

1801 HART RD

03121311

8/20/08

marliwr

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

Repair [ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 19097

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031-213-11

STREET ADDRESS: 1801 HART RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE): 5 BD

- [X] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

- [X] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [ ] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT ON SLAB
- [ ] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Robinson (LAST) Tony (FIRST) (MI)

ADDRESS: 7785 Live Oaks Pr

CITY: Denver STATE: ZIP: 28037

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HENKLE (LAST) LARRY (FIRST) EUGENE (MI)

DAYTIME PHONE: (704) 634-2450

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Larry Henkle DATE: 4/28-03

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19097 DATE: 4/29/03

TC: 0312131 ☒ L ☐ CRT

SERIAL 19110

Name of Owner Tony Robinson Juris.: _____

Address of Property 1801 Hart Road

Inspection Data:

Tank Material existing/RCC

Total Length of Drainfield 150'

Number of Lines Bed 12x50' 3 @ 50'

Cover Depth 24"

Water Supply Source well

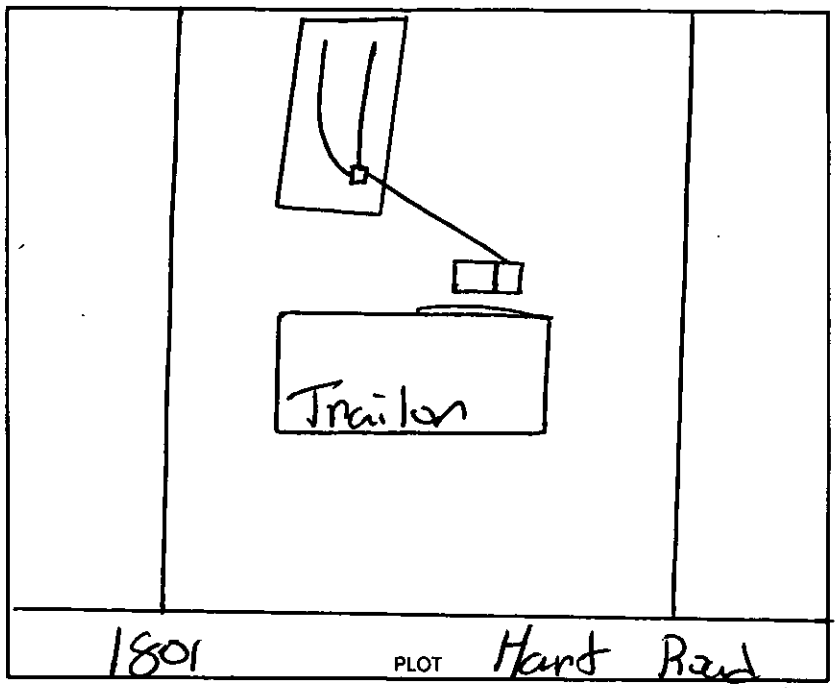
Distance to Water Source >50'

Excavation Inspected 4/29/03

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, Repair, Bed, 12x50', 18" stone CTR# Lenny Hinkel

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 15A 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 15A 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: _____

Brenda Sorry BS

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19097 DATE: 4/29/03

TC: 0312/311 ☒ L ☐ CRT

SERIAL 19110

Name of Owner Tony Robinson Juris.:

Address of Property 1801 Hart Road

Inspection Data:

Tank Material existing/PCC

Total Length of Drainfield 150'

Number of Lines Bed 12x80' 3 @ 50'

Cover Depth 24"

Water Supply Source well

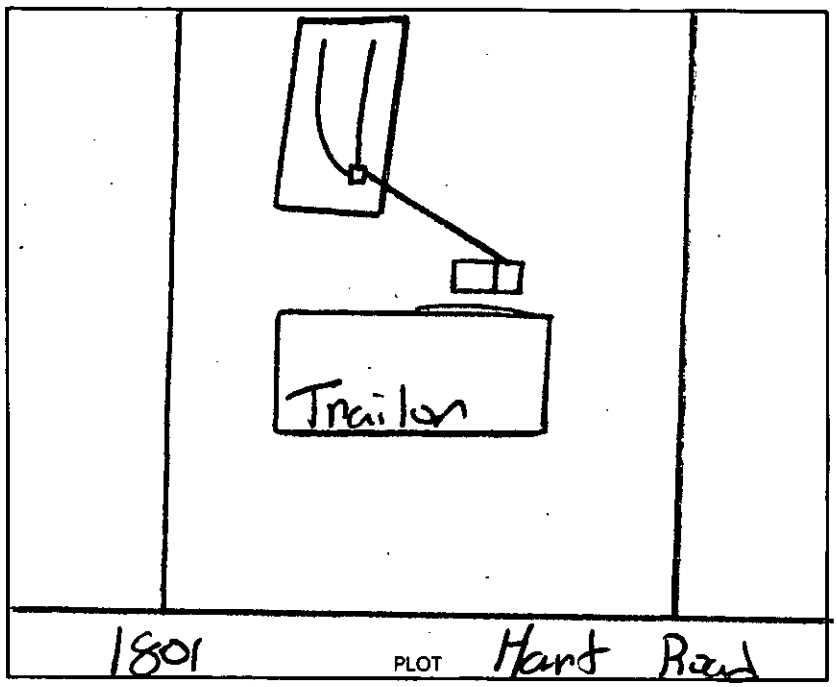
Distance to Water Source >50'

Excavation Inspected 4/29/03

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, Repair, Bed, 12x50', 18" stone CTR# Larry Hinkel

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☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

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COMMENTS:

Brenda Sorrow RS

Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

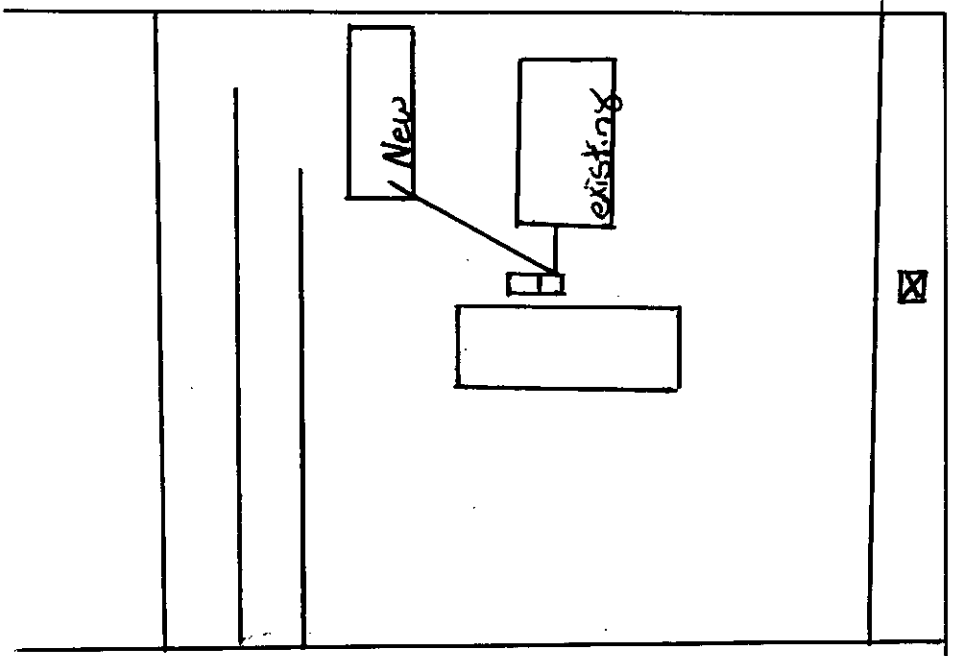
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19097 DATE: 4/28/03

TC: 03121311 I L

SERIAL 19222

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 _____. 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 I5A 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.



1801 Hart Road
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction RCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Number of Lines Bed

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Tony Robinson

LOCATION OF PROPERTY 1801 Hart Road

Comments: _____

Brent Long RS
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

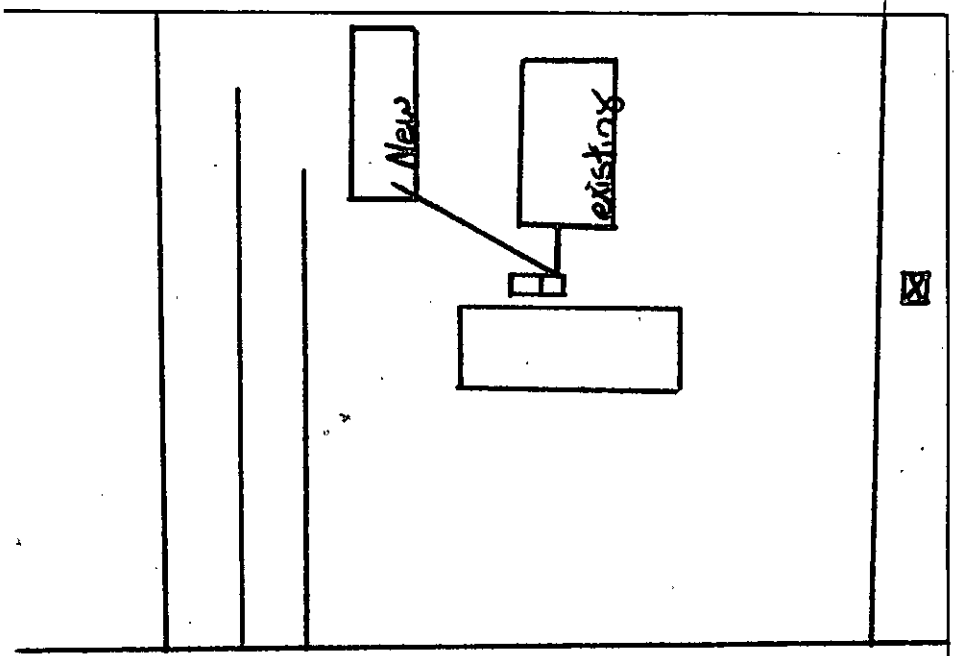
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1801 Hunt Road
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction RC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Number of Lines Bed

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Tony Robinson

LOCATION OF PROPERTY 1801 Hunt Road

Comments: _____

Brad Long RS
Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

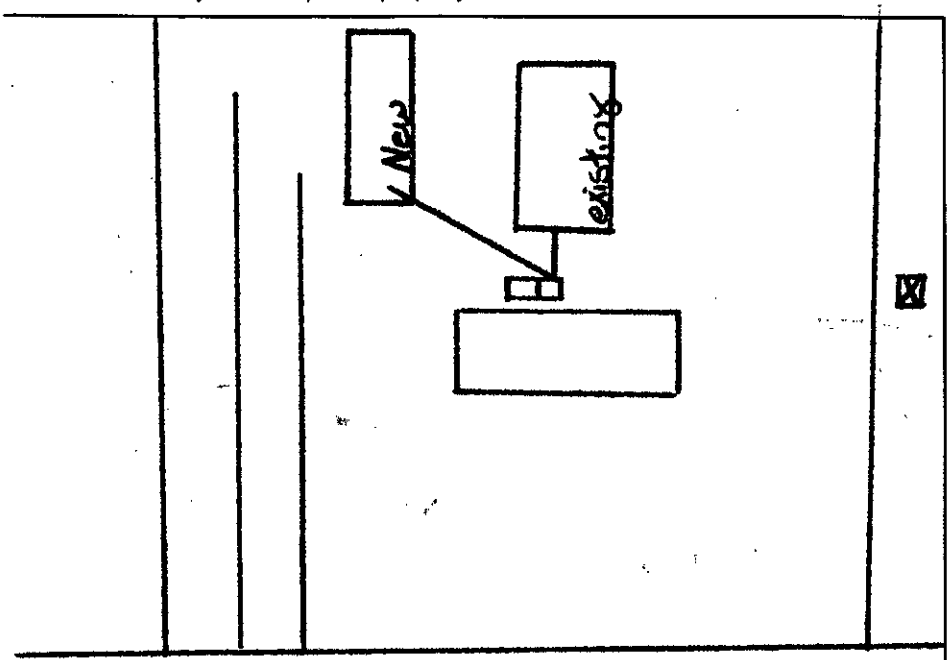
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PHONE (704) 336-5102

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SERIAL 19222

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1501 Hunt Road

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction RC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Number of Lines Bed

Depth of Stone 15" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Tony Robinson

LOCATION OF PROPERTY 1501 Hunt Road

Comments: _____

Brad Long RS
Environmental Health Specialist

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