

8927 GLENCROFT RD

13905409

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Groundwater and Wastewater Services File Imaging Project
May 2007

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Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: BILL SAIN, ADVANTAGE HOME INSPECTIONS

ADDRESS: 8927 GLENCROFT ROAD

DESCRIPTION OF PUBLIC RECORD REQUESTED: SEPTIC TANK INFORMATION:
PERMIT REQUESTS, SITE SURVEYS OR INSPECTIONS, PERMITS, ETC.

STREET NAME (OR COUNTY ROAD: 8927 GLENCROFT ROAD

PARCEL NUMBER/FILE NUMBER:

OWNER'S NAME: ON BEHALF OF PURCHASER

REASON FOR REQUEST:

SIGNATURE OF PERSON MAKING REQUEST: Bill Sain

SUPERVISORY PERSON:

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

ADVANTAGE
HOME INSPECTIONS
3223 Bridgemere Terrace Matthews, NC 28105
(704) 708-4245 (704) 708-4244 fax

FAX TO: VAL WATERS

FAX #: 336-6894 DATE: 12/31/98

FAX FROM: BILL SAIN

PAGES: 2 *Including* This Cover Page

PLEASE FAX INFO TO 708-4244

THANK YOU!

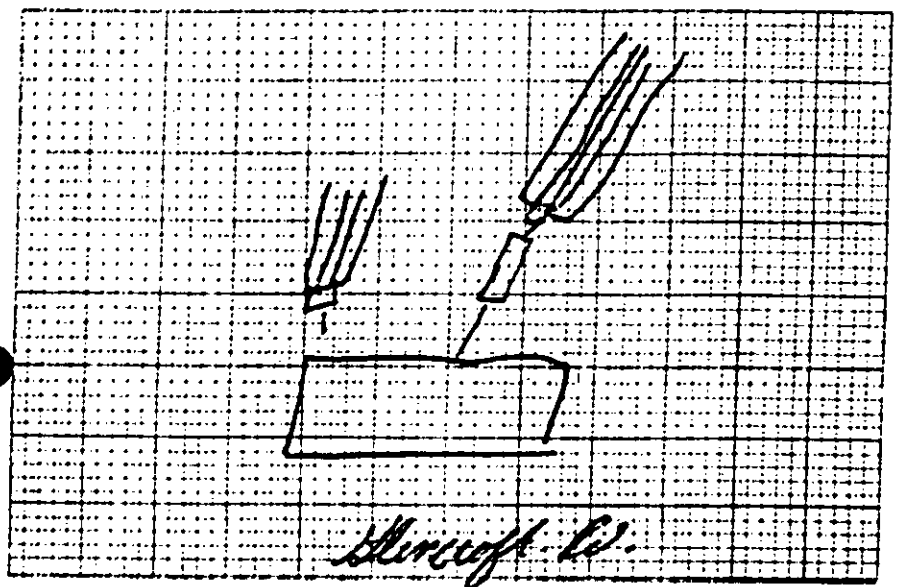
Date Issued Nov 14, 1978 Serial No. 2141 ICAR(S) Permit No. 13343

P.O. T.C No 139-051-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted 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 application 13343, dated and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 495'; 125'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER John Howie & Co.

LOCATION OF PROPERTY Hencroft Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **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 controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments:

15 x 99 x 17"

12 x 32 x 17"

Division or Section Head

Eddie Reynolds
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.

EHD-5-76

Environmental Health Department's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

13343 — CR#0972 — $50.00 — 11/11/94 — X 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

Date:

PERSON FILING APPLICATION:
NAME: HUGHES (last) CARL (first) T. (mi)
ADDRESS: 3731 ASTER DR. PHONE: (704) 573-0303
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: HASBROUCK (last) RONALD (first) (mi)
ADDRESS: 8927 GLENCROFT RD. PHONE: (704) 545-6868
CITY: MINT HILL STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-054-09
STREET ADDRESS: 8927 GLENCROFT RD.
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):
[ ] 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 M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
EXTENDING DRIVE — KEY PATCH
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 3

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 [ ] 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: Carl D. Hughes Date: 11/11/94

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

[ ] 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

Thula S. Walker B.S. 11/16/94
Environmentalist Date

Director or Authorized Section Head 11/17/94 Date

WATER : 122791

13343

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

(H.B. THOMAS CONST.)

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: 1-9-95

PERSON FILING APPLICATION:

NAME: HUGHES (last) CARL (first) T. (mi)

ADDRESS: 3231 ASTER DR. PHONE: (704) 573-0303

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-054-09

STREET ADDRESS: 8927 GLENCROFT RD, MINT HILL, NC.

ZONING:

PROPERTY OWNER:

NAME: HASBROUCK (last) RONALD (first) C. (mi)

ADDRESS: 8927 GLENCROFT RD PHONE: (704) 545-6868

CITY: MINT HILL STATE: NC ZIPCODE:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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 M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SUNROOM
☐ 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: 3 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) ☐ Shared Well (S)
☐ 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 ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☒ Other SUNROOM

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: Carl T. Hughes Date: 1-9-95

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.

... VSC existing System (no plumbing)

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

Philo A. Walker 1/10/95
Environmentalist Date

Joni Higgins-Bunney R.S. 1/26/95
Director or Authorized Section Head Date

WATER : 122791

H.B. THOMAS CONST.
(TOMMY HUGHES)

ph# 573-0303

D400

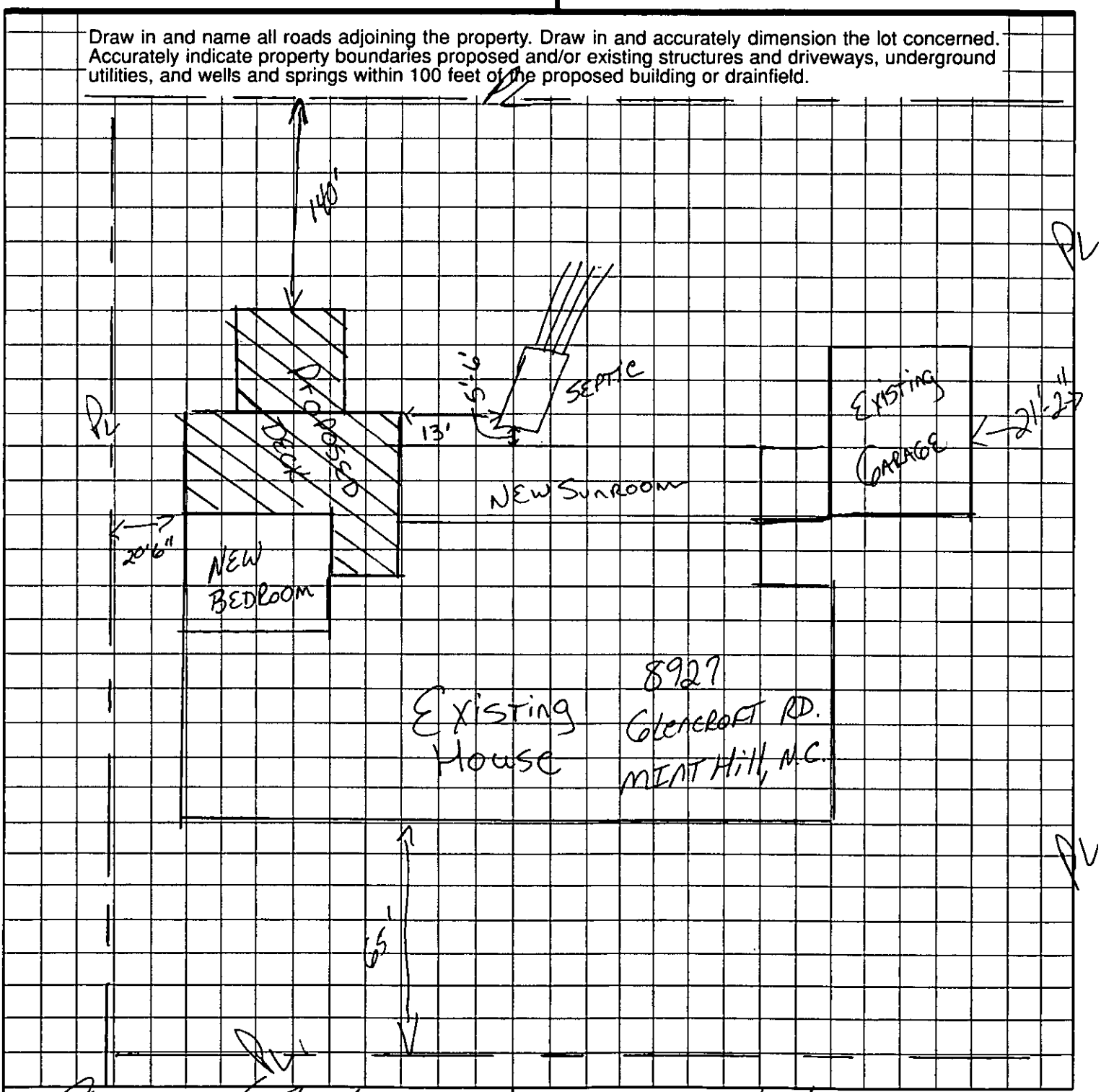
PROPOSED PLOT PLAN

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

FILE: 13343

TC: 139-054-09

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.



Carl J. Hughes

OWNER/AGENT SIGNATURE

DATE 5/8/95

APPROVAL DATE PSW 5/9/95 UES

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

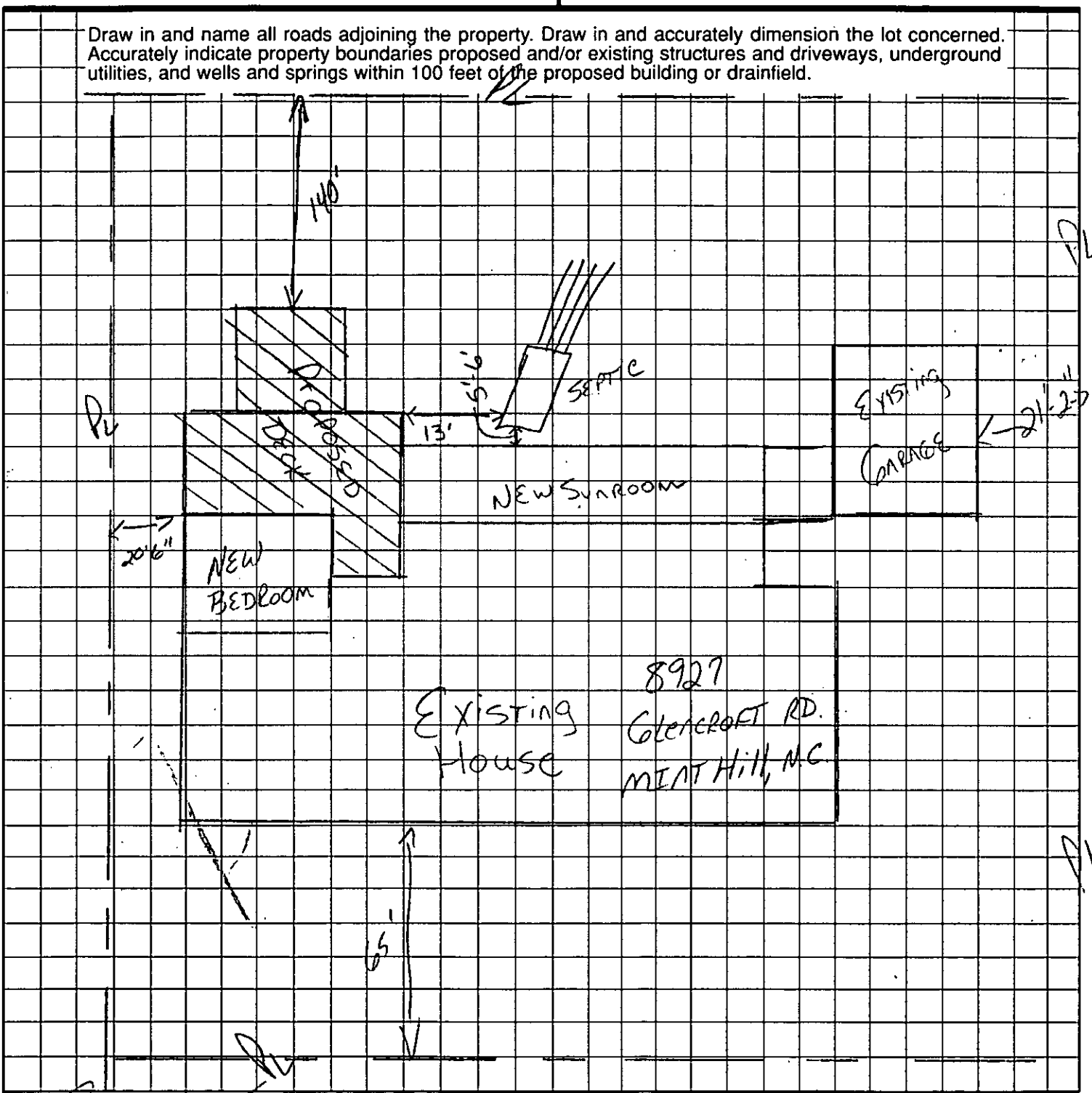
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DATE 5/8/95

APPROVAL DATE PW 5/9/95 UES

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

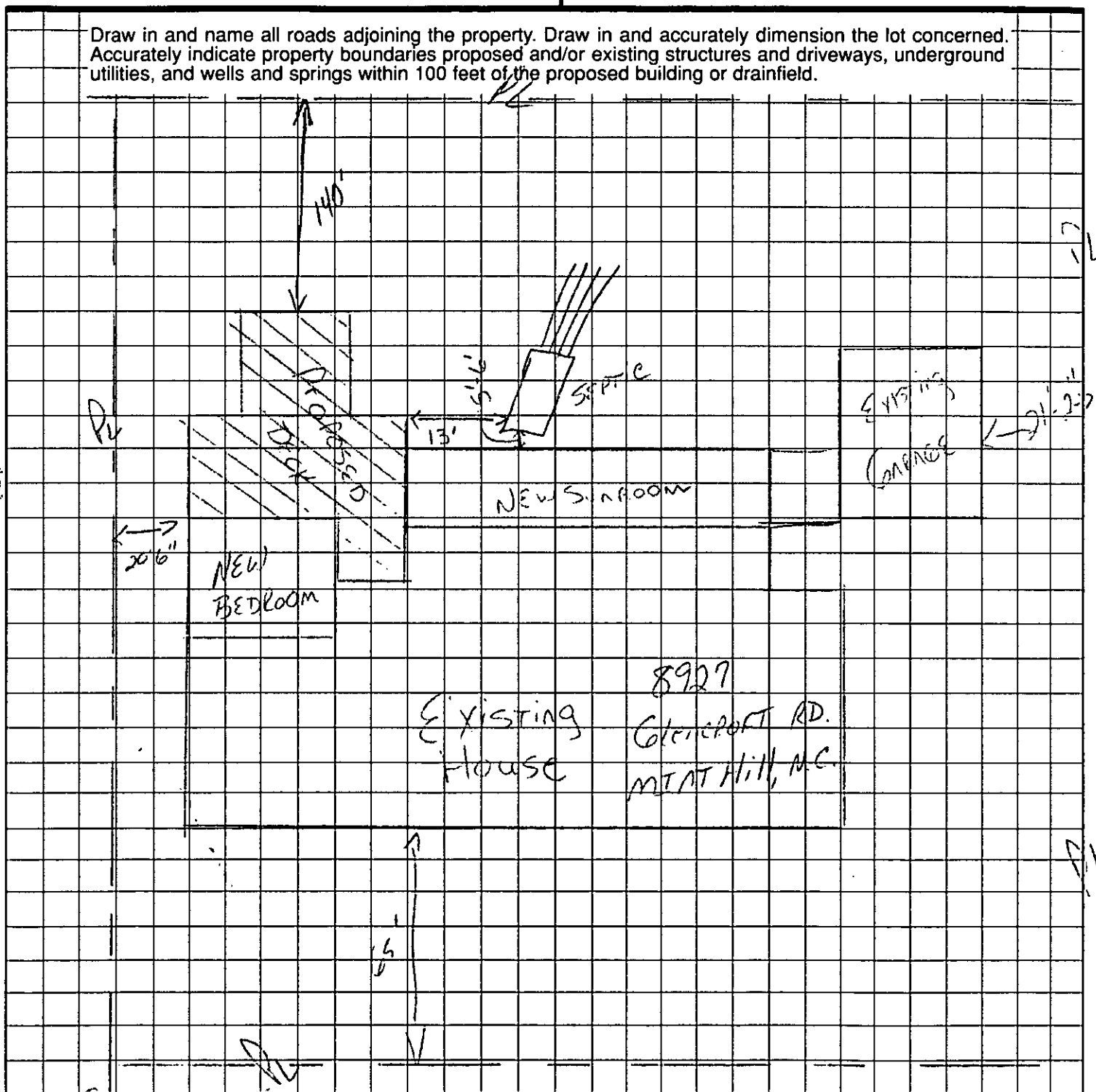
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OWNER/AGENT SIGNATURE

DATE 5/8/95

APPROVAL DATE PIN 5/9/95 L.C.S

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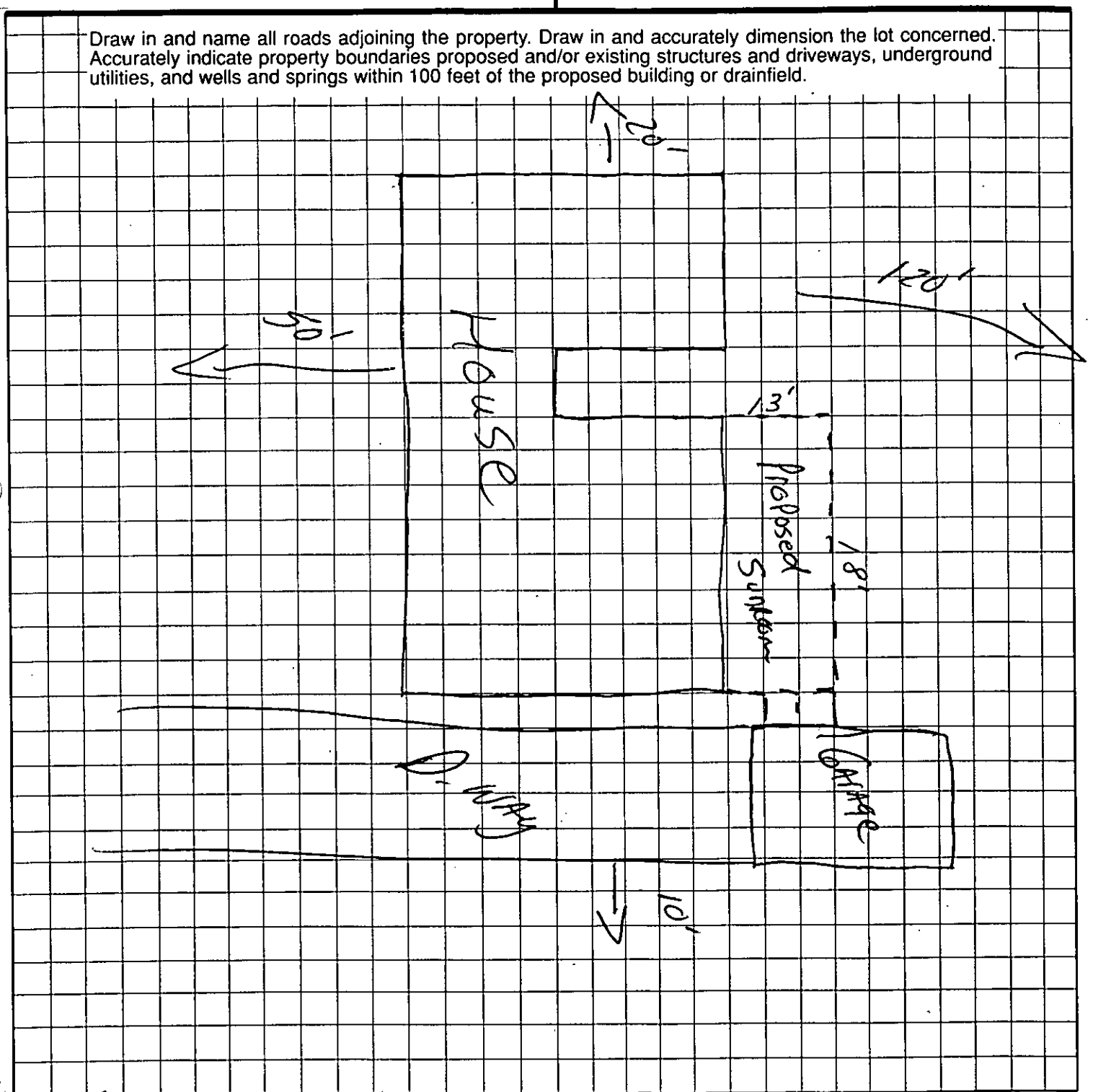
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Carl J. Hughes

OWNER/AGENT SIGNATURE

DATE 1-9-95

APPROVAL DATE 1/10/95

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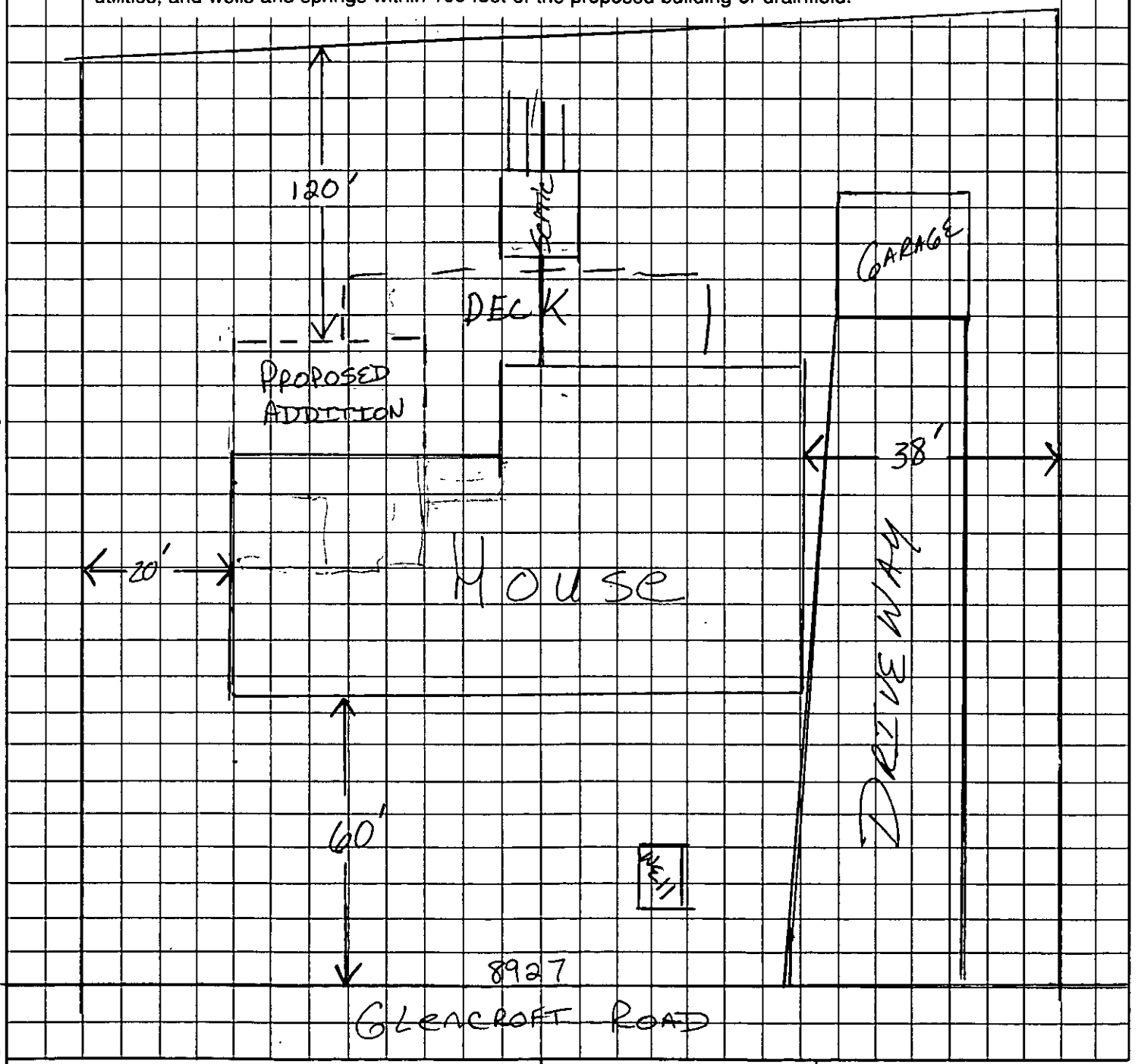
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 13343

TC: _____

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APPROVAL DATE TSW VES 11/16/94

OWNER/AGENT SIGNATURE

DATE

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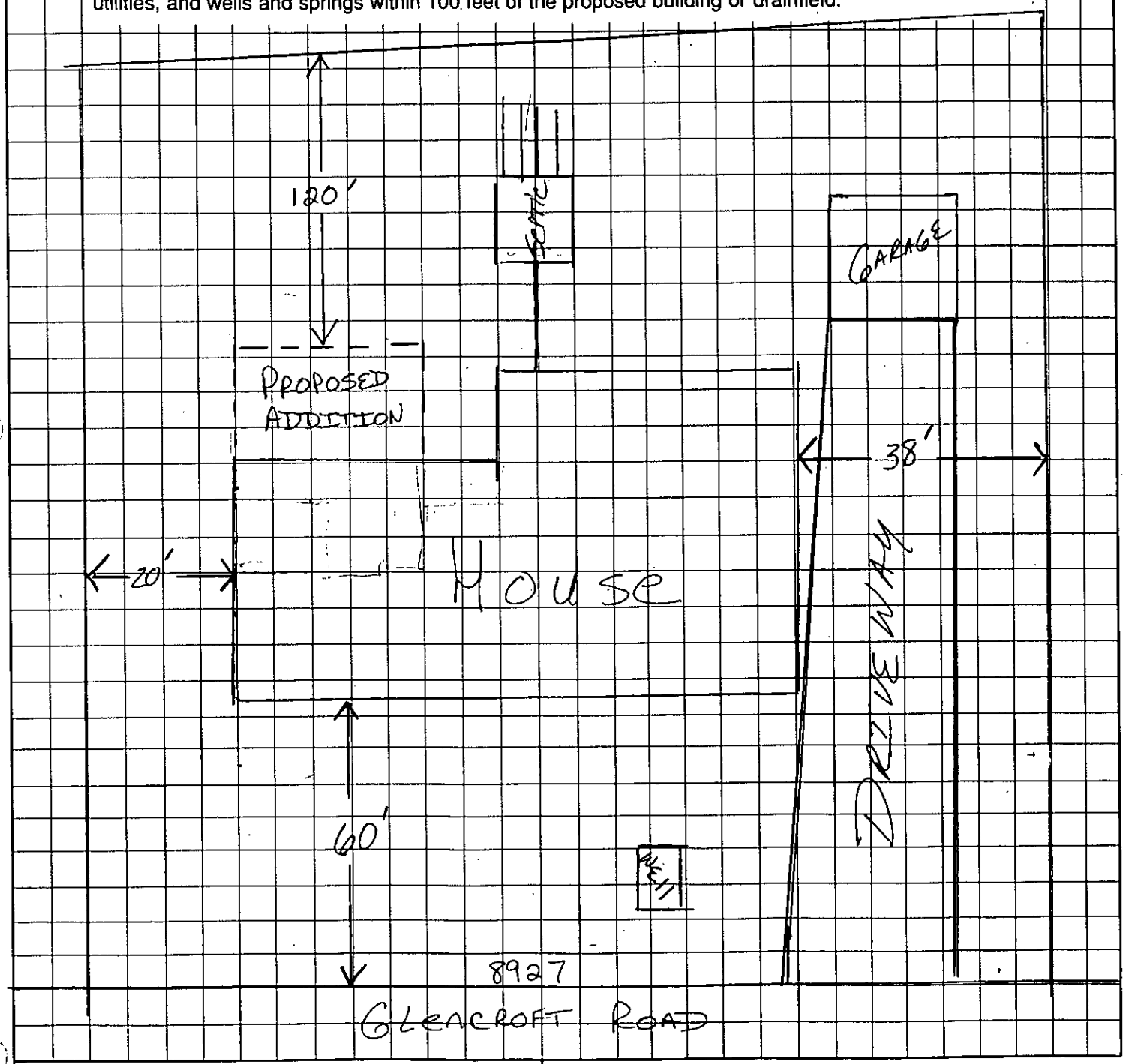
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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ISSI Operations Center Staff

Serial No. 2272

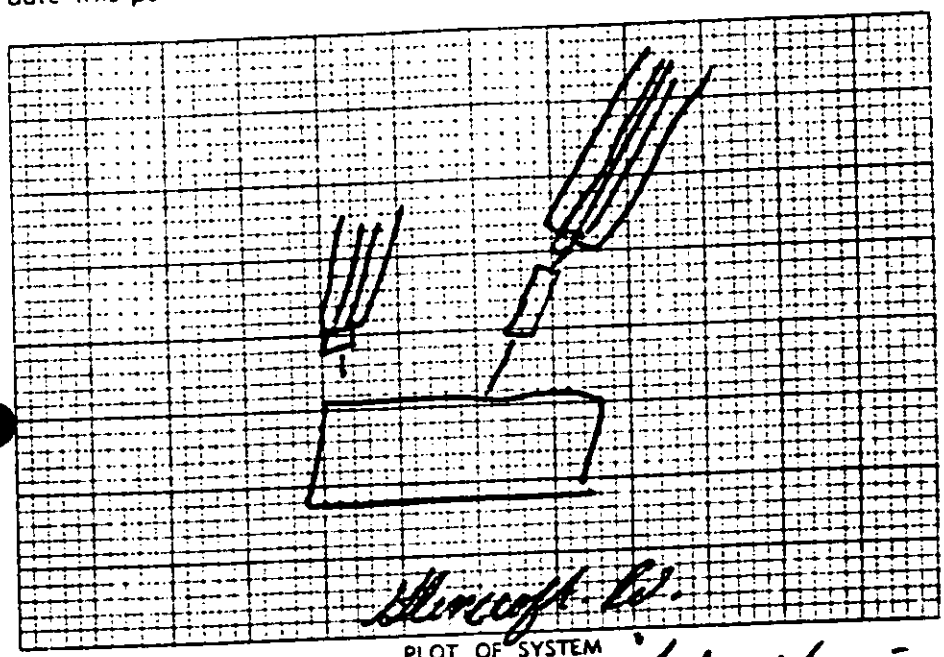
Date Issued Nov 14 1973

P.C. T.C No. 131-051-07

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water 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 application 13393 dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____ after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines.

Total Line Length 495 : 125

Number of Lines 5 / 4

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER John Howell & Co.

