

7901 ROBINSON CHURCH RD

10804223

12/17/07

duponbj

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

pd. 100.00
EE # 4806
VIO 10-13-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 8178A

Date: 10-13-99

PERSON FILING APPLICATION:
NAME: Brady (last) Christopher (first) G (mi)
ADDRESS: 7901 Robinson Church Rd PHONE: (704) 531-7959
CITY: Charlotte STATE: N.C ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-042-01
STREET ADDRESS: 7901 Robinson Church Rd
ZONING:

PROPERTY OWNER:
NAME: Brady (last) Christopher (first) G (mi)
ADDRESS: 7901 Robinson Church Rd PHONE: (704) 531-7959
CITY: Charlotte STATE: N.C. ZIPCODE: 28215

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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Playroom, Laundry, Kitchen, attached garage

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
[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: Christopher G Brady Date: 10/13/99

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.

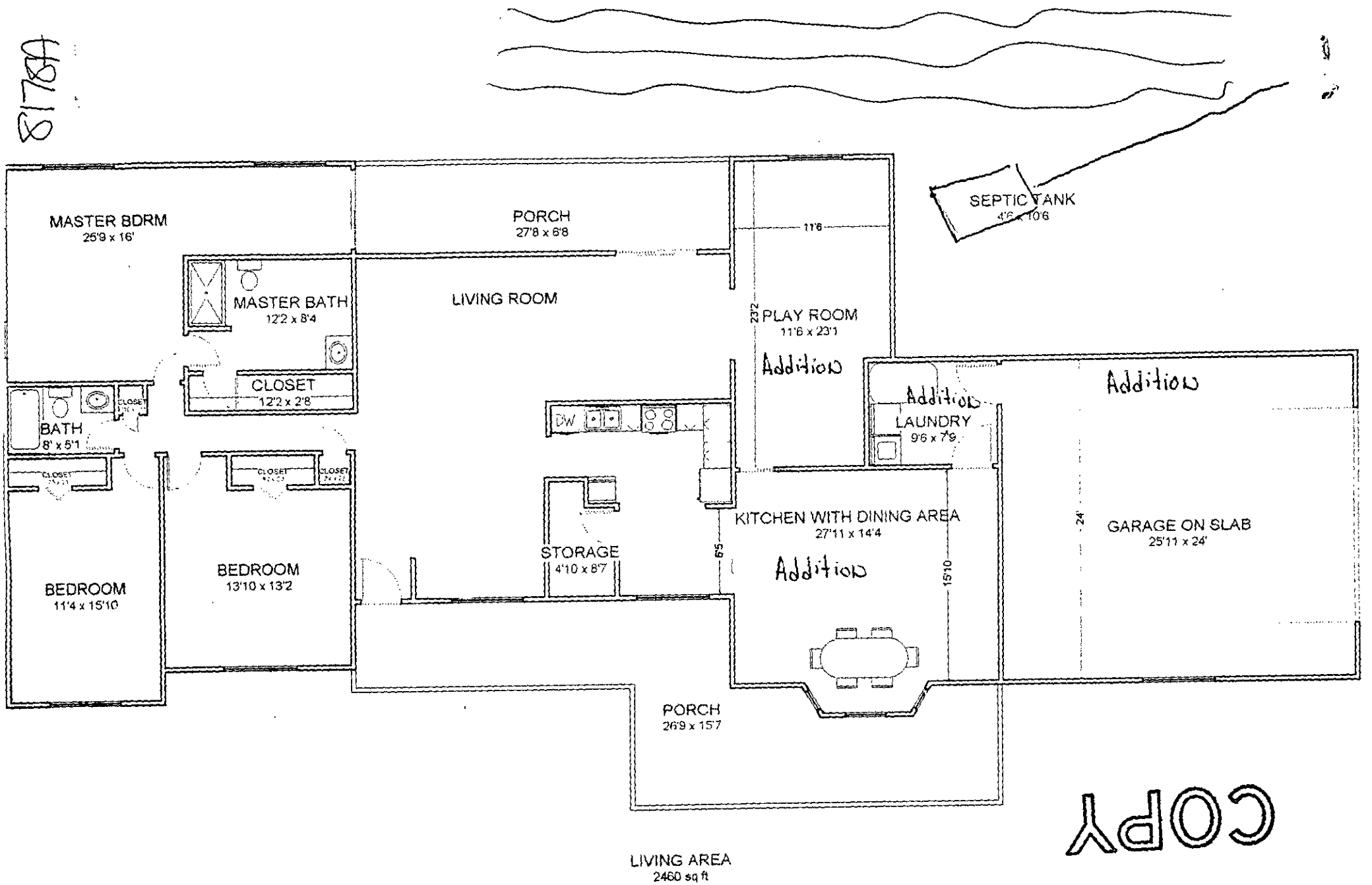
...10/21/99 OK TO USE EXISTING SYSTEM

[ ] 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 10/21/99 Date

WWATER : 122791

81784



COPY

LIVING AREA
2460 sq ft

400 LF

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

286-B
FILE: 8178-A DATE: 1-29-93
PC TC: 108-042-01 ☐ L ☒ CRT
SERIAL Nº 15130

Name of Owner Christopher Brady Juris.:
Address of Property 7901 Robinson Church Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18" - 32"
Water Supply Source well
Distance to Water Source 750'
Excavation Inspected 1-29-93
Tank(s) Inspected 1-29-93
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1993, 1500 ST, CON, 1200 SFT, 12", cecil CTR# 117

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 for 3 bedrooms

Type II

B.R. Ferguson
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

286-B

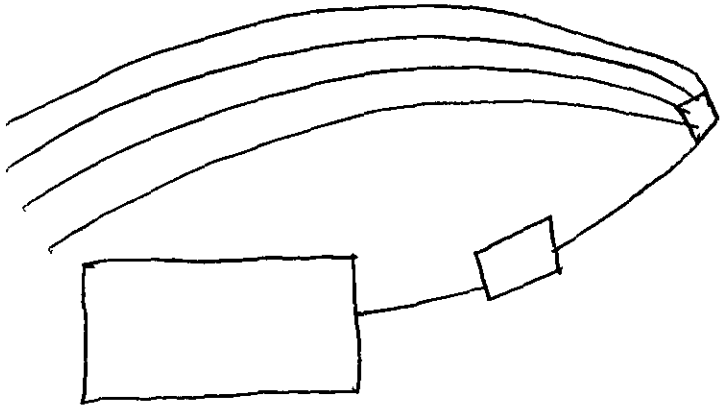
FILE: 8178-A DATE: 1-26-93

PO

TC: 108-042-01 ☐ L

SERIAL Nº 15126 400 ☑

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 5-5-92. All work shall be completed on or before 2-26-93, 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 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 Christopher Brady

LOCATION OF PROPERTY 7907 Robinson Church Rd.

Comments: 4 lines 3'X100'X12" stone

Judy J. Keen RS
Division or Section Head

B.R. Ferguson
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

(2400 ft CH 108 042-23

PA 20000 CH 2225 9 $-6-92

8178A 86B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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[] 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: Brady (last) Christopher (first) G (mi)

ADDRESS: 3433 D-3 N. Sharon Amity PHONE: (704) 568-9250

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

Date: 5/5/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 108-042-01

STREET ADDRESS: Robinson Church Rd #7901

ZONING:

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CITY: Charlotte STATE: N.C. ZIPCODE: 28205

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TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1 acre

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: Septic

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ #Employees ____ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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Signed: [signature] Date: 5/5/92

NOTICE:

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...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

...I.P. was not cleared until 10-6-92 due to no address form was obtained from Eng. dept. Bldg. permit was issued from Bldg. Adm. because of info. received that city sewer was available.

B.R. Ferguson Environmentalist 10-6-92 Date

[signature] Director or Authorized Section Head 10892 Date

WWATER : 122791

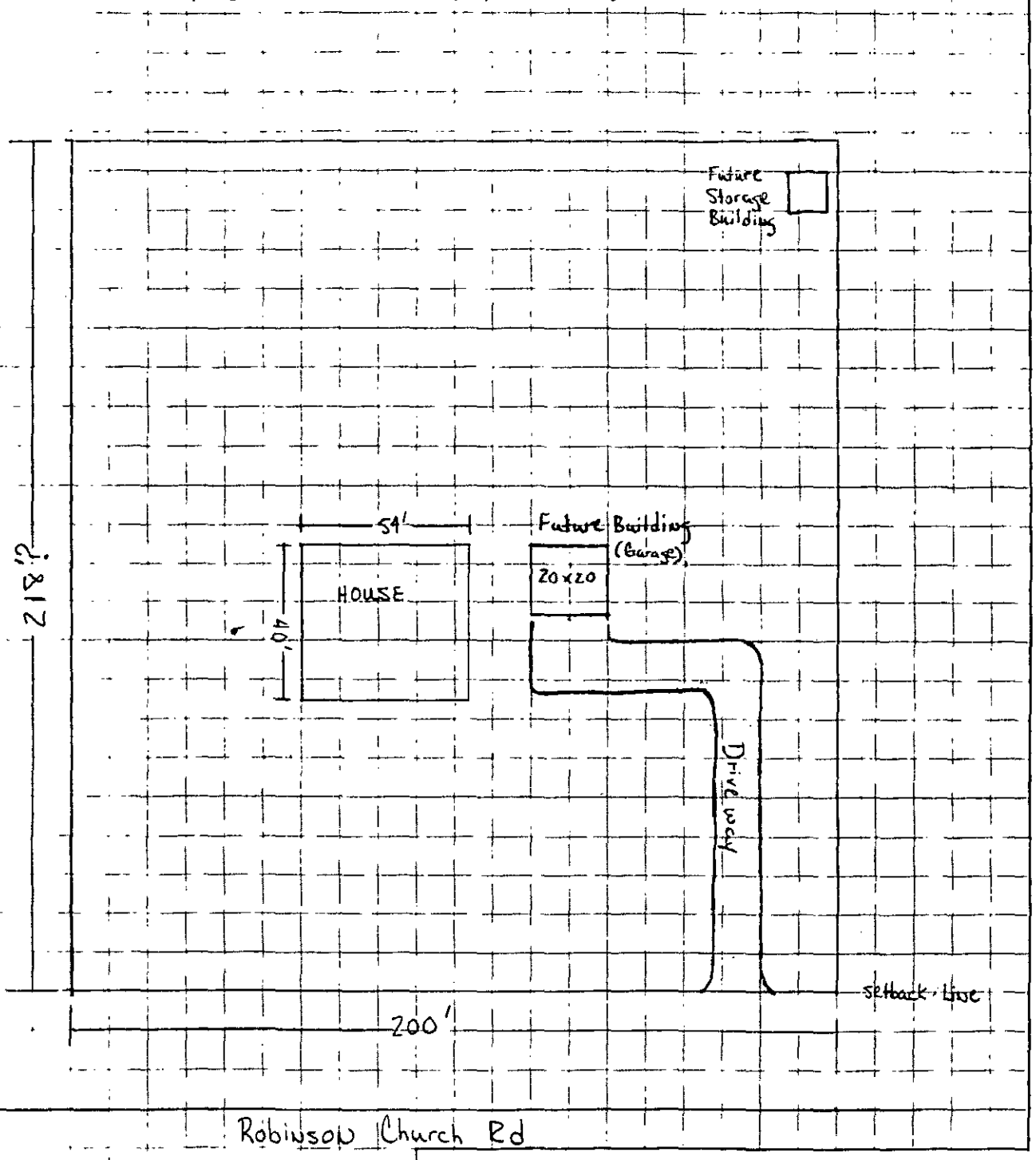
PROPOSED PLOT PLAN

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

FILE: 00286B (8178A)

TC: 108-042-01

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

TO: ENVIRONMENTAL HEALTH DEPT. DATE: 10/2/92
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE _____

PARCEL NUMBER 108-042-01 pp

ASSIGNED ADDRESS 7901 Robinson Church 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: Septic tank

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

Mecklenburg County

Health Department

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

April 29, 1992

Arnold M. Thompson
7615 Robinson Church Road
Charlotte, NC 28215

RE: Property located on 7615 Robinson Church Road
FILE: 8178A/286B
PARCEL: 108-042-01P0

Dear Mr. Thompson:

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 12483) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

for Gene Vaughan

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER [illegible] 12433

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

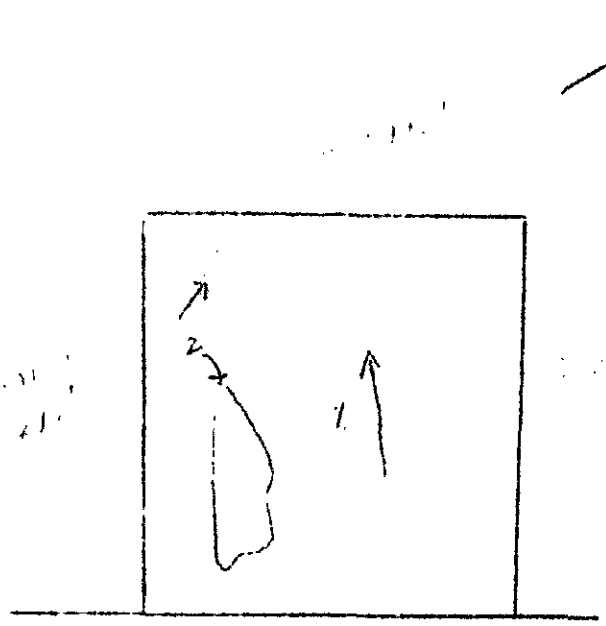
Lot: Block: Acres: [illegible]

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: 4-24-12



***** 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 [illegible]	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U
Texture	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	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	[illegible]	[illegible]				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12483

File: 286B/81987 Action 1

Parcel: PO 108-042-01 ☐PC

Location: 7615 Robinson Ch. Road

Subdivision:

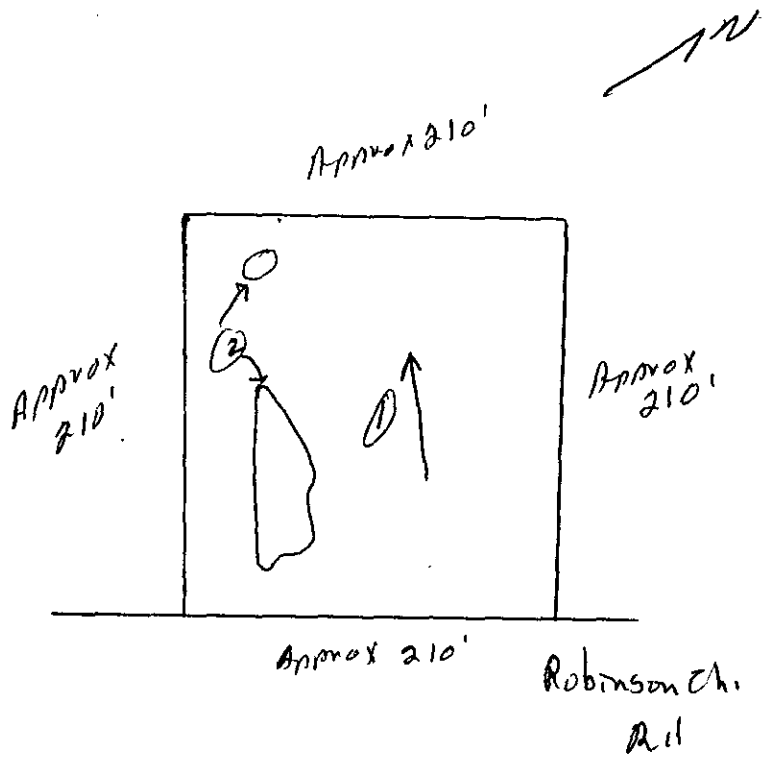
Lot: Block: Acres: 1.0

Owner: Arnold M. Thompson
Address: 7615 Robinson Ch. Road
Charlotte, N.C. 28215

Comments: 100% Repair
.3gal/Ft²/day LTAR

Described by: William R. Marlin

Date: 4-29-92



***** 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 2-6%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" 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	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-Lilac	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

286B

UPDATE COMPLETE

Applicant BRADY CHRISTOPHER G Appl.Date 04/10/92 Updated 04/21/92
Mail Addr 3433 D-3 N. SHARON AMITY Phone 704 568-9250
City CHARLOTTE State NC Zipcode 28205
Prop Ownr THOMPSON ARNOLD M
Mail Addr 7615 ROBINSON CHURCH ROAD Phone 704 537-0935
City CHARLOTTE State NC Zipcode 28215 Township
Tax Map No. 10804201 Road ROBINSON ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size 1.
Type App D Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 003 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage N Construct. Status U Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25002
Directions:

Date Appl. Recd. 04/10/92 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. 00286B Operat. Permit (Y/N)
4/21/92 9:50:46
01-03 SA MW KS IM II S1 S1037498 KB

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3
201

LL 5000 CABA
4-16-92

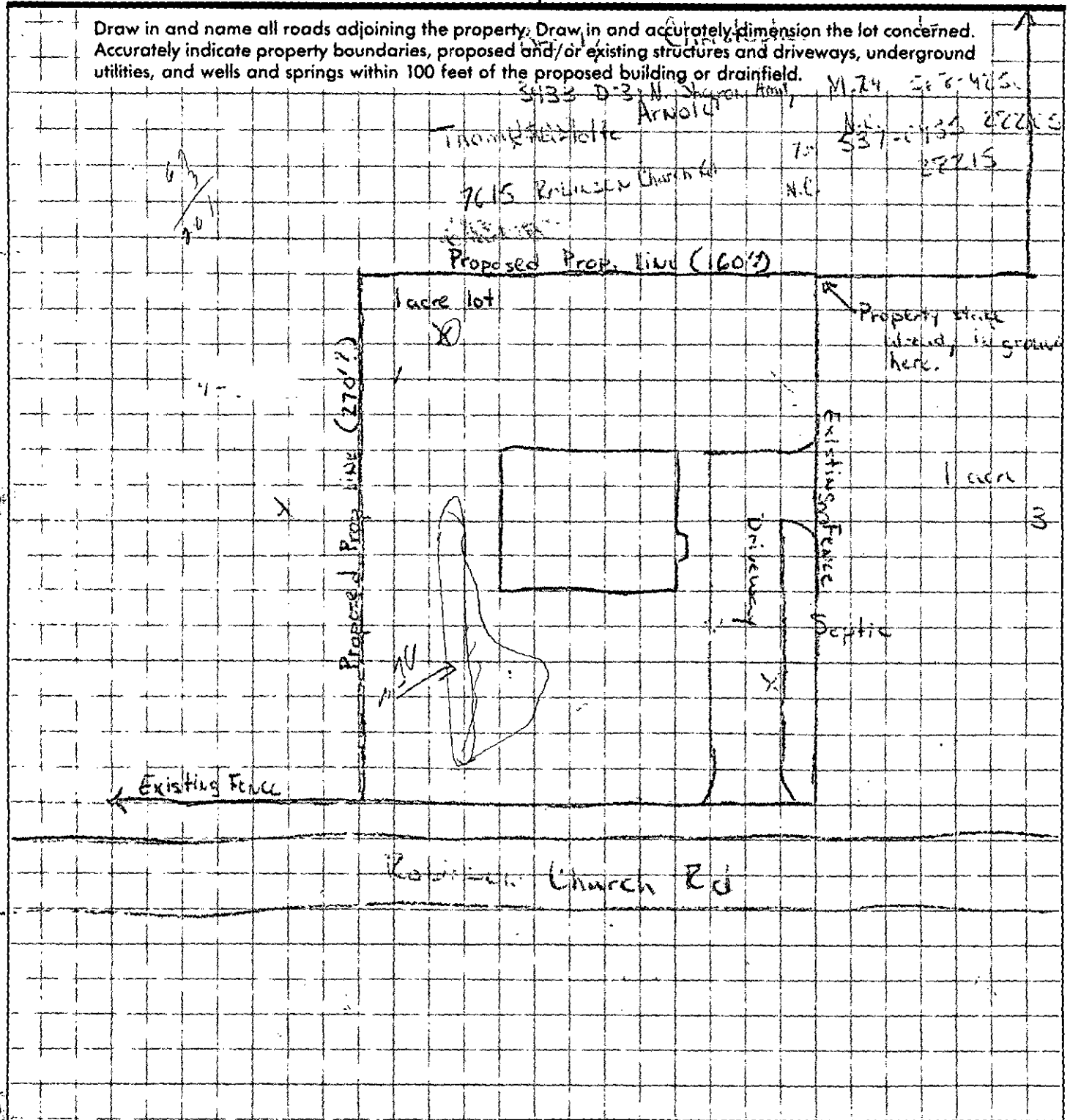
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PHONE (704) 336-5102

FILE: 8178A / 2861

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APPROVAL DATE _____

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

460 9178A

Dd 5000 CK#8H 4-10-92 CJ

file 286B.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ML

[] CRT

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NAME: Brady (last) Christopher (first) G. (mi)

ADDRESS: 3433 D-3 N. Sharon Amit PHONE: (704) 568-9250

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

Date: 4-8-92

PROPERTY OWNER:

NAME: Thompson (last) Arnold (first) M. (mi)

ADDRESS: 7615 Robinson Church Rd PHONE: (704) 537-0935

CITY: Charlotte STATE: N.C. ZIPCODE: 28215

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[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

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LOT NUMBER: LOT SIZE (in acres): 1 acre

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[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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...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

Pd 50.00 CASH
4-10-52
J.

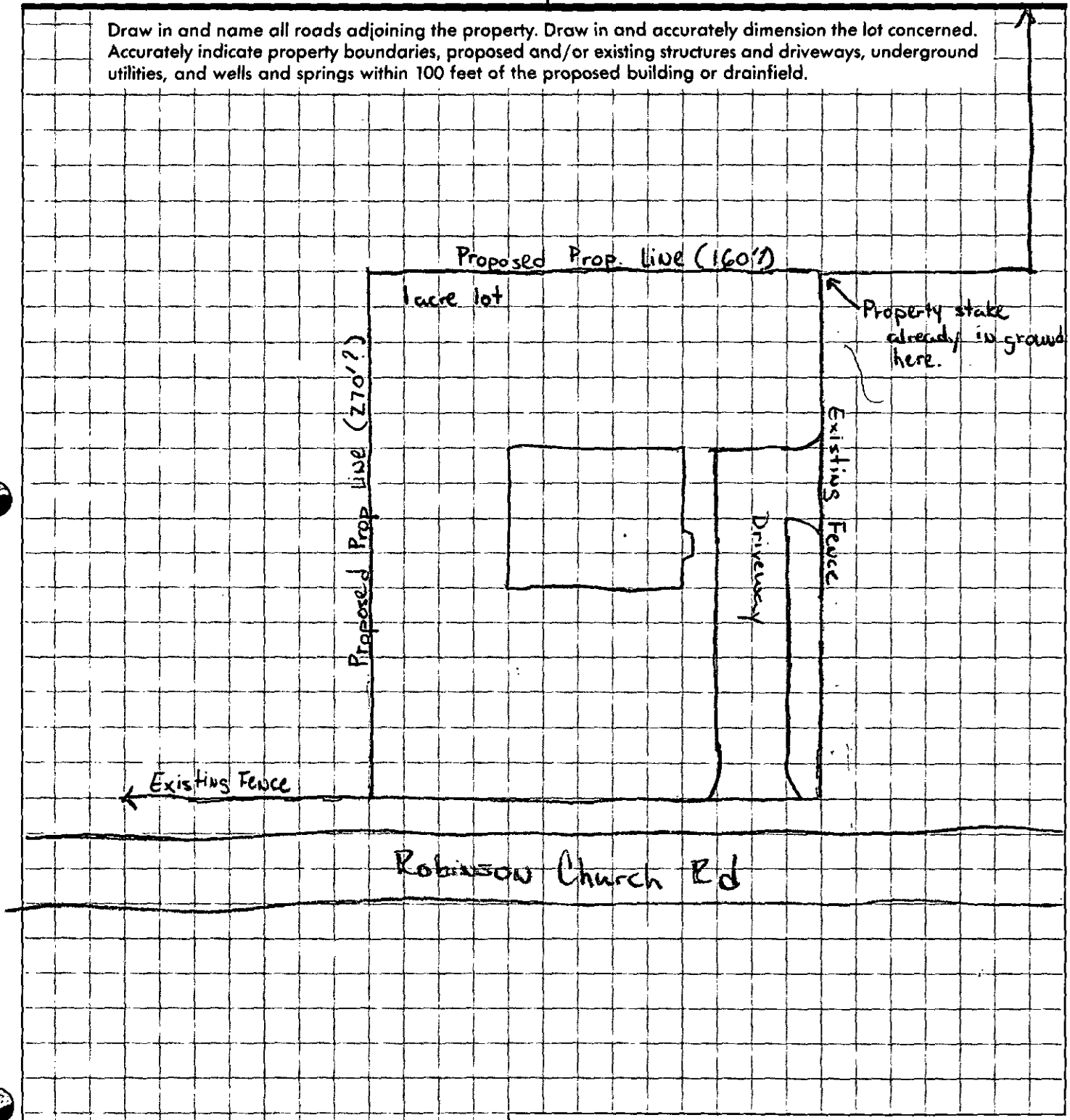
PROPOSED PLOT PLAN

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

FILE: 8178A / 286B

TC: Po 108-042-01

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

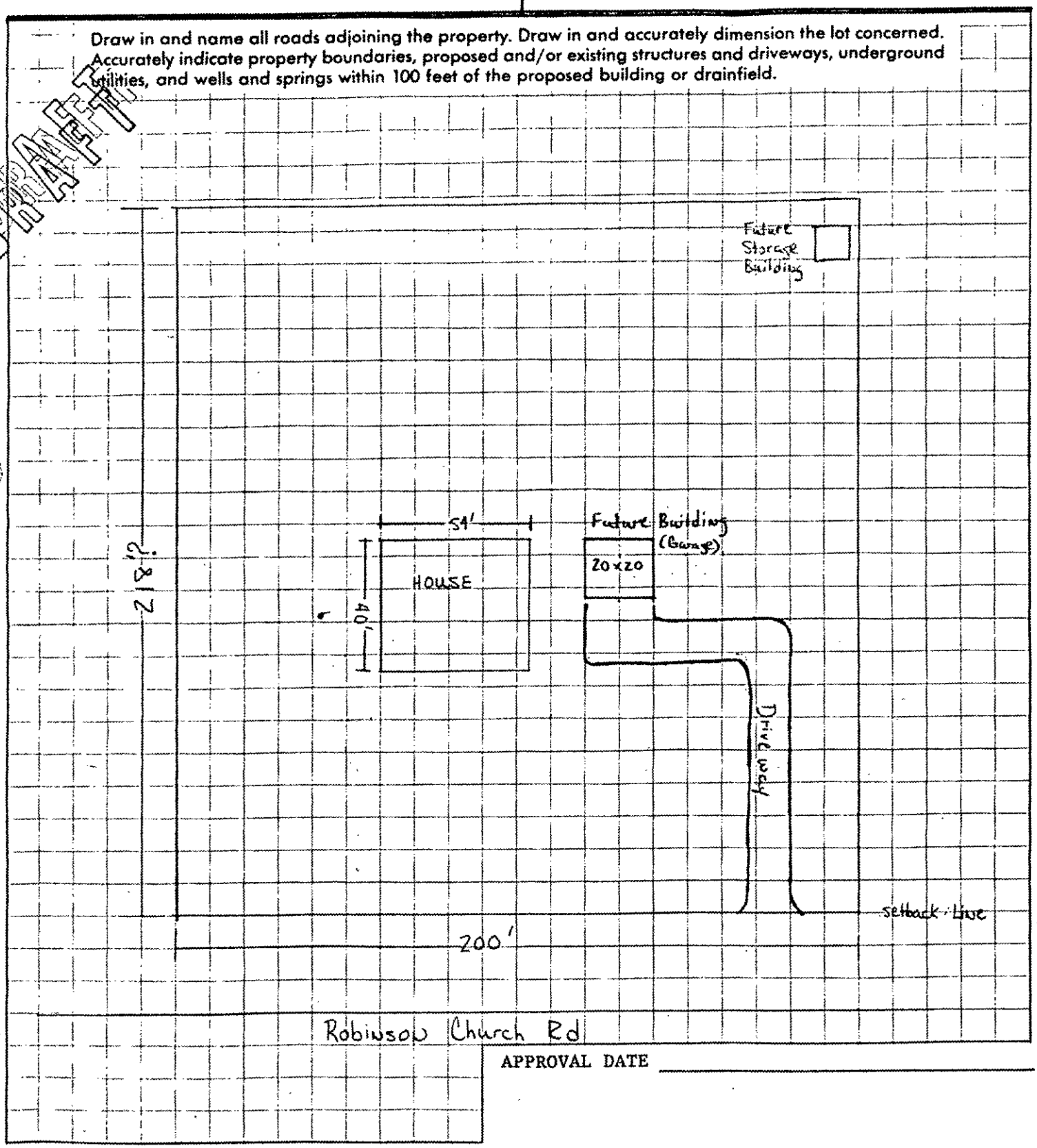
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APPROVAL DATE _____

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

LW

Walter released to computer — [redacted]

Sylvia

Bill [redacted] who please have him see me SD

house being constructed on 7901 Robinson Road

I asked Lorraine to check with Bldg. stds. dept. to see why the bldg. permit was issued, since I did not sign the I.P.

The reason I didn't sign off was that when I looked at the lot there was no house number assigned and I never heard anything after that.

The house is being built.

B. J

read ✓ Not on address

7/1/92

MECKLENBURG COUNTY HEALTH DEPARTMENT
DAILY DEPOSIT SUMMARY REPORT
7/1/92 THRU 6/30/93

FROM: _____

DATE: _____ Date Collected _____

Acct. #	Description	Cash	Check	Total
462-3511	Soil Evaluations			
462-3511	Sectic Tank-improve.,install,final app.			
462-3511	Home Addition/Modifications			
462-3511	Realty Closings (Well & Septic)			
462-3511	Well Water Analysis			
463-3511	Demolition permit			
463-3511	Garbage Hauler Permit			
464-3511	Pool Permits			