


18210 POMPANO PL

00105210

12/27/2007

duponbj

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

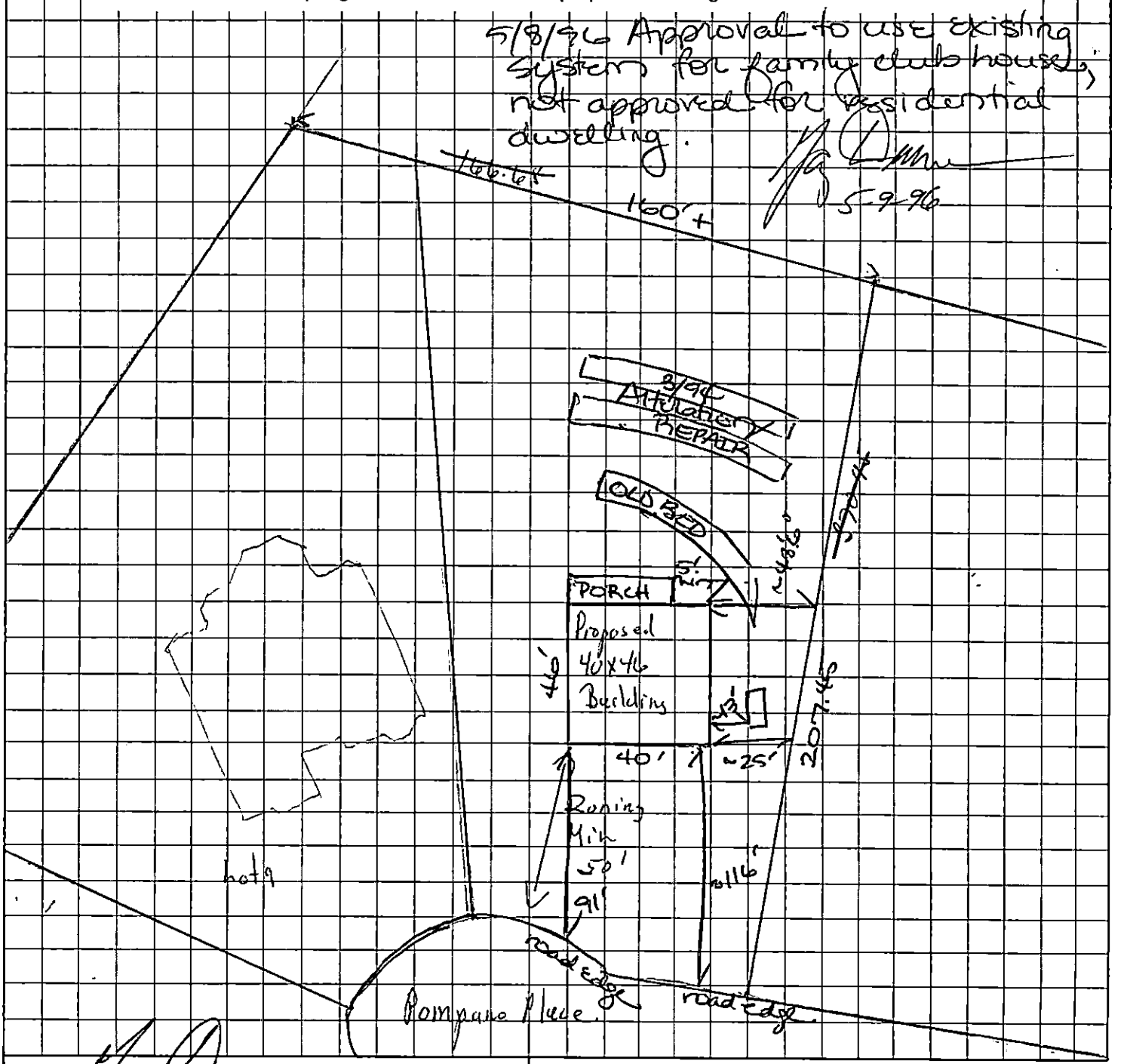
# PROPOSED PLOT PLAN

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

FILE: 2171B

TC: 001-052-10

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.



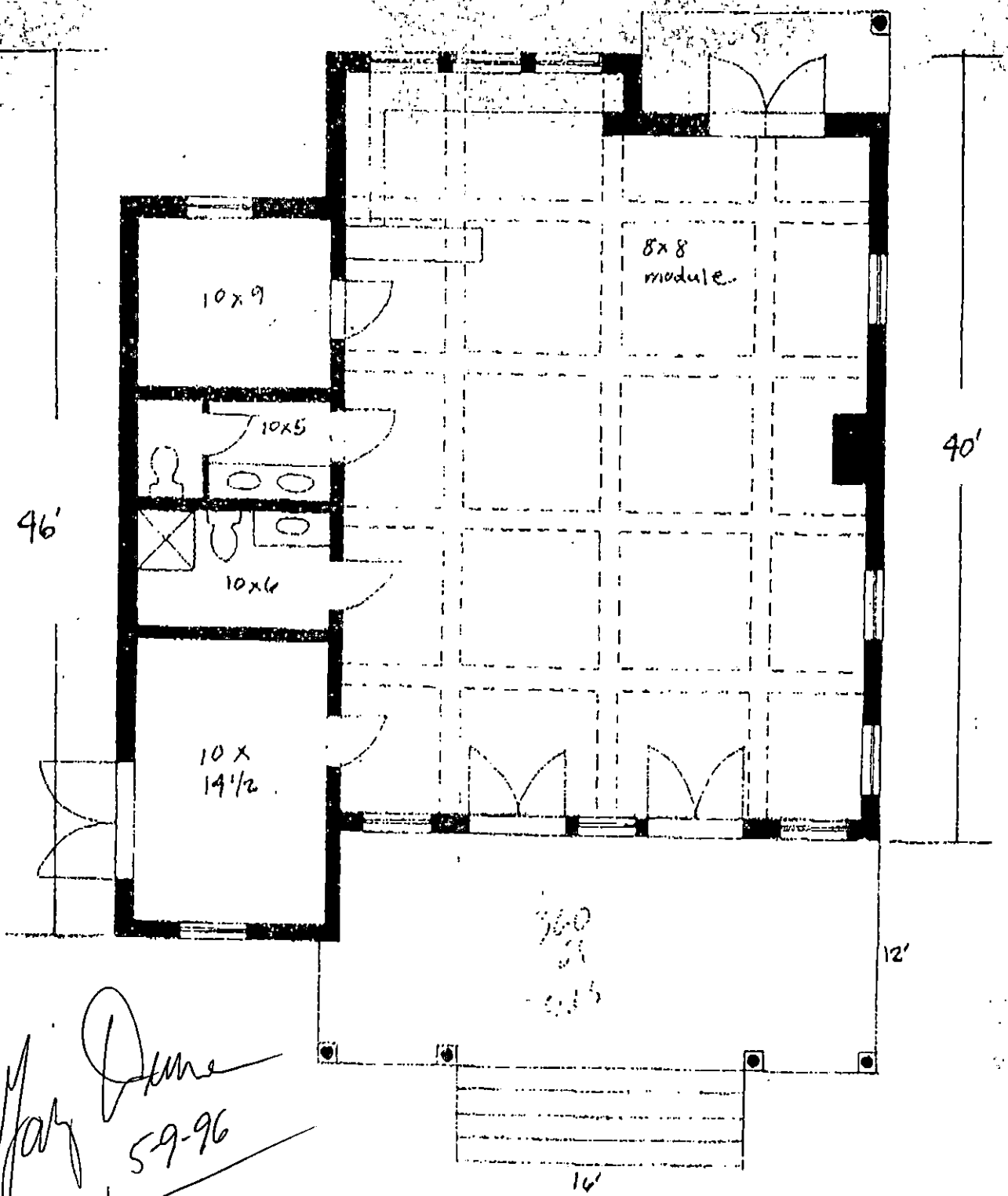

APPROVAL DATE 5/7/96 Jack B. Malik, RS

OWNER/AGENT SIGNATURE

DATE ~~5-6-96~~ 5-7-96

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

File 217.1B
4/16/96 CUXS application




Mary Dunne
5-9-96

4/16/96
CK#11450 $50.00

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

2171B

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: Carolina Building Services Inc (last) (first) (mi)
ADDRESS: 216-A Stetson Dr PHONE: 704-596-9889
CITY: Charlotte NC STATE: ZIPCODE: 28262

Date: 4-16-96

PROPERTY OWNER:
NAME: J. Ray & Sally D. King (last) (first) (mi)
ADDRESS: 4939 Morrowick Rd PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28226.

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-052-10
STREET ADDRESS: 18210 Pompano Place.
Cornelius N.C. 28
ZONING: R-2

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

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one): UXS

[redacted] Replacing old house with club house
[redacted] [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N) (FAMILY USE)
[redacted]

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: NUMBER OCCUPANTS:
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: Carolina Building Services Inc by Judith A Reese Date: 4/16/96

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.

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

...4/19/96 OSV. Disapproved proposed building as staked over portion of drainfield.

5/7/96 OSV. Gary Dunne of Carolina Building Services present. Proposed ~~Building site as re-staked~~ approved; 5' or greater of septic system as best as could be determined via probing.

5/7/96 UXS for family clubhouse; Not approved for residential dwelling.

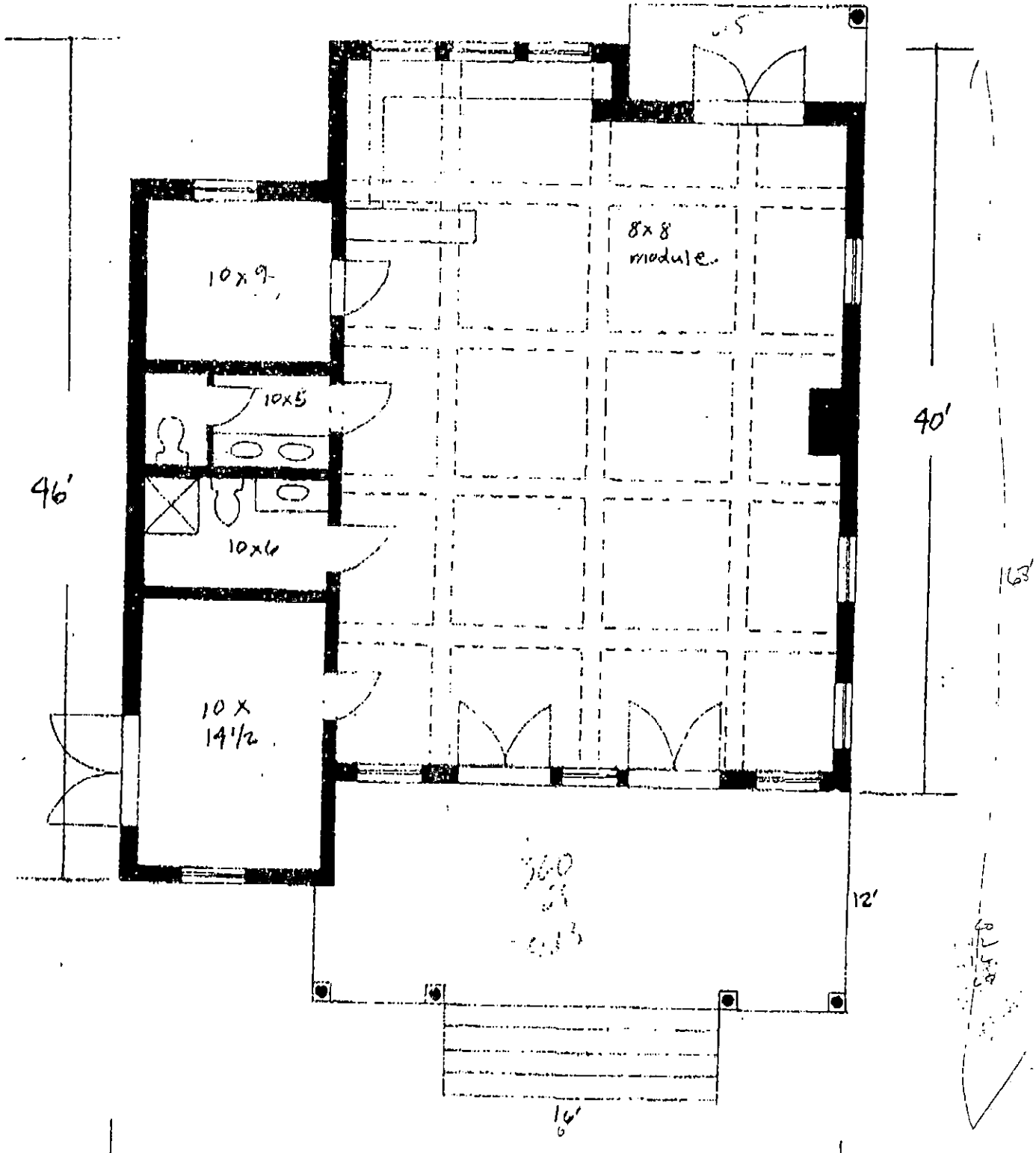
Lba B. Malik, RS 5/7/96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

FTE 15 '96 16:57 P.1

File 2171B
4/16/96 UKS application for



# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2171-B DATE: 3-11-94

TC: 001-052-10 ☑ CRT

SERIAL№ 15872

Name of Owner ANDREW LACZKO Juris.:

Address of Property 10210 POMPANO PLACE

**Inspection Data:**

Tank Material —

Total Length of Drainfield 300 Beds

Number of Lines 4 @ 75

Cover Depth 6-12"

Water Supply Source ~~5?~~ well

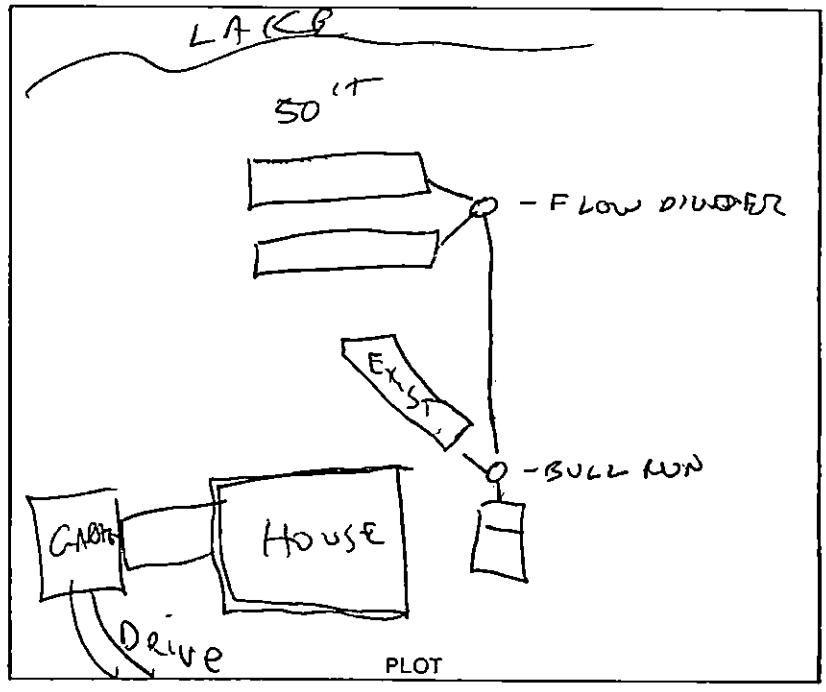
Distance to Water Source 51'

Excavation Inspected 3-11-94

Tank(s) Inspected 3-11-94

Wash Line Inspected —

High Water Alarm Inspected —




Design: ~~R~~ 1994 ALTERATION 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:

Environmentalist

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

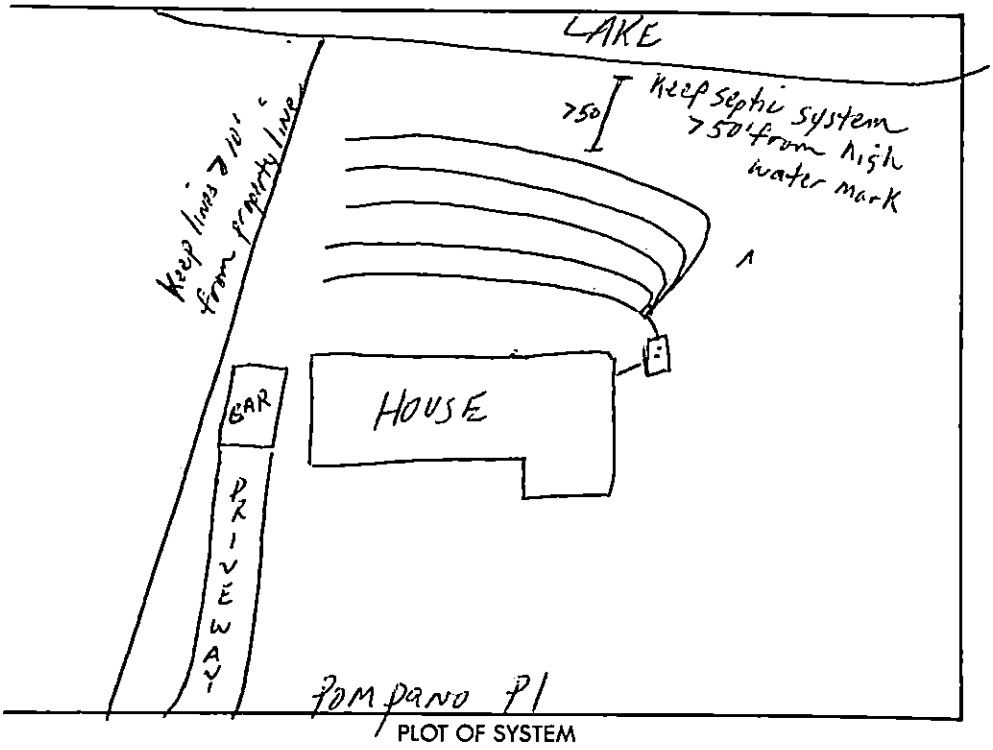
# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

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

FILE: 21711 B 9342A DATE: 3/1/94
053-10
TC: 001-103 to PE
SERIAL Nº 15858

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 3/1/94. All work shall be completed on or before 4/1/94, 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:
Trench Width 3 feet
Total Line Length ~~300~~ feet
Number of Lines 3 (100')
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well >50' feet

NAME OF OWNER Andrew Laczko

LOCATION OF PROPERTY 18210 Pompano Pl

Comments: 3 lines x 100' long x 3' wd x 12" stone | Set speed levels to feed new lines first | Keep Septic system >50' from high water mark and any wells.

P. Walker for S. Paul 3/1/94
Division or Section Head

Philo 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