

11700 ALBEMARLE RD

13714206

5/19/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

R400

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

FILE: 1127 DATE: 11/18/94

TC: 137 142 06 ☐ L ☒ CRT

SERIAL Nº 14358

Name of Owner June Hood Juris.:

Address of Property 11700 Albemarle Rd

Inspection Data:

Tank Material —

Total Length of ~~Drainfield~~ Washer Bed 150'

Number of Lines 2 @ 75'

Cover Depth 10"

Water Supply Source well

Distance to Water Source 60'

Excavation Inspected 11/18/94

Tank(s) Inspected —

Wash Line Inspected 11/18/94

High Water Alarm Inspected —

PLOT

Design: 1994, Alteration Osborne Backhoe 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. part off

COMMENTS: Washer bed replaced, septic system cut off for possible addition to house

Philo A. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL

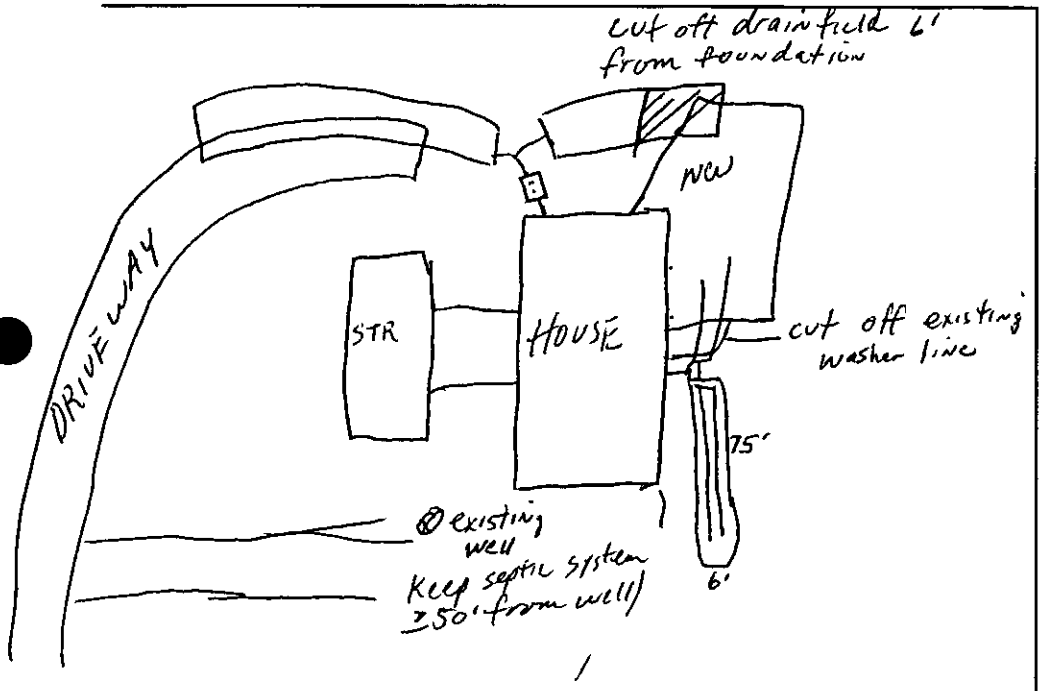
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1127 DATE: 11/10/94

TC: 137 142 06 ☐ L

SERIAL Nº 16107

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 9/29/94. All work shall be completed on or before 12/10/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth ≤3'

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous –

Total Line Length 150' feet

Number of Lines 2 (75')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ≥50' feet

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

NAME OF OWNER June Hood

LOCATION OF PROPERTY 11700 Albemarle Rd

Comments: Cut off existing septic bed 6' from foundation | Cut off existing washer line bed | Install new washer bed 6' wd x 75' long x 18" stone Trench dept. ≥3', Keep septic system ≥50' from well

JNewell for SDone

Phillip S. Walker R.S.
Environmental Health Specialist

1127 address X'd out Case # 150 10/10/94 150 CAST 9/29/94 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Reynolds (last) Earl (first) H. (mi)
ADDRESS: 9420 Bain Farm Rd PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-142-06
STREET ADDRESS: 11700 Albemarle Rd.
ZONING:

PROPERTY OWNER:
NAME: Hood (last) June (first) (mi)
ADDRESS: 11700 A.I.B. Rd PHONE: 704 545-4880
CITY: Charlotte 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

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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Family Room
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] 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):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 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 [] 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: Earl Reynolds Date: 9-29-94

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.

... Approval for Family Room addition with alterations.

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

Philo S. Walker 11/18/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

* Owner Jean to A — 10/10/94

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

November 1, 1994

Earl H. Reynolds
Bain Farm Road
Charlotte, North Carolina 28227

Dear Mr. Reynolds:

RE: 11700 Albemarle Road

Thank you for notifying me about the problem you experienced with the job at 11700 Albemarle Road. Please accept our apology for the delay in processing your application for the addition to the structure at that location. As I explained to you, we were working on two jobs with similar addresses on Albemarle Road which contributed to the confusion and subsequent delay in processing your application. After my conversation with you this morning, Mr. Walker scheduled activities to complete the process as soon as possible.

Again we are very sorry for any inconvenience this may have caused you. If you have any questions or further concerns, please contact me at 336-5565.

Sincerely,

Sylvia D. Daniel, R.S.
Program Chief

cc: Philo Walker
June Hood

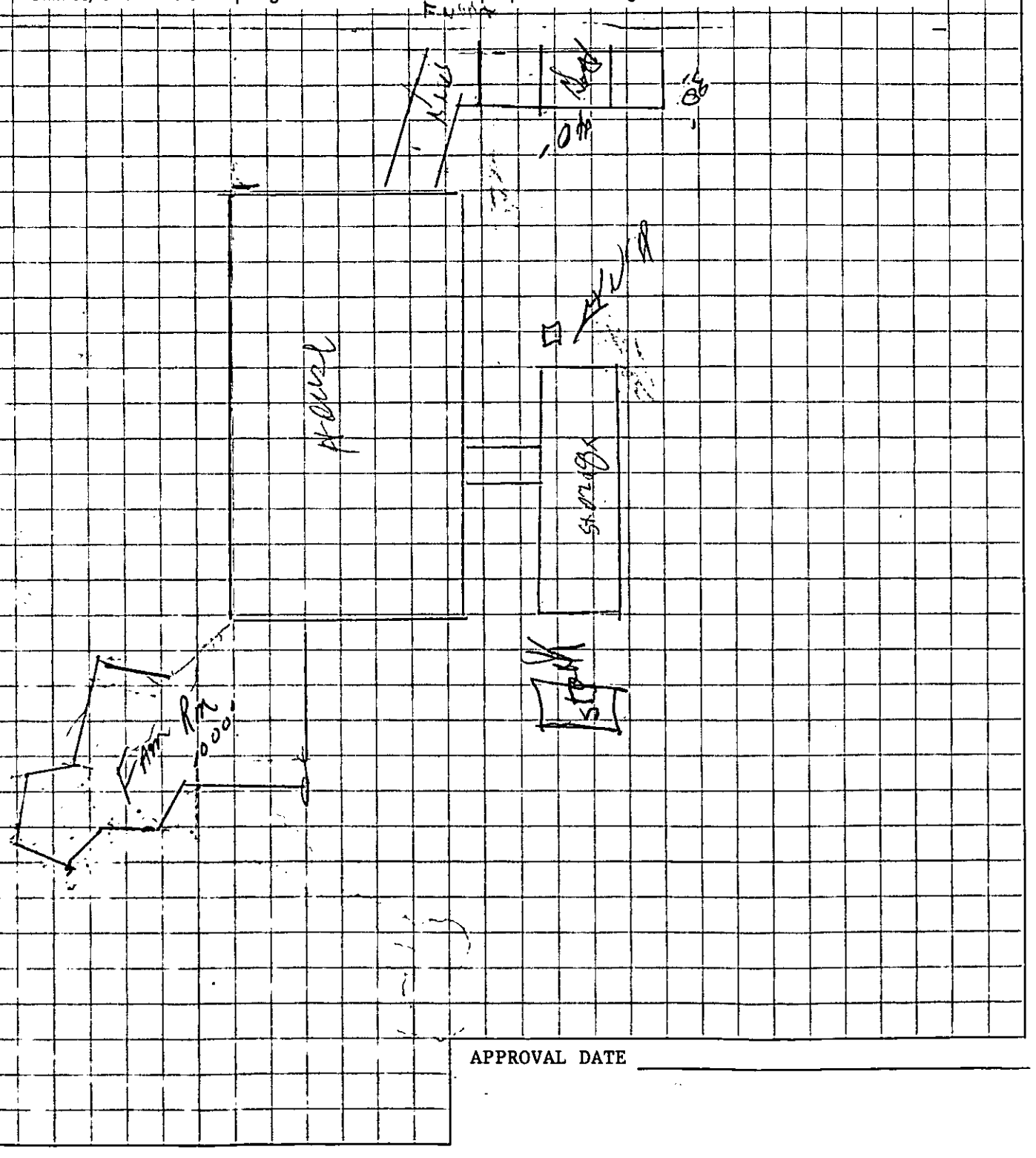
PROPOSED PLOT PLAN

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

FILE: 1127

TC: 137-142-06

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

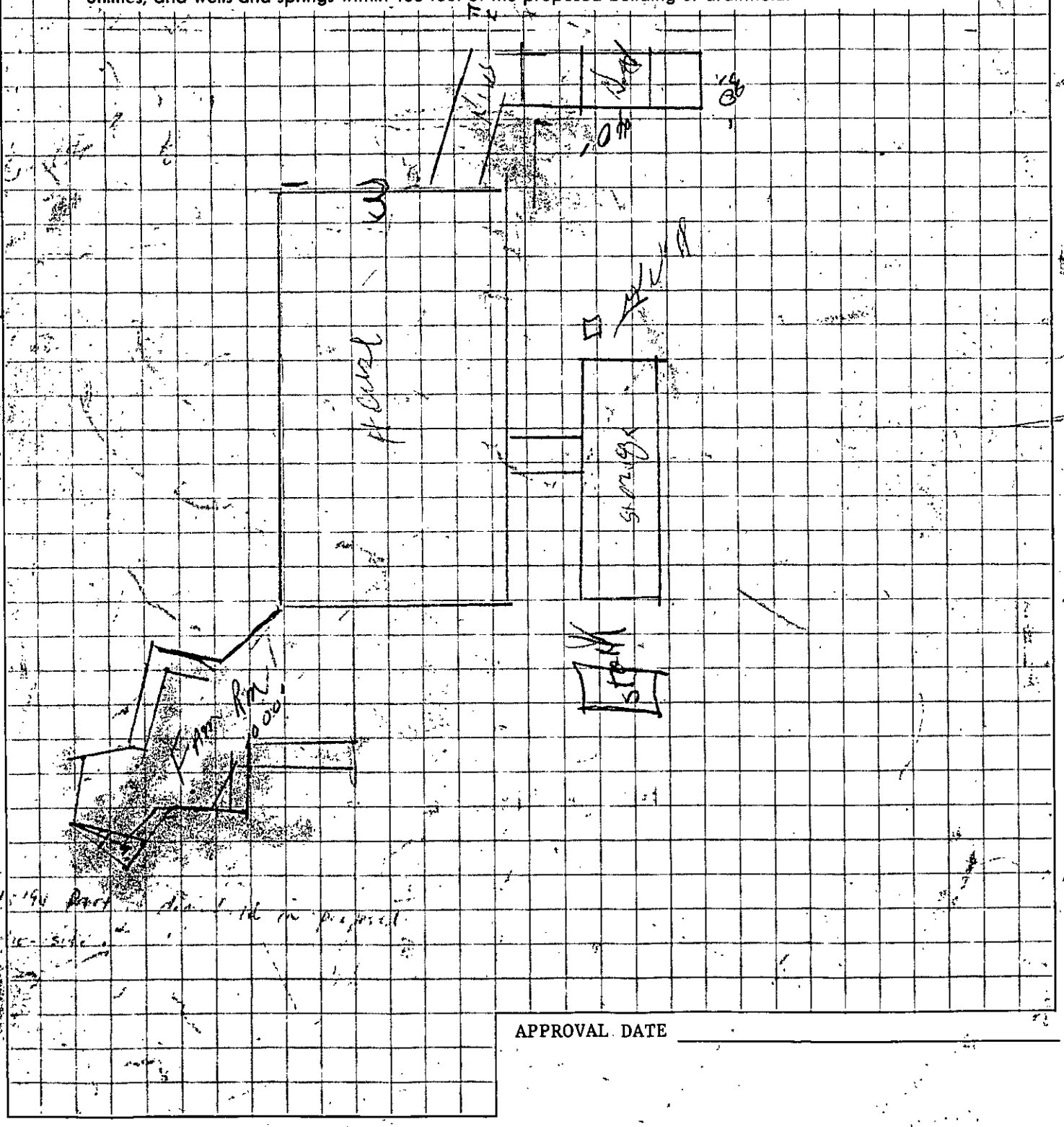
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 1127

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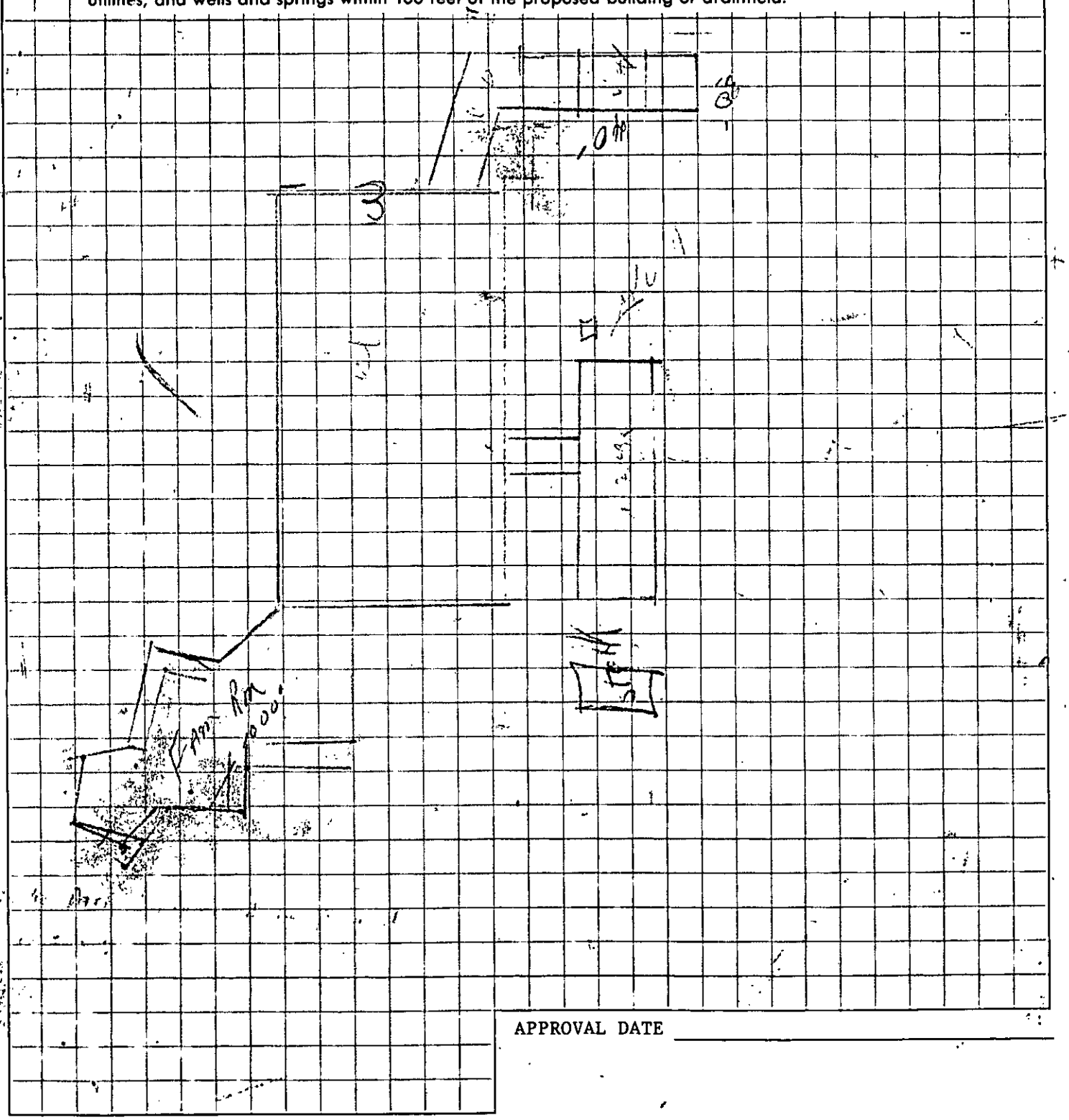
PROPOSED PLOT PLAN

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

FILE: 1127

TC: 137-142-06

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

file 127

BK. 111

N.C. 27

RD.

FAYETTE RD.

ALBEMARLE

RAILROAD

930 (TOTAL)

SOUTHERN

NORFOLK

OUTER LOOP

CORRIDOR

BLOCK LINE

142

141

2
24.35 AC±

3
6.4 AC±

4
9.44 AC. NET

5
12.27 AC. NET

6
4.77 AC±

7
2.226 AC. NET

8
69.91 AC

9.86 AC

7.8 AC

11
34.86 AC.

13
19.90 AC.

1
1.78 AC

2
1.88 AC

3
3.96 AC

4
1.40 AC

PG. 09

PG. 16

PG. 15

TAX LINE MAP BOOK 137 PAGE 14
MECKLENBURG COUNTY NORTH CAROLINA



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ISSI Operations Center Staff

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Date Issued 5-3-21 Serial No. 1073 ICAR(S) Permit No 112

T C No 157-1-12

Map Date

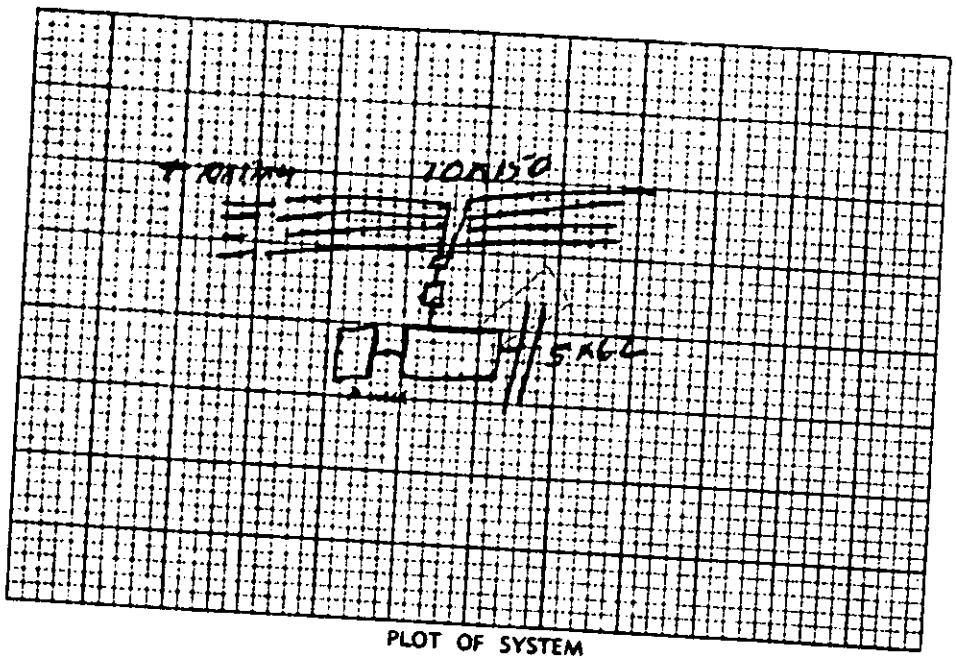
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 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 112 dated 5-3-21 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 8-30-21, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Lenght 795+125

Number of Lines 4+2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Hood, Harold Arthur

LOCATION OF PROPERTY Alt. Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: 10X150 + 10X17X4 S.T. 5'X62 W.L.

L. E. McMillian
Division or Section Head

Russell Stroup
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM 50 5-3-21

HEALTH DEPARTMENT'S COPY

Date Issued _____ Serial No. 925

C of A Is) No. 1127

T. C. No 13-142-5

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Hood (LAST) Harold (FIRST) Auth (MIDDLE)

Location of Property Alt. Rd.

Application Number 1127

Permit Number 1023

Inspection Data:

Liquid Capacity of Tank 1500

Tank Material P.C.

Total Length of Drain Tile 295+125

Number of Lines 4 & 2

Depth of Filter Material 17" + 4'

Cover Depth 2'

Water Supply Source well

Distance from Water Source 52'

Excavation Inspected 8-4-71 (DATE)

Tank Inspected 8-4-71 (DATE)

Nitrification Field Inspected 8-4-71 (DATE)

Washing Machine Line Inspected, If Applicable 8-4-71 (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 Board of Health 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: House

FORM NO. 8-8-7-1-70

Environmentalist

HEALTH DEPARTMENT'S COPY

Date Issued 3/10/76

Serial No. 7227

ICAR(S) Permit No. 11-27

T.C. No 157-142-02

Map Date 10-9-74

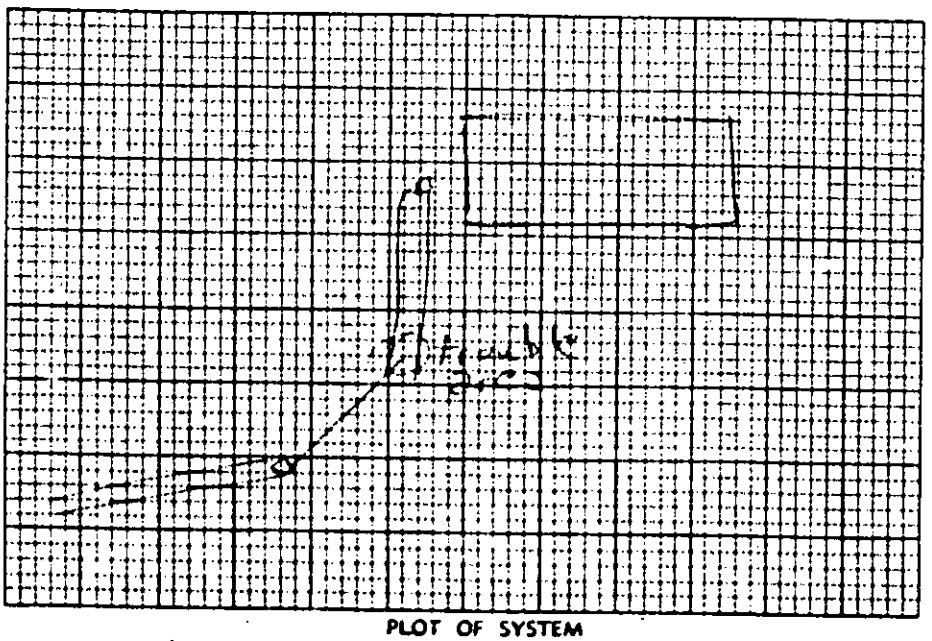
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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, X 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 _____ 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 3/30/76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Rapid

Liquid Capacity of Tank 1000

Tank Construction 11

Absorption and/or Nitrification Lines.

WM

Total Line Lenght 100'

Number of Lines * 2 (5' x 50' x 17")

Distance from House 30' +

Distance from Property Line 10' min

Distance from Well _____

NAME OF OWNER Hood, T. S.

LOCATION OF PROPERTY Albemarle Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Pocket Rock Above Existing Drain "Solid Line" To D. Box Option 5' x 43' x 17"

Division or Section Head

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 3/12/76 Serial No. [illegible] Cert. Ltr. No. [illegible]

I. C. No. [illegible]

Map Data [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Head J. C.
LAST FIRST

Location of Property [illegible]

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PVC

Total Length of Drain Tile 160 Lf Number of Lines 2

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source [illegible]

Excavation Inspected 3/12/76 DATE Tank Inspected — DATE

Nitrification Field Inspected 3/- DATE

Washing Machine Line Inspected, If Applicable 3/12/76 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, X altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health 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.

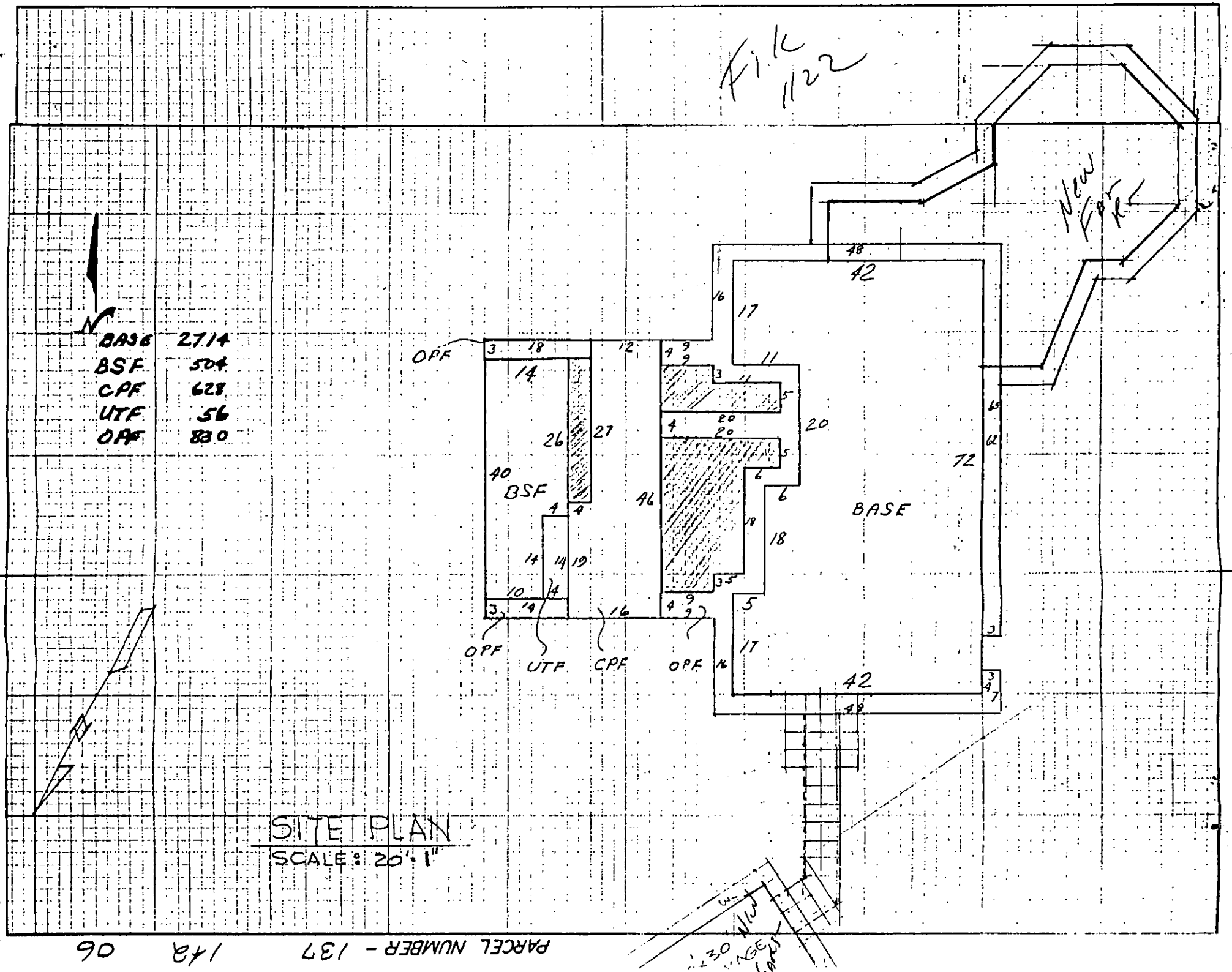
Comments: [illegible]

[illegible]

Environmentalist

FORM NO E-6-9-1-72

File 1122


N
BASE 2714
BSF 504
CPF 628
UTF 56
OPF 880
OPF
BSF
BASE
OPF
UTF
CPF
OPF
42
42
72
46
40
26
27
20
18
17
16
14
19
12
11
10
5
3
4
9
48
62
New Fence
SITE PLAN
SCALE: 20' 1"
PARCEL NUMBER - 137 14A 06

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

DATE: 6/1/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 137-142-06

ASSIGNED ADDRESS 11700 Albemarle 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: Addition

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 DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100