


11104 STEELE CREEK RD

1/8/2008

duponbj

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

FEE: [illegible] RECEIPT #: [illegible]

DATE: [illegible]

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

TYPE APPLICATION: NEW SYSTEM EXPANSION/ALTERATION OF EXISTING SYSTEM REPAIR OF EXISTING SYSTEM

FILE #: 5538

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

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-18-114

STREET ADDRESS: 11020 STEELE CREEK RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 136.7

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

CLOSING DATE:

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

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:

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 | WELL, SPRINGS OR WATERLINES | YES NO |
| EXISTING WASTEWATER SYSTEMS | ✓ YES NO | DESIGNATED WETLANDS | YES NO |
| EASEMENTS OR RIGHT-OF-WAYS | YES NO | | |

PROPERTY OWNER:

NAME: (LAST) PATTEN VENTURES, INC (FIRST) (MI)

ADDRESS: 7416 Valleybrook Rd

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: 704 364 1872

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PATTEN, FLOYD E (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 364-1872

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

... is subject to suspension or revocation if site plans or the intended use change or if information submitted in ... or legal agent for the owner, of the property described above as the ... agents of the ... this application is falsified or changed. The undersigned, owner, or ... that the contents of same are true, and authorize ... "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes ... Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

DATE: 3/12/04

SIGNED: Floyd E Patten

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

MAR-11-04 12:36 PM David

FEE: [illegible] DATE: [illegible]

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

[illegible] LOT

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 #: 5538B

PROPERTY INFORMATION FROM ENGINEERING FORM TO FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-18-114

STREET ADDRESS: 11030 STEELE CREEK RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1967

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:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE

FOUNDATION FOR RESIDENCE:

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

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- ___ COMMUNITY (C)
- ___ SHARED WELL (S)
- ___ MUNICIPAL (M)
- ___ OTHER 'SPRINGS' (O)
- ___ PRIVATE WELL (P)

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

PROPERTY OWNER:

NAME: (LAST) PATTEN (FIRST) VENTURES, INC (MI)

ADDRESS: 7416 Valleybrook Rd

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: 704 364 1872

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PATTEN (LAST) FLOYD (FIRST) E (MI)

DAYTIME PHONE: 704 364-1872

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

[illegible] 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 [illegible] 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.

DATE: 3/12/04

SIGNED: Floyd E Patten

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

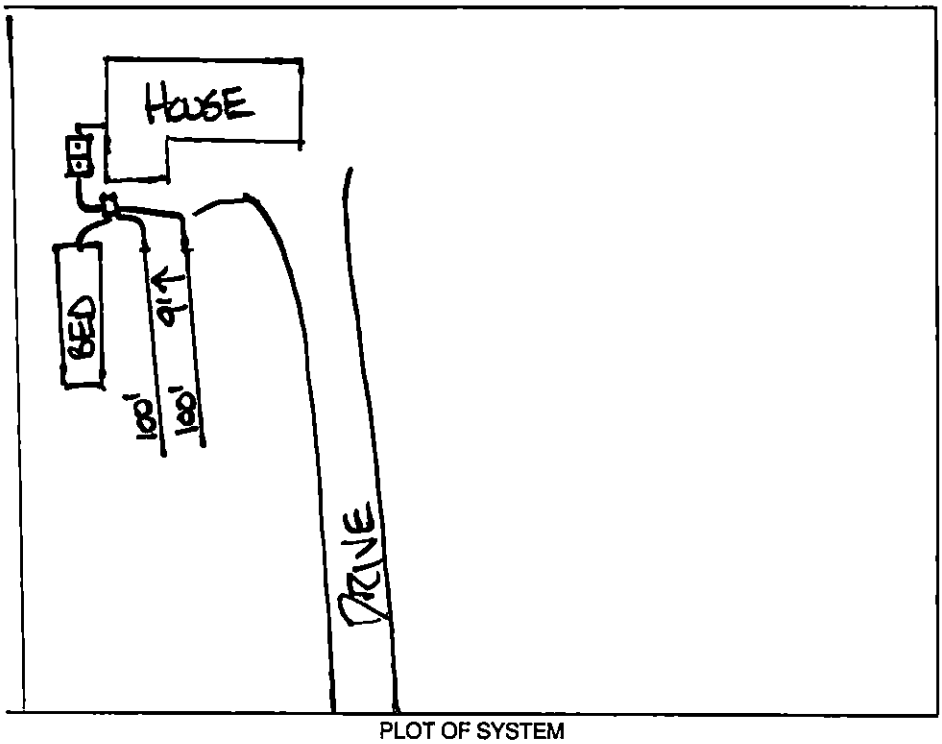
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 3/11/04

TC: 109-18-114 ☐ L

SERIAL 19683

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 3/11/04. All work shall be completed on or before 3/11/04, 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

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction EXISTING

Trench Depth 48"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Y

Total Line Length 200 feet

Number of Lines 2 @ 100'

Depth of Stone 12 inches

Distance from House 75 feet

Distance from Property Line >10 feet

Distance from Well 750 feet

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

NAME OF OWNER PATTEN VENTURES

LOCATION OF PROPERTY 11104 STEELE CREEK RD. (OR 11030 ST. CRK. RD.)

Comments: REPAIR TO EXISTING SYSTEM. 600 SF; 2 LINES @ 100' 12" STONE, INSTALL LINES LEVEL & ON CONTOUR. NEW D-BOX TO DISTRIBUTE TO OLD DRAINFIELD & THEN TO 2 NEW DRAIN LINES

Environmental Health Specialist

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: _____ DATE: 3/11/04

TC: 199-18-114 ☐ L ☐ CRT

SERIAL 19508

Name of Owner PATTEN VENTURES Juris.: _____

Address of Property 11104 STEELE CREEK RD (OR 11030)

**Inspection Data:**

Tank Material EXISTING

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 30"-36"

Water Supply Source WELL

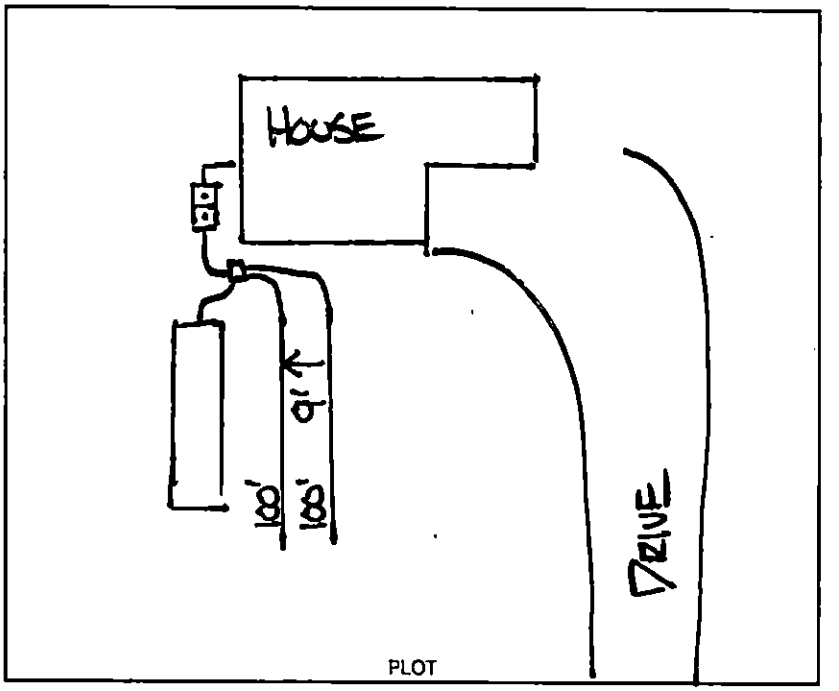
Distance to Water Source 750'

Excavation Inspected 3/11/04

Tank(s) Inspected 3/11/04

Wash Line Inspected N/A

High Water Alarm Inspected N/A




Design REPAIR, 2004, CON., 600SF, T, 126, CTR# AUTRY

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 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: REPAIR TO EXISTING SYSTEM. 600SF, 2 LINES @ 100'
12" STONE, NEW D-BOX

_____, R.S.
Environmental Health Specialist

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