

15300 HOLBROOKS RD

01910108

9/5/08

marliwr

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: 21759 DATE: 6/20/96

TC: 019-191-08 ☐ CRT

SERIAL Nº 16746

Name of Owner Larry Griffin Juris.: _____

Address of Property 15300 Holbrook Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield NA

Number of Lines ____ @ ____

Cover Depth ____

Water Supply Source Well

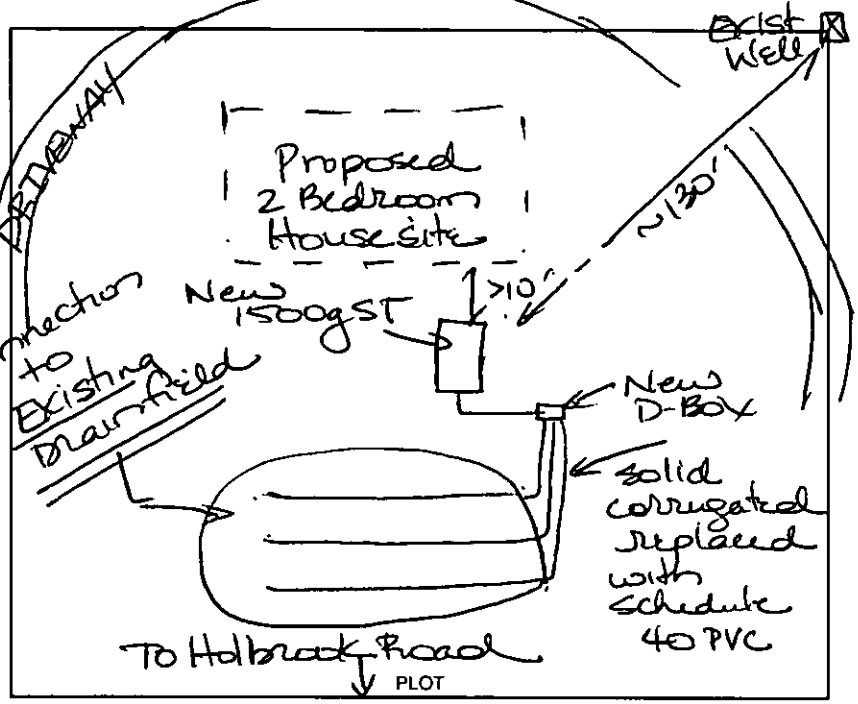
Distance to Water Source ~130'

Excavation Inspected ~130'

Tank(s) Inspected 6/20/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Repair-Maintenance, 1500g ST, D-Box CTR# _____

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

- ☐ installed or constructed
- ☑ altered or repaired
- ☑ in accordance with the permit issued
- ☐ as detailed in the plot above

and meets the provisions of 15A 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 15A 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: 1996: Old S.T. removed, replaced w/1500g ST.; From new D-Box new D-Box; solid corrugated piping replaced with sch 40 PVC + reconnected into 3 existing nitrification lines. Upon excavation, original nitrification line could not be found - 4th outlet in old D-Box had no drainfield connection per S.T. contractor. Advised property owner of limited site conditions septic system drainfield, etc.

Joe B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

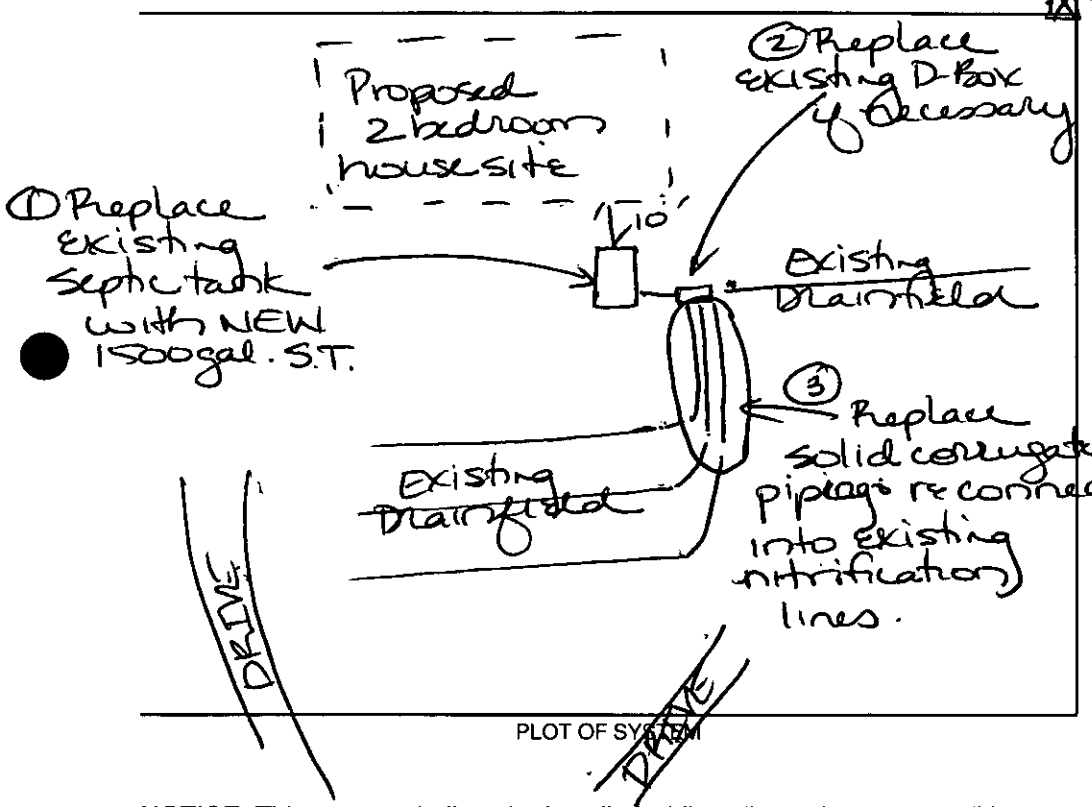
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21759 DATE: 6/19/96

TC: 019-191-08 [illegible]

SERIAL Nº 16853

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 6/19/96. All work shall be completed on or before 7/19/96, 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.



PLOT OF SYSTEM

☒ Exist. Well

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 5' min feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER Larry Griffin

LOCATION OF PROPERTY 15300 Holbrook Road

Comments: Repair approval + maintenance specifications issued under the directive of Sylvia Daniel, Program Chief of IWWS & at the request of the property owner.

Larry Griffin 6/19/96

Lisa B. Mialik, RS 6/19/96
Environmental Health Specialist

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

FEE: N/A
DATE: 6/19/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION 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 #: 21759

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-191-08

STREET ADDRESS: 15300 Holbrooks Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1000

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

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

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

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

PROPERTY OWNER:

NAME: Griffin LARRY A.
(LAST) (FIRST) (MI)

ADDRESS: 16133 Weatherly Way

CITY: Huntersville STATE: N.C. ZIP: 28078

DAYTIME PHONE: 704 875 - 3367

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Larry Griffin DATE: 6/19/96

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

NORTH MECKLENBURG LANDFILL

• 15300 Holbrooks Road • Huntersville, North Carolina 28078 •

LETTER OF TRANSMITTAL

DATE: 6/19/96

TO: Lisa Malik

FROM:

MESSAGE: Lacy Griffin

This facsimile transmission consists of 2 pages, including this cover page. If this transmission is incomplete, please notify us.

FAX 704/875-3358

15300 Holbrooks Road • Hunters[illegible] 28078 • 704/875-3367

DATE:

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ALTERATION 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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STREET ADDRESS: 15300 Holbrooks Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1000

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/P

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Griffin Lally A.
(LAST) (FIRST) (MI)

ADDRESS: 16133 Weatherly Way

CITY: Huntersville STATE: N.C ZIP: 28078

DAYTIME PHONE: (704) 875-3367

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Larry Griffin DATE: 6/19/96

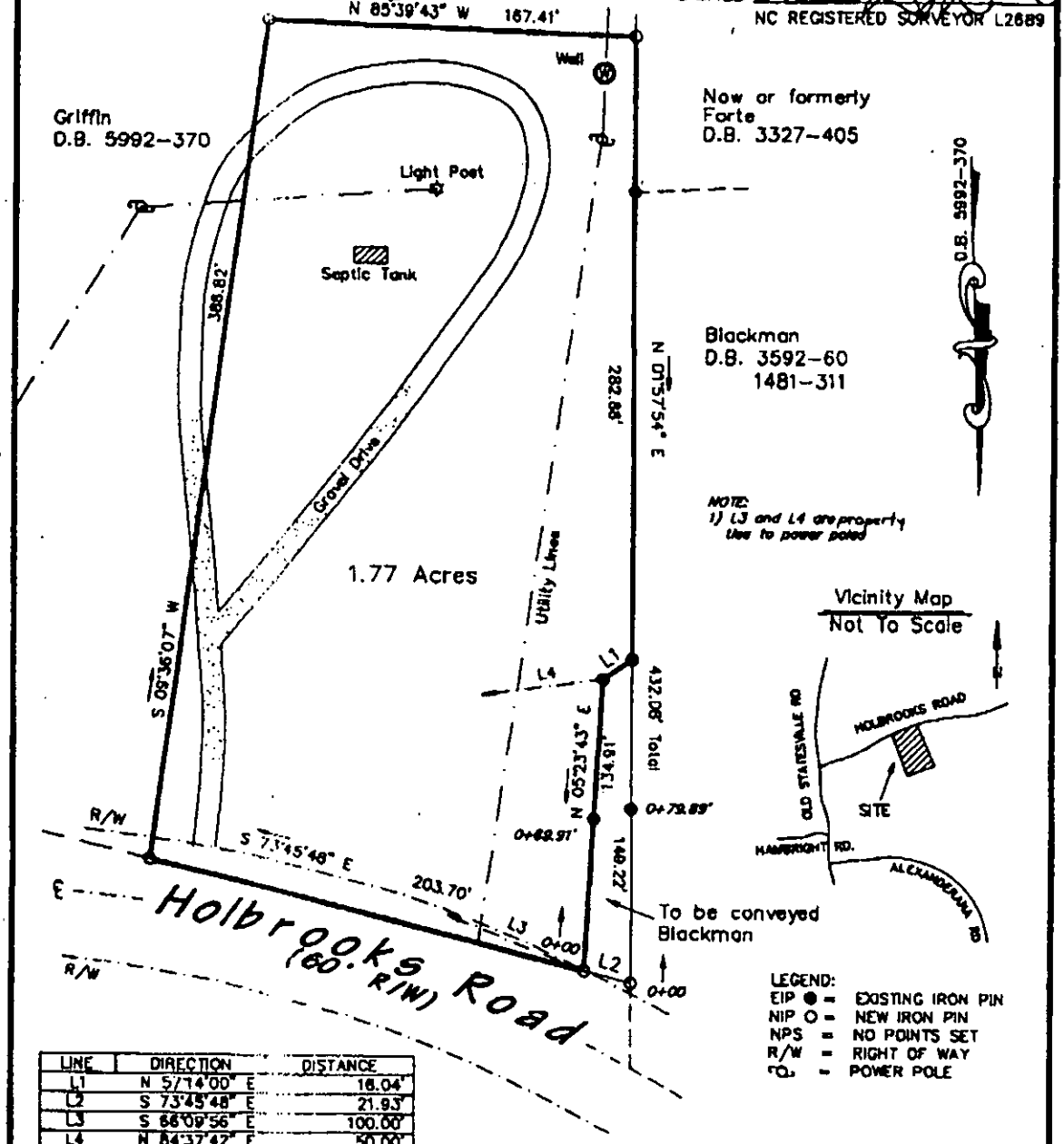
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

File 21759

THIS IS TO CERTIFY THAT ON THE 7th DAY June 1996. I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

RICHARD BOYD BROOKS
1200 JENKINS DRIVE
CHARLOTTE, N.C. 28212
(704) 568-1710

SIGNED _____
NC REGISTERED SURVEYOR L2689



LINE	DIRECTION	DISTANCE
L1	N 5°14'00" E	16.04'
L2	S 73°45'48" E	21.93'
L3	S 88°09'56" E	100.00'
L4	N 84°37'42" E	50.00'

BOUNDARY SURVEY

OF

1.77 ACRES

HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.

PROPERTY OF

GRIFFIN-PARKER ENTERPRISES

THIS PLAT DOES NOT COMFORM TO GS47-30; AREA BY O.M.D. METHOD OF AREA COMPUTATION; *SUBJECT TO UNDERGROUND UTILITIES

SCALE: 1" = 60'

60 0 30 60 120

DEED BOOK: 5992-370 | MAP BOOK:

JOB # 96088

SCALE: 1" = 60'

SPRATT & BROOKS

Land Surveying

P.O. BOX 25175
CHARLOTTE, NC 28229
(704) 568-1719
FAX (704) 568-0102

RICK BROOKS
N.C.# L-2689
S.C.# L-9466

FAX COVER PAGE

TO: Lewis Medlin
Med. Health Dept

FROM: RICK BROOKS
FAX #: (704) 568 0102

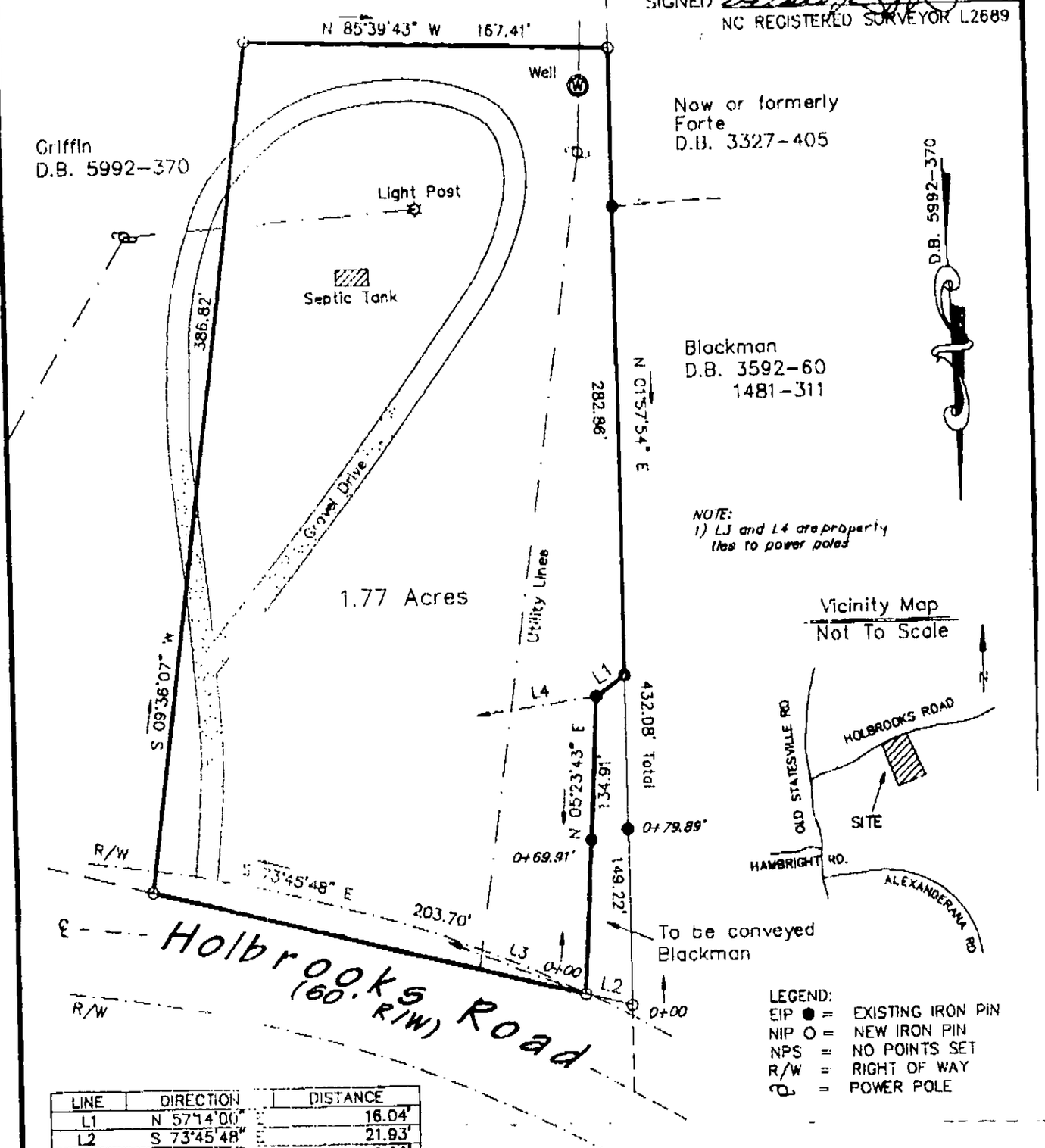
RE: Griffin - Parker Survey

TOTAL PAGES INCLUDING COVER PAGE 2

THIS IS TO CERTIFY THAT ON THE 17th DAY June 1996, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

RICHARD BOYD BROOKS
1200 JENKINS DRIVE
CHARLOTTE, N.C. 28212
(704) 568-1719

SIGNED _____
NC REGISTERED SURVEYOR L2689



LEGEND:
EIP ● = EXISTING IRON PIN
NIP O = NEW IRON PIN
NPS = NO POINTS SET
R/W = RIGHT OF WAY
℄ = POWER POLE

LINE	DIRECTION	DISTANCE
L1	N 57°14'00" E	16.04'
L2	S 73°45'48" E	21.93'
L3	S 66°09'56" E	100.00'
L4	N 84°37'42" E	50.00'

BOUNDARY SURVEY

OF

1.77 ACRES

HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.

PROPERTY OF

GRIFFIN-PARKER ENTERPRISES

THIS PLAT DOES NOT COMFORM TO GS47-30; AREA BY D.M.D. METHOD OF AREA COMPUTATION
*SUBJECT TO UNDERGROUND UTILITIES

SCALE: 1" = 60'

DEED BOOK: 5992-370 | MAP BOOK:

JOB # 96088

SCALE: 1" = 60'

5/16/96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

21759

[ ] 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: Moore (last) Miriam (first) J (mi)

ADDRESS: 4512 Stardust Dr PHONE: (704) 596-6019

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 019-191-08

STREET ADDRESS: 15300 Holbrooks Rd
Huntersville NC 28078

ZONING:

PROPERTY OWNER:

NAME: Griffin (last) Larry (first) A (mi)

ADDRESS: 16133 Weatherly Way PHONE: (704) 895-2526

CITY: Huntersville STATE: NC ZIPCODE: 28078

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) Replacing House
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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 [X] 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: Miriam J Moore Date: 5/16/96

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.

...6/19/96 Repair approval & maintenance specifications issued to Todd Wright-ST contractor & owners request. See file

6/20/96 OP issued. See file

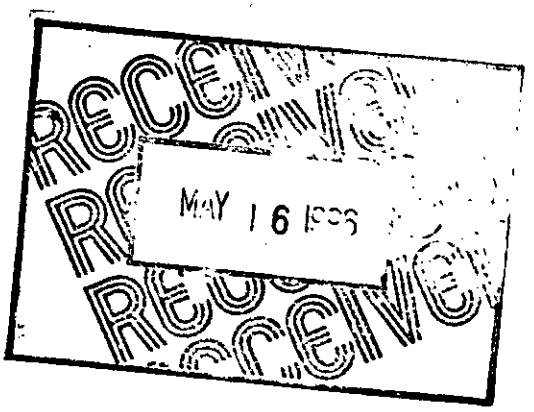
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Linda B. Mialik RS 6/20/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

6/20/96 WKS for a bedroom house. jsm


RECEIVED
MAY 16 1995
RECEIVED
RECEIVED

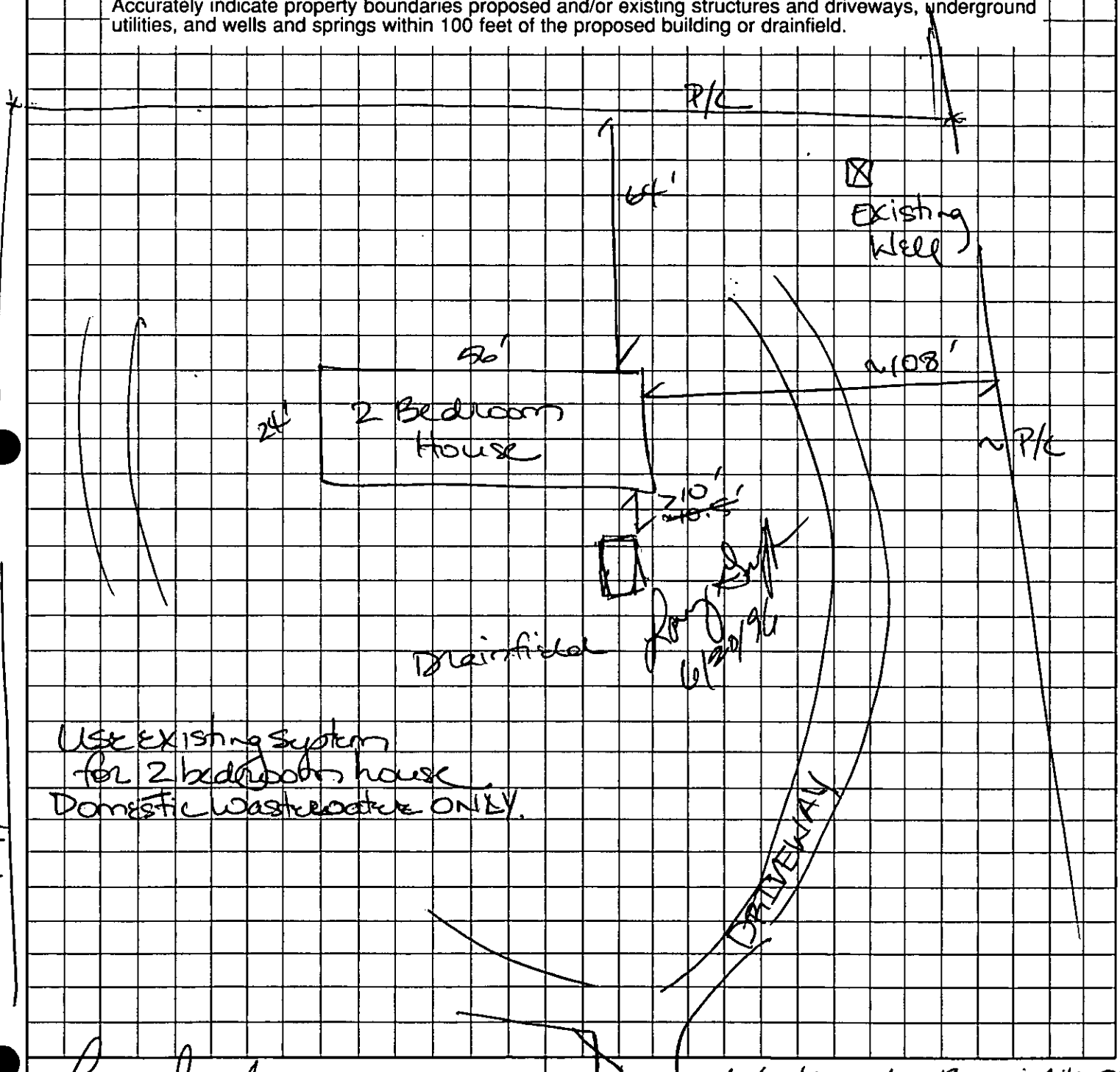
PROPOSED PLOT PLAN

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

FILE: 21759

TC: 019-191-08

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.



Use existing system for 2 bedroom house. Domestic wastewater ONLY.

OWNER/AGENT SIGNATURE

DATE 6/20/96

APPROVAL DATE 6/20/96 Jean B. Mialik, RS

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

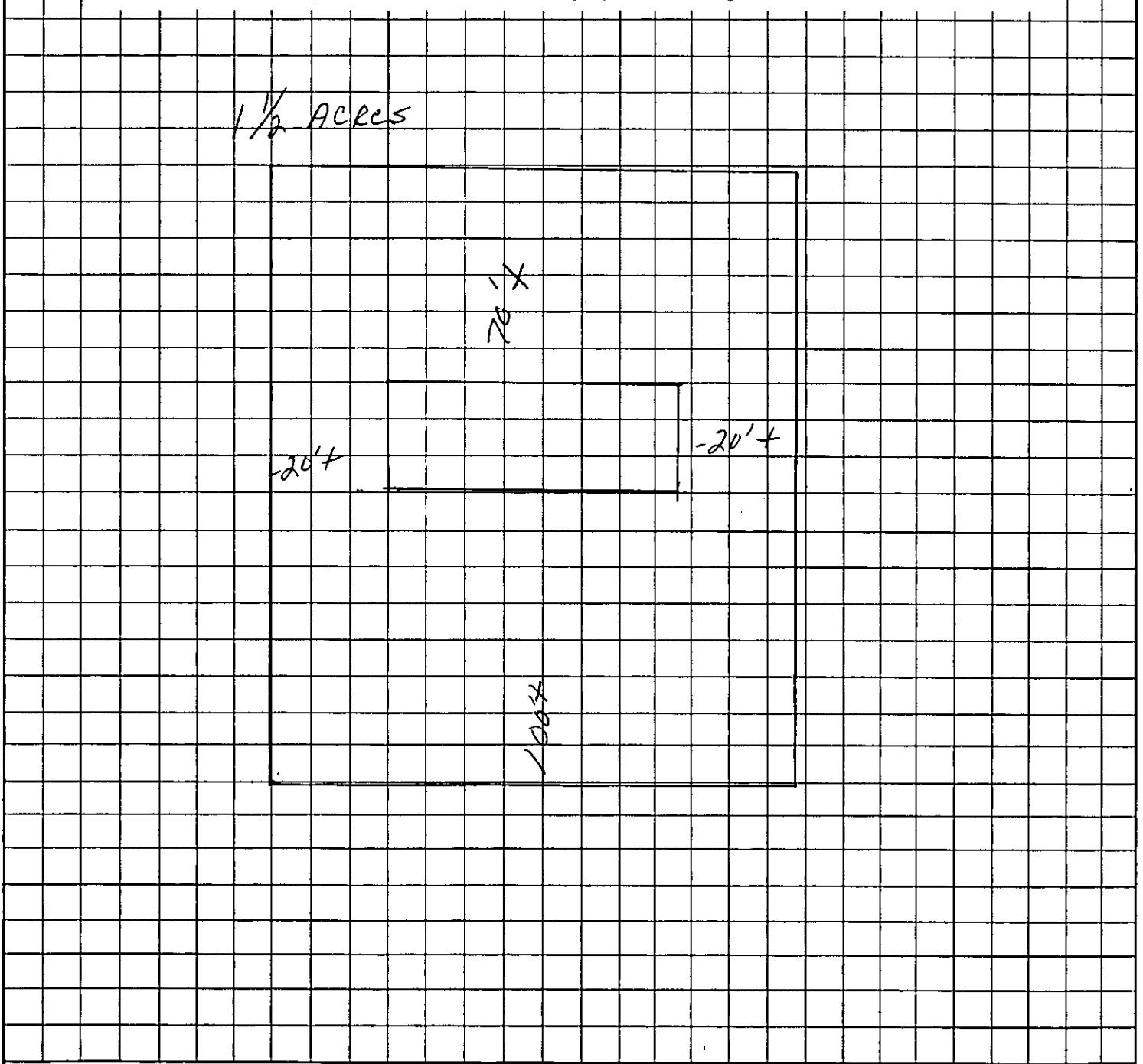
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21759

TC: 019-191-08

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy