

10139 ARLINGTON CHURCH RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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1204A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #52 8/22/95 Ck # 3324

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: Belk (last) Gary (first) (mi)

ADDRESS: 10139 Arlington Ch. Rd PHONE: (__) _____

CITY: Mint Hill STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-101-33

STREET ADDRESS: 10139 Arlington Ch. Rd

ZONING:

PROPERTY OWNER:

NAME: Belk (last) Gary (first) (mi)

ADDRESS: 10139 Arlington Ch. Rd. PHONE: (__) _____

CITY: Mint Hill STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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 N)
- ☐ COMMERCIAL OR INDUSTRIAL (N)
- ☐ SOIL TEST DEVELOPMENT (P)
- ☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 2 car garage with 10x12 living room
- ☐ 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: 2 NUMBER OCCUPANTS: 2

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)
- ☐ 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
- ☐ 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: Gary Belk Date: Aug 22-95

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.

... Garage + Living Room (no plumbing)

Use existing system

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

Phila A. Walker 8/23/95
Environmentalist Date

Authorized Rep. Manuel Program Chief 8-25-95
Director or Authorized Section Head Date

WATER

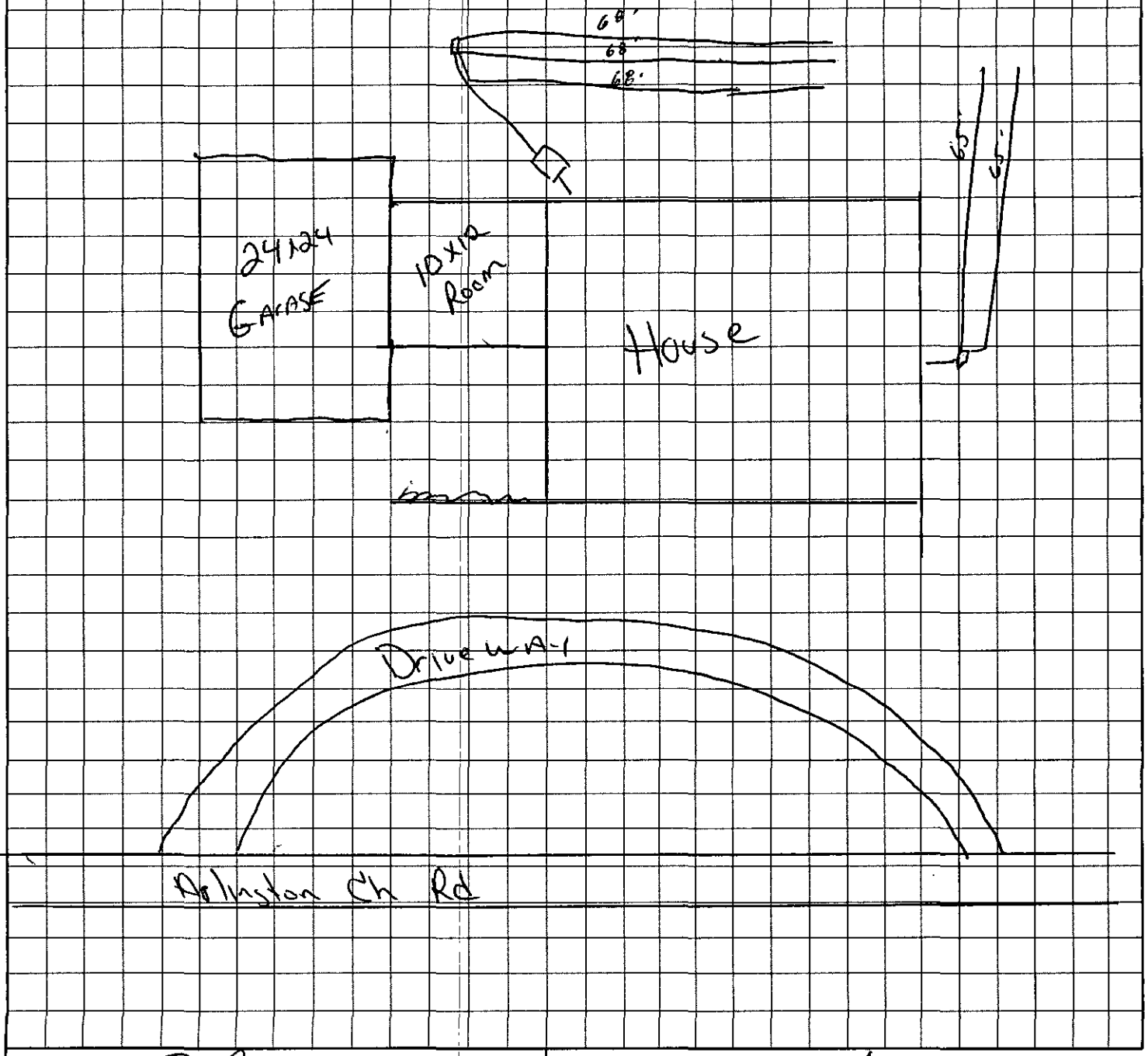
PROPOSED PLOT PLAN

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

FILE: 1204A

TC: 139-101-33

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.



Boy Bele
OWNER/AGENT SIGNATURE

DATE Aug. 22-95

APPROVAL DATE PSW 8/23/95 VES

White - Health Department's Copy

Canary - E.H.S. Copy

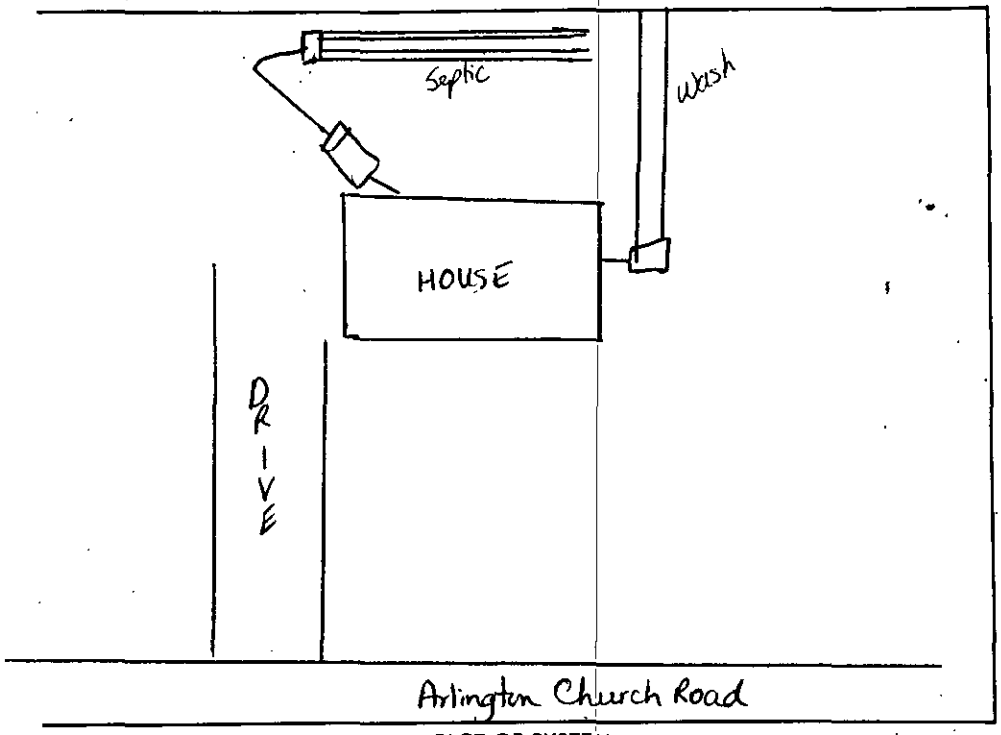
Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 1204A DATE: 6/9/86
PO TC: 139-101-33 ☑ L
SERIAL Nº 10090

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 11/16/85. All work shall be completed on or before 7/9/86, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank -0- gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 3' feet
Total Line Length 272'+130 feet
Number of Lines 4+2
Depth of Stone 12" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well 50' feet

NAME OF OWNER Faucette, Benita Blackwelder
LOCATION OF PROPERTY 10139 Arlington Church Road
Comments: Septic 4 Trenches 3'x68'x12" stone with grade boards, straw as cover
Wash 2 Trenches 3'x65'x12" stone with grade boards, straw as cover

Division or Section Head

Cynthia G. Boss
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

C of A (s) No. 1204A

Date Issued 6/12/86 Serial 8647 T. C. No. PO 139-101-33 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Faucette (LAST) Benita (FIRST) Blackwelder (MIDDLE)

Location of Property 10139 Arlington Church Road

Application Number 1204A Permit Number 1204A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 272' + 130' Number of Lines 4 + 2

Depth of Filter Material 12" Cover Depth 8"-14"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 6/12/86 (DATE) Tank Inspected 6/12/86 (DATE)

Nitrification Field Inspected 6/12/86 (DATE)

Washing Machine Line Inspected, If Applicable 6/12/86 (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 Health Commission 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: 1986, 1500ST, CON, 8165FT, 12G, CECIL-LIKE, 390WL

French drain was installed on upper side of lot next to street

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

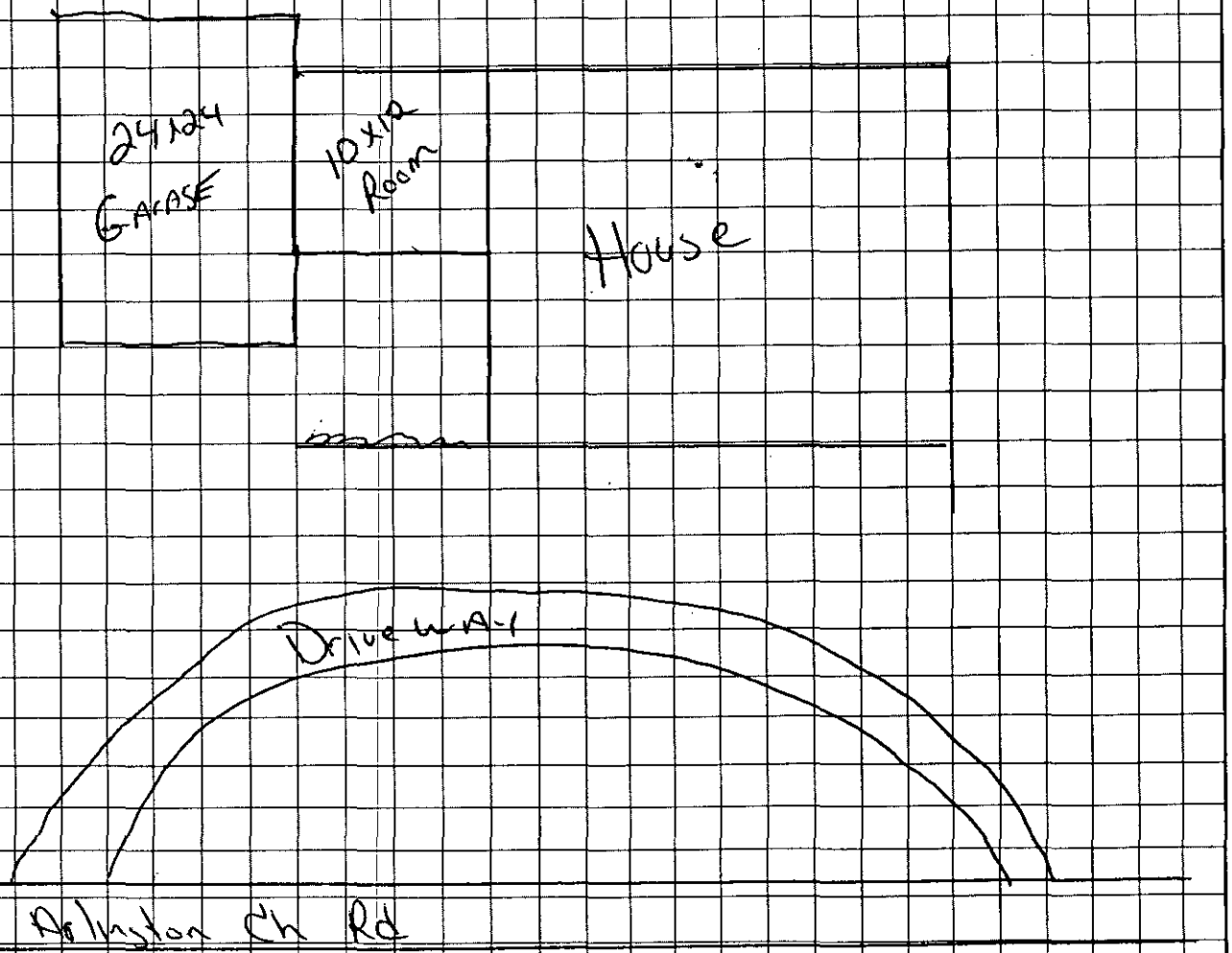
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Tony Bell
OWNER/AGENT SIGNATURE

DATE Aug. 22-95

APPROVAL DATE _____

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