

9433 VALLEY RD

22709312

12/17/07

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

8186A

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

FILE: N/A DATE: May 21, 1992

TC: 2270912 ☐ L ☐ CRT

SERIAL Nº 14082

Name of Owner EARL HASSETT Juris.:

Address of Property 9433 Valley Road

Inspection Data:

Tank Material N/A

Total Length of Drainfield 12X25=200 LINEAR

Number of Lines 2 @ 25

Cover Depth 36+ INCHES

Water Supply Source Private well

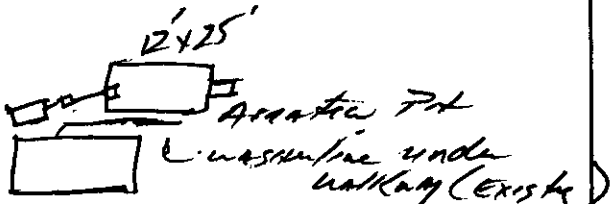
Distance to Water Source >50'

Excavation Inspected 5-21-92

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



PLOT

Design: 1992 Repair 600SFT 186 200 LINEAR FEET CTR# 167

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: INSTALLED NEW 3 BDY TANK INTO O/O 2 BDY, BRO REPAIR 12'X25' AERATION PITON END 3' DISP 6' WIDE

System Operation 10 years

Environmentalist

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

COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

17740

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

FILE: 2948/8186A DATE: 4.20.92

TC: _____ ☐ L

SERIAL Nº 15407

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 4.20.92. All work shall be completed on or before 5.20.92, 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 _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER EARL HASSETT

LOCATION OF PROPERTY 9433 Valley Rd.

Comments: INSPECT D. BOX AND CHECK BOX.

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 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

No Files

UPDATE COMPLETE

Applicant HASSETT EARL Appl.Date 04/04/92 Updated 04/15/92
Mail Addr 9433 VALLEY ROAD Phone 704 846-1716
City CHARLOTTE State NC Zipcode 28270
Prop Ownr HASSETT EARL
Mail Addr 9433 VALLEY ROAD Phone 704 846-1716
City CHARLOTTE State NC Zipcode 28270 Township 1
Tax Map No. 2270931 2 Road 9433 VALLEY ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App R Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 05 No. Occupants 02 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage E Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions:

Date Appl. Recd. 04/04/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00294B Operat. Permit (Y/N)
4/15/92 12:13:18
01-03 SA MW KS IM 8186A II S1 S1037498 KB

400 ☑ LM ☑

file # 8186A/294B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

N REPAIR 11 [] 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: Hassett (last) Earl (first) NMI (mi)

ADDRESS: 9433 Valley Rd. PHONE: (704) 846-1716

CITY: Charlotte STATE: NC ZIPCODE: 28270

Date: April 4, 1992

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-093-12

STREET ADDRESS: 9433 Valley Rd

ZONING:

PROPERTY OWNER:

NAME: Hassett (last) Earl (first) NMI (mi)

ADDRESS: 9433 Valley Rd PHONE: (704) 846-1716

CITY: Charlotte STATE: NC ZIPCODE: 28270

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 (O)
[] 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: 5 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

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 Hassett Date: April 4, 1992

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

JO HASSETT
9433 Valley Road
CHARLOTTE, NORTH CAROLINA
-28270-

(704) 846-1716

April 1, 1992

Meck. County Health Dept.
Environmental Health Div.
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon
Charlotte, NC 28202

Gentlemen:

Enclosed is an Individual Water and Wastewater System Program Application for Services. I understand that it is necessary to file this application for services in order to obtain permission from your department to arrange for repair work on our septic system.

I further understand that after allowing a few days for this application to be received by your office, I am to phone and find out who will come to our property to confirm that repair is needed. After that, you will issue a permit so that I may arrange with a contractor to do whatever work is required.

In filling out this form, I did not know what to put in the box that calls for property information. I do not have an engineering form from which I am supposed to get this information. Neither do I know our lot number and the exact lot size. I presume your office has access to this information.

About the middle of the form there is a space for "system classification." I do not know what this means, so I did not fill in that space.

I hope that I have completed the form as far as I knew how to your satisfaction. I will phone your office some day next week to arrange for someone to come out to see us.

Sincerely yours,

Josephine Hassett

Josephine Hassett

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

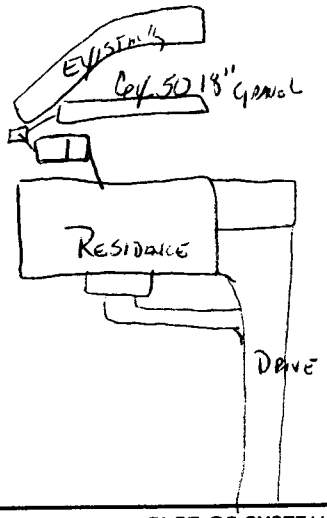
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: (no file) 294B / 8186A DATE: 5-8-92

TC: 227-093-10 L

SERIAL Nº 14169

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 5-8-92. All work shall be completed on or before 6-8-92, 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 6 feet

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well > 50 feet

NAME OF OWNER EARL HASSETT

LOCATION OF PROPERTY 9433 VALLEY RD.

Comments: INSTALL Lay 50 BED W/ 18" GRAVEL from D. BOX, IF EXISTING OR USE NEW D. BOX.

Division or Section Head

Environmentalist

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