

8916 LONGVIEW DR

6/11/2007

duponbj

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

LOCATION 8916 Longview Road OWNER Liberty Const. Co. WHITE _____ COLORED 6117A

ADDRESS 8916 Longview Road OCCUPANT *Ri WHITE _____ COLORED _____

20

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source well, Community

If well, type

_____ (Bored)

_____ (Drilled)

_____ (Dug)

Distance from nearest

pollution _____ ft.

SEPTIC TANK:

Material precast

Dimensions _____

Volume 100[illegible] gal.

Type secondary treatment 750 cu' stone nitrification line _____ filter trench

No. of bedrooms 3

Permit Number 10931

Approved 5505-D

Approved by De Laney

Contractor or Plumber Travis)Orr

Address _____

Remarks PR-55

FHA CASE NUMBER _____

VA CASE NUMBER _____

4-24-69

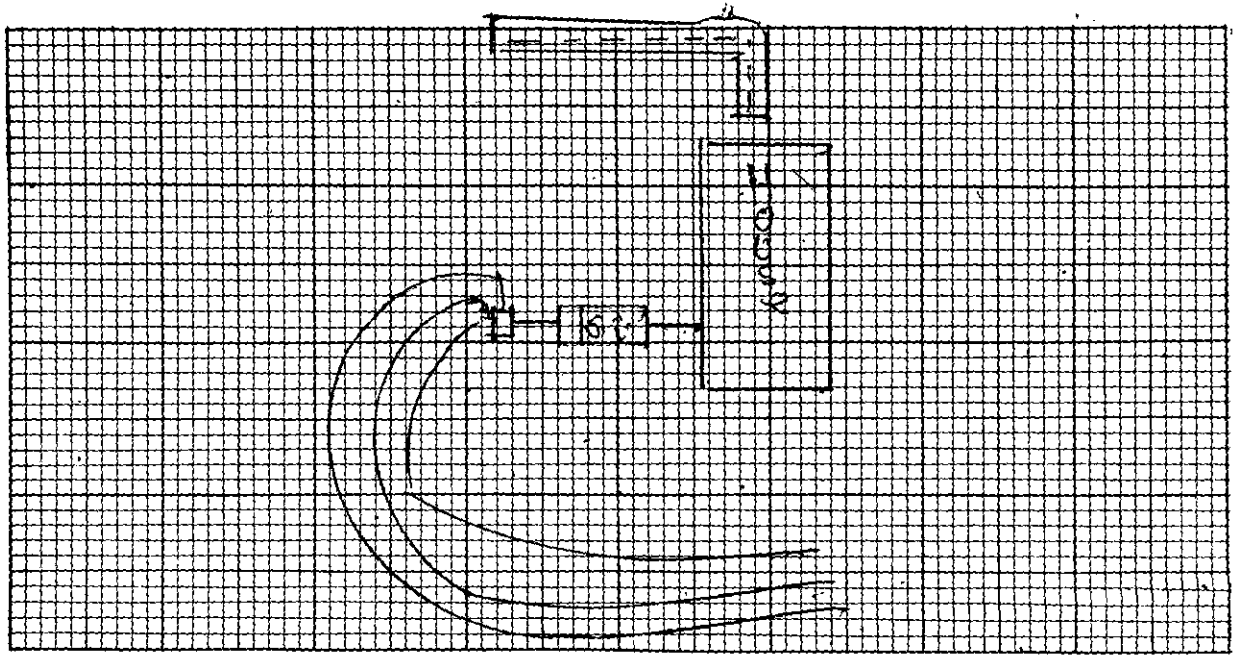
Date ~~4-24-69~~

Date 4-24-69

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6117A DATE: 1/16/90

TC: ☑ L ☐ CRT

SERIAL № 12281

Name of Owner Cudd, James A Juris.:

Address of Property 8916 Longview Dr

Inspection Data:

Tank Material

Total Length of Drainfield 100'

Number of Lines 1 @ 100'

Cover Depth 24"

Water Supply Source City

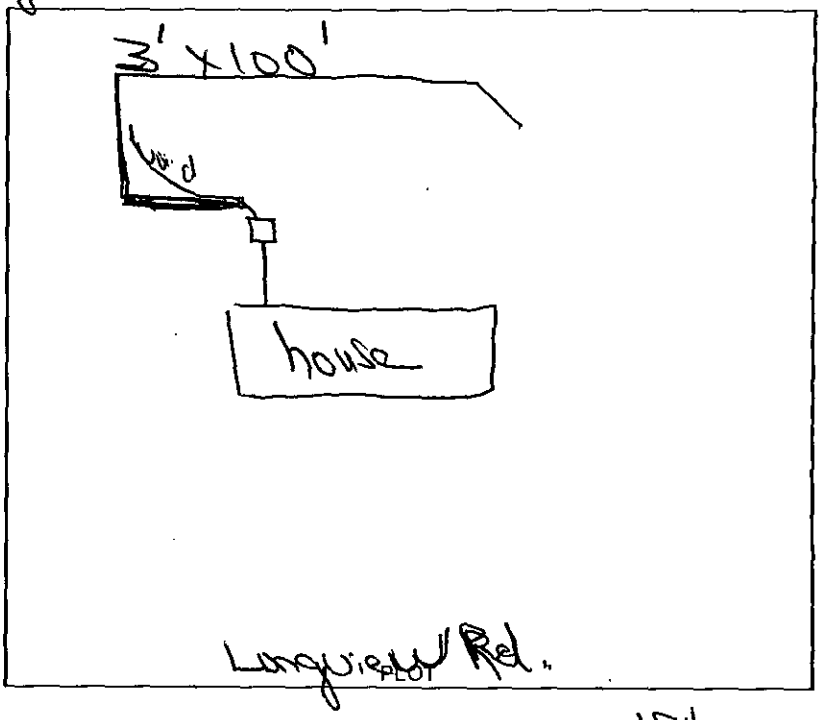
Distance to Water Source >10'

Excavation Inspected 1/16/90

Tank(s) Inspected

Wash Line Inspected 1/16/90

High Water Alarm Inspected



Design 1991 Repair CTR# 154

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: Repair to Washer

Judy A. Klein R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

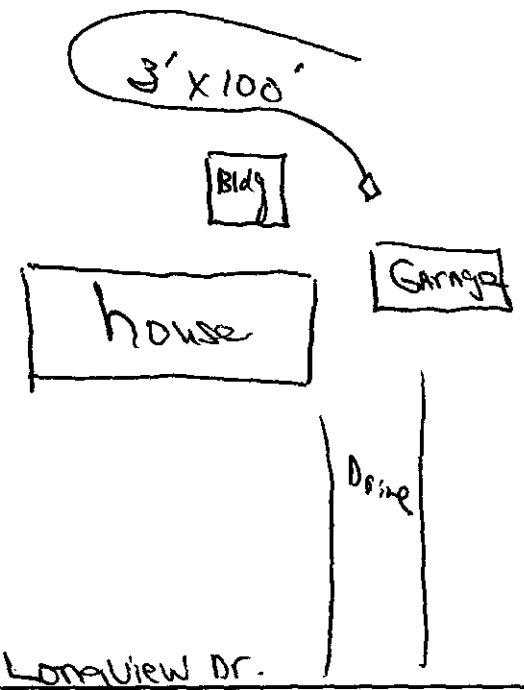
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6117A DATE: 1/22/90

TC: _____ ☐ L

SERIAL Nº 14553

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 7/6/89. All work shall be completed on or before 2/11/90, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Repair to Washer

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100' feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City Water feet

NAME OF OWNER CUDD, JAMES ALVIN

LOCATION OF PROPERTY 8916 Longview Dr.

Comments: for WASHER repair: INSTALL one (1) 3'x100' Trench, 12" Stone, STRAW Cover. Use SMALL D-Box to make new Plumbing Connection.

Division or Section Head

Judy J. Klein R.S.
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6117 A DATE: 1/11/90

TC: ☒ L ☐ CRT

SERIAL № 12278

Name of Owner Judd James Alvin Juris.:

Address of Property 8916 Longview Rd

Inspection Data:

Tank Material /

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 18"

Water Supply Source City

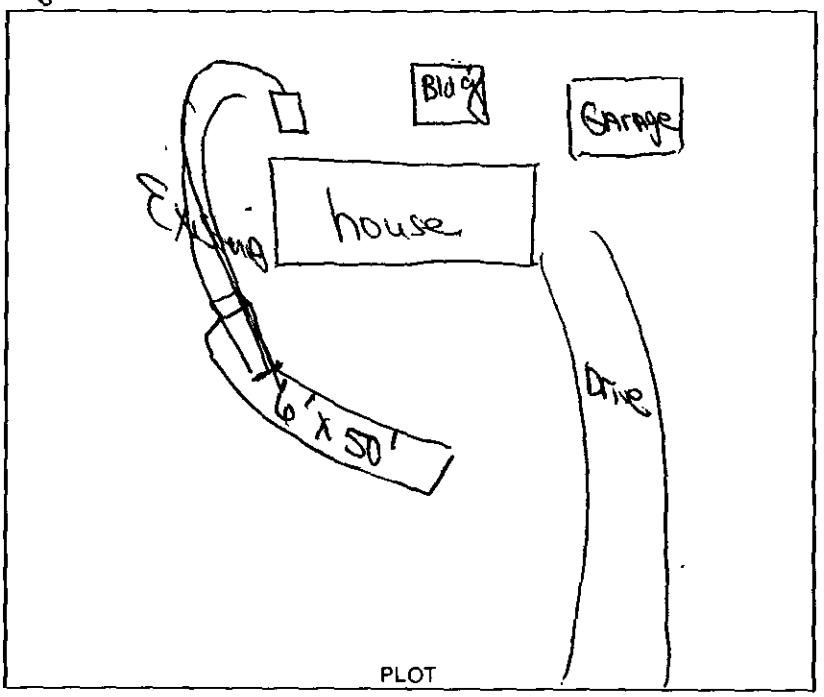
Distance to Water Source ≥10 Water Line

Excavation Inspected 1/11/90

Tank(s) Inspected /

Wash Line Inspected

High Water Alarm Inspected



PLOT

Design: 1989 Repair CTR# 154

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

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COMMENTS:

Judy J. Kiser R.S.
Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

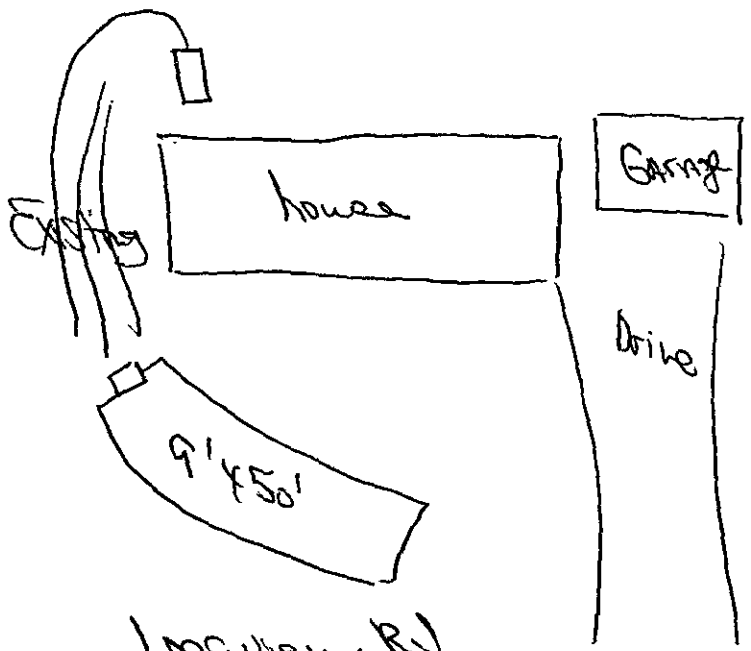
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6117A DATE: 1/4/90

TC: 053-154-06 GL

SERIAL Nº 14549

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 9/6/89. All work shall be completed on or before 2/4/90, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Repair

Absorption and/or Nitrification Lines:

Trench Width 9' Bed feet

Total Line Length 150' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City feet
10' from water Line

NAME OF OWNER Cudd, James Alvin

LOCATION OF PROPERTY 8916 Longview Rd

Comments: INSTALL One (1) bed 9' x 50', 12" Stone, Straw Cover

Division or Section Head _____

Environmentalist _____ R.S.

* 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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 6 19[illegible]

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

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(OFFICE USE ONLY)
FILE: 6117A
TC: _____ ENVIRONMENTAL HEALTH DIVISION
SERIAL: № 19113 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8916 Longview Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 05315406
⑤ SUBDIVISION: Westmoreland ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: James (FIRST) Alvin (MIDDLE) Cudd (LAST)
⑨ MAILING ADDRESS: 8916 Longview Rd
⑩ CITY: Chlt ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) _____ ⑭ (HOME) 399-3615

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? 3
㉕ Type? _____
㉓ Maximum occupancy? 2
㉖ Maximum number of employees? _____
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: James Alvin Cudd
Date: 9/6/89

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 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.