


119 BIRCHWOOD DR

03133306

6/12/2007

duponbj

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 8-30-90

Name/Company: Kenneth Wayne Stagner

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. -- Rm. Add.
114 Birchwood Rd.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 30 1990

6212A

013-079-06

Fee: $ 25.00 Check #7862

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6212A DATE: 9/26/90

TC: 013 079 06 ☒ L ☐ CRT

SERIAL Nº 13421

Name of Owner William R. Gordon Juris.:

Address of Property 119 Birchwood

**Inspection Data:**

Tank Material

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected Y

High Water Alarm Inspected —

PLOT

Design: Repair WL 1990 CTR# MASSEY 72

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 cut-off old WL add (1) 6'x50'x17" g.s. WL, add NEW d-box.

Tim Whittaker, R.S.
Environmentalist

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

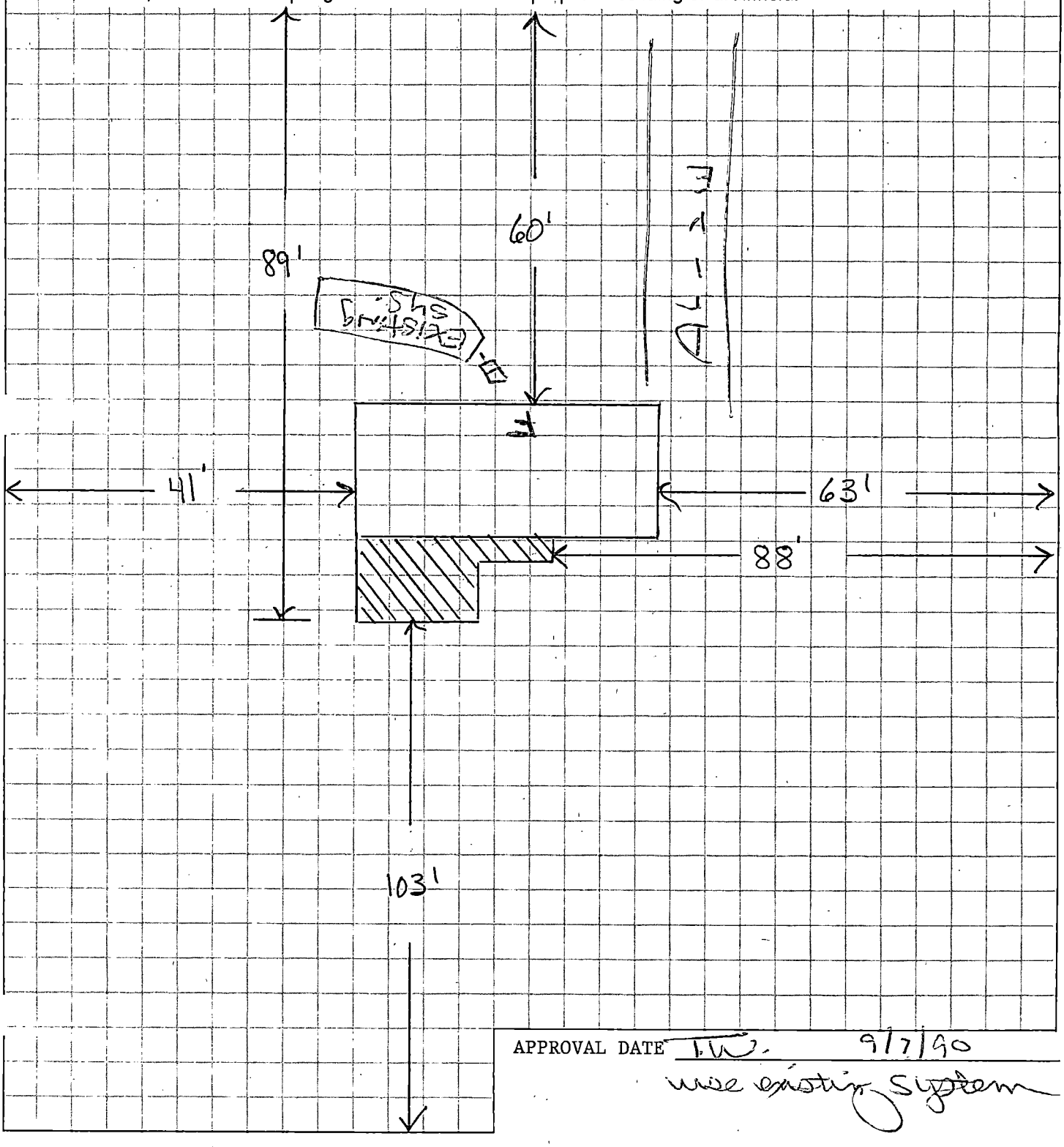
# PROPOSED PLOT PLAN

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

FILE: 6212A

TC: 013-079-06

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.




APPROVAL DATE T.W. 9/7/90

use existing System

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

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

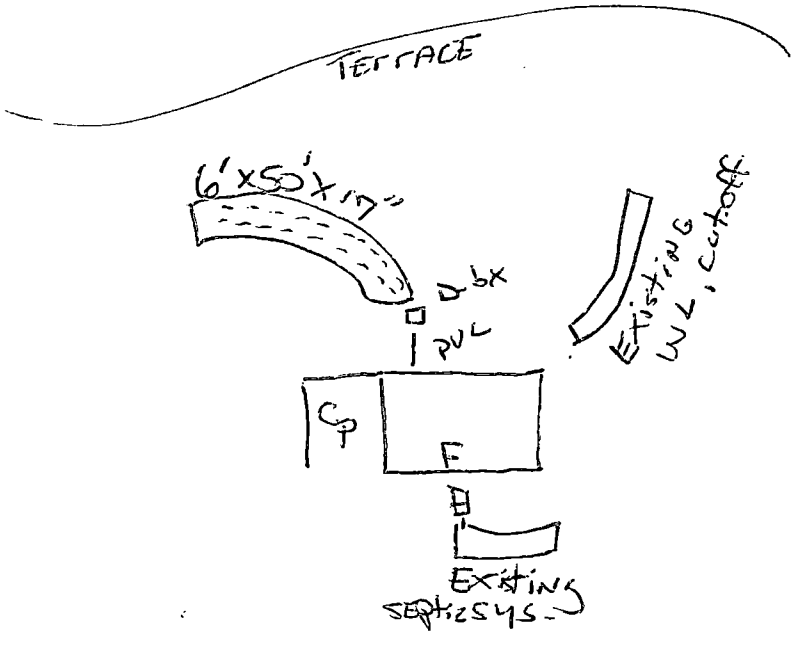
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6212 A DATE: 9/7/90

TC: D13079 06 ☐ L

SERIAL Nº 14662

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 8/3/90. All work shall be completed on or before 10/7/90, 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 _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 10 feet

Distance from Property Line 10' feet

Distance from Well CMUD feet

NAME OF OWNER William R. Gordon

LOCATION OF PROPERTY 119 Birchwood Dr.

Comments: cutoff Existing WL, Add D-box & (1) 6'x50'x17" Washer line repair.

_____ Tim Whittaker, R.S.

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.

# 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: 6212A
TC: 013-079-06
SERIAL: № 21075
☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 119 (STREET NO.) BIRCHWOOD DR. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: KENNETH (FIRST) WAYNE (MIDDLE) STOGNER. (LAST)
⑨ MAILING ADDRESS: 224 STURBRIDGE DR.
⑩ CITY: CHARLOTTE, ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) 392-2649 ⑭ (HOME) 394-7878

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) NEW ROOM ADDITION

**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? 4
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: K.W. Stogner
Date: 8-30-90

## 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 months from the date of issuance.

use existing sys.

Tim Whitaker, 9/11/90
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.

DATE 8/29/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION CHAR

#031-079-06
PARCEL NUMBER

119 Birchwood Dr.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | | | |
|---|---|---|---|---|
| 1. | SUBDIVISION REGULATIONS | ____APPROVED | ____NOT APPROVED | |
| 2. | FLOODWAY REGULATIONS | ____APPROVED | ____NOT APPROVED | |
| 3. | EROSION CONTROL REGULATIONS | ____APPROVED | ____NOT APPROVED | |
| 4. | COMMERCIAL DRAINAGE PLAN | ____APPROVED | ____NOT APPROVED | |
| 5. | PUBLIC UTILITY EASEMENT | ____PRESENT | ____NOT PRESENT | |
| 6. | PROPERTY FRONTS ON THOROUGHFARE | ____YES | ____NO | |
| 7. | DRIVEWAY PERMIT REQUIRED | ____YES | ____NO | |

REMARKS: Room Additions

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McGuire