

10516 HADLOW CT

11325135

9/5/08

marliwr

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

Needed:

1) Alteration fees $150.00
2) Have client sign plot plan, Cons Autho. & Copy of ID
3) Note special hold on permit

cc chkt 3501

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 9/3/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 21476
PARCEL NO: 113 251 35

JOB LOCATION ADDRESS: 10516 Hadlow Ct
PROPERTY OWNER: Robert Renniger
BUILDING CONTRACTOR: -
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Philip S. Walker RS. DATE: 2/9/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21476, 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: Approval granted for a new 3 bedroom residence with a hold - Septic system alterations to be installed after new residence complete. Lift pump required

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 Robert E Renniger Sept 3, 99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 21476 — CONDITIONS OF IMPROVEMENT PERMIT — Tax Number: 113 251 35

- 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 Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	810' Absorption Area (sq ft)	36" Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	270' Bed Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	18" Depth of stone	

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: >50'

Site modifications required: Existing well shall be abandoned, New well location shall be >50' from any septic

Additional Conditions: System. Alteration to Existing septic System (Building new house, adding 1 Bedroom. Bed system 9'wd x 90'long x 18"stone, Keep the septic system >50' from the high water mark & any wells. Well abandonment form shall be on file before final operations permit release. Lift pump required

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

810' Absorption Area (Sq ft) 270' Total Trench Length (Ft)	18" Depth of Stone Trench	14 Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t 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 effe 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 Departmer
- This Improvement permit is transferable.

Phila S. Walker R.S. 2/9/99
DEHNR Authorized Agent — Date

X [signature] 9-3-99
Owner/Agent Signature — Date

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

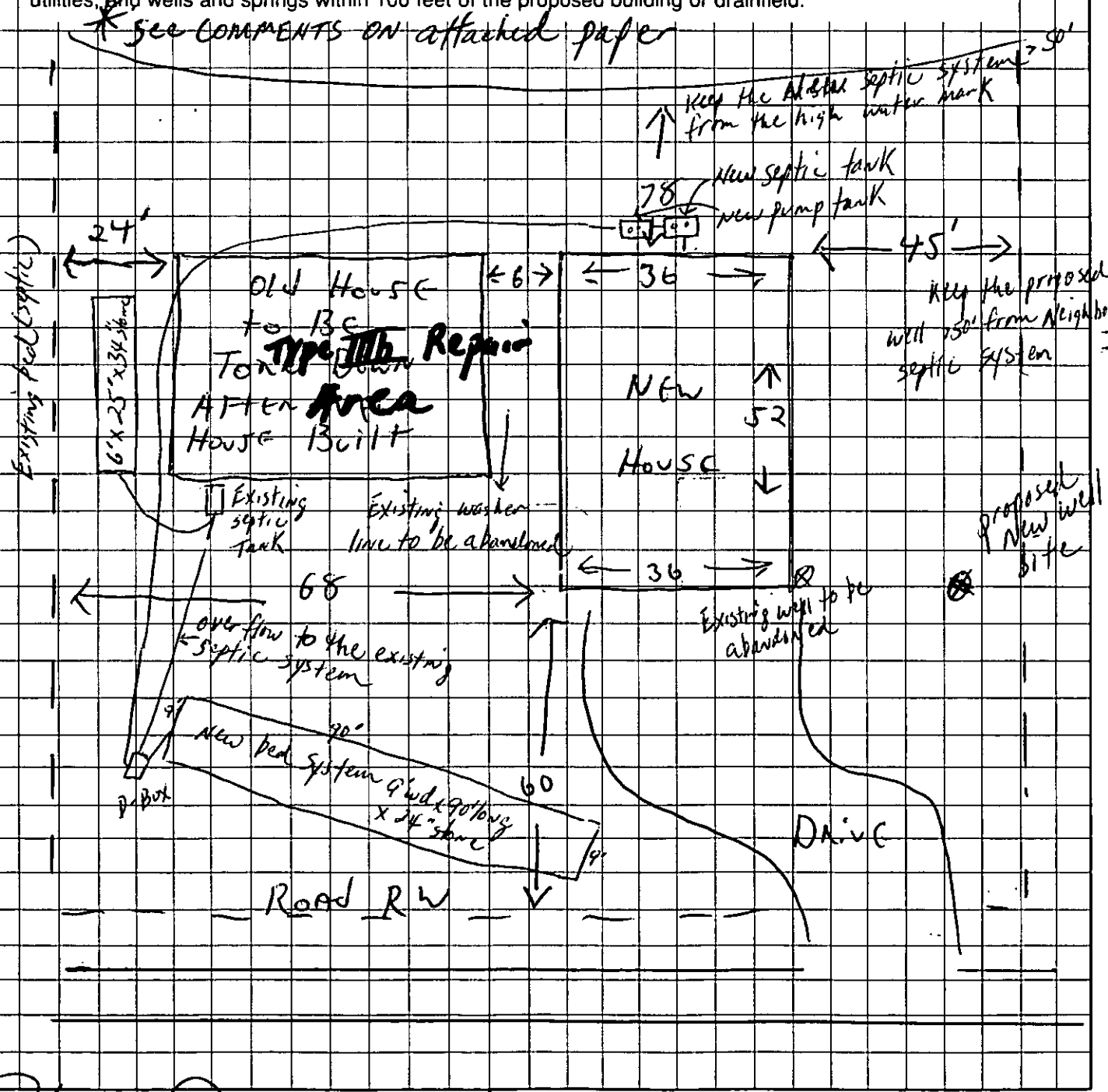
PROPOSED PLOT PLAN

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

FILE: _____

TC: 113-251-35

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 R. T. Pennington

DATE 1-19-98

APPROVAL DATE Phil 2/4/98

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

COMMENTS

Approval granted for a 3 bedroom Alteration
1500 ST, 1000 DT, Lift pump required (Basement w/plumbing)
Bed system 9' wd x 90' long x 24" Stone 270 TLF
Type IIIB Repair Area
Keep the septic system > 50' from the high water mark
Existing well to be abandoned, Well abandonment forms shall be on file before final DF release.
Keep the proposed new well > 50' from the neighbors well and the new proposed septic system.
Existing washer line to be abandoned, plumb washer line to the existing tank during house construction
60' from the left front house corner to front right of way line
45' from the back right house corner to the right property line

Appr Date
2/4/99 PSW

$50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 21476

Date: 1-16-99

PERSON FILING APPLICATION:
NAME: Pennington (last) Robert (first) E (mi)
ADDRESS: 10516 Hadlow ct PHONE: (__) 399-3430
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY OWNER:
NAME: Pennington (last) Robert (first) E. (mi)
ADDRESS: 10516 Hadlow ct PHONE: (__) 399 3430
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-251-35
STREET ADDRESS: 10516 Hadlow Ct
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] EXCHANGE ~~MOBILE~~ HOME - SAME # BEDROOMS (Y) MHX5 - old house will be torn after new constr.
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 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 [X] ~~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: Robert Pennington Date: 1-16-99

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.

...Approval granted for a New 3 bedroom residence with a hold

Alterations to be completed after new residence complete

[ ] 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

Philo S. Walker RS. 2/9/99
Environmentalist Date

WATER : 122791

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 21476

Date Received 9-20-84

T. C. No. 113-251-

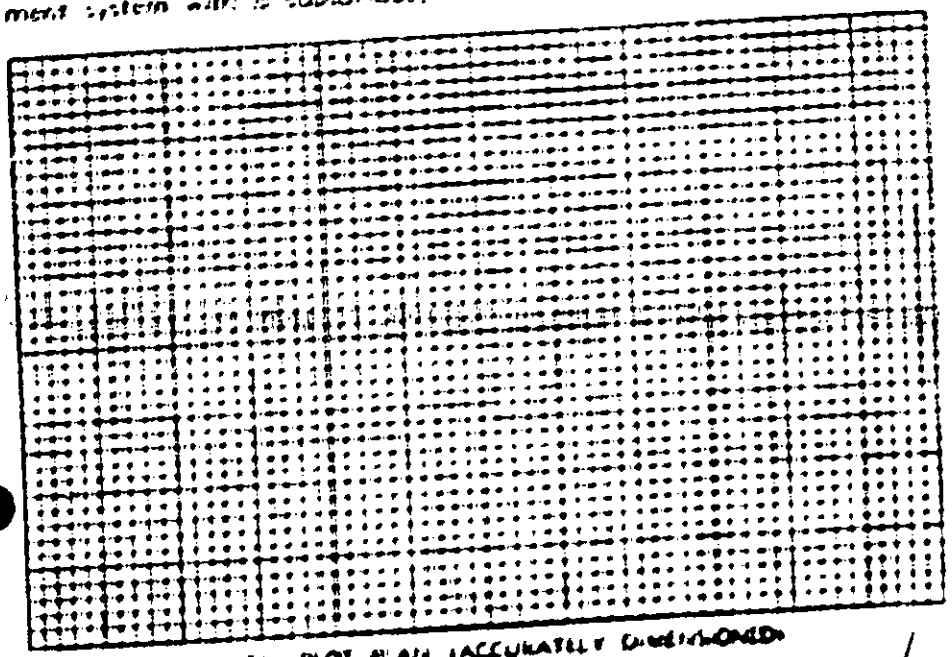
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of real property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ___ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 3
5) Business Use -- Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Nick Henry (LAST, FIRST, MIDDLE) Vaughan

14) ADDRESS OF OWNER 4203-1 [illegible] Ct. / 22-C Matthews Rd. / S.C

15) PHONE NO. Home 1-[illegible] 1056 Office 1-503-443-6345

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

? 17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No ___ Page No. ___

3 18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

? 19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

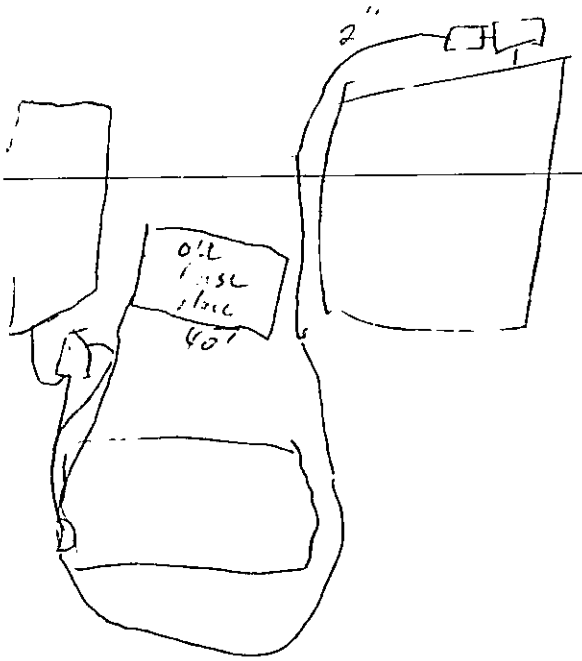
The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

✓ 9/24/84
DATE OF APPLICATION

✓ [signature]
OWNER

EHD-S-76

Environmental Health Department's Copy


2"
OIL
FUEL
LINE
40'

C of A Ist No 2147

Date Issued 10-10-84 Serial 7015 T C No 113-251-L

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 Morris (LAST) Henry (FIRST) (MIDDLE)

Location of Property 10516 Hadlow Dr.

Application Number —

Permit Number —

Inspection Data:

Liquid Capacity of Tank repair

Total Length of Drain Tile 190'

Depth of Filter Material 34" + 18"

Water Supply Source well

Excavation Inspected 10-10-84 (DATE)

Nitrification Field Inspected 10-10-84 (DATE)

Washing Machine Line Inspected, If Applicable 10-10-84 (DATE)

Tank Material

Number of Lines 2+3

Cover Depth 15" + 12"

Distance from Water Source 50'

Tank Inspected 10-10-84 (DATE) - 75 gal wash sink

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption fluent 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 Co Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of proval does not in any way guarantee that the system will operate properly or relieve any person now hereafter owning, controlling, or using such system from any liability resulting from the failure of system to operate properly. This Certificate of Approval is issued subject to those restrictions and co tions shown on the permit(s) in addition to those listed below under comments. This Certificate of Appro shall be null and void if any information contained in the application is untrue or if any additions made to the property which would increase the requirements for said system.

Comments: 6'X25'X34" septic repair
9'X30'X18" washline

D. R. Flynn
Environmentalist

EHD-5-76

Environmental Health Department's Copy

COPY

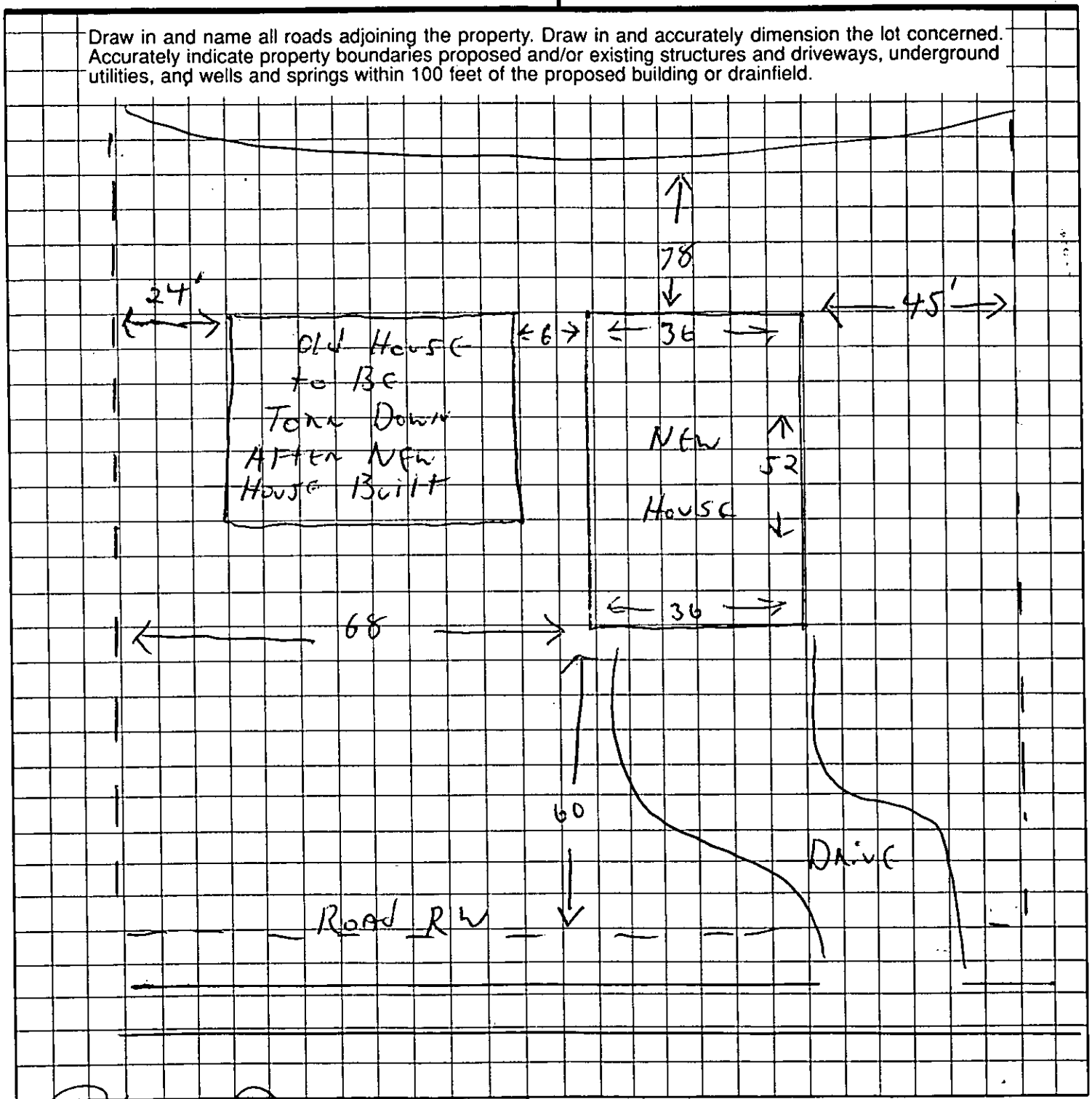
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: _____

TC: 113-251-35

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 R. T. Pinnix

DATE 1-19-98

APPROVAL DATE _____

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