

14301 ALBEMARLE RD

11124215

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7113A DATE: 4-13-99

TC: 111-242-15 ☑ L ☒ CRT

SERIAL Nº 18008

Name of Owner JOHN K. MOORE Juris.: _____

Address of Property 14301-C ALBEMARLE RD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source —

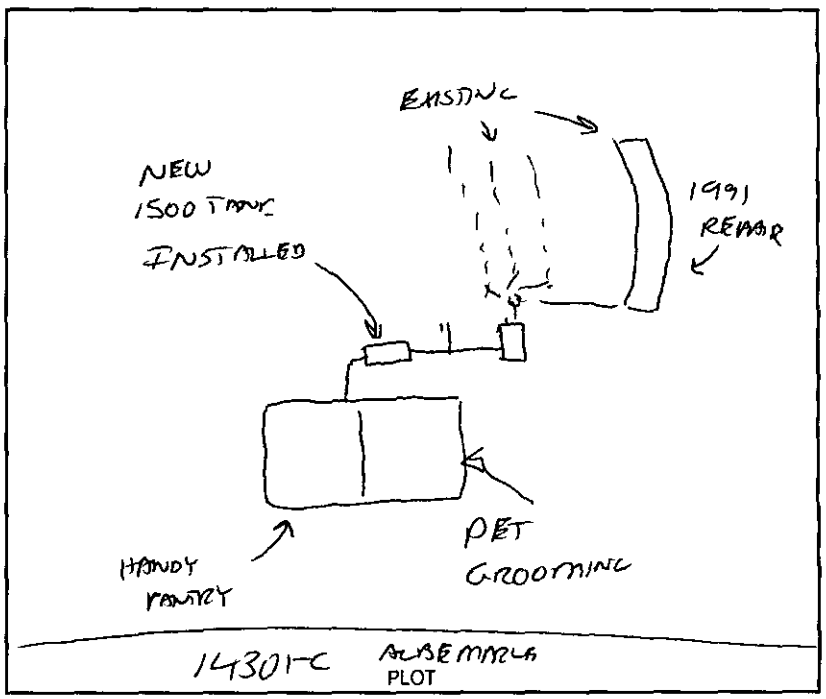
Distance to Water Source —

Excavation Inspected 4-13-99

Tank(s) Inspected 4-13-99

Wash Line Inspected —

High Water Alarm Inspected —



Design Ø ALTERATION FOR SEPTIC TANK, RISERS, & COMMERCIAL FILTER CTR# _____

The undersigned has inspected the Septic Tank System described above, and certifies it has been AFFORDABLE SEPTIC TANK

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II - PERMIT REQUIRED A NEW 1500gal SEPTIC TANK AA WITH A COMMERCIAL GRADE EFFLUENT FILTER WITH RISERS OVER NEW TANK AND EXISTING TANK.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

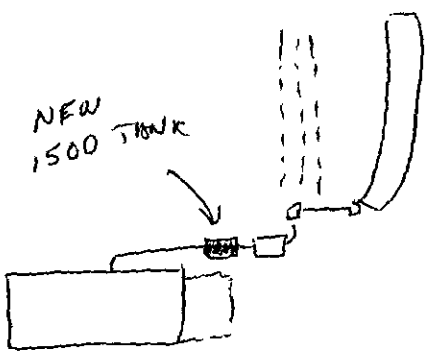
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7113A DATE: 4-6-99

TC: 11-242-15 ☒L

SERIAL Nº 18101

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 3-18-99. All work shall be completed on or before 6-6-99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



ALBEMARLE ROAD

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous _____

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER JOHN K. MOORE

LOCATION OF PROPERTY 14301-C ALBEMARLE ROAD

Comments: (1) NEW 1500 ST TO BE INSTALLED W/ COMMERCIAL GRADE EFFLUENT FILTER. RISERS TO BE INSTALLED OVER NEW AND EXISTING TANK

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 200.00 CK # 991

DATE: 3/18/99 gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 7113A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-242-15

STREET ADDRESS: 14301-C Albemarle Rd

LOT NUMBER:

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

Built 1997

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Dog Grooming
Square Footage of Facility:

NUMBER OF EMPLOYEES: 1 PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

___ TOLIETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: Tub for Bathing Dog

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

X SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

1000 gallon with filter

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) X SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: MOORE (LAST) JOHN (FIRST) K (MI)

ADDRESS: PO Box 35261

CITY: Charlotte STATE: NC ZIP: 28235

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: ~~Debbie Moore~~ ~~Kerry~~ (LAST) Andrews (FIRST) Debbie (MI) K

DAYTIME PHONE: 704 ~~333-1546~~ H-597-7086
Shop 545-2300

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Debbie Andrews DATE: 3-18-99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7113A DATE: 11/13/90

TC: 11242.15 ☒ L ☐ CRT

SERIAL № 13472

Name of Owner: Nite Rhodes Handy Pantry Juris.:

Address of Property: 14301 Albemarle Rd

Inspection Data:

Tank Material: \

Total Length of Drainfield: 200'

Number of Lines: 2 @ 100'

Cover Depth: 18"

Water Supply Source: S

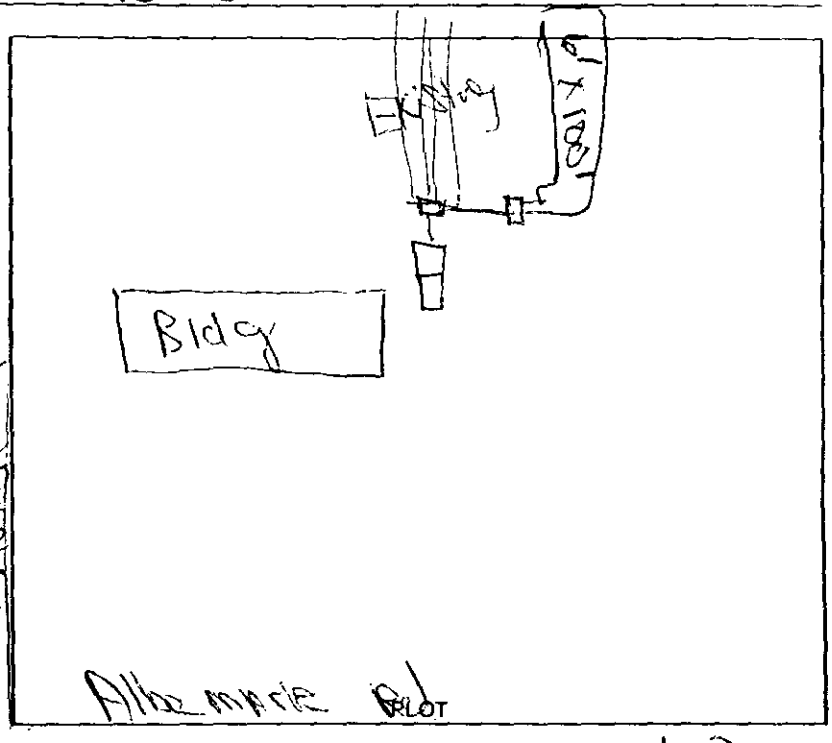
Distance to Water Source:

Excavation Inspected: 11/13/90

Tank(s) Inspected: 11/13/90

Wash Line Inspected:

High Water Alarm Inspected:



1990 Design: Repair CTR# 103

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: New Sanitary T" in front D-Box replaced & reconnected to existing lead. New D-Box with 6'x100' feed installed.

Environmentalist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7113A DATE: 11/13/90

TC: 11242.15 ☑ L ☐ CRT

SERIAL Nº 13472

Name of Owner Mike Rhodes / Handy Pantry Juris.:

Address of Property 14301 Albemarle Rd

Inspection Data:

Tank Material 1

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 18"

Water Supply Source 3

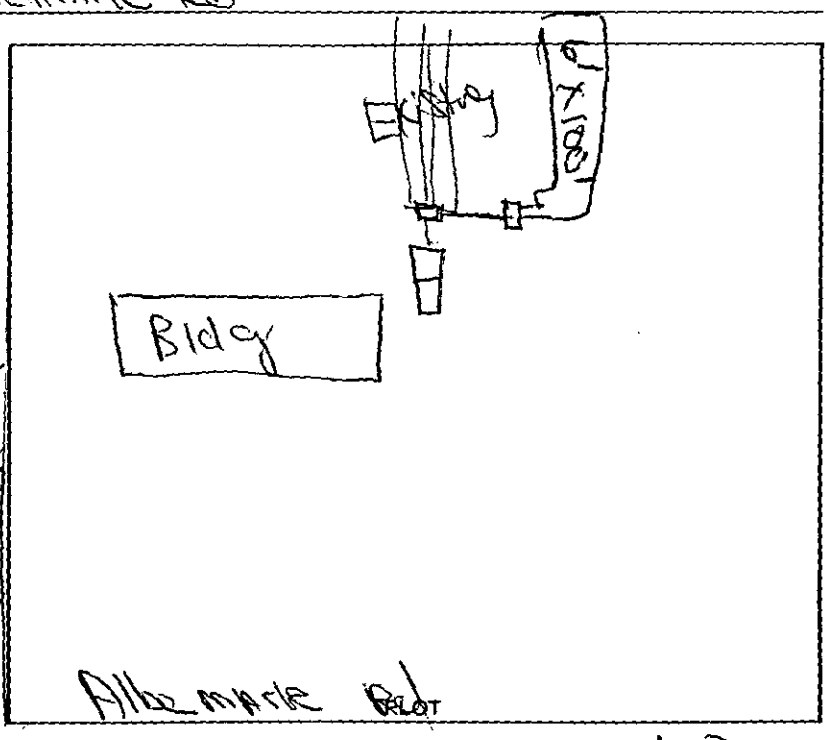
Distance to Water Source

Excavation Inspected 11/13/90

Tank(s) Inspected 11/13/90

Wash Line Inspected

High Water Alarm Inspected



1990 Design: Repair CTR# 103

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

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COMMENTS: New Sanitary "T" in tank D-Box replaced & reconnected to existing bed, New D-Box with 6'x100' Rock installed.

Judy J. Kwan R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

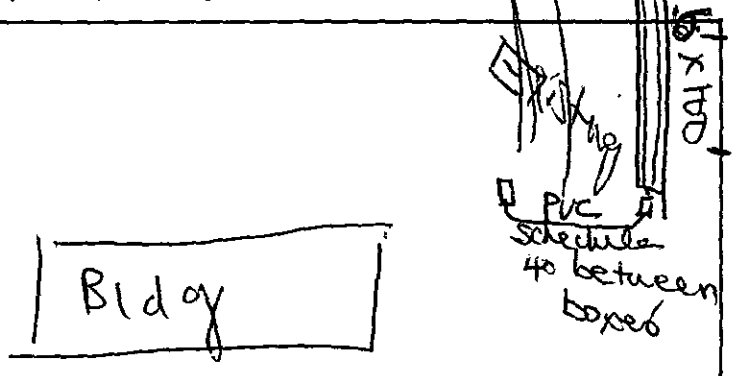
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7113A DATE: 11/8/90

TC: 111-242-15 L

SERIAL Nº 14843

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 10/29/90. All work shall be completed on or before 12/8/90, 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.



Bldg

Albemarle Rd

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 x 100 feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Rhodes, Mike / Handy Pantry Inc.

LOCATION OF PROPERTY 14301 Albemarle Rd

Comments: INSTALL one (1) 6' X 100' bed 17" Stone Set New D-Box ~~At~~ New bed, Re-Set D-Box ~~At~~ Old bed. Tie Boxes together by PVC 40* Pipe

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

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: 7113A
TC: _____
SERIAL: № 21285
☐ L ☐ CRT

JOB LOCATION

(V) ADDRESS: 14301 Albermarle Rd. (STREET NO. / STREET) (2) FILE: _____
(3) JURISDICTION: _____ (4) TAX PARCEL NO.: 111-242-15
(5) SUBDIVISION: _____ (6) LOT: _____ (7) BLOCK: _____

OWNER

(8) NAME: Mike Rhodes (FIRST / MIDDLE / LAST)
(9) MAILING ADDRESS: 901 N. Marietta St. [redacted]
(10) CITY: Gastonia (11) STATE: NC (12) ZIP: 28053
(13) PHONE: (WORK) (704) 867-7281 (14) (HOME) _____

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? _____
(25) Type? Convienent store
(23) Maximum occupancy? _____
(26) Maximum number of employees? 2
(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: Mike Rhodes, Acme Inc.
Date: 10/29/90

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

_____ / _____
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.