA CIRCLE
CHARLOTTE, N.C.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:
N/A

LOT NUMBER: 14 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)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
BREEZEWAY/GARAGE/DECK

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 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: Henry Hunter Date: 09/09/97

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.

[ ] 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

...9/10/97, 9/11/97 onsite visits. Mr+Mrs. Henry Hunter present. Approval to UKS for Breezeway, garage + deck

Per walk-through of house - 3 bedroom house with existing sunroom addition. No change in sewage flow BM

Ilba B. Mialik, RS 9/11/97
Environmentalist Date

WATER : 122791

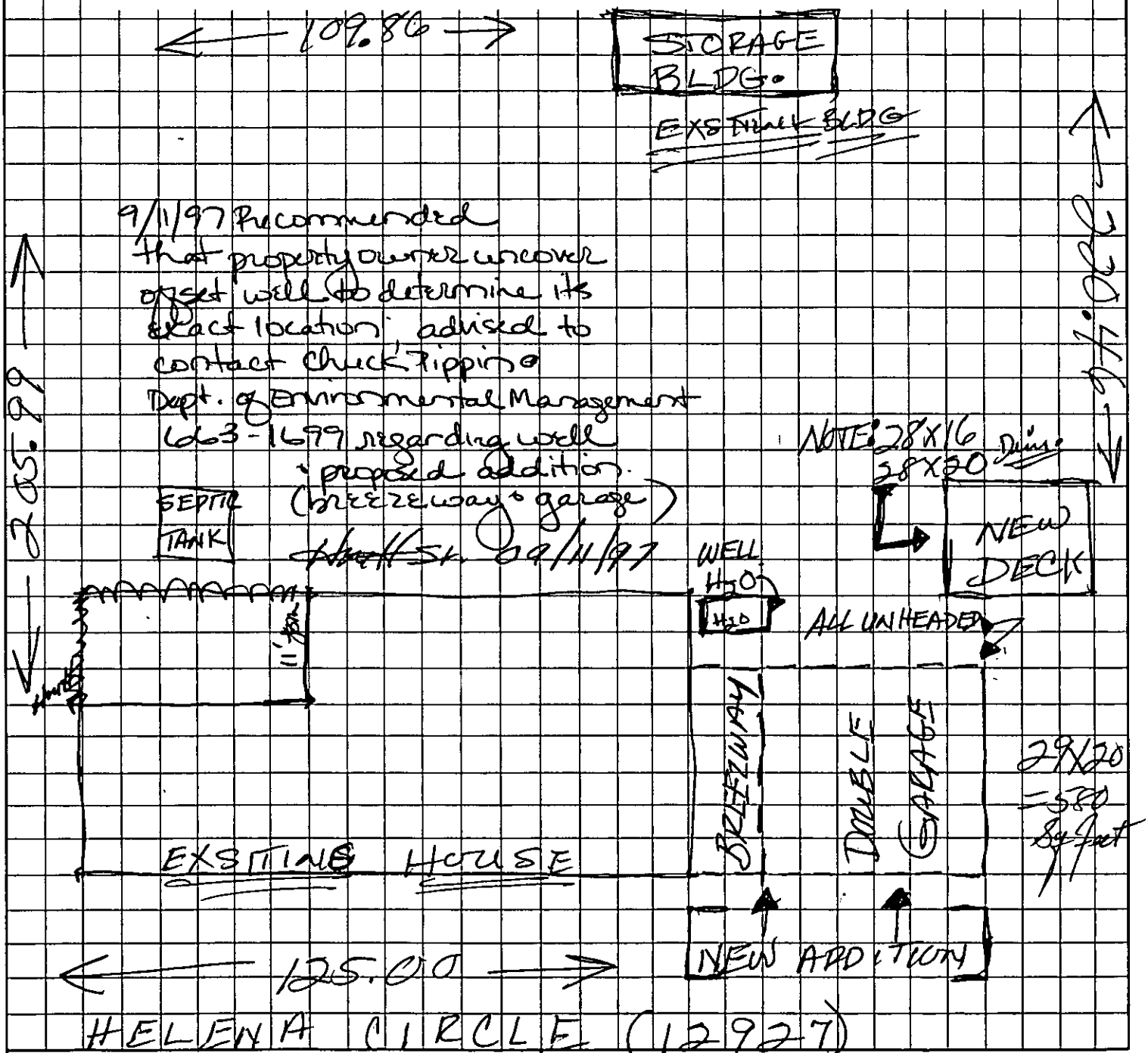
PROPOSED PLOT PLAN

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

FILE: 7198

TC: 195-09-10

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.



Henry M. Hunter Sr.
OWNER/AGENT SIGNATURE

DATE 09/05/97

APPROVAL DATE 9/11/97 Hoa B. Mialik
UKS for breezeway, garage + deck.

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

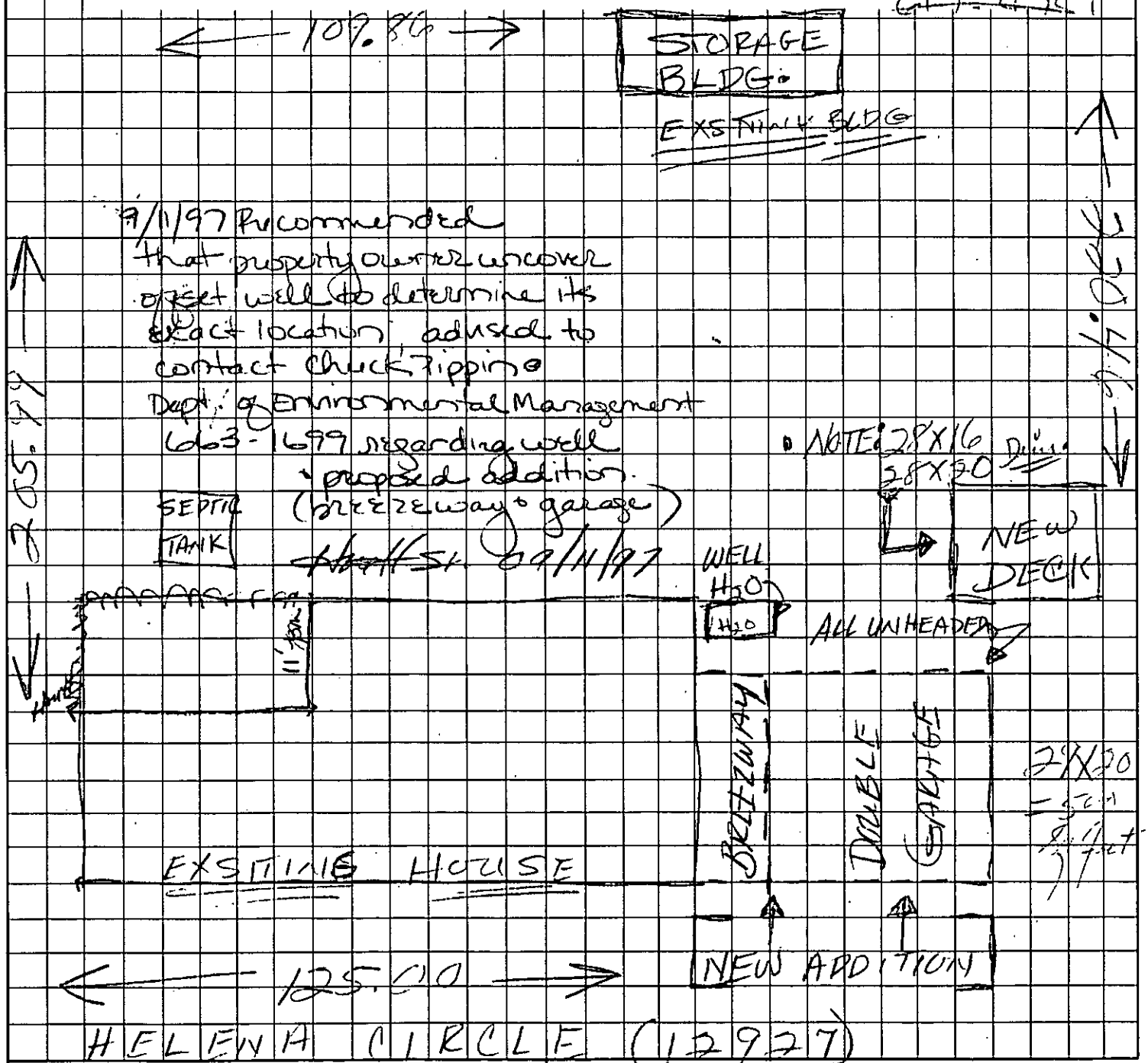
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Herman M. Hunter Sr.
OWNER/AGENT SIGNATURE

DATE 9/05/97

APPROVAL DATE 9/11/97 Ilka B. Mialik

UKS for breezeway, garage + deck.

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

(FHA 7198

LOCATION Meck County OWNER General Const Co. WHITE ✓ COLORED

ADDRESS Lot 14 Velera Cir. OCCUPANT WHITE COLORED

PRIVY:
Type ____ (wood) ____ (concrete)
Number ____
New ____ ____ (date)
Repaired ____ ____ (date)

WATER SUPPLY:
Source Well
If well, type
____ (Bored)
✓ (Drilled)
____ (Dug)

Distance from nearest pollution 50 ft.

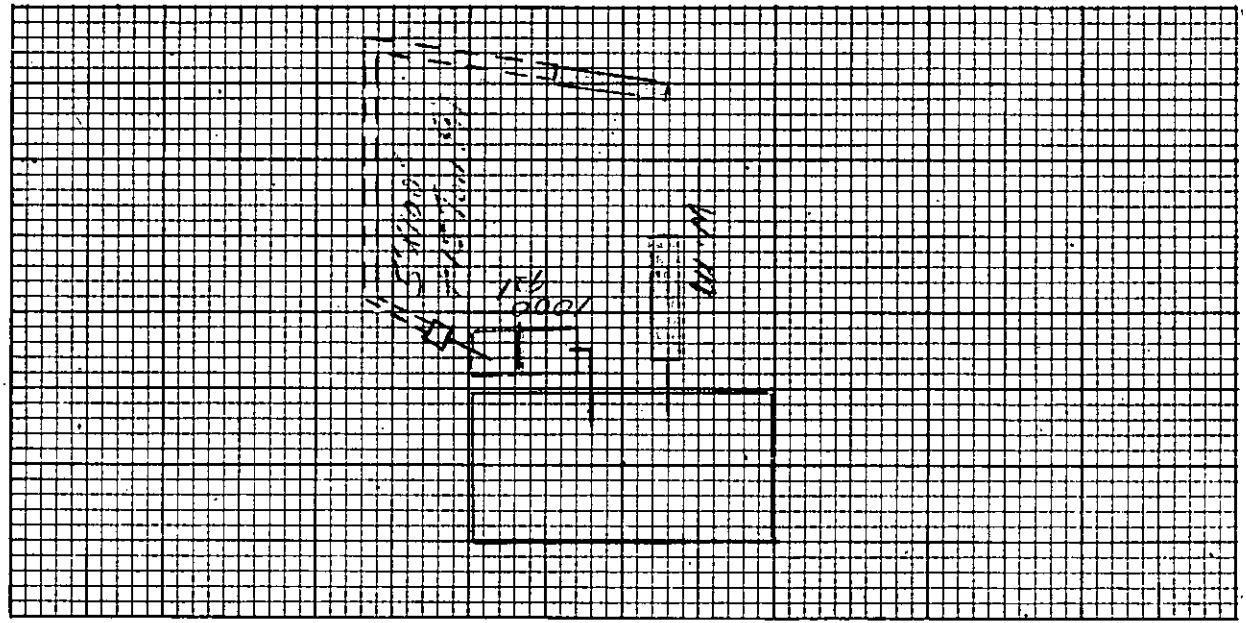
SEPTIC TANK:
Material precast concrete
Dimensions 1000 gal
Volume 1000 gal
Type secondary treatment 5'X100'+15 tr pit (nitrification line) + 12 tr pit (filter trench)
No. of bedrooms Three
Permit Number 4938
Approved yes
Approved by R.F.W.
Contractor or Plumber Slagle & Winchester
Address Charlotte, N.C.
Remarks R.R. 43

FHA CASE NUMBER ____
VA CASE NUMBER ____
Date 5/12/60
Date 5/12/60

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



File 7198. original record

LOCATION Meck County OWNER General Const Co. WHITE ✓ COLORED _____

ADDRESS Lot 14 Helena Cir. OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ (wood) _____ (concrete)

Number _____

New _____ _____ (date)

Repaired _____ _____ (date)

WATER SUPPLY:

Source Well

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:

Material precast concrete

Dimensions 1000 gal

Volume 1000 gal

Type secondary treatment 5'X100'+15 tr pit + 12 tr pit (nitrification line / filter trench)

No. of bedrooms Three

Permit Number 4938

Approved Wks

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