

5929 NECK RD

01303211

6/1/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

R48

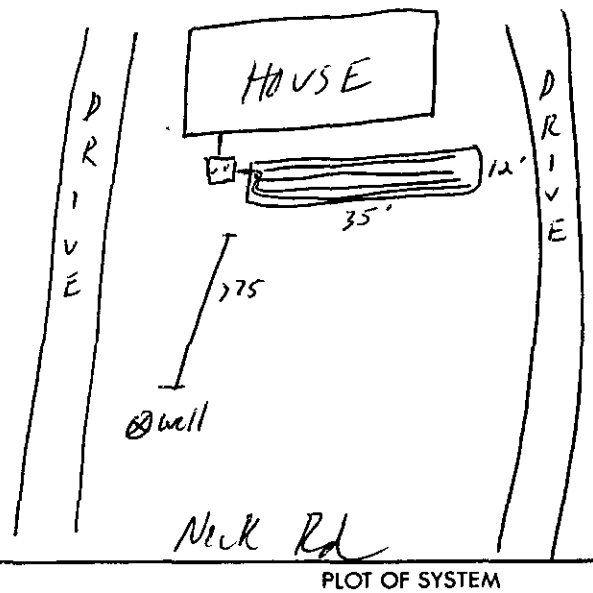
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

5453A
FILE: ~~2498/9249A~~ DATE: 12/1/93

TC: 013 032 11

SERIAL Nº 15202

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 12/1/93. All work shall be completed on or before 1/1/94, 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 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:

Bed Trench Width 12 feet

Total Line Length 140 feet

Number of Lines 4 (35')

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line >10 feet

Distance from Well >50' feet

NAME OF OWNER Junavan Robinson

LOCATION OF PROPERTY 5929 Nick Rd

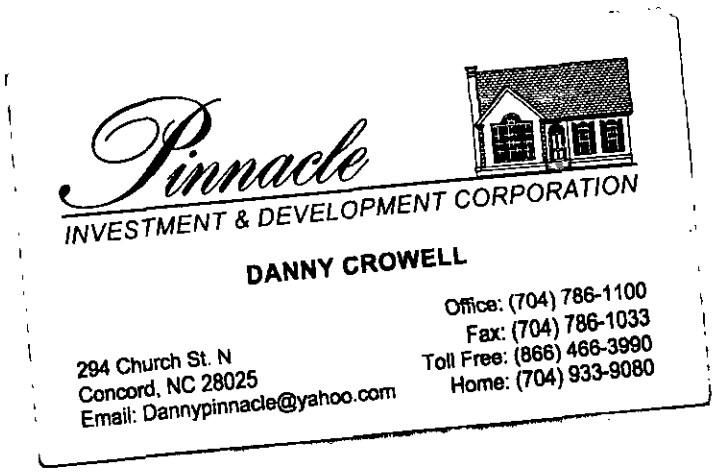
Comments: Bed System 12'wd x 35'long x 24"Stone / Keep Septic system >50 from any wells

Division or Section Head

Phile S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY


Pinnacle
INVESTMENT & DEVELOPMENT CORPORATION
DANNY CROWELL
294 Church St. N
Concord, NC 28025
Email: Dannypinnacle@yahoo.com
Office: (704) 786-1100
Fax: (704) 786-1033
Toll Free: (866) 466-3990
Home: (704) 933-9080

CERTIFICATE OF COMPLETION/OPERATION PERMIT

94-60

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

54-53A

FILE: ~~20ABB1249A~~ DATE: 12/2/93

TC: 013-032-11 ☒ LL ☐ CRT

SERIAL Nº 15369

Name of Owner Junavan Robinson Juris.:

Address of Property 5929 Neck Rd

Inspection Data:

Tank Material —

Total Length of Drainfield 140'

Number of Lines 4 @ 35

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 750'

Excavation Inspected 12/2/93

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 Repair C. Morrison CTR#

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: Repair

Philo S. Walker R.S.
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5453A
TC: _____
SERIAL: № 17676 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 5929 (STREET NO.) Neck Road (STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 013-032-11
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Phillip (FIRST) (NMN) (MIDDLE) Robertson (LAST)
⑨ MAILING ADDRESS: 5929 Neck Road
⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) Neighbor-875-6489 ⑭ (HOME) Neighbor-875-6489

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) replace burned house with mobile home

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Phillip Robertson
Date: February 1, 1989

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Use Existing System

Environmentalist, 2-9-89 (Date)

Director or Authorized Section Head, 2-10-89 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/6/89

Name/Company Phillip Robertson

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Septic tank repair
with 1,000 gal
#54538

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 6 1989

Fee: $ 30.00

Completed by

Collected by

SERVICE REQUEST/WORK ORDER

Phillip Robinson
P.W. 875-2317
(current tenant)

Tax Code: 013-032-11
Date: 05/12/93
Section: INWS

Emergency? Y N
Hour:
Log No.: 1197

AG109 Anon x copy 4

REQUESTING PERSON: Anon Tel. No.

8-5

Address City Zip

PROPERTY CONCERNED: Facility Name

Address 5929 Neck Road City Hunts Zip 28078

Mobile Home

SERVICE REQUESTED: BROWN WATER DOOR

Owner Phillip ROBINSON

ASSIGNED TO: Walker TAKEN BY: ED

DATE	ACTIVITY REPORT
6/8/93	Effluent leaking onto ground surface. Left card with daughter for return call.
7/1/93	Penny + Johnson Robinson, 5929 Neck Rd, Hunts NC 28078 Violation letter mailed
8/26/93	Left card in door. No one home. No contact from homeowner.
/	
11/24/93	Visited property. Effluent still leaking on ground surface. Spoke with Mr Phillip Robinson who stated that he had not received a violation notice in mail. Sewage violation explained to Mr Robinson.
12/3/93	Repair installed and inspected. Closed

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON: ADMIN.

Phila S. Walker R.S. 12/3/93 WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: P. Walker for S. Daniel, 12/3/93 RECALL DATE:

Section Head's Signature Date

File # 2078

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 1-30-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 013-032-11

ASSIGNED ADDRESS 5929 Neck Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Move on permit (Mobile home)

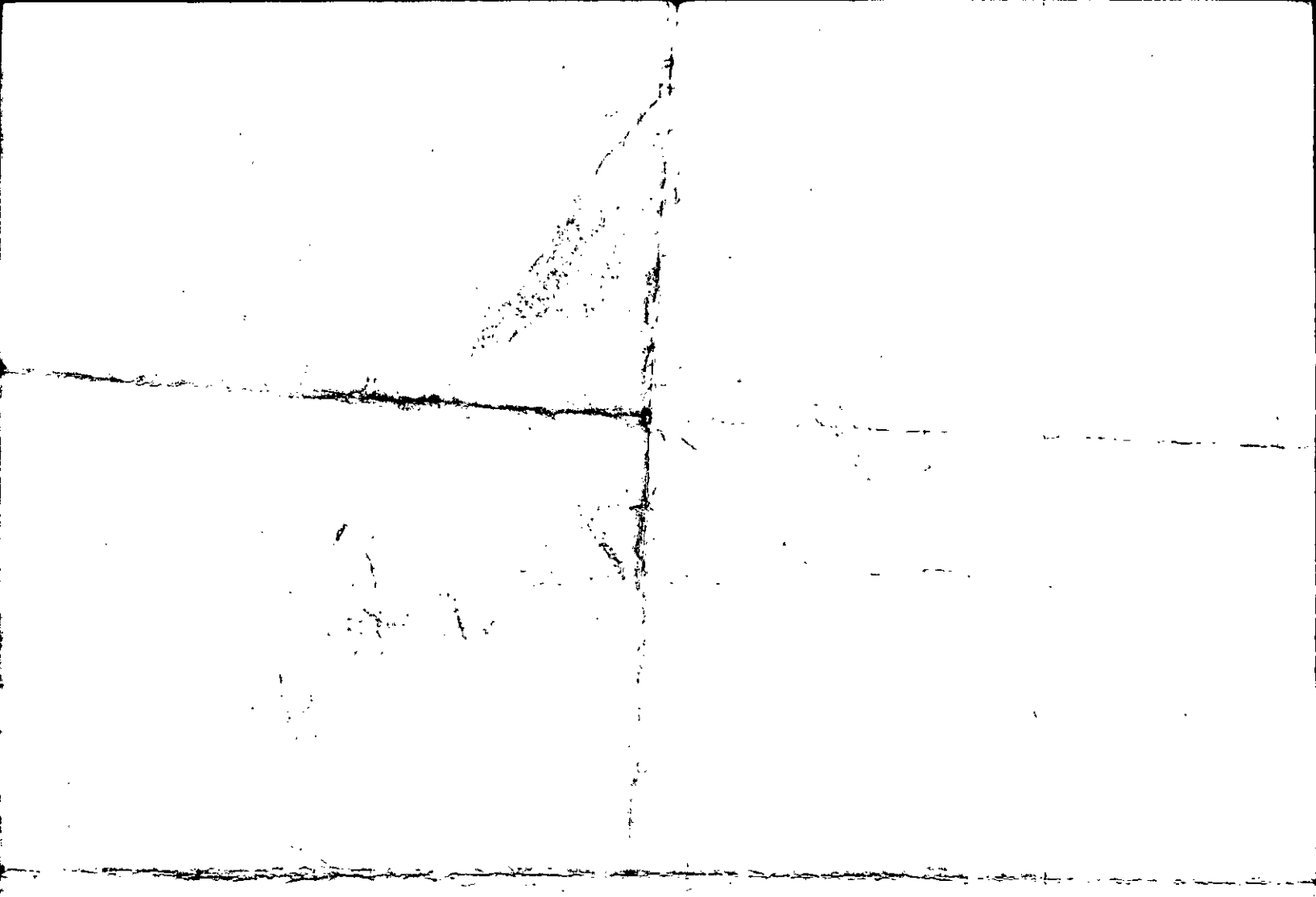
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Y453A 20RB19249A LAK 2400

[] 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

PERSON FILING APPLICATION:

NAME: ROBINSON (last) PENNY (first) B. (mi)

ADDRESS: 5929 Neck Rd PHONE: (704) 875-2317

CITY: HUNTERSVILLE N.C. STATE: ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 013-037-11

STREET ADDRESS: 5929 Neck Rd

ZONING:

PROPERTY OWNER:

NAME: JONAVAN (last) ROBINSON (first) (mi)

ADDRESS: 5929 Neck Rd. PHONE: (704) 875-2317

CITY: HUNTERSVILLE N.C. STATE: 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

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)
[] 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: 12

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

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: Jonavan Robinson Date: 12/1/93

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.

...

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

P. Walker 12/1/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

100 Feet Wide
300 ft Deep

PROPOSED PLOT PLAN

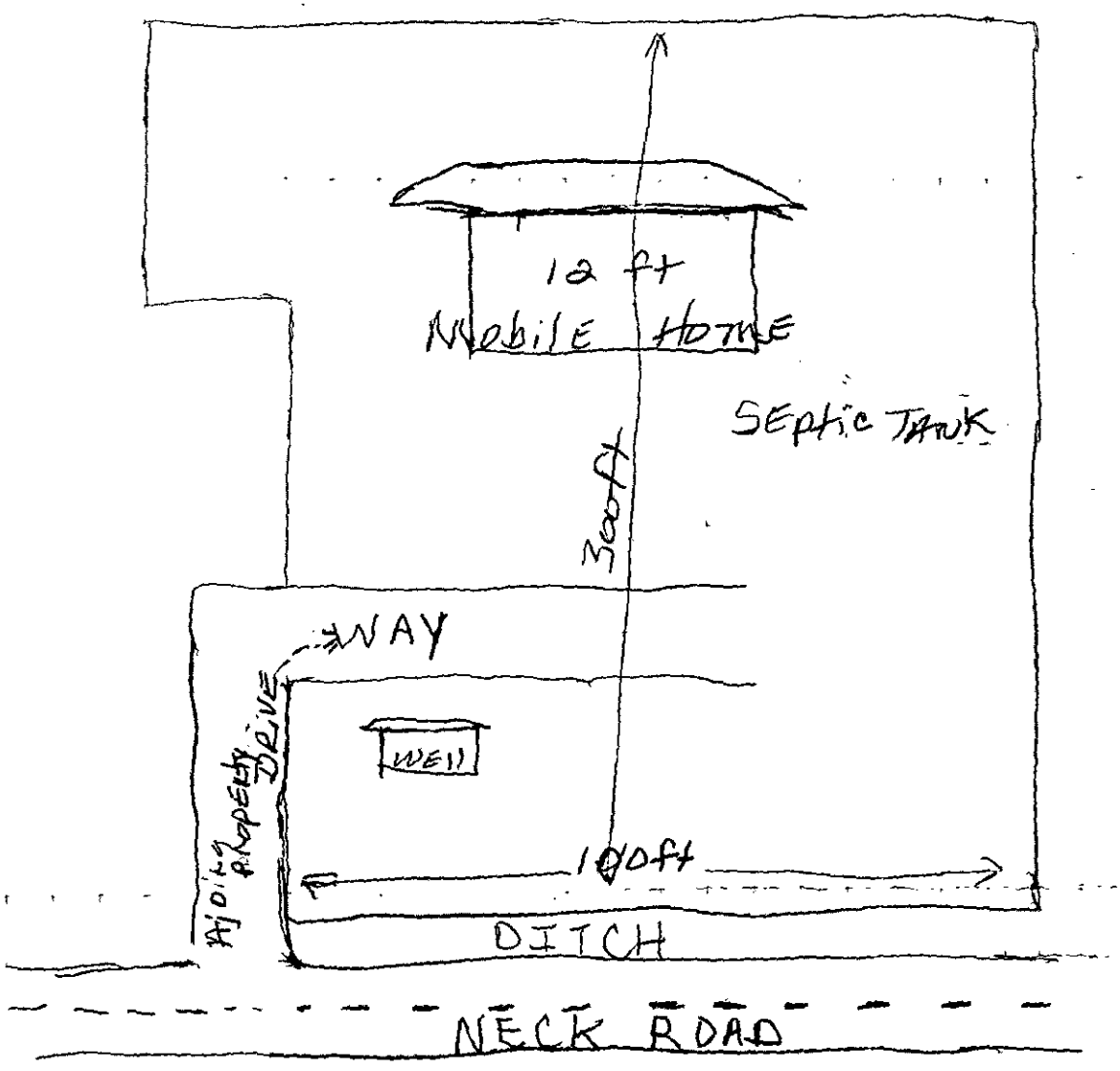
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 5453A

TC: _____

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.



Signed: PHILLIP ROBERTSON

Date: 2-1-89