

9000 HAMBRIGHT RD

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3320A

Pd #50 cash 10/12/95

CERT

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: Cope (last) Joe (first) A (mi)
ADDRESS: 2825 Brackinridge Rd Suite 140 PHONE: (770) 279-1434
CITY: Duluth STATE: GA ZIPCODE: 30525

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-275-02
STREET ADDRESS: 9000 Hambright Rd
ZONING:

PROPERTY OWNER:
NAME: Tesh (last) Herbert (first) (mi)
ADDRESS: 9000 HAMBRIGHT PHONE: (__) _____
CITY: Huntersville STATE: NC ZIPCODE: 28078

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) UXS
[] 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)
[] REPAIR TO SYSTEM (R)

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: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Food Stand (OR)
Type Business Restaurant # Employees 12 Per Shift 5
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y)/N) __ Type Concrete

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: Joe Cope Date: 10/12/95

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 SYSTEM

SWITCH BULL RUN VALVE

ON MONTHLY BASIS

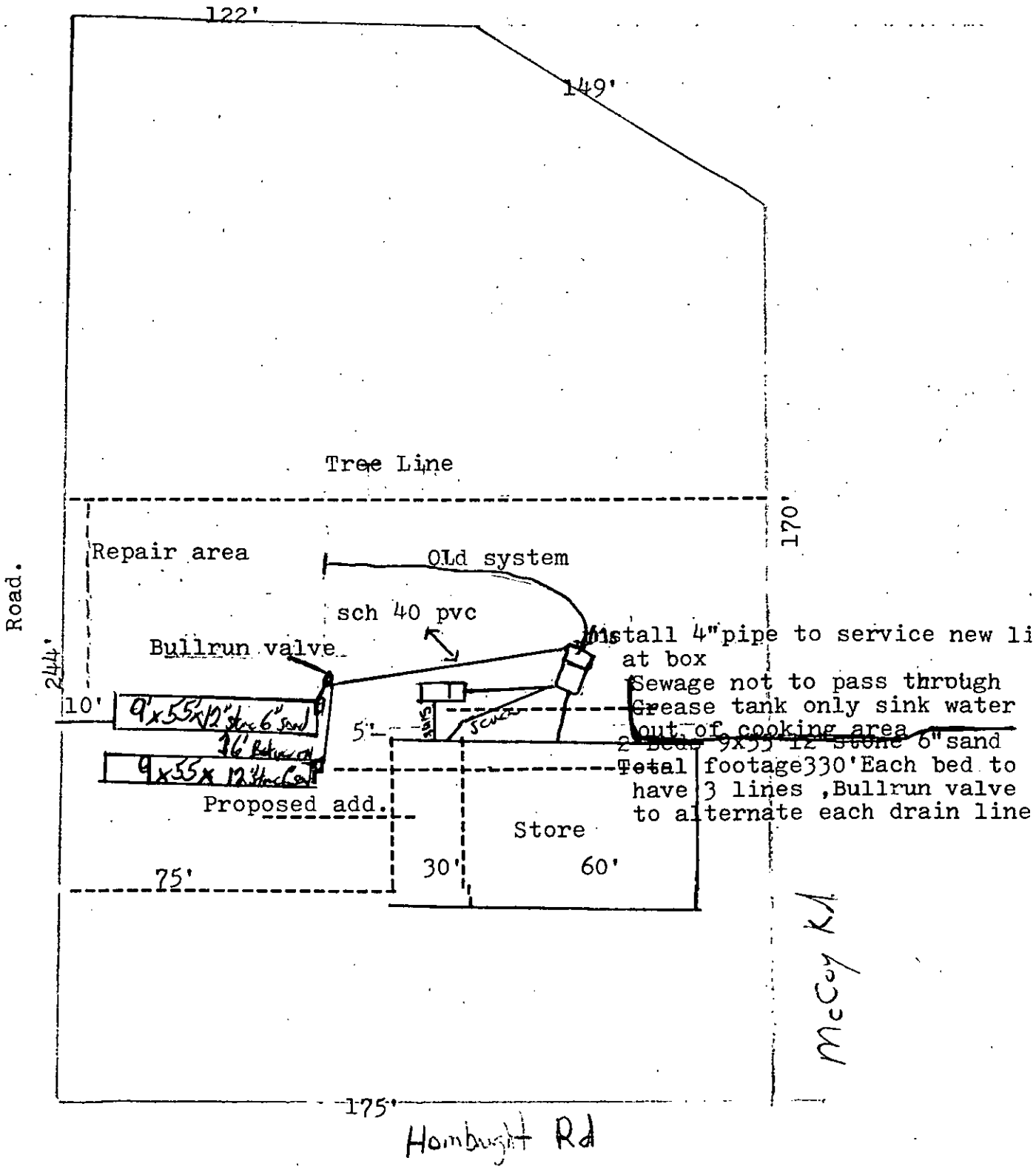
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 12-3-95 Date

WWATER : 122791

Herbert Stanley Tesh Jr.
4600 Ridge Rd.
Charlotte,N.C.28213
Location 9000 Hambright Rd.
Lot. 1A
File 3320A



Install 4"pipe to service new li
at box
Sewage not to pass through
Grease tank only sink water
out of cooking area
2 Beds 9x55 12" stone 6"sand
Total footage330'Each bed to
have 3 lines ,Bullrun valve
to alternate each drain line

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 3320-A DATE: 7-23-87

TC: 015-075-02 ☐ L

SERIAL № 11143

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 5-8-87. All work shall be completed on or before _____, 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 Department of Environmental Health 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.

INSTALL w/ plans on file

Liquid Capacity of ~~Septic~~ Tank 1000 gallons
GREASE TRAP
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 2 Bed 9x55x12' feet
Total Line Length 330 feet
Number of Lines 3 each bed
Depth of Stone 12" 6" Sand inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well 50 feet

PLOT OF SYSTEM

NAME OF OWNER TESH HERBERT S

LOCATION OF PROPERTY 9000 HAMBRIGHT RD

Comments: INSTALL in accordance w/ plans on file

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3320-A DATE: 11-4-87

TC: 015-075-02 ☐ L ☐ CRT

SERIAL № 10671

Name of Owner TESH HERBERT Juris.:

Address of Property 9000 HAMBRIGHT RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 330

Number of Lines 2 Bed @ 9x53

Cover Depth 1

Water Supply Source well

Distance to Water Source 50' ±

Excavation Inspected 11-4

Tank(s) Inspected 11-4

Wash Line Inspected /

High Water Alarm Inspected /

PLOT

Design: 1987 1500 ST 1100 DV 990 SFB [illegible] GS [illegible] CTR# 6

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 10 NCAC 10A .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 10 NCAC 10A .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:

[signature] Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disabil[illegible]