

4132 MT HOLLY-HUNTERSVILLE RD

03304117

1/2/2008

duponbj

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

DX60

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3190B

$150.00 7/13/95 #0782 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: PUCKETT (last) ALVIN (first) R (mi)

ADDRESS: 4132 MT HOLLY-HUNTERSVILLE RD PHONE: (704) 392-2672

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 03304117

STREET ADDRESS: 4132 Mt Holly Huntersville Rd

CHARLOTTE, N.C. 28216

ZONING:

Township (check one):
- [X] 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] 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)
- [X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 20 x 20 Shed
- [ ] 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: 4 NUMBER OCCUPANTS: 6

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)
- [ ] Municipal (M)
- [X] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Alvin L. Avery Date: 7/12/95

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
- [X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Use existing System. Keep Storage shed (no plumbing in it) min 5' from any part of septic tank system

Susan Gatewood 7-17-95
Environmentalist Date

for Daniel Thorson Chief 7-18-95
Director or Authorized Section Head Date

WATER 2279

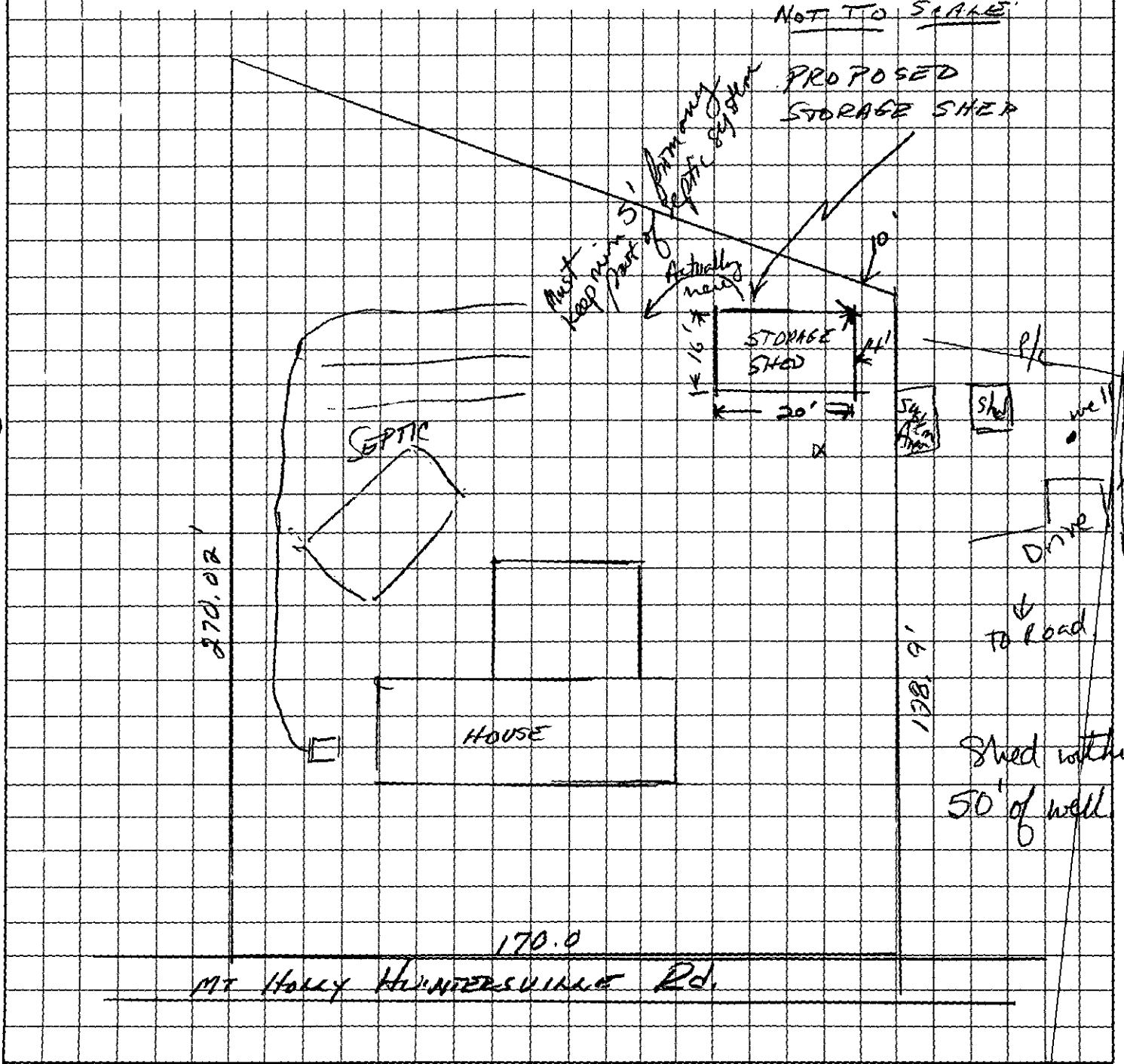
PROPOSED PLOT PLAN

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

FILE: 3190B

TC: 033-041-17

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.



Alfred L. Avery (FOR ALVIN PUCKETT)
OWNER/AGENT SIGNATURE

DATE 7/12/95

APPROVAL DATE SBO 7-17-95

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

3190B

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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Date:

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NAME: PUCKETT (last) ALVIN (first) R. (mi)
ADDRESS: 4132 MT. HOLLY-HUNTERSVILLE RD PHONE: (704) 392-2672
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY OWNER:
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ADDRESS: 4132 MT HOLLY-HUNTERSVILLE RD PHONE: (704) 392-2672
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-041-17
STREET ADDRESS: 4132 MT. HOLLY-HUNTERSVILLE RD
CHARLOTTE, N.C. 28216
ZONING:

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 (D)
☐ 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 N) 2 Bedrm 1 Bath for Farmer
☐ 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: 2 NUMBER OCCUPANTS: 6

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: A. R. Puckett Date: 10-5-94

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.

...upgrade house from 2 bdrm to 4 bdrm house; improvement permit issued. Alteration to system completed. S Bateman 10-26-94

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

Susan Bateman Environmentalist 11-11-94 Date

J. Newell Jr & Daniel Director or Authorized Section Head Date

WATER : 12279

COPY

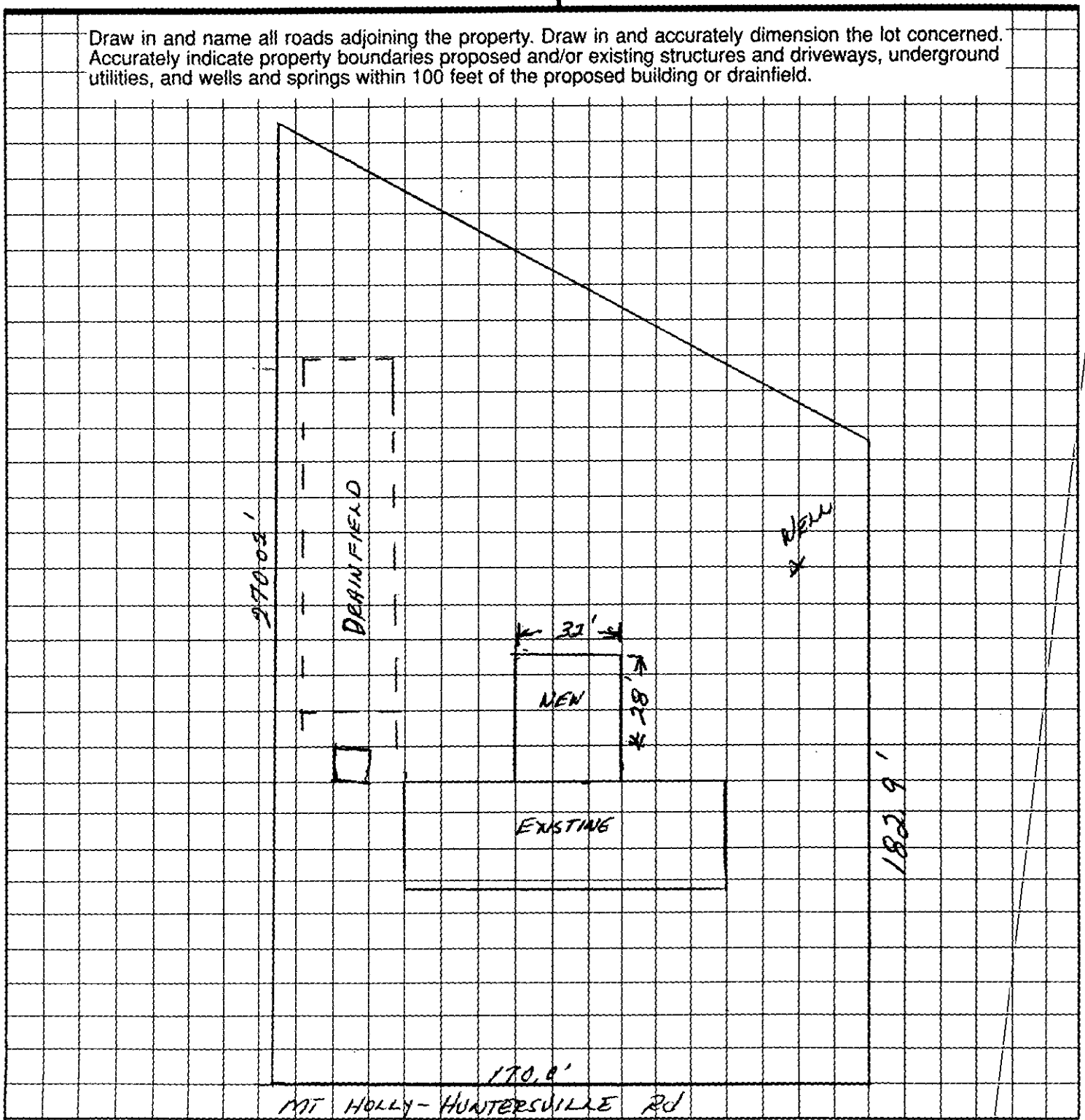
PROPOSED PLOT PLAN

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

FILE: 3190B

TC: 033-04I-17

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.



A.R. Crockett
OWNER/AGENT SIGNATURE

DATE 10-5-94

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D&K00

Post-it® Fax Note 7671	Date 10 14 93	# of pages ▶ 1
To Kimberly Irvin	From Kit Lyn Rudd	
Co./Dept.	Co.	
Phone #	Phone # 7043365575	
Fax #	Fax # 704 336 6894	

DOES NOT LOOK GOOD

FILE: 3190 B DATE: 11-14-94

TC: 033-041-17 ☐ L ☒ CRT

SERIAL Nº 16057

Name of Owner Alvin Puckett Juris.:

Address of Property 4132 Mt Holly-Huntersville Rd.

Inspection Data:

Tank Material Existing - PCC

Total Length of Drainfield 180' plus 100' washer

Number of Lines 3 @ 60' 2 at 50' added

Cover Depth 12"-24"

Water Supply Source well

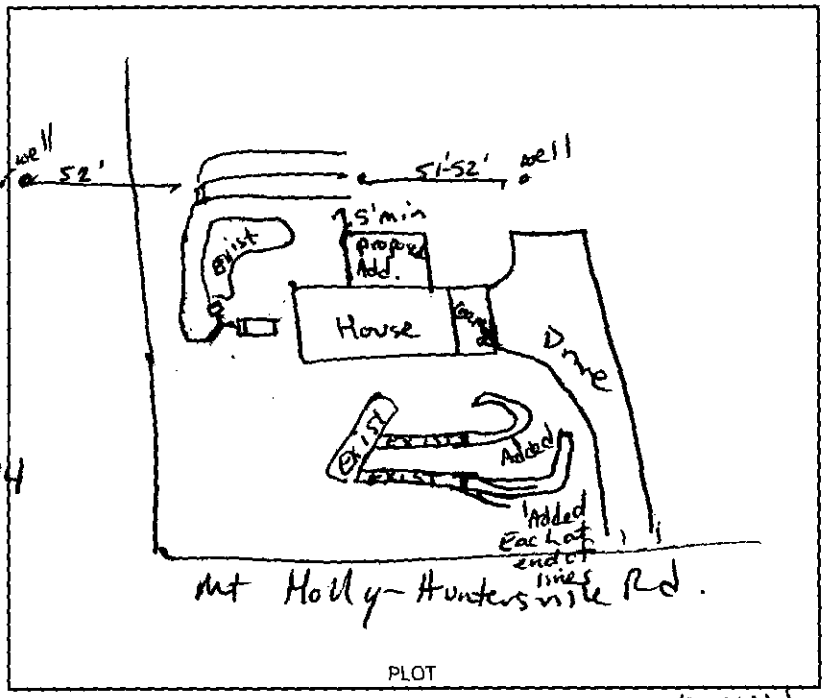
Distance to Water Source 51-52'

Excavation Inspected 11-9-94 & 11-11-94

Tank(s) Inspected —

Wash Line Inspected 11-11-94

High Water Alarm Inspected —



PLOT

Design 1994, conv. alteration, existing septic tank, 12" stone in 3 lines at 3'x60' each CTR# 172
12"-24" stone in washer drainfield extension

Mike Kidd

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 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: Upgraded system from a 2 bedroom house system to a 4 (four) bedroom house system

Type II Alteration. Keep proposed bldg. foundation min 5' from any part of septic tank system.

Newell Lyon & Daniel

Susan Patterson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

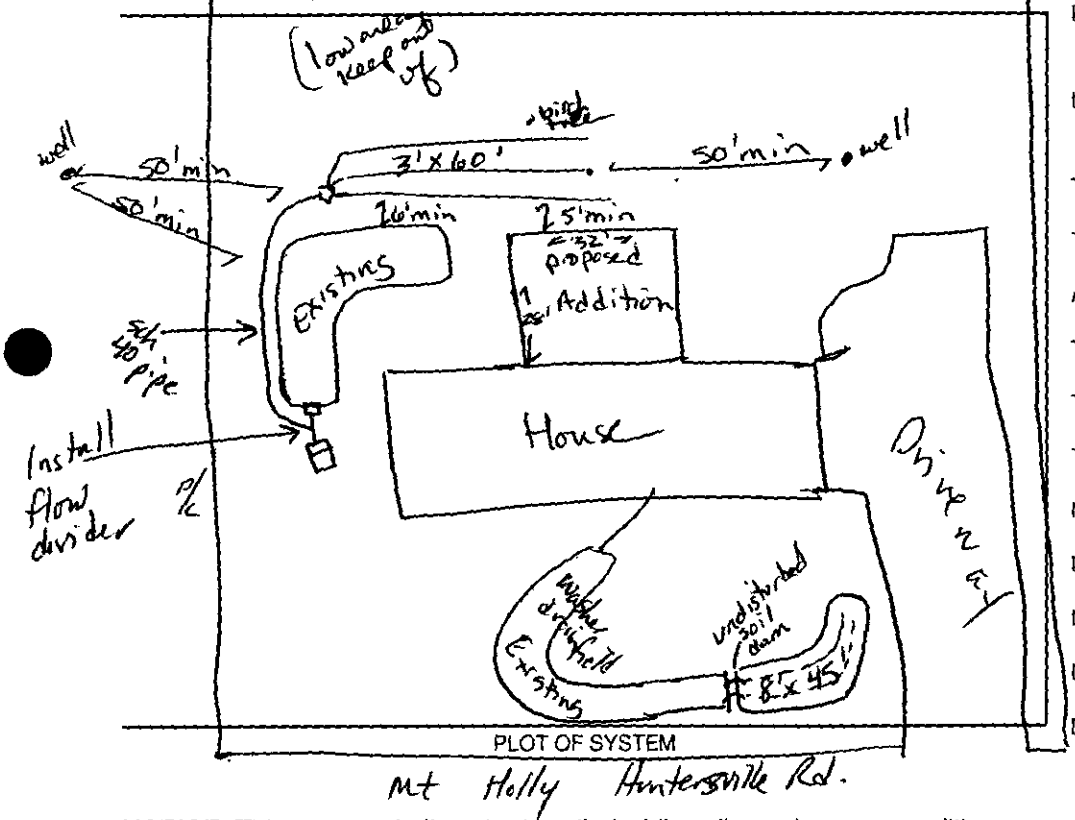
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3190 B DATE: 10-26-94

TC: 033-041-17 ☐ L

SERIAL Nº 16093

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 10-5-94. All work shall be completed on or before 11-26-94, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 24"-36" trench bottom depth

Absorption and/or Nitrification Lines:

Trench Width 3'; 8' feet

Trench Walls Scored and Porous Rake walls if slick

Total Line Length 180'; 90' feet

Number of Lines 3 at 60'; 2 at 45'

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

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

NAME OF OWNER Alvin Puckett

LOCATION OF PROPERTY ~~#~~ 4132 Mt Holly-Huntersville Rd.

Comments: Upgrade from 2 bdrm to 4 bdrm house. Keep min 5' from any proposed bldg. foundation.

S Newell for S Daniel

Susan Bateman
Environmental Health Specialist

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

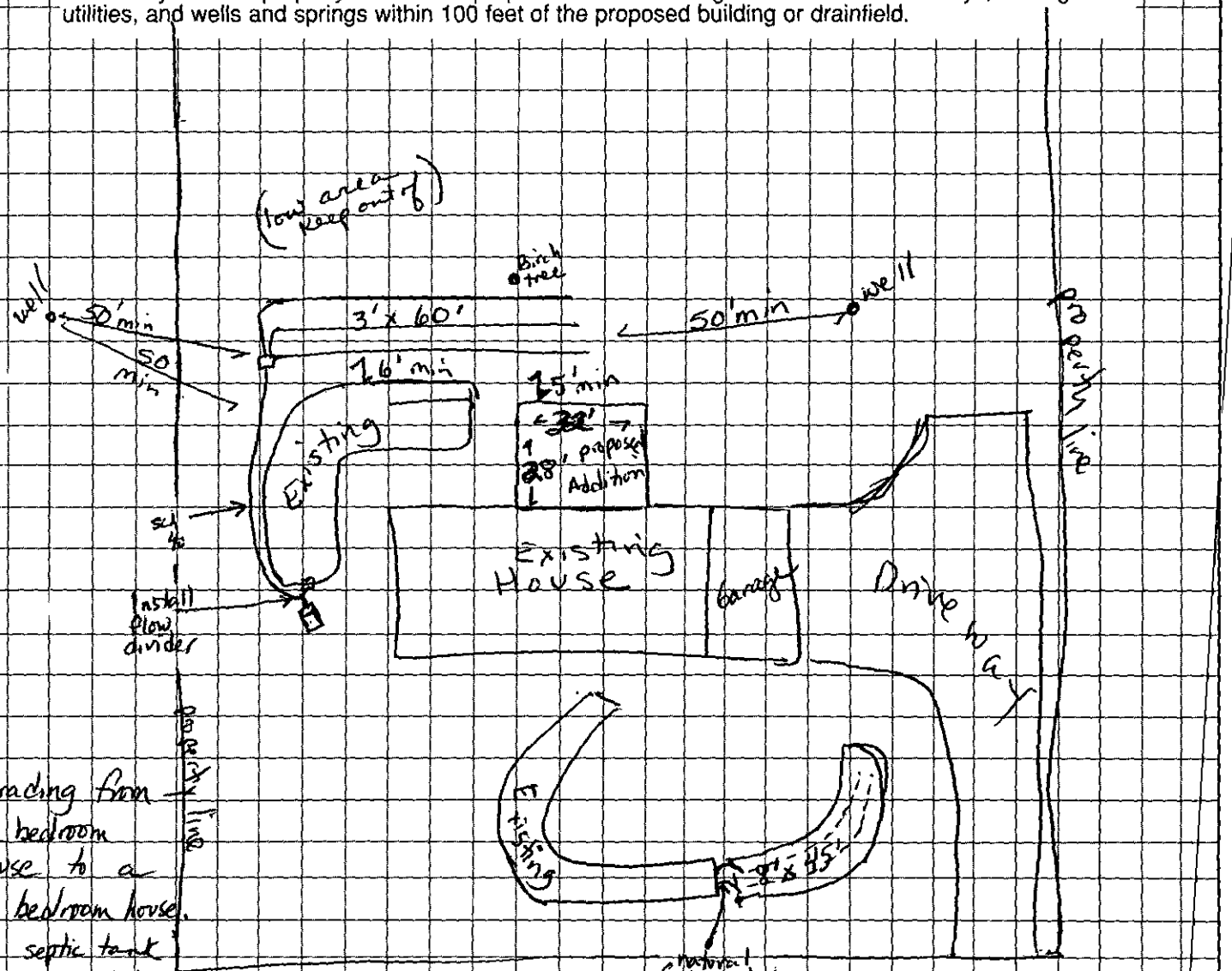
PROPOSED PLOT PLAN

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

FILE: 3190 B

TC: 033-041-17

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.



Upgrading from a 2 bedroom house to a 4 bedroom house. To septic tank system add a flow divider as shown and use solid sch 40 to new dist. box which feeds 3 lines at 3'x60'x12" stone each. Keep min 5' from any proposed bldg foundation. Add 8'x45'x12" stone to end of existing washer drainfield. Feed new field by overflowing over undisturbed soil dam.

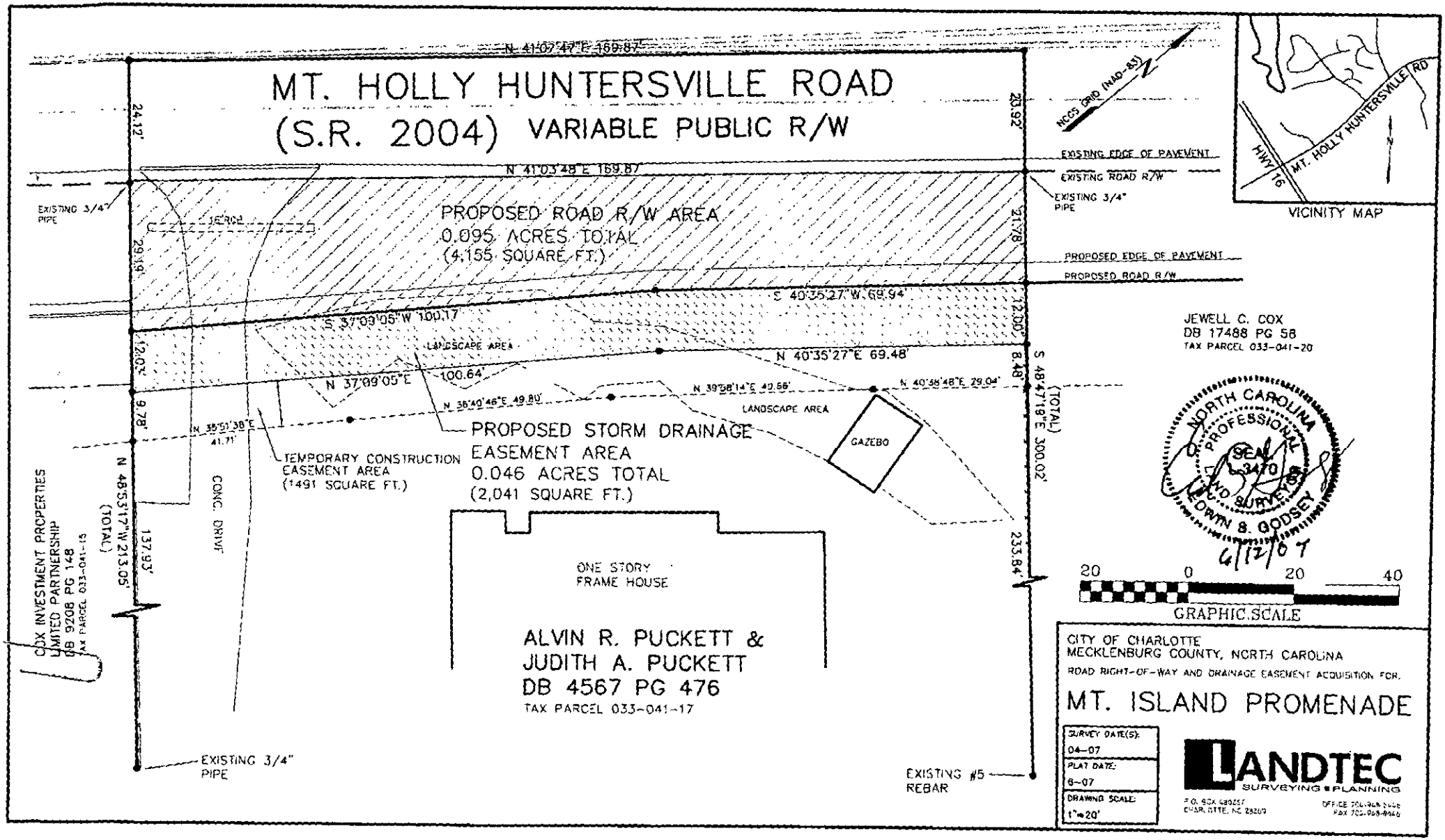
Alvin L. Avery

OWNER/AGENT SIGNATURE

DATE 10/26/94

APPROVAL DATE SB 10-25-94

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



OCT-19-2007 14:03 From:WITHROW CAPITOL INC 704 344 2305 To:7UH 336 6894 P.2/2

WITHROW CAPITAL, INC.

FACSIMILE TRANSMITTAL SHEET

TO	FROM:
Kelly Randall	Kimberly W. Young
COMPANY:	DATE:
Mecklenburg County	October 19, 2007
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
704-336-6894	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
704-336-5575	
RE:	YOUR REFERENCE NUMBER:
Puckett Property	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Kelly,

Thank you for talking with me and for your willingness to go by this property and take a look at the drain line situation. Following is a copy of the survey which shows you each of the R/W, Storm Drainage Easement and Temporary Construction Easement areas, with dimensions. I hope you will find this helpful.

I look forward to hearing from you on Monday.

1341 E. MOREHEAD STREET
CHARLOTTE, NORTH CAROLINA 28209
(704) 344-1868
(704) 344-2305

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3190B — Construction — PR $25 6/9/94 [ ] 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

Date:

PERSON FILING APPLICATION:
NAME: PUCKETT (last) ALVIN (first) R. (mi)
ADDRESS: 4132 MT HOLLY-HUNTERSVILLE PHONE: (704) 392-2672
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-041-17
STREET ADDRESS: 4132 MT-HOLLY/HUNTERSVILLE RD
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[X] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 17 LOT SIZE (in acres): 1 ACRE

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)
[X] 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)
2 Bdrm - Garage

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
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NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 6
SYSTEM CLASSIFICATION: SEPTIC TANK

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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
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Signed: A.R. Puckett Date: 6-9-94

NOTICE:

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[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12/7/91

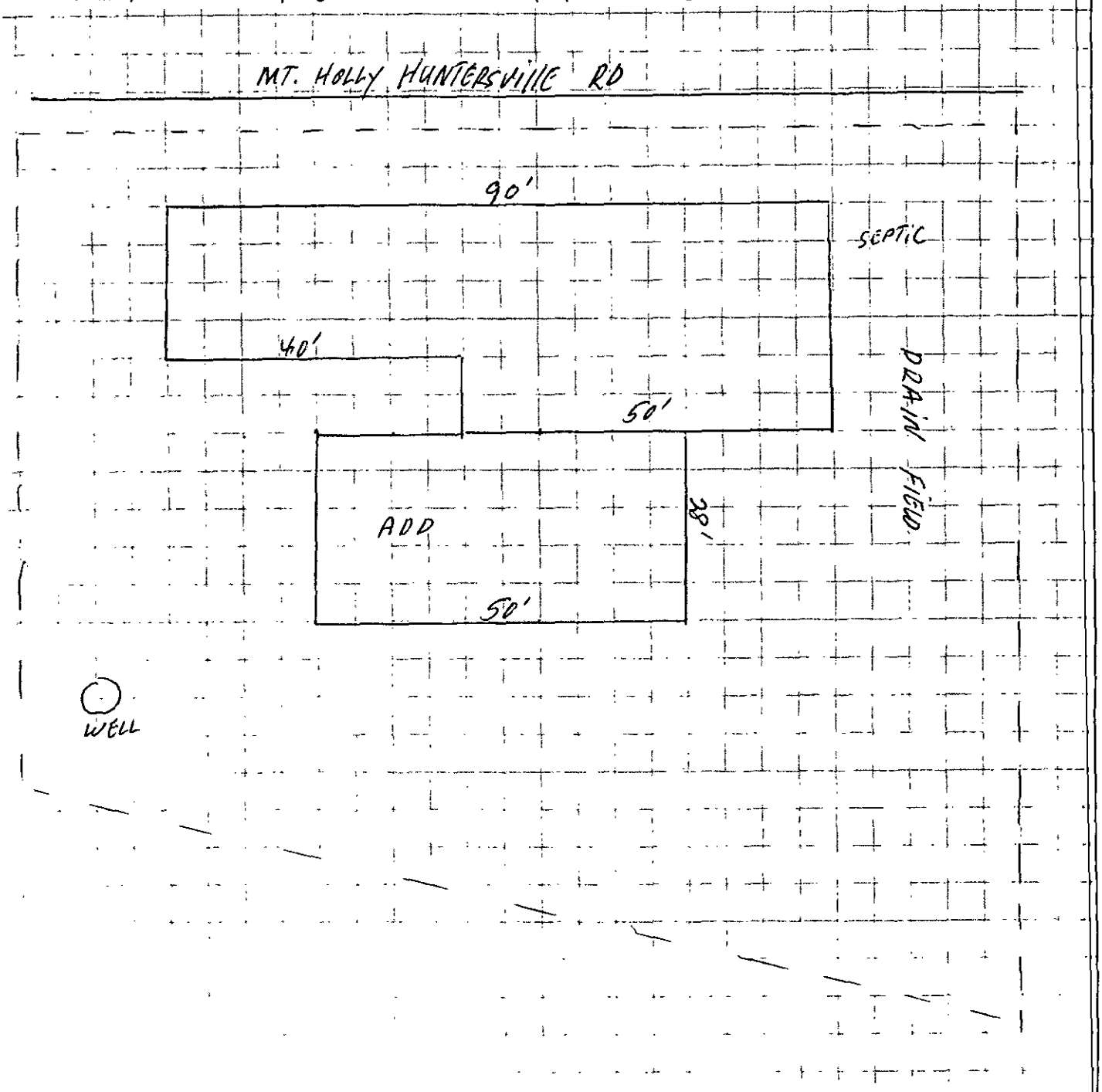
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3190B

TC: 083-041-17

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APPROVAL DATE _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6-9-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 033-041-17

ASSIGNED ADDRESS 4132 Mt Holly Huntersvill 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: addition

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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100