

11325 BLAIR RD

13715306

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7094A DATE: 5-16-91

TC: 137-151-010 ☒ L ☐ CRT

SERIAL № 12318

Name of Owner William C Hawkins Juris.:

Address of Property 11325 A Blake Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 3 @ 90

Cover Depth 10"

Water Supply Source Well

Distance to Water Source ±50

Excavation Inspected 5-16

Tank(s) Inspected 5-16

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1991 Alternative, 1500 gal, 810 sq ft, 10"/ Cecil Like CTR# 70

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 3 trenches 3x90 for 2 bdrm Mobile Home

RSI
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

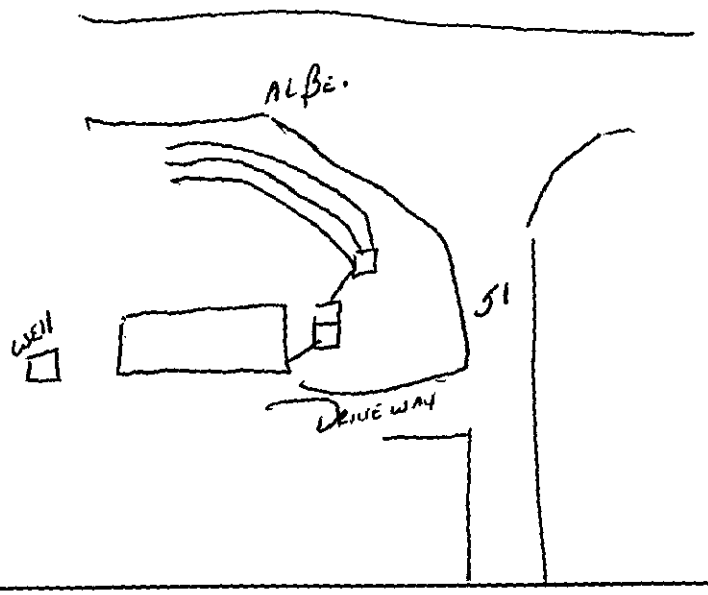
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7094A DATE: 5-9-91

TC: 137-131-06 ☑ L

SERIAL Nº 15023

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 5-9-91. All work shall be completed on or before 6-9-91, 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 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 10" inches

Distance from House ~5 feet

Distance from Property Line ~10 feet

Distance from Well ~50 feet

NAME OF OWNER William C. Hanline

LOCATION OF PROPERTY 11325 A Blair Rd.

Comments: Install 1500 gl ST, Conv sys 3 trenches 3' x 90'

Division or Section Head

Environmentalist RSI

* 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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

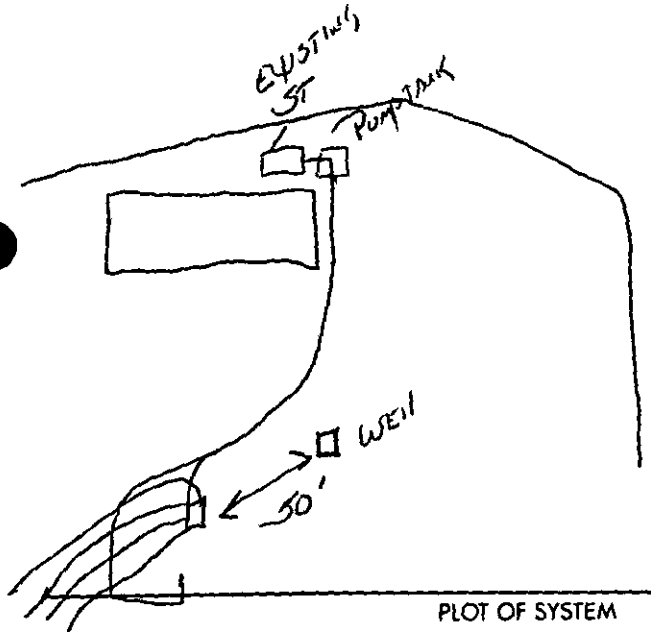
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7093A DATE: 5-9-91

TC: 137-151-06 ☑ L

SERIAL Nº 15022

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 5-9-91. All work shall be completed on or before 6-9-91, 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 – gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER William C Hanline

LOCATION OF PROPERTY 11325 B Blair Rd.

Comments: Install 1000GPT, Conv sys 4 Trenches 3'x50'

Division or Section Head

Environmentalist RSI

* 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

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 02-05-91 $125.00 ck#1100

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: 7094A
TC: 137-151-06
SERIAL: № 21282
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 11325-A (STREET NO.) Blair Road (STREET) (NC 51) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-151-06

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: William (FIRST) C. (MIDDLE) Hoadline (LAST)

⑨ MAILING ADDRESS: 1100 Blair Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) _____ ⑭ (HOME) 545-6985

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? 2 ㉕ Type? _____

㉓ Maximum occupancy? 4 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: William C. Hoadline

Date: Feb. 4 1991

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~~ 60 months from the date of issuance.

Environmentalist _____ Date 5-16-91

Director or Authorized Section Head _____ Date 5-21-91

*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: 2-5-91

Name/Company: Pauline C. Hankins

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Improvements Permits

SIR 7093 A

7094 A

~~11325A Paid~~

~~11325B Paid~~

1100

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 5 1991

Fee: $ 250.00 CK# 1100 7/250.00

NOTICE:

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

P. Johnstone
Completed by

Collected by

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: 7094A

TC: 137-151-06

SERIAL: NO 21282 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11325-A (STREET NO.) Blair Road (STREET) (NC 51) ② FILE:

③ JURISDICTION: \ ④ TAX PARCEL NO.: 137-151-06

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) C. (MIDDLE) Hanline (LAST)

⑨ MAILING ADDRESS: 1100 Blair Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) ⑭ (HOME) 545-6985

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

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㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? \ 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: William C. Hanline

Date: Feb. 4 1991

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 60 months from the date of issuance.

Environmentalist 5-16-91 Date

Director or Authorized Section Head 5-21-91 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

October 25th, 1990

William C. Hanline
11000 Blair Road
Charlotte, NC 28227

RE: Property located at 11325 -A Blair Road
FILE: 7094
PARCEL: PO 137-151-06

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 16772) 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,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16772

File: 7094A Action 1

Parcel: 0137-151-06 PC

Location: 11325-A Blair Road

Subdivision:

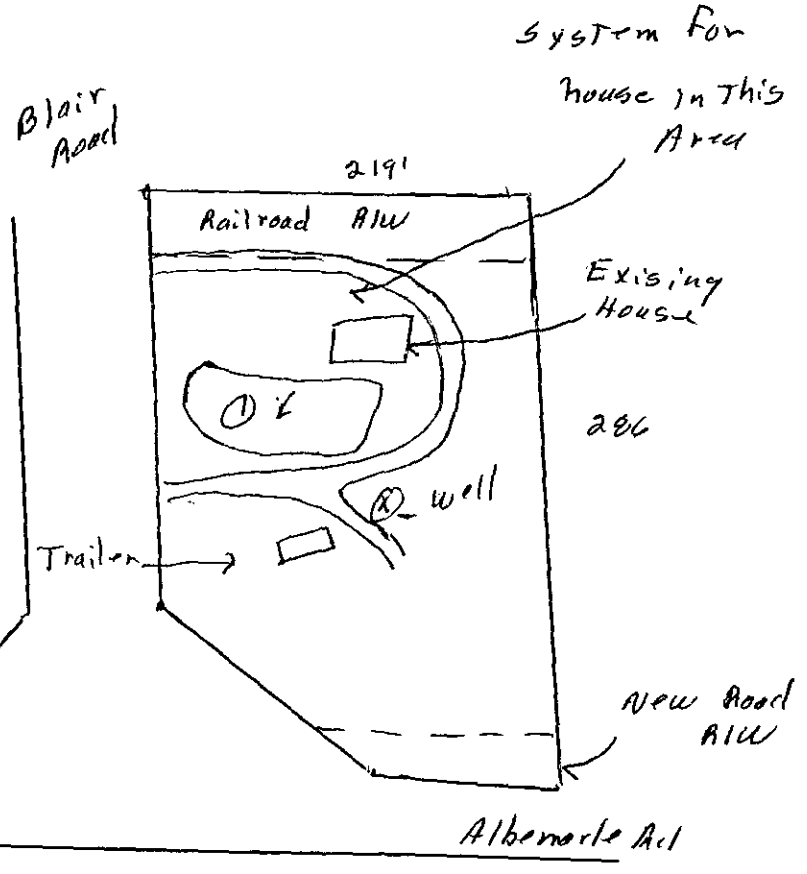
Lot: Block: Acres: Approx .13

Owner:
Address:

Comments: Area #1 approx 50'x100' New drainfield probably will need pump

Described by: William R. Marlin

Date: 10-25-90



***** 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 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Hille					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

1.D

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7094A

TC: PO 137-151-06

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11325-A Blair Road (NC51)

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 151 PARCEL NO.: 06

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: William (FIRST) C. (MIDDLE) Hanline (LAST)

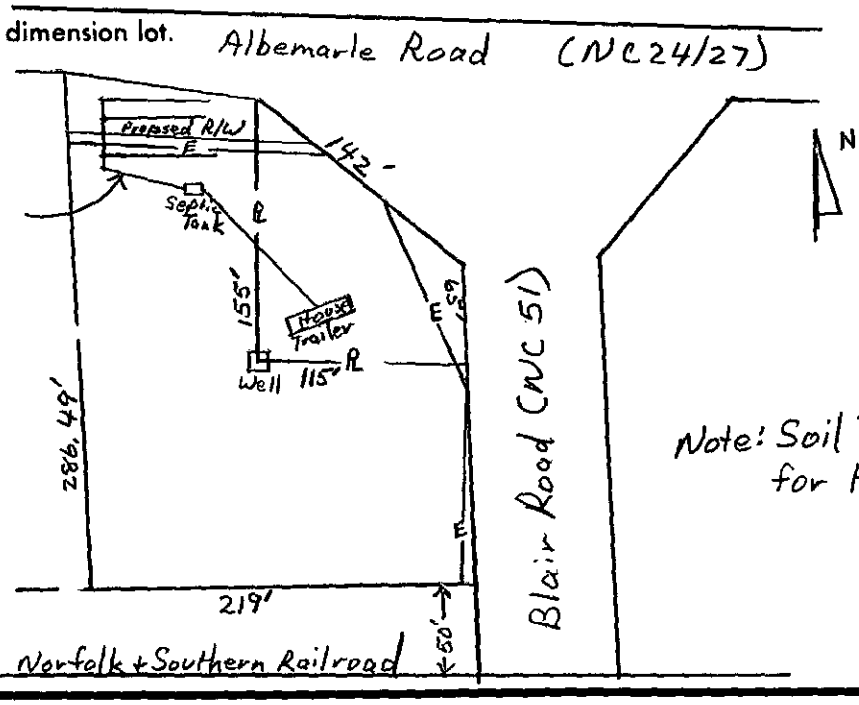
⑧ MAILING ADDRESS: 11000 Blair Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28227

⑫ PHONE: (WORK) _____ (HOME) 545-6985

⑬ Accurately diagram and dimension lot.

* Alteration due to widening of Albemarle Road



Mail Copy of Report to:
NCDOT
Appraisal Section
500 W. Trade Street
Suite 317-B
Charlotte, N.C. 28202

Note: Soil Test is requested for House Trailer

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: Pauline C. Hanline

Date: Oct. 16, 1990

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-29-90

Name/Company: State of NC. / Dept. of Transportation

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Apps. for Soil Investigations (6)
11325-A Blair Rd. (NC 51) #7094A
11325-B Blair Rd. (NC 51) #7093A
11220 Albemarle Rd #7096A
11421 Alb. Rd. #5074
1240 Alb. Rd. #5419
1200 Alb. Rd. #5504

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 29 1990

Fee: $ 300.00

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

C02 #100049
$300.00

Completed by

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