

19318 BETTY STOUGH RD

00141224

6/6/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5847A DATE: 5/30/91

TC: 001-412-24 ☒ L ☒ CRT

SERIAL № 13803

Name of Owner Richard Bodzony Juris.:

Address of Property 19318 Betty Stough Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 201

Number of Lines 3 @

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 5/30/91

Tank(s) Inspected 5/30/91

Wash Line Inspected NA

High Water Alarm Inspected 5/30/91

PLOT

Design: 1991, 1500ST, 1000DT, PI, MOD, T+S Panel 201' ccc/ CTR# 84

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: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

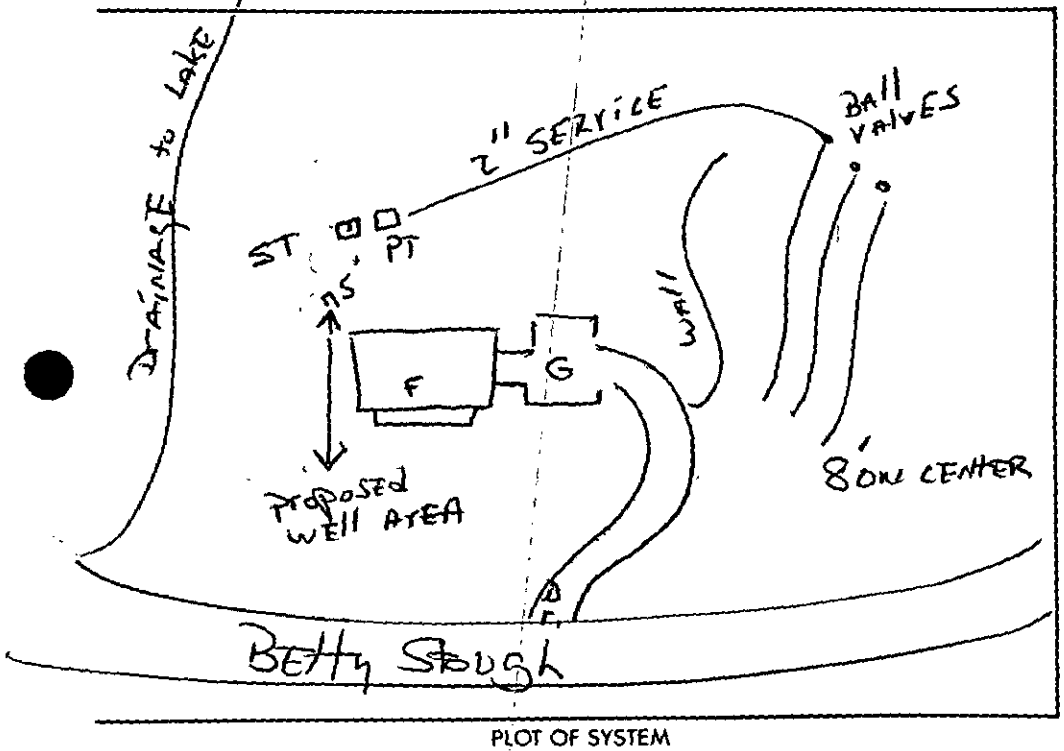
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5847-A DATE: 5/13/91

TC: 001-412-24 ☐ L

SERIAL No 14785

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 11/12/90. All work shall be completed on or before 6/13/91, 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 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 201' feet

Number of Lines 3

Depth of ~~Stone~~ Sand 24" inches

Distance from House >10 feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Richard Bodziony

LOCATION OF PROPERTY 19318 Betty Stough Rd.

Comments: Install panel block system according to approved plans. (3) 2'x67'x24" sand 201 total feet.

Division or Section Head

Tim Whittaker, 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

BK: 06415 PG: 0185/0185 0:0008 6.00

REGISTERED DEC/14/1990 09:10AM ANNE A. POHERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 8174.

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, RON F. ROBINE

owner of property located at 19318 BETTY STOUGH RD

("the site") and described in an instrument recorded in Book 5123 at Page 663, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the proper index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 14th day of DECEMBER, 19 90.

Ron F Robine (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Susan G. Haney, a Notary Public for said County and State, do hereby certify that Ron F. Robine personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 14th day of December, 1990.

Susan G. Haney
Notary Public

Commission Expires: July 1, 1995

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

Commission Expires: _____

Mecklenburg County
Health Department

December 13, 1990

Richard Bodziony
10619 Conistan Place
Huntersville, NC 28078

RE: Property located at 19318 Betty Stough Road
FILE: 5847A
PARCEL: 001-412-24

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/wt

Enclosures - 3 Septic Tank Agreement Forms

5847A

Tank Placement Ok

SEPTIC PROPOSAL LOT 55 PATRICKS PURCHASE

The system is designed for a 3 bedroom house. The initial system will be 3 sixty foot lines of T & J panels and the repair will be 3 sixty foot rows of T & J panels.

The T & J panels will be pressurized with 2 feet of head each line, and a 5/32 inch hole, one in each panel. There will be a ball valve at the head of each line. The panels will be installed as per standard panels otherwise.

120(3) = 360 gpm
360/3 = 1200 GH
1200/3 = 400 GH
400(.5) = 200 Hole pairs

CALCULATIONS

Initial System

Line	Length	#Panels	#Holes	Flow Per Hole	Flow Per Line
A	60'	15	15	0.41 gpm	6.15 gpm
B	60'	15	15	0.41 gpm	6.15 gpm
C	60'	15	15	0.41 gpm	6.15 gpm
Totals:	180'	45			18.45 gpm

Repair System

Line	Length	#Panels	#Holes	Flow Per Hole	Flow Per Line
D	60'	15	15	0.41 gpm	6.15 gpm
E	60'	15	15	0.41 gpm	6.15 gpm
F	60'	15	15	0.41 gpm	6.15 gpm
Totals	180'	45			18.45 gpm

Initial System Calculations

Data:
Supply Line Length -- 185'
Elevation Head (include 2' turn-up) -- 25'
Total Flow -- 18.45 gpm ✓
Panels 45

Calculations:
Friction Head = $\frac{0.74 \text{ ft}}{100 \text{ ft}} \times 185 \text{ ft}$

Friction Head = 1.37 ft ✓

Add 20% for fittings = 1.37 + .27

Total Friction Head = 1.64 ft ✓

Total Head = Elevation + Friction

Total Head = 25' + 1.64'

Total Head = 26.64' ✓

Dose = 3.6 gal. x 45 Panels

Dose = 162 gals. ✓

Note: Since there will be a check valve installed, the supply line volume is not a factor in dosing.

(1000 gal. tank) or 8.78 minutes

Float Stroke = 162 gals ÷ 22 gals/inch

Float Stroke = 7.4 inches

CALCULATIONS

Repair System

Data:
Supply line length -- 220'
Elevation Head (includes-- 2' turn-ups) -- 28'
Total Flow -- 18.45 gpm
Panels -- 45

Calculations: Friction Head = $\frac{0.74 \text{ ft}}{100 \text{ ft}}$ x 220 ft

Friction Head = 1.63 ft

Add 20% for fittings = 1.63 + .33

Total Friction Head = 1.96 ft

Total Head = Elevation + Friction
Total Head = 28' + 1.96'
Total Head = 29.96'

Dose = 3.6 x 45 panels
Dose = 162 gals.

(1000 gal tank)

Float Stroke = 162 gals $\div$ 22 gals/inch
Float Stroke = 7.4 inches

Mecklenburg County
Health Department

December 5, 1990

Mr. Richard Bodziony
10619 Conistan Place
Huntersville, NC 28078

Dear Mr. Bodziony:

SUBJECT: 19318 BETTY STOUGH ROAD
FILE NO. 5847A 7

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

1. Panels per manufacturer/dose calculation to utilize 3.6 gallon/panel.

2. Is supply line length the distance to the primary field or does 165 feet include the repair area. If this line length does not include the repair area, the friction loss would increase and would therefore not remain the same for repair.

3. Designs submitted to be accurate and to scale indicating dimensions; set back distances, etc. No further freehand sketches will be accepted. Reports and calculations to be neat, legible and or typed. All calculations to be show in full detail.

4. System to be no closer than five feet to drive. Your drawing indicated one on the other.

5. Volume in supply is also a calculating factor in volume dosed formula.

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

6. Lines to be accurately staked or flagged with colors or numbers on the stakes or flags. Elevations recorded and submitted on design with corresponding number/flag color legend.

7. Your drawing indicates roughly 30 feet from house to septic tanks. Is this accurate? Thus the reason for scaled drawing.

8. You indicate from initial system to repair area a difference of seven feet elevational head. How much friction differential? Does your 165 feet include repair? More accurate "detailed" drawing a must.

9. Total friction 4.06 feet "too large for safety factor," please explain? What about friction loss buffer for fittings?

10. Upon site evaluation, system layout closest to Betty Stough Road was less than one foot (should be 10 feet) from buried power line. Both repair and primary fields must be staked including stakes every 15 feet within line beginning/end parameters.

11. Please re-submit with necessary corrections.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/kjb

pc: Rusty Orbison

11/15/90

Gene: Call

Rich Bodzionly

Richmar Homes

892-0017

T & T repair

Primary is conventional

Repair T & T

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: 2414

TC: _____

SERIAL: NB 21020 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 19318 (STREET NO.) BETTY STOUGH RD. (STREET) ② FILE: _____

③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-412-24

⑤ SUBDIVISION: PATRICKS PURCHASE PHASE II ⑥ LOT: 55 ⑦ BLOCK: _____

OWNER

RICMAR CUSTOM HOMES INC.

⑧ NAME: RICHARD (FIRST) (MIDDLE) BODZIONY (LAST)

⑨ MAILING ADDRESS: 10619 COLLISTAN PL.

⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 892-0017 ⑭ (HOME) 892-0023

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 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: Richard Bodziony - RICMAR CUSTOM HOMES

Date: Nov. 12, 1990

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.

Environmentalist / Date

Director or Authorized Section Head / Date

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

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) . . . . INSTRUCTIONS

① . . . . . Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② . . . . . If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ . . . . . Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ . . . . . Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ . . . . . Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ . . . . . Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ . . . . . Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ . . . . . Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ . . . . . If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ . . . . . If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ . . . . . Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ . . . . . Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

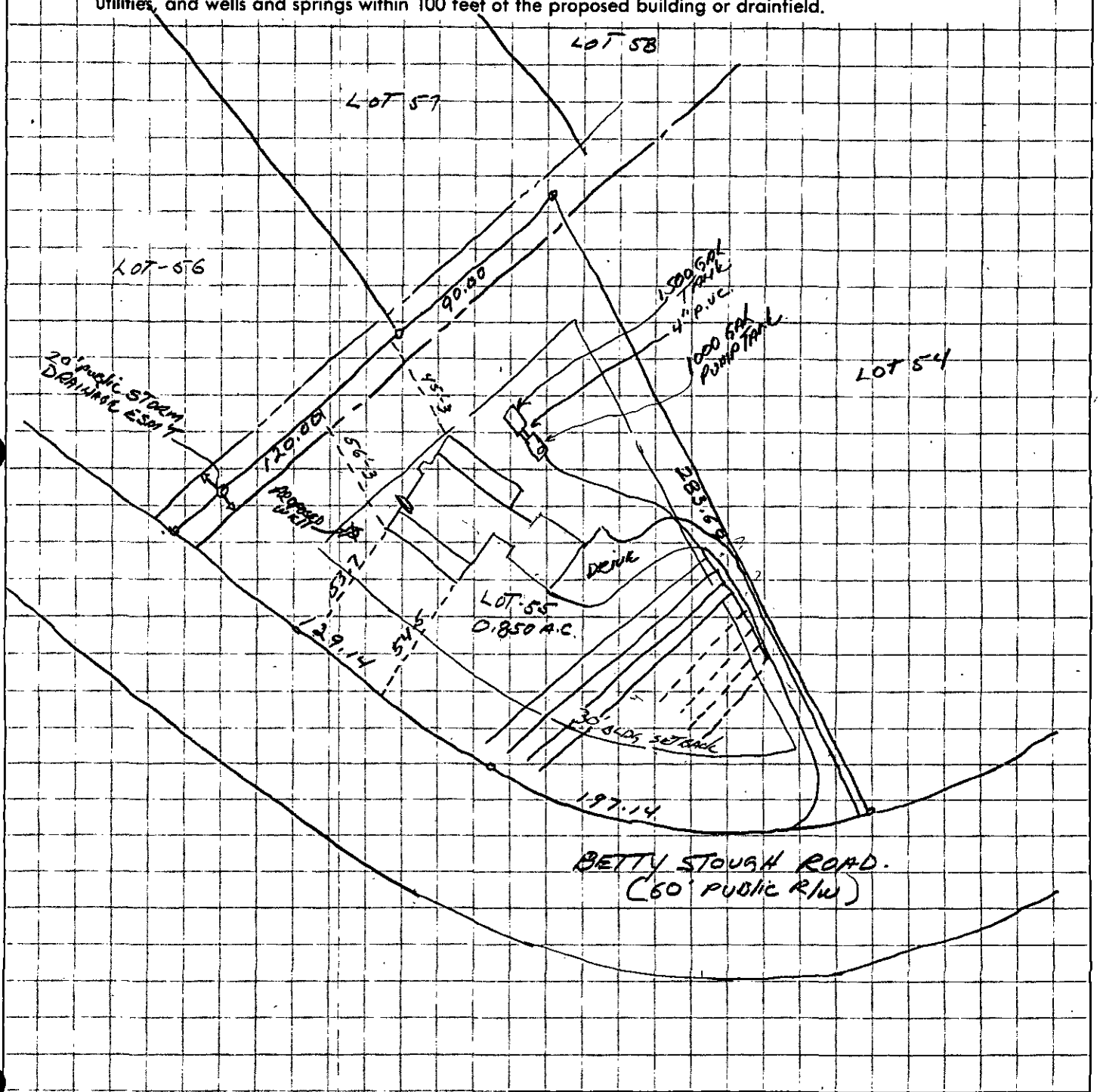
PROPOSED PLOT PLAN

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

FILE: 5847A

TC: 001-412-24

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.

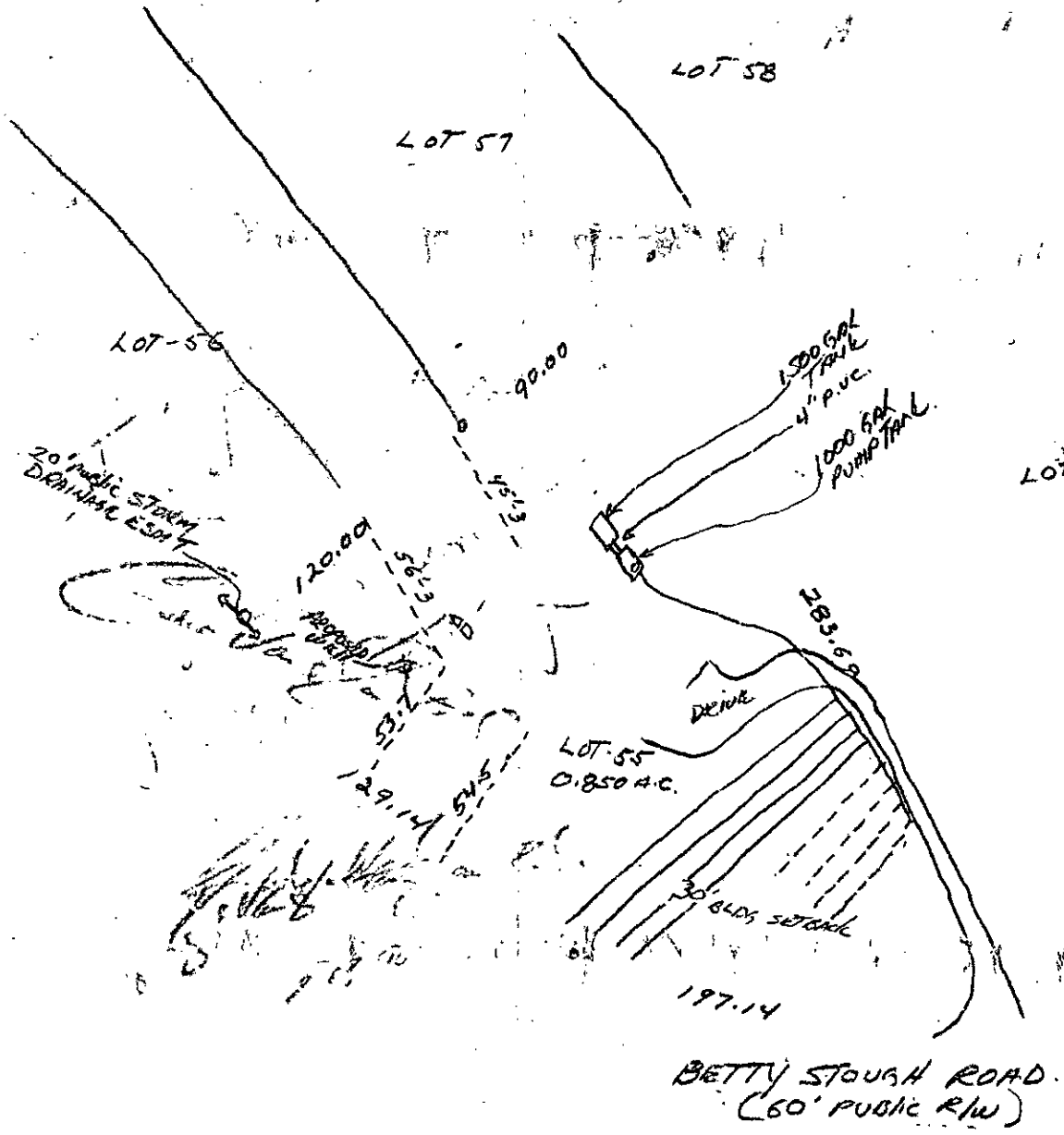


APPROVAL DATE _____

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

5847A

001-412-24



APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: _____

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19318 BETTY STOUGH RD HUNTERSVILLE NC 28078

② SUBDIVISION: PATRICKS PURCHASE PHASE II ③ LOT: 55 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5123 PAGE NO.: 663

OWNER

STOUGH FARM DEVELOPMENT CO

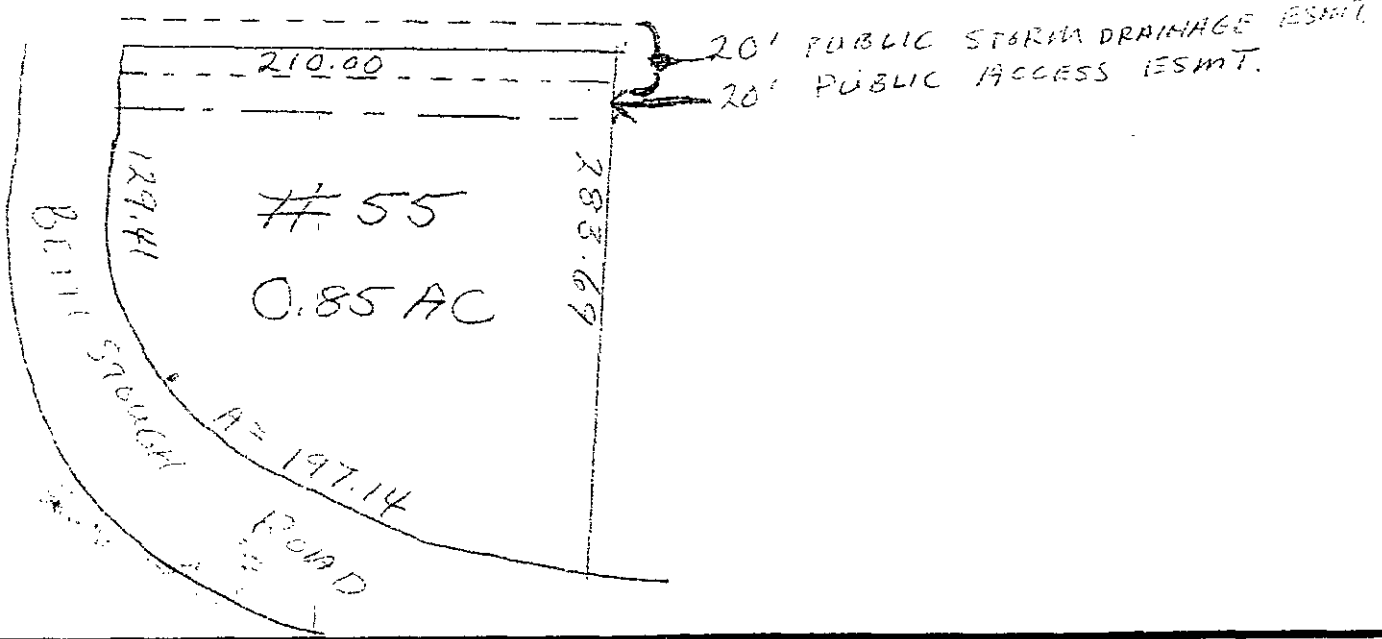
⑦ NAME: WILLIAM PATRICK KIMBROUGH
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 19529 WEAVERS CIRCLE

⑨ CITY: HUNTERSVILLE ⑩ STATE: N.C ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892 3683 (HOME) 892 3683

⑬ Accurately diagram and dimension lot.



⑭ 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: William P. Kimbrough

Date: 6-22-89

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

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

Repair Field

Line	Length	# Panels	Flow per panel	Flow per line
E	55	13	0.41 gpm	5.33 gpm
F	"	"	"	"
G	"	"	"	"
H	"	"	"	"

Total 220' Total 52 panels Total 21.32 gpm

Note: For lines E, F, G, H one 5/32" hole each panel, 2' pressure head, Flow of ~~5.48~~ gals per panel per dose (i.e. Typical Pressure Panel)

Total Elevation 26'

Total Friction (all friction used for initial system will be same for repair) ← Can't Be if Supply is extended

Total Friction 4.06' ← Gene this number too large for safety factor.

Total Head = 26' + 4.06'

Total Head = 30.06'

Total Flow = 21.32 gpm

Dose → ~~1800~~ 3.6 gal x 52 panels = 93.6 gals

Float Stroke ⇒ 1000 gal tank 22 gal / inch

Float Stroke = 4.25"

1938 BETTY STOUGH RD.

- House is a 3 bedroom
- Need 405 linear feet of standard drainfield for intial system.

Initial -	line	length	# holes	Flow per hole	Flow Per line
	A	102'	20	0.41 gpm	8.2 gpm
	B	102'	20	"	"
	C	102'	20	"	"
	D	102'	20	"	"
	Total	408'			Tot 32.8 gpm ✓

Note: for Lines A,B,C,D 3' wide trench, 1' thickness #5 washed stone, 102' linear feet, pressurized with 2" pvc with 5/32" hole every 5' and 2' pressure head. (i.e. Pressure conventional)

Supply? ~~Lateral~~ length 165'

Show Elevation to Arrive at Head indicate on drawing

Total Elevation 19' includes 2' turnups

Total Friction 165/100 • 2.05 = 3.38 + 20% = 4.06'

Total Head = 19' + 4.06' = 23.06'

Drawing to be to Scale showing accurate measurements and distances

Total Flow = 32.8 gpm What About the Rest of Formula including the Volume in the Supply?

Dose = 5 (Vol laterals) + Vol Supply = 5 (79.54 gals) = 397.70 gals

Float stroke = 1000 gal tank 22 gal per inch

Float stroke = 18 inches

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-13-90

Name/Company: Richard Bodziony

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: App. Imp - New

19318 Betty Hough Rd.

TP: 001-412-291

File: 5847A

MEC... COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 13 1990

Fee: $ 200.00

#464
$200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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

DATE 11-13-90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-412-24

ASSIGNED ADDRESS 19318 Betty Stough Rd

EXISTING ADDRESS 1455

PROJECT NAME Patrick Purchase Ph 2

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: Septic 3

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: [signature]

UPWIAR 06-88

NEW ADDRESS / /*

FORM 100

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: 5847A
TC: _____
SERIAL: № 21020 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 19318 (STREET NO.) BETTY STOUGH RD. (STREET) ② FILE: _____
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-412-24
⑤ SUBDIVISION: PATRICKS PURCHASE PHASE II ⑥ LOT: 55 ⑦ BLOCK: _____

OWNER

RICMAR CUSTOM HOMES INC.
⑧ NAME: RICHARD (FIRST) (MIDDLE) BODZIONY (LAST)
⑨ MAILING ADDRESS: 10617 CONISTAN PL.
⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 892-0017 ⑭ (HOME) 892-0023

REQUEST

This request is for a(n):
⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:
⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 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: Richard Bodzion - Richmar Custom Homes
Date: Nov. 12, 1990

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.

Environmentalist _____ Date _____

Director or Authorized Section Head 11-14-90 Date

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

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIONS ONLY!)

FILE NUMBER: 5847A DATE RECEIVED: 11-13-90

SANITARIAN: Tim Whitaker

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time _____

Charge Slip: Date Filed 11-14-90 Time 4:02

Applications (white only!): Date Filed 11-14-90 Time 4:02

Plot Plan: Date Filed _____ Time _____

Site Plan: Date Filed _____ Time _____

Address Form (Cty. Eng.): Date Filed 11-14-90 Time 4:02

Zoning Form: Date Filed _____ Time _____

Verification of Lot Division: Date Filed _____ Time _____

DataBase: Date Logged _____ Time _____

Lotus: Date Logged 11/14/90 Time 2:45

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time _____

Mecklenburg County
Health Department

Basil G. Dolta, M.D., M.P.H.
Health Director

July 19th, 1989

William Kimbrough
19529 Weavers Circle
Huntersville, NC 28078

RE: Property located at 19318 Betty Stough Rd.
FILE: 5847A
PARCEL: 00141224

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16229) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16229

File: 5847A Action 1

Parcel: 00141224 ☐ PC

Location: 19318 Betty Stough Rd.

Subdivision:

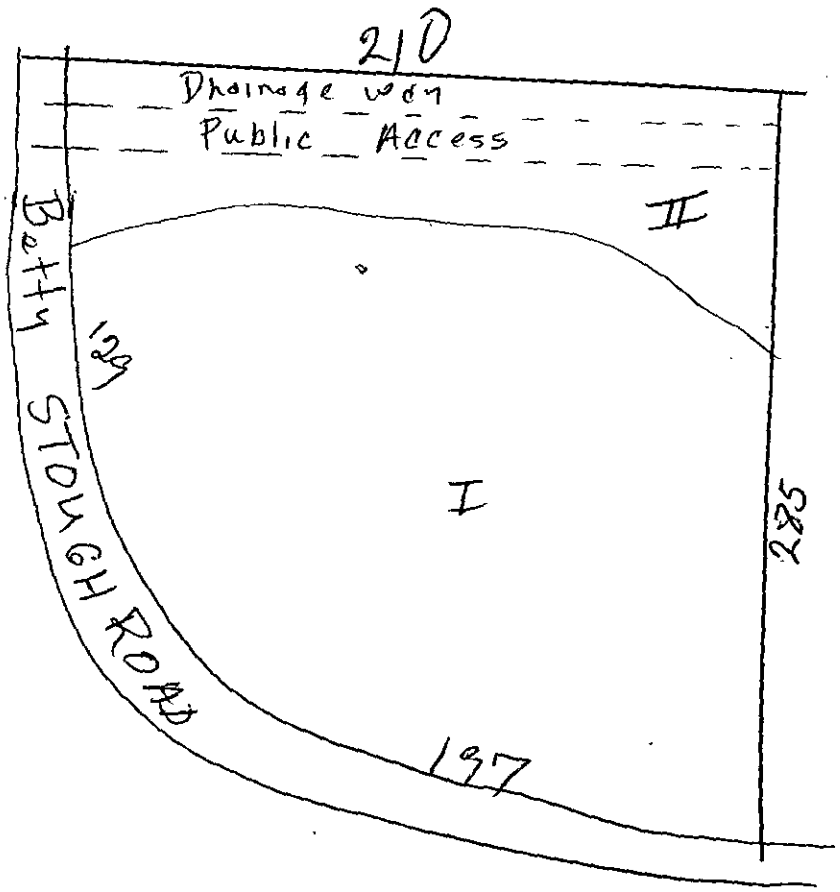
Lot: Block: Acres: .85

Owner: William Kimbrough
Address: 19529 Weavers Circle
Huntersville, NC 28078

Comments:

Described by: W. B. Ramsey

Date: 7-14-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-7	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) Swampy	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S PS (U) 25-30	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Cecil	IIb Helena				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

30.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5847A

TC: _____

☐ PC ☐ REPT

see 5839A for charge dlp

JOB LOCATION

① ADDRESS: 19318 BETTY STOUGH RD, HUNTERSVILLE NC 28078

② SUBDIVISION: PATRICKS PURCHASE PHASE II ③ LOT: 55 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-412-24

⑥ DEED REFERENCE: BOOK NO.: 5123 PAGE NO.: 663

OWNER

STOUGH FARM DEVELOPMENT CO

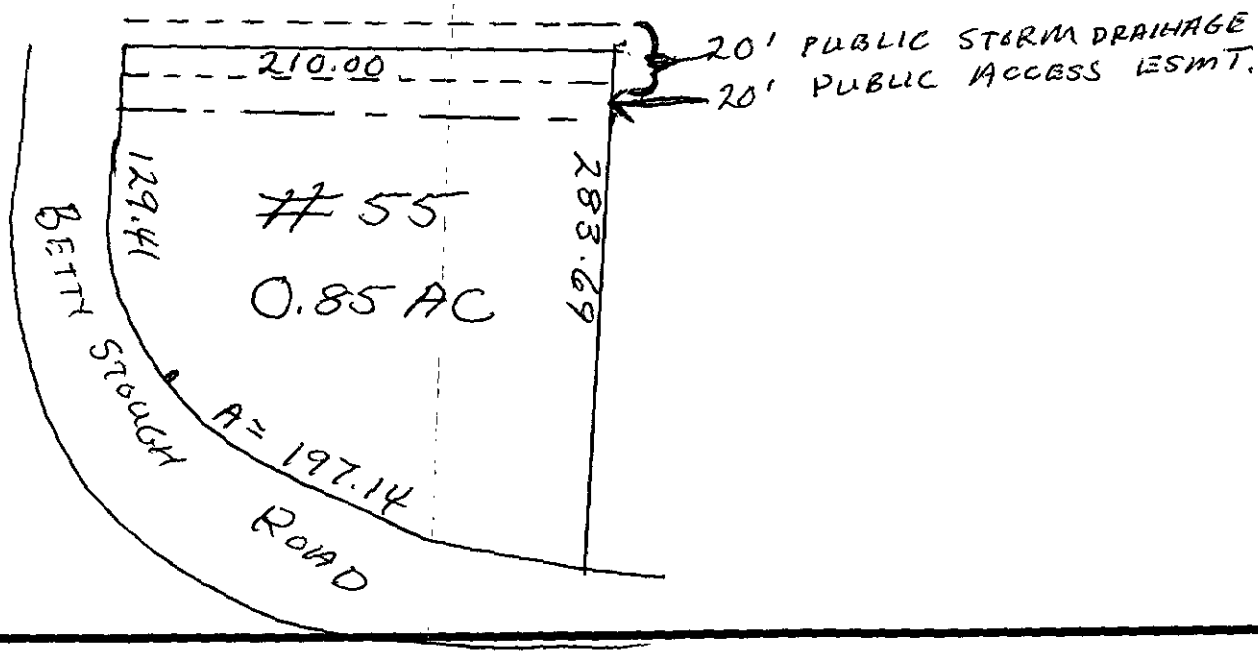
⑦ NAME: WILLIAM (FIRST) AUDREY (MIDDLE) KIMBROUGH (LAST)

⑧ MAILING ADDRESS: 19529 WEAVERS CIRCLE

⑨ CITY: HUNTERSVILLE ⑩ STATE: N.C ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892 3683 (HOME) 892 3683

⑬ Accurately diagram and dimension lot.



⑭ 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: William A. Kimbrough

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

Date: 6-22-89

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