FEE: 100.00 Rec'd
DATE: 5/21/08
CRT [ ]
QC X42255

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 35704

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: RANDY PILKINGTON
ADDRESS: 401 W. 1ST ST
CITY: LOWELL NC
STATE: NC ZIP: 28098
PHONE: 704-823-0096
ALTERNATE PHONE: 704 718 7240

PROPERTY OWNER:

NAME: R L HUGGINS
ADDRESS: 1419 STONEYRIDGE DR
CITY: CHARLOTTE
STATE: NC ZIP: 28214
PHONE: 704 393 1228
ALTERNATE PHONE: 704-399-1369

JOB LOCATION INFORMATION

TAX/PARCEL #: 03109306
STREET ADDRESS: 1419 STONEYRIDGE
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME: PINE ISLAND COUNTRY CLUB
LOT #: 1991 PH

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☑ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

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

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☑ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 5-21-08

*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 y this Department.
- This permit is not transferable.

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

OK TO USE EXISTING SYSTEM

EHS Signature — Date: 5/27/08

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 1419 — STREET NAME STONEY RIDGE — (AV,RD,ST, etc) DRIVE

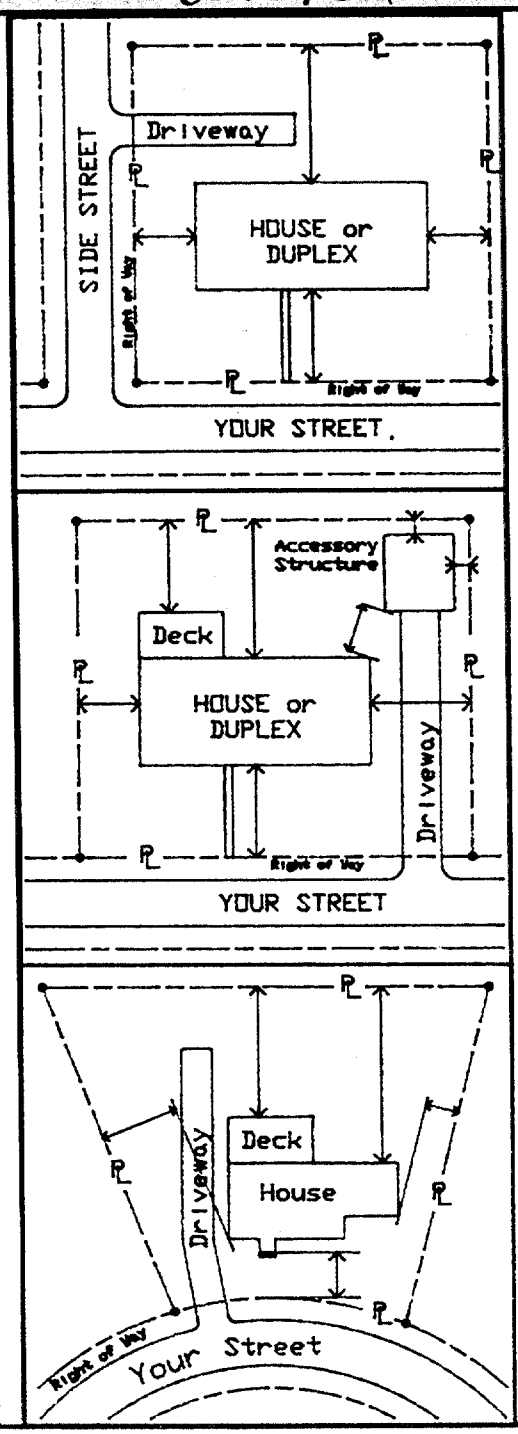
SUITE/UNIT(S):

PERMIT #

TAX JURISDICTION: *(Check One)*
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 03109306 **JOB #**

EXAMPLES/PLOT PLAN

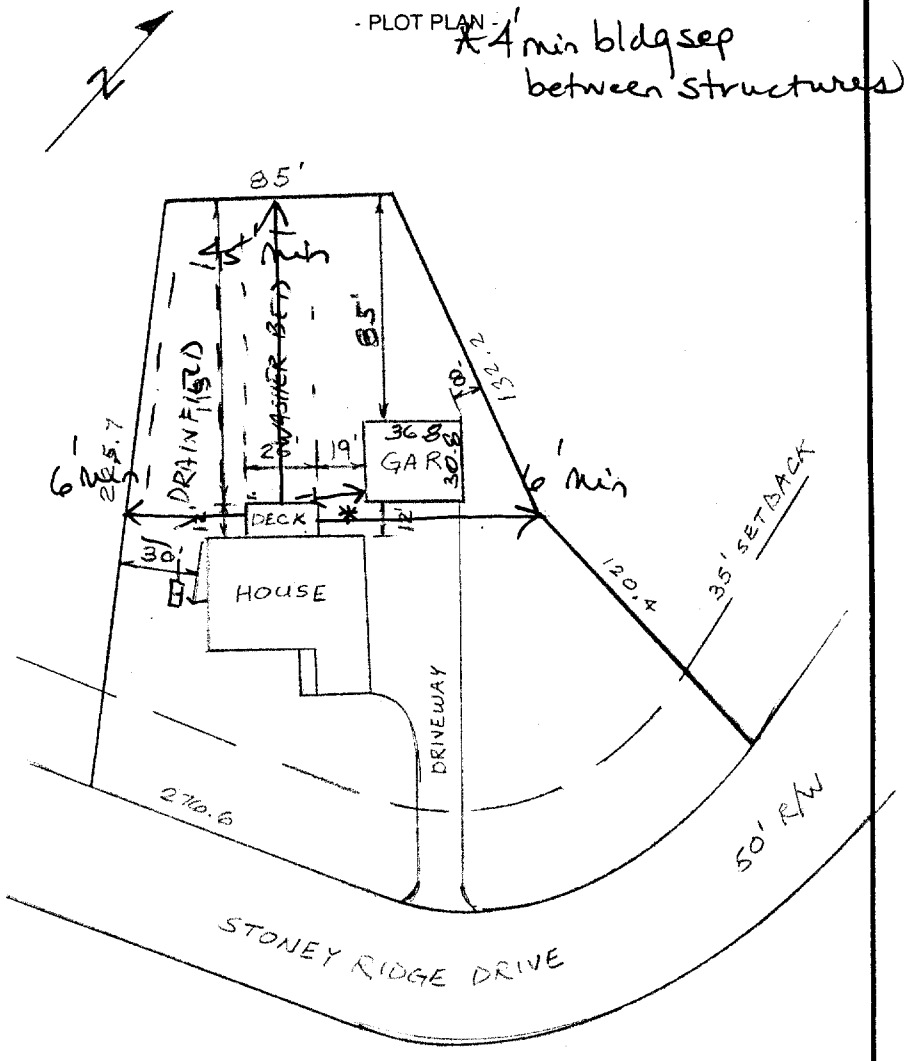


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN - *4' min bldg sep between structures



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE — DATE — RANDY PICKINGTON PRINT APPLICANT'S NAME

APPROVED BY LGB

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

ORIGINAL

B-83

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 3570A

TC: 031-093-04

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 369 STONEYRIDGE DR.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

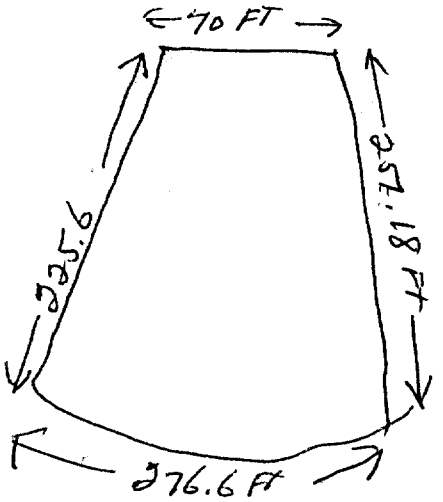
⑦ NAME: HENRY (FIRST) LANGSTON (MIDDLE) DILLARD (LAST)

⑧ MAILING ADDRESS: 5921 SULLINS Rd

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) 704 394-4177 (HOME) 704 392-1069

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Henry L Dillard

Date: 6-15-87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11582

File: 3570 A Action 2

Parcel: 031-093-06 ☐ P(

Location: Stoneyridge Drive

Subdivision:

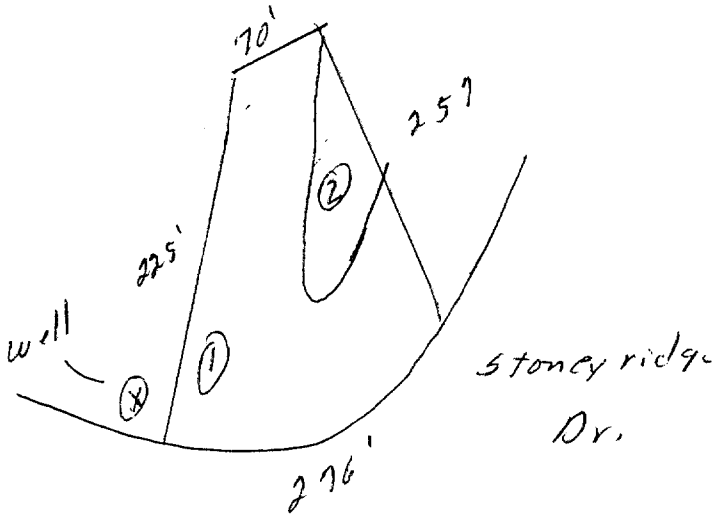
Lot: Block: Acres: 1.02

Owner: Henry Langston Dillard
Address: 5921 Sullins Road
Charlotte, N. C. 28214

Comments: _____

Described by: William R. Marks

Date: 6-17-87



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-23"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS (U) 12-23"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10B Enon-Wilkes	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

June 17th, 1987

Henry Langston Dillard
5921 Sullins Road
Charlotte, NC 28214

RE: Property located at Stoneyridge Drive
FILE: 3570A
PARCEL: 03109306

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 11582) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

APPLICATION FOR AN IMPROVEMENT PERMIT

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: _____

TC: _____

SERIAL: № 12251

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 12 1987
ENVIRONMENTAL HEALTH

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1419 (STREET NO.) Stoneyridge Drive (STREET) ② FILE: 3570A

③ JURISDICTION: [redacted] ④ TAX PARCEL NO.: 031-093-06

⑤ SUBDIVISION: Pine Island ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Henry (FIRST) L. (MIDDLE) Dillard (LAST)

⑨ MAILING ADDRESS: 5921 Sullins Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 394-4177 ⑭ (HOME) 392-1069

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Henry L Dillard

Date: 6/23/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.

PROPOSED ALTERNATE SEPTIC TANK SYSTEM

OWNER: Henry L. Dillard

FILE # 3570 H

ADDRESS: 5921 Sollins Rd

T.C.# 031-093-06

LOCATION OF JOB: 1419 Stoneyridge DR.

DATE: 8/6/87

DESCRIPTION OF PROPOSED SYSTEM: 1500gal. septic tank, 1000 gal. pump tank, Diversion valve, 2 beds 9'x60'. 3 lines in each (Total 360' drain line) Sand

TOTAL BOTTOM AREA: 1080 sq ft

TOTAL LINE LENGTH: 360'

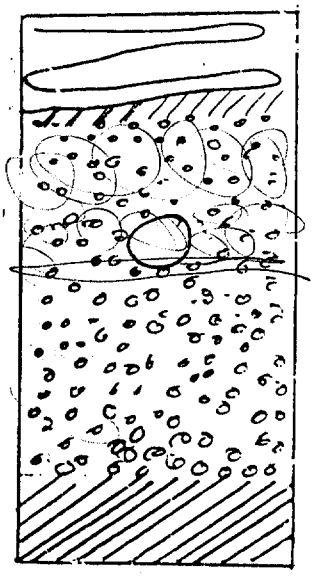
12-18" cover

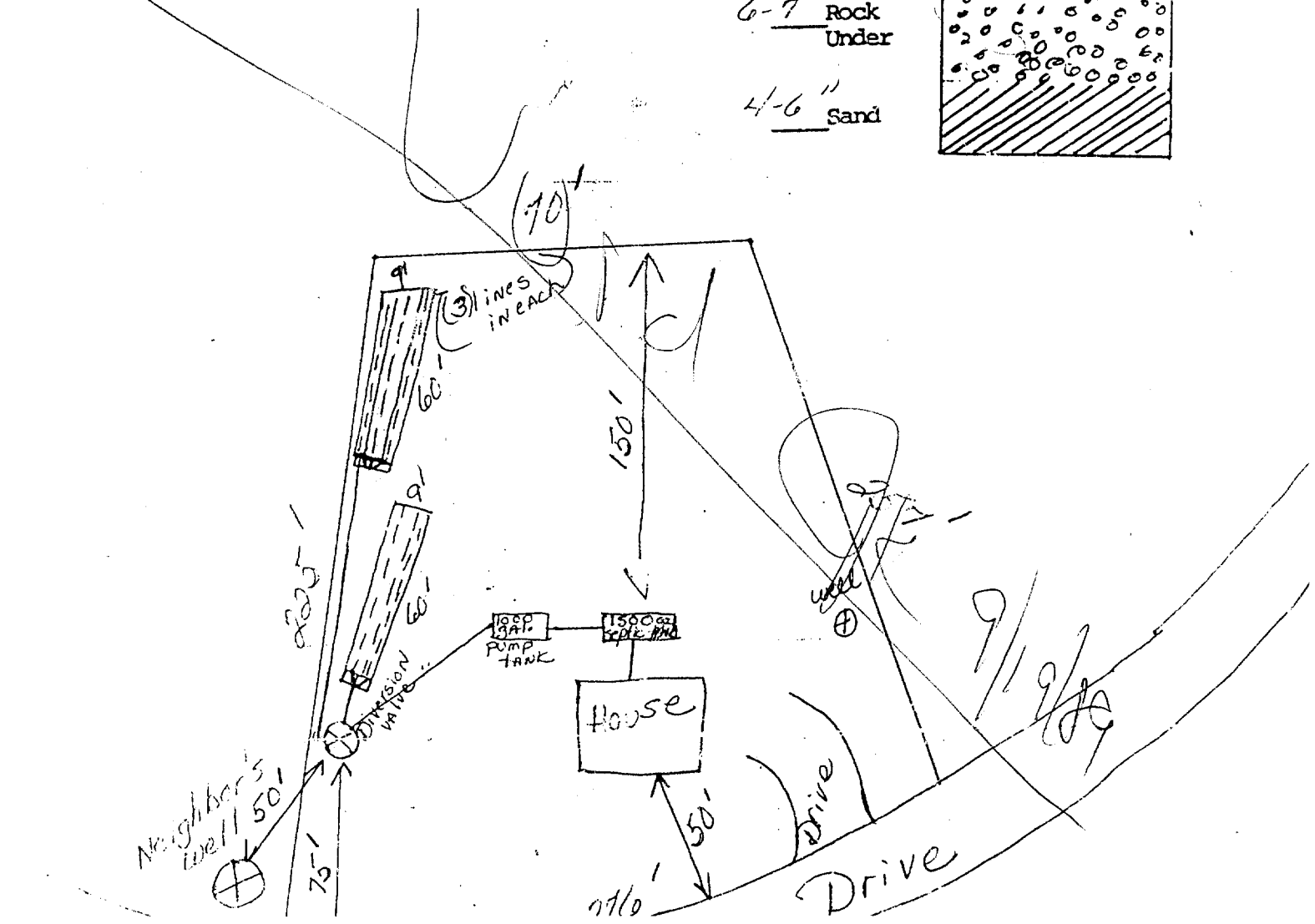
1" Straw

2" over 4" Pipe

6-7" Rock Under

4-6" Sand





Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 28, 1988

Henry L. Dillard
5921 Sullins Road
Charlotte, NC 28214

Dear Mr. Dillard:

RE: Property located at 1419 Stoneyridge Drive
FILE: 3570A
PARCEL: 031-093-06

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.

- Water saving plumbing devices and low flush or microflush toilets must be installed when constructing the residence.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Sylvia D. Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

SDD/ir

Enclosures - 3 Septic Tank Agreement Forms
Copy of Plans

REAL ESTATE
BOOK PAGE
5835 0512

PRESENTED FOR REGISTRATION
AUG 12 3 04 PM '88
CHARLES E. CROWELL
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

124 W. Catawba Ave.
Mt. Holly, NC 28120

FILE NO. 3570A 2,22

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Henry L. Dillard and wife, Barbara W. Dillard

owner of property located at Lot 4-B, Block 6 PINE ISLAND COUNTRY CLUB

("the site") and described in an instrument recorded in Book 4174 at Page 321, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

PE 6.00
<> 6.00
CASH 6.00

This 12th day of August, 1988 21:33 #9514 000
08/12/88

Henry L. Dillard (SEAL)

Barbara W. Dillard (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ GASTON

I, MARGARET H. AUTEN, a Notary Public for said County and State, do hereby certify that Henry L. Dillard and wife, Barbara W. Dillard personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 12th day of August, 1988.

Margaret H. Auten
Notary Public

My Commission Expires: Oct. 1, 1992

200

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: 3510A
TC: _____
SERIAL: № 18583
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1419 STONEYRIDGE DRIVE (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 031-093-31 / 031-093-06
⑤ SUBDIVISION: PINE ISLAND ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: RICHARD (FIRST) L. (MIDDLE) HUGGINS (LAST)
⑨ MAILING ADDRESS: P.O BOX 19568
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28219
⑬ PHONE: (WORK) 588-1366 ⑭ (HOME) 588-7335

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 on the property for the purpose of processing this request.

Signed: Richard L Huggins
Date: SEPTEMBER 4, 1989

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:

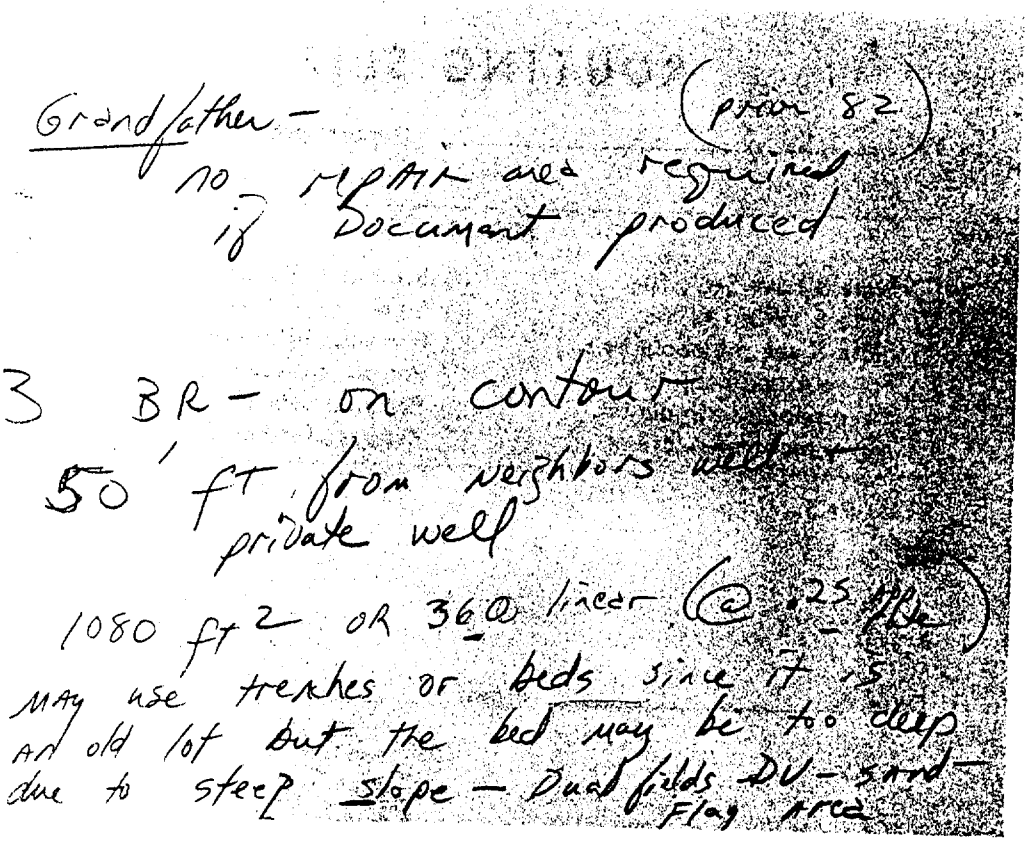
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 9/20/89

Director or Authorized Section Head — Date 9-20-89

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.



Grandfather – (prior '82)
no RPAR are required
if Document produced

3 BR – on contour
50' ft from neighbors well –
private well

1080 ft 2 OR 36 @ linear (@ .25 ft/lf)
MAy use trenches or beds since it's
An old lot but the bed may be too deep
due to steep slope – Dual fields DV – stnd –
Flag req

4174 0321

PRESENTED FOR REGISTRATION
APR 3 4 16 PM '79
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO N.C.

158

0 4 8 4 5 9

STATE OF NORTH CAROLINA
APR-3'79
P.B. 10709

Real Estate Excise Tax
≈ 0 7 00

Excise Tax

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to Frank L. Schrimsher

P. O. Box 4549, Charlotte, NC 28204

This instrument was prepared by Frank L. Schrimsher

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 2nd day of April, 19 79, by and between

GRANTOR	GRANTEE
JOHN VICTOR FESPERMAN and wife, FREDDIE FISHER FESPERMAN	HENRY L. DILLARD and wife, BARBARA W. DILLARD

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.

1.00

This 3rd day of April, 1979

By _____ Deputy/Assistant Register of Deeds

REGISTER OF DEEDS FOR Mecklenburg COUNTY

Is/Are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Charles E. Crowder

The foregoing Certificate(s) of Dorothy B. Robinson, a Notary Public for Cabarrus County, State of N. C.

My commission expires: _____ Notary Public

Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Given and as the act of the corporation, the foregoing instrument was signed in its name by its _____

_____ a North Carolina corporation, and that by authority duly

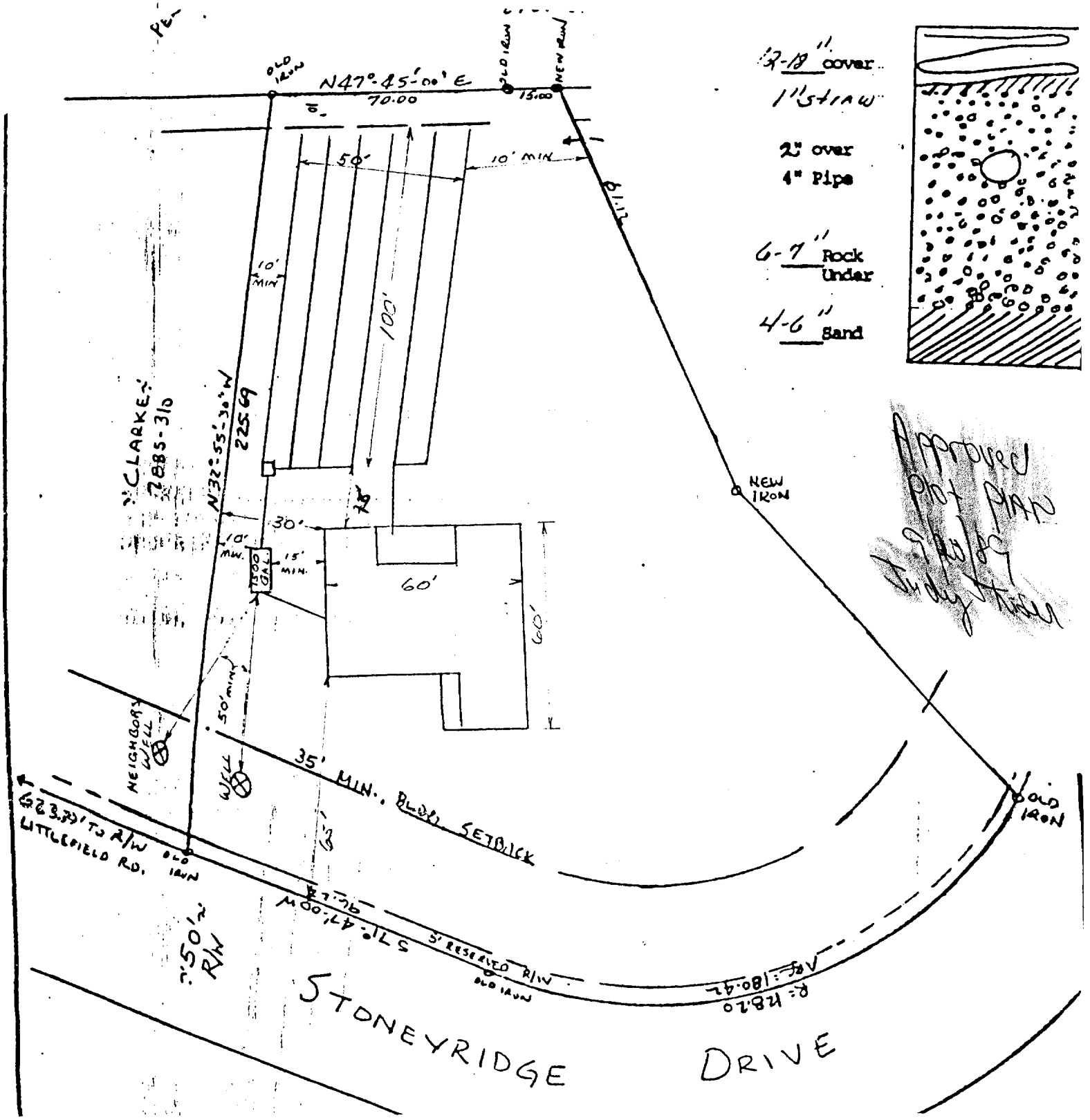
Use Black Ink

PROPOSED SEPTIC TANK SYSTEM

OWNER: RICHARD L. HUGGINS
ADDRESS: P.O. Box 19568 - CHARLOTTE NC 28219
JOB LOCATION: 1419 STONEYRIDGE DRIVE
DESCRIPTION OF SYSTEM: 1500 GAL SEPTIC TANK WITH (4) 100' LINES + WASHER BED WITH (2) 100' LINES.

FILE# 3570A
T.C.#
DATE:

TOTAL BOTTOM AREA: 1,800 Sq. Ft.
TOTAL LINE LENGTH: 600'



Approved Plot Plan 9/28/07 Jim Daly

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

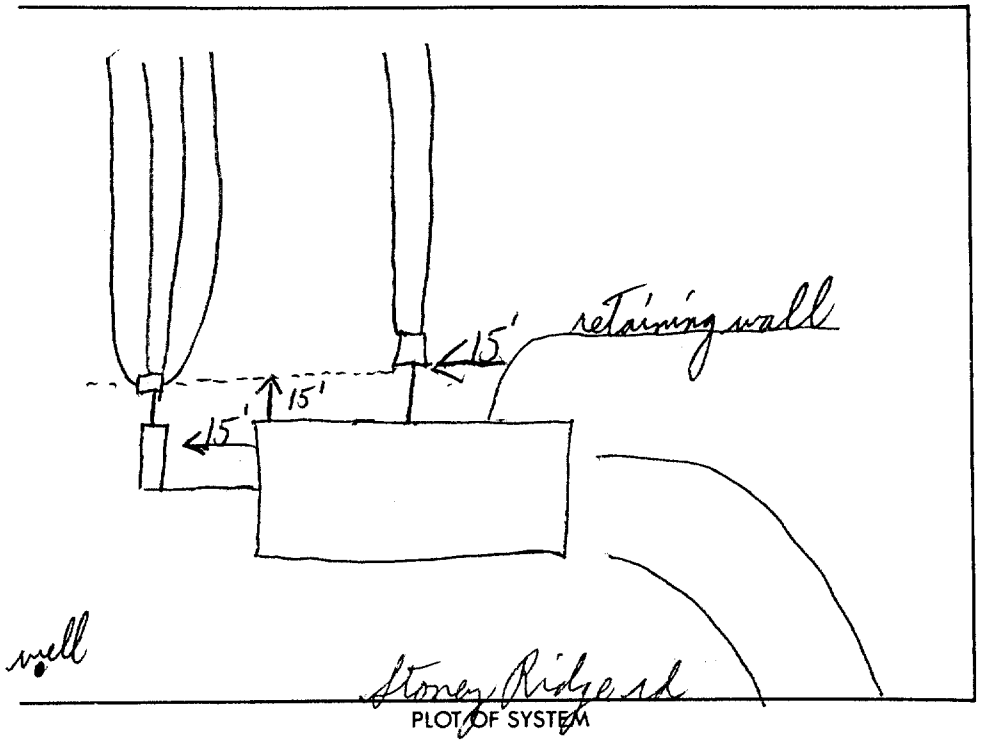
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3570-A DATE: 8-14-90

TC: 031-093-06 Ø L

SERIAL Nº 14682

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 9-4-89. All work shall be completed on or before 9-14-90, 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 + 200 feet

Number of Lines 4 + 2

Depth of Stone 12 stone 6 sand inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well ≥50 feet

NAME OF OWNER Richard Huggins

LOCATION OF PROPERTY 1419 Stoney Ridge Rd

Comments: 4 lines 3'X100'X12" stone, 6" sand - septic
2 liner 3'X100'X12" stone, 6" sand - wash

Division or Section Head

B.R. Ferguson
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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3570-A DATE: 8-16-90

TC: 031-093-06 ☐ L ☑ CRT

SERIAL № 13483

Name of Owner Richard Huggins Juris.:

Address of Property 1419 Stoney Ridge Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'+200'

Number of Lines 4+2 @ 100'

Cover Depth 48" - 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 8-16-90

Tank(s) Inspected 8-16-90

Wash Line Inspected 8-16-90

High Water Alarm Inspected

PLOT

Design: 1990, 1500ST, MOD, 1200SFT, 12G, 6S, ENON, 600WL CTR# 161

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

B.F. ● 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: Installed for 3 bedrooms
Drop box system

B. R. Ferguson
Environmentalist

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