


13500 MT HOLLY-HUNTERSVILLE RD

01707222

7/9/2007

duponbj

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: 7650-A DATE: 7/15/99

TC: 017-072-22 ☐ L ☒ CRT

SERIAL Nº 18069

Name of Owner John N. Dell Juris.: Huntersville

Address of Property 13500 Mt. Holly-Huntersville Rd

**Inspection Data:**

Tank Material Existing P.C.C.

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

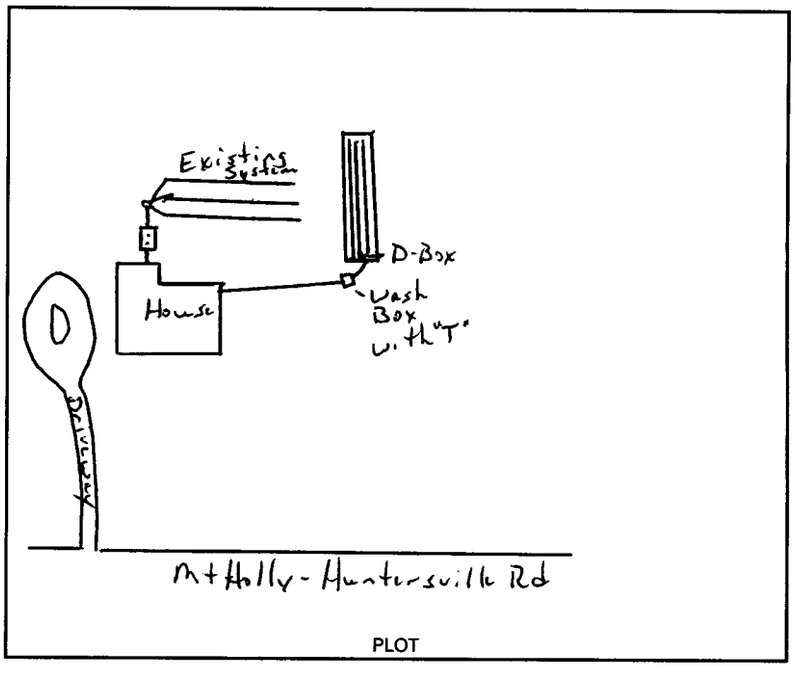
Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected (Washer Box) 7/15/99

Wash Line Inspected 7/15/99

High Water Alarm Inspected _____



PLOT

Design Repair- 9'x50' x18" gravel washer line CTR# Claudius Morrison

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: Repair - Washer bed 9' x 50' x 18" gravel

Jeff a. Knight
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

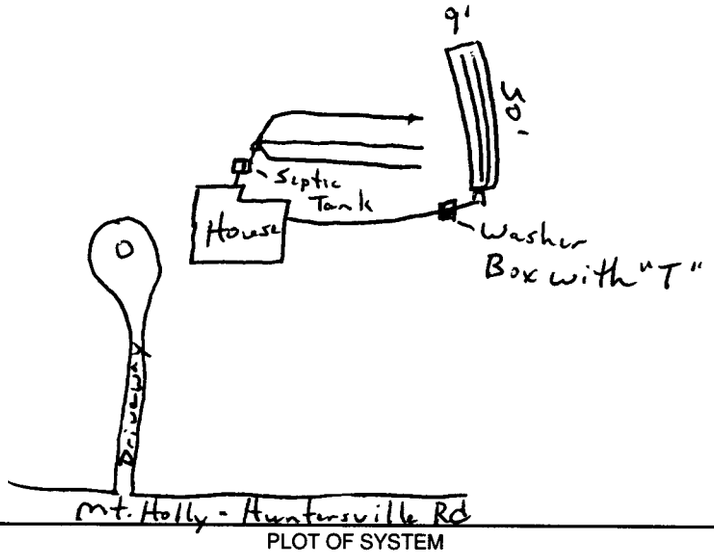
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7650 - A DATE: 7/8/99

TC: 017-072-22 ☐ L

SERIAL Nº 18169

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 9/22/97. All work shall be completed on or before 8/8/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 —

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous Yes

Total Line Length 150 feet

Number of Lines 3 in 1 Bed

Depth of Stone 18 inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well N/A feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John N. Pell

LOCATION OF PROPERTY 13500 Mt. Holly - Huntersville Rd

Comments: Keep lines level and on contour. Keep bed as shallow as possible 9'X50' Bed with 18" gravel

Jeff A. Knight
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7650 A DATE: 9-29-97

TC: 017-072-22 ☒ L ☐ CRT

SERIAL № 17358

Name of Owner John N. Pell Juris.: _____

Address of Property 13500 Mt. Holly-Huntersville Road

**Inspection Data:**

Tank Material existing

Total Length of Drainfield approx. 201'

Number of Lines 3 @ approx. 67'

Cover Depth approx. 18-24"

Water Supply Source Municipal

Distance to Water Source _____

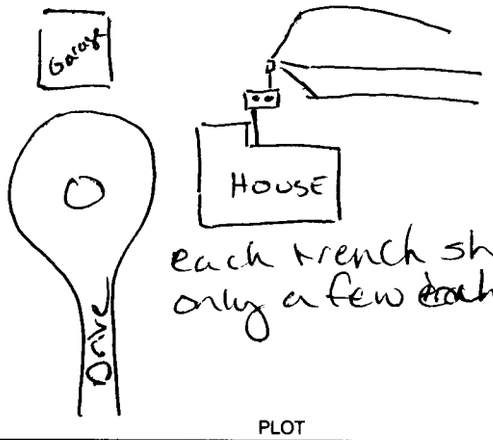
Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____

9-29-97 Claudius Morisson uncovered D-Box and both ends of each drainline. I attempted to check trench grade as best I could - each trench showed only a few inches fall.




PLOT

Design ILLEGAL REPAIR - installed sometime in spring of 97 CTR# 80 Claudius Morrison

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: Type IIa Un-permitted Repair
THIS IS NOT AN APPROVAL - THIS IS TO SERVE AS DOCUMENTATION ONLY!

Larry Thompson

*Built 1964

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

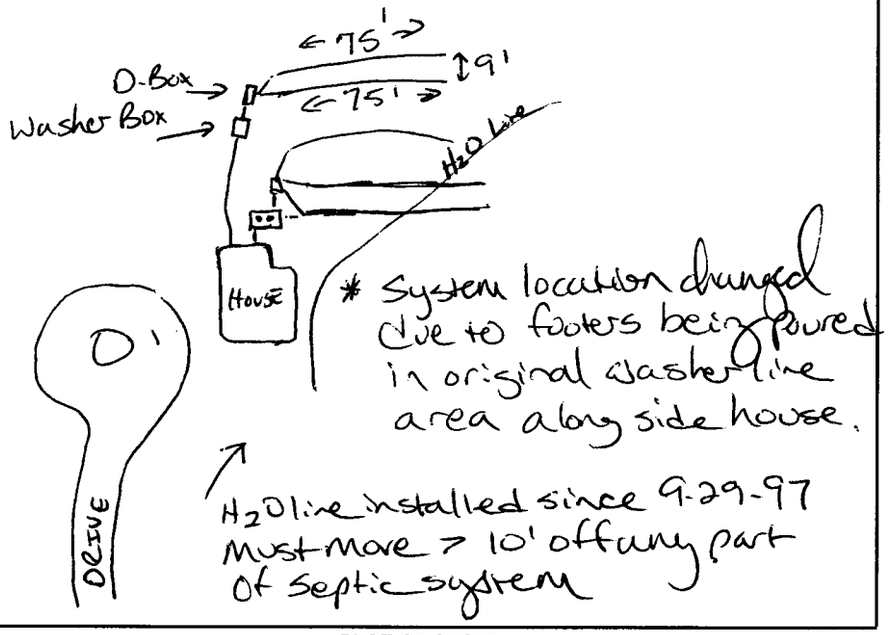
FILE: 7650 A DATE: 10-15-97

TC: 017-072-22 ☐ L

SERIAL Nº 17485

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 9-22-97. All work shall be completed on or before 11-15-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.

Replaces Serial # 17464




PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction _____

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 150 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >10 feet

Municipal H2O line

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John N. Pell

LOCATION OF PROPERTY 13500 Mt. Holly-Huntersville Rd

Comments: Type IIa washerline alteration 3 bedrooms
Install washer box, d-box & (2) 3'w x 75' x 12" stone
* H2O LINE MUST BE MOVED

Larry B. Thompson Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

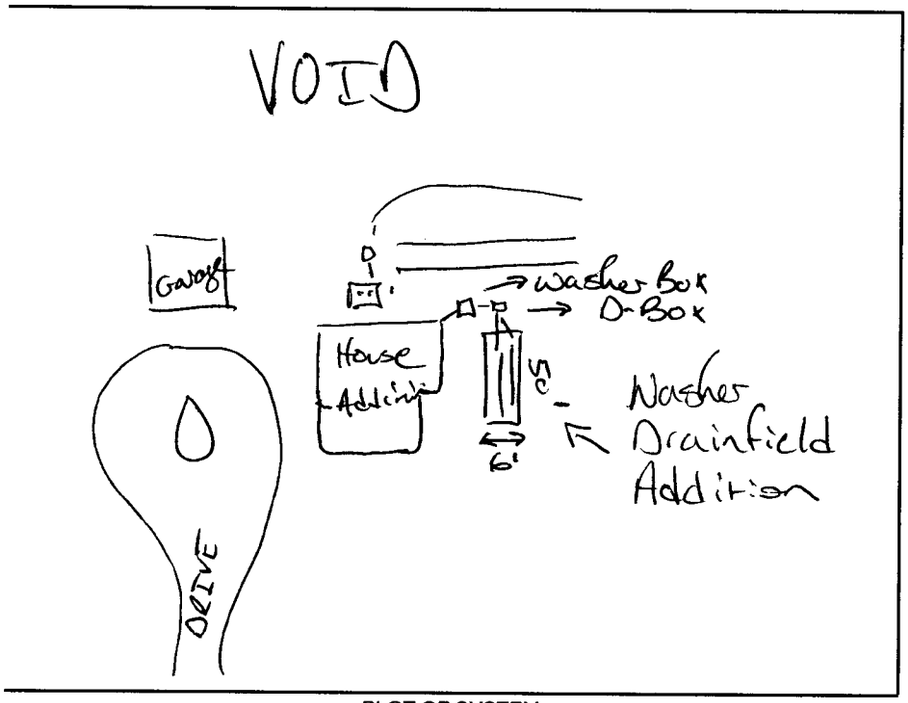
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7650A DATE: 9-29-97

TC: 017-072-22 ☒ L

SERIAL Nº 17464

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 9-22-97. All work shall be completed on or before 10-29-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 N/A gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction N/A

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Trench Walls Scored and Porous Yes

Total Line Length 100 feet

Number of Lines 2 in 1

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Municipal feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER 13500 Mt. Holly - Huntersville Rd

LOCATION OF PROPERTY John N. Pell adding 3rd bedroom

Comments: Type IIa (washer line) 3 bedrooms

install Washer box - d-box & (1) 6'w x 50'l x 18"stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

PD 15500 Chk # 3498 9/29/97 SC

PD 5000 Chk # 1163 9/22/97 [ ] CRT

7650A

# 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: 9/22/97

PERSON FILING APPLICATION:
NAME: PELL (last) JOHN (first) N (mi) SC
ADDRESS: 13500 MT HOLLY HUNT. Rd. PHONE: (704) 875-0414
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-072-22
STREET ADDRESS: 13500 Mt Holly Huntersville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 5

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
LIVING ROOM BEDROOM ADDITION

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:
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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: John N. Pell Date: 9/22/97

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.

...Found illegal repair - approx 210' ~~had C. Morrison uncover for a look~~ - having owner add washer bed.

[ ] 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

Larry Thompson RS 9-29-97
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

# PROPOSED PLOT PLAN

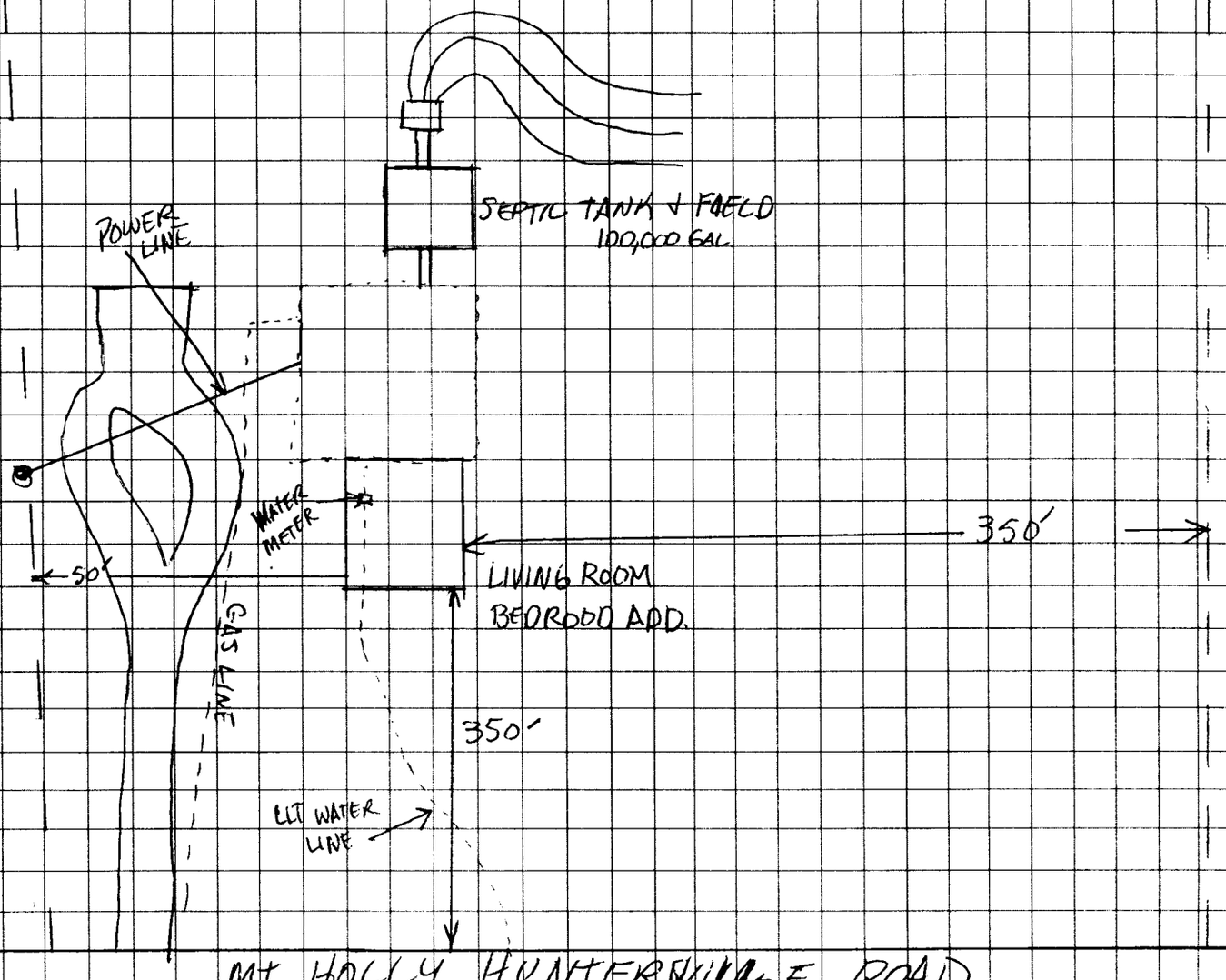
COPY

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

FILE: 7650A

TC: 017-072-22

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 Tom N. Pell

DATE 9/22/97

APPROVAL DATE _____

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

FEE: ~~#150.00~~ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: ~~9-29-97~~ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-29-97 PERMIT NO: 7650 A
PARCEL NO: 017-072-22
JOB LOCATION ADDRESS: 13500 Mt. Holly-Huntersville Rd.
PROPERTY OWNER: John N. Pell
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Sam B. Thompson Jr. R.S. DATE: 9-29-97
DEHNR AUTHORIZED AGENT

**AUTHORIZATION CONDITIONS**

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7650 A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions Of Improvement Permit

**OWNER CERTIFICATION**

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X John N. Pell 9/29/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 7650A

Tax Number: 017-072-22

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | | |
|---|---|---|---|---|
| Basement | ___ Yes | ✓ No | ___ Partial Basement | |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| ___ Long-term acceptance rate | ___ Max gallons/day wastewater flow | ___ Absorption Area (sq ft) | ___ Trench spacing (min. on centers) | |
| N/A Serviced by private well | ___ Gallon septic tank | 201' Approx. Total trench length (ft) | ___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 2 Bedrooms in residence | ___ Gallon pump tank | ___ Depth of stone | | |
| Any surface waters present: | Type: | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Adding 1 bedroom – limited area available 201' (approx.) installed previously without permits. Checked existing system as best as I could – determined that there is no more than a few inches fall in each line. ALTERATION WASHER LINE | | | | |
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 300' Absorption Area (Sq ft)<br>100' Total Trench Length (Ft) | 18" Depth of Stone Trench | N/A Trench spacing (min. on centers) | ≤3' Maximum Trench Depth | |
| For existing system, enter the year originally installed: House built in 40's – repair spring of 1997 | | | | |

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 9-29-97

Owner/Agent Signature — Date 9/29/97

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

# APPLICATION FOR AN IMPROVEMENT PERMIT

$25.00 ck#1154

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7650A 08/05/91
TC: 017-072-22
SERIAL: №0019690 ☐ CRT

**JOB LOCATION**

① ADDRESS: 13500 Mt. Holly Huntersville Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Huntersville ④ TAX PARCEL NO.: 017-072-22
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: JOHN (FIRST) NICHOLSON (MIDDLE) PELL (LAST)
⑨ MAILING ADDRESS: 13500 Mt. Holly Huntersville Rd.
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP:
⑬ PHONE: (WORK) 333-1186 ⑭ (HOME) 372-5014

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Detatched Garage

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 5
㉕ Type?
㉓ Maximum occupancy?
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: John N. Pell
Date: 8/5/91

## 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 60 months from the date of issuance. use existing system no plumbing

Tim Whittaker, Environmentalist, 8/8/91 (Date)

Director or Authorized Section Head, 8-12-91 (Date)

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

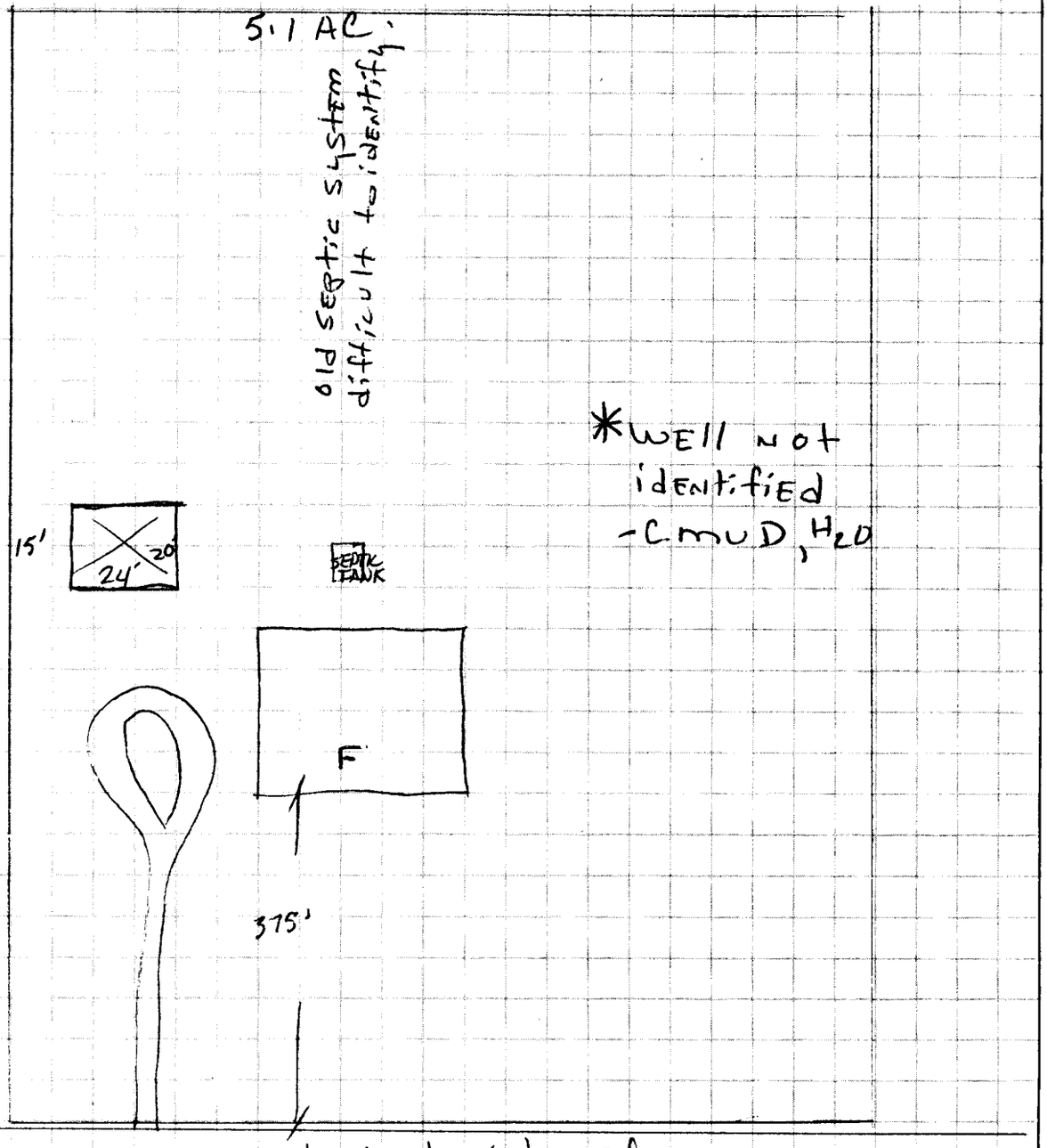
# PROPOSED PLOT PLAN

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

FILE: 7650 A

TC: 017-072-22

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.




APPROVAL DATE Tu. 8/6/91

use existing system, no plumbing

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

DATE 8-5-91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Hun

017-072-22
PARCEL NUMBER

13500 Mt Holly Huntersvill Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

| | | |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | APPROVED | NOT APPROVED |
| 2. FLOODWAY REGULATIONS | APPROVED | NOT APPROVED |
| 3. EROSION CONTROL REGULATIONS | APPROVED | NOT APPROVED |
| 4. COMMERCIAL DRAINAGE PLAN | APPROVED | NOT APPROVED |
| 5. PUBLIC UTILITY EASEMENT | PRESENT | ✓ NOT PRESENT |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ✓ YES | NO |
| 7. DRIVEWAY PERMIT REQUIRED | YES | ✓ NO |
| 8. DOES PROJECT CONFLICT WITH ROAD PROJECT? | YES | ✓ NO |

REMARKS: detached garage

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Jan

REVISED 1/91