

3718 BARONWOOD LN

05318305

12/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1575B DATE: 1/20/04

TC: 053-183-05 ☑ L ☐ CRT

SERIAL 19405

Name of Owner JANICE HENDRIX Juris.: _____

Address of Property 3718 BARONWOOD LN.

Inspection Data:

Tank Material EXISTING

Total Length of ~~Drainfield~~ BED 9'X40'

Number of Lines _____ @ _____

Cover Depth 24"

Water Supply Source MUNICIPAL

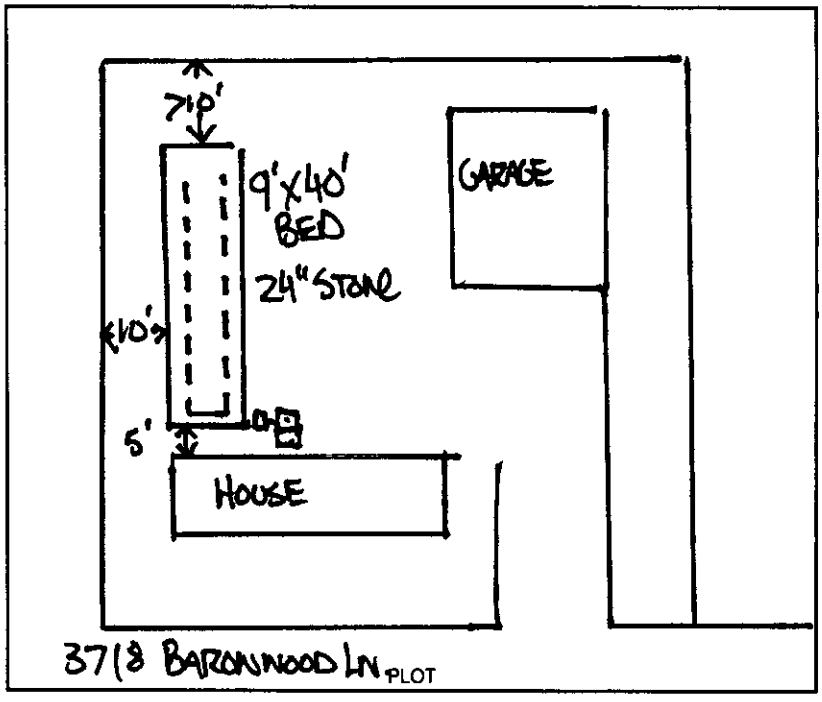
Distance to Water Source > 50'

Excavation Inspected 1/20/04

Tank(s) Inspected 1/20/04

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2004, REPAIR, EXISTING ST, 360SF BED, 24" G CTR# STANLEY

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, 9'X40' BED, 24" STONE. PROPANE TANK RELOCATED.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

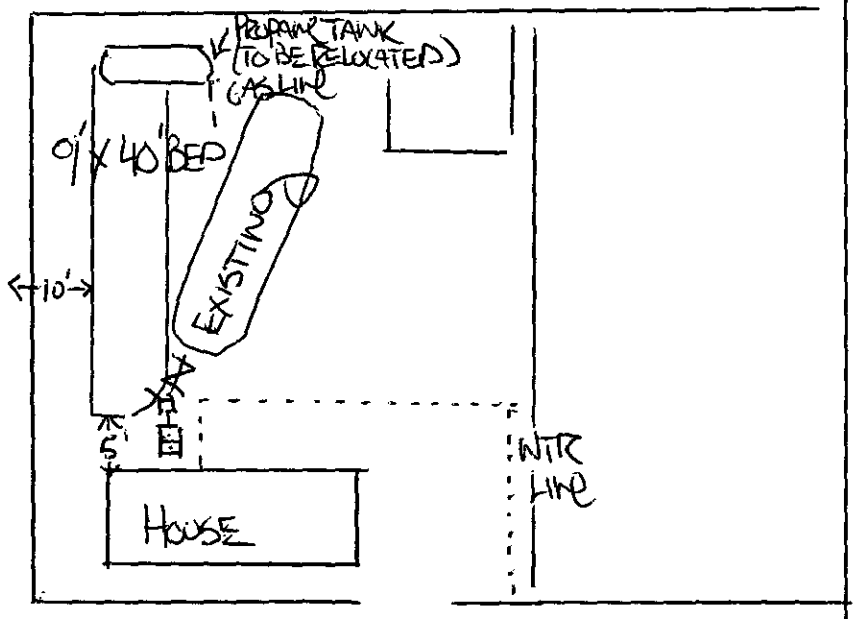
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15758 DATE: 12/11/03

TC: 053-183-05 ☑ L

SERIAL 19588

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 12/11/03. All work shall be completed on or before 12/30/03, 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~~ BED Depth 36"

Absorption and/or Nitrification Lines:

~~Trench~~ BED Width 9'X40' feet

Trench Walls Scored and Porous Y

Total Line Length 9'X40' feet

Number of Lines 9X40'

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

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

NAME OF OWNER JANICE HENDRIX

LOCATION OF PROPERTY 3718 BARONWOOD LN

Comments: REPAIR. 9'X40' BED, 24" GRAVEL. STAY 5' FROM FOUNDATION; 10' FROM PROPERTY LINE; PROPANE TANK & GAS LINE TO HOUSE MUST BE RELOCATED.

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

[ ] CRT

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 #: 15758

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-183-05

STREET ADDRESS: 3718 Barrowood Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS: 3

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
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: (LAST) Hendrix (FIRST) Janice (MI) W

ADDRESS: 3718 Barrowood Ln

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: (704) 393 - 5407

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

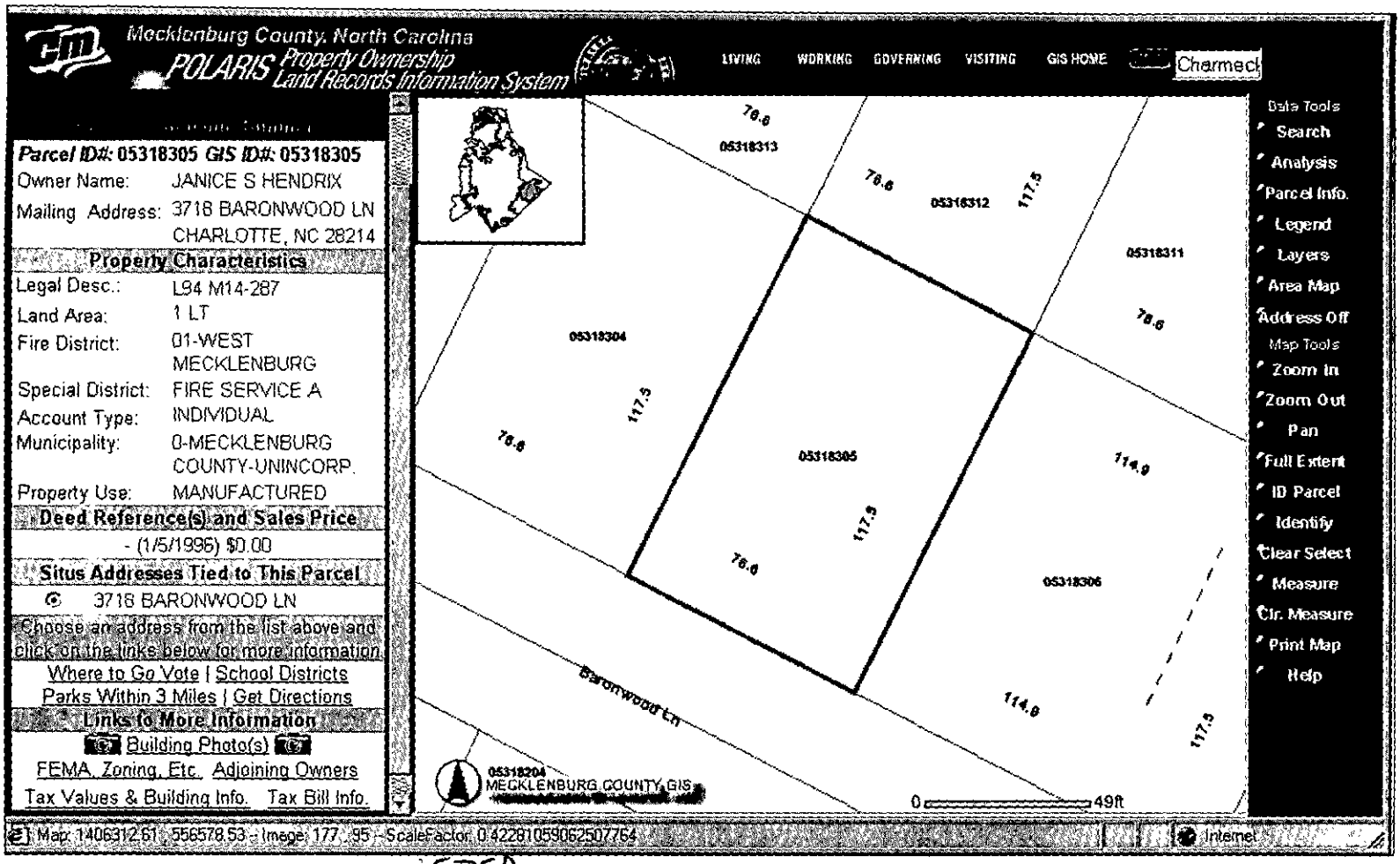
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit 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 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: _____ DATE: 12/11/03

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


Mecklenburg County, North Carolina
POLARIS Property Ownership Land Records Information System
LIVING
WORKING
GOVERNING
VISITING
GIS HOME
Charmeck
Parcel ID#: 05318305 GIS ID#: 05318305
Owner Name: JANICE S HENDRIX
Mailing Address: 3718 BARONWOOD LN
CHARLOTTE, NC 28214
Property Characteristics
Legal Desc.: L94 M14-287
Land Area: 1 LT
Fire District: 01-WEST MECKLENBURG
Special District: FIRE SERVICE A
Account Type: INDIVIDUAL
Municipality: 0-MECKLENBURG COUNTY-UNINCORP.
Property Use: MANUFACTURED
Deed Reference(s) and Sales Price
- (1/5/1996) $0.00
Situs Addresses Tied to This Parcel
3718 BARONWOOD LN
Choose an address from the list above and click on the links below for more information
Where to Go Vote | School Districts
Parks Within 3 Miles | Get Directions
Links to More Information
Building Photo(s)
FEMA, Zoning, Etc. Adjoining Owners
Tax Values & Building Info. Tax Bill Info.
05318313
05318312
05318311
05318304
05318305
05318306
05318204
MECKLENBURG COUNTY GIS
Baronwood Ln
76.6
117.5
114.9
0
49ft
Data Tools
Search
Analysis
Parcel Info.
Legend
Layers
Area Map
Address Off
Map Tools
Zoom In
Zoom Out
Pan
Full Extent
ID Parcel
Identify
Clear Select
Measure
Clr. Measure
Print Map
Help
Map: 1406312.61, 556578.53 - Image: 177, 95 - ScaleFactor: 0.42281059062507764
Internet

1575B

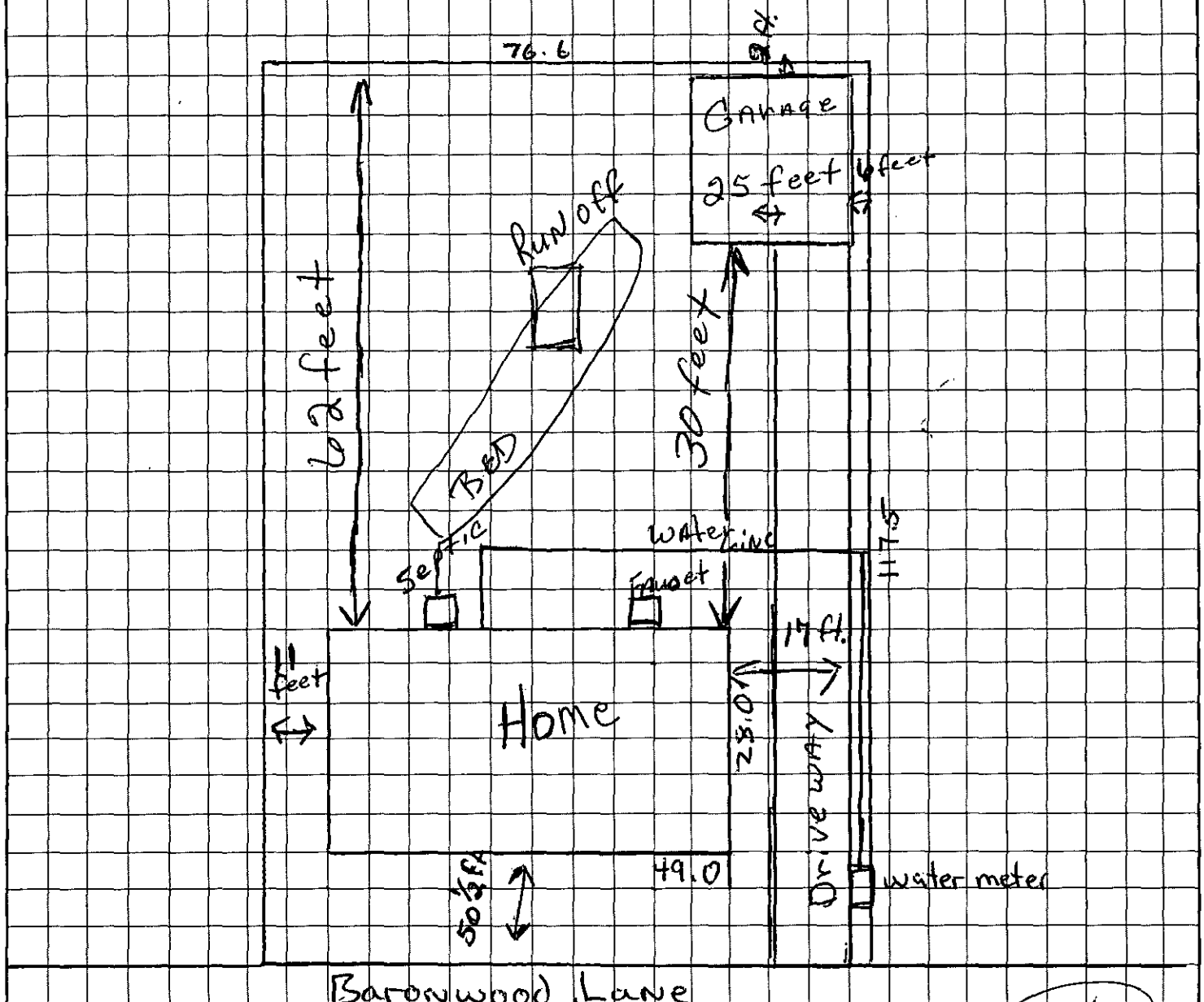
PROPOSED PLOT PLAN

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

FILE: 1575B

TC: 053-183-05

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.



Janice Syretta Hendrix
OWNER/AGENT SIGNATURE

DATE 9-11-96

APPROVAL DATE 9/20/96 JHB

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel. R.S
Program Chief

Date: September 20, 1996

Ref: 3718 Baronwood Lane/File 1575B

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Janice Hendrix originally paid $200.00

for an alteration of system /MH exchange on September 13, 1996

.

A refund should be issued for $150.00 because

EHS gave authorization to use the existing system as is with no

alteration needed, that fee is $50.00 .

Please make check payable to: Janice Hendrix

3718 Baronwood Lane

Charlotte, NC 28214

OK to release for release
call from THB 9/19/96
ucs, 3 b.m mHx
gc

FEE: $200.00 CK# 5231

DATE: 9/13/96

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

1 X 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM _X_ 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 #: 15758

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-183-05

STREET ADDRESS: 3718 Baronwood

SUBDIVISION OR MOBILE HOME PARK NAME: Westwood Forest

LOT NUMBER: 94

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: 1381

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
with pier + Footers
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
Replacement of 3bed 1bath singlewide with 3bed 2bath Doublewide

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
Carolina water serv.
✓ 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
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:

NAME: Hendrix JANice Syretta
(LAST) (FIRST) (MI)

ADDRESS: 3718 Baronwood Lane

CITY: Char. STATE: N.C. ZIP: 28214

DAYTIME PHONE: 704 393-5407

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 29 June 1990

An Improvement Permit 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 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: Janice Hendrix DATE: 9-11-96

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

PROPOSED PLOT PLAN

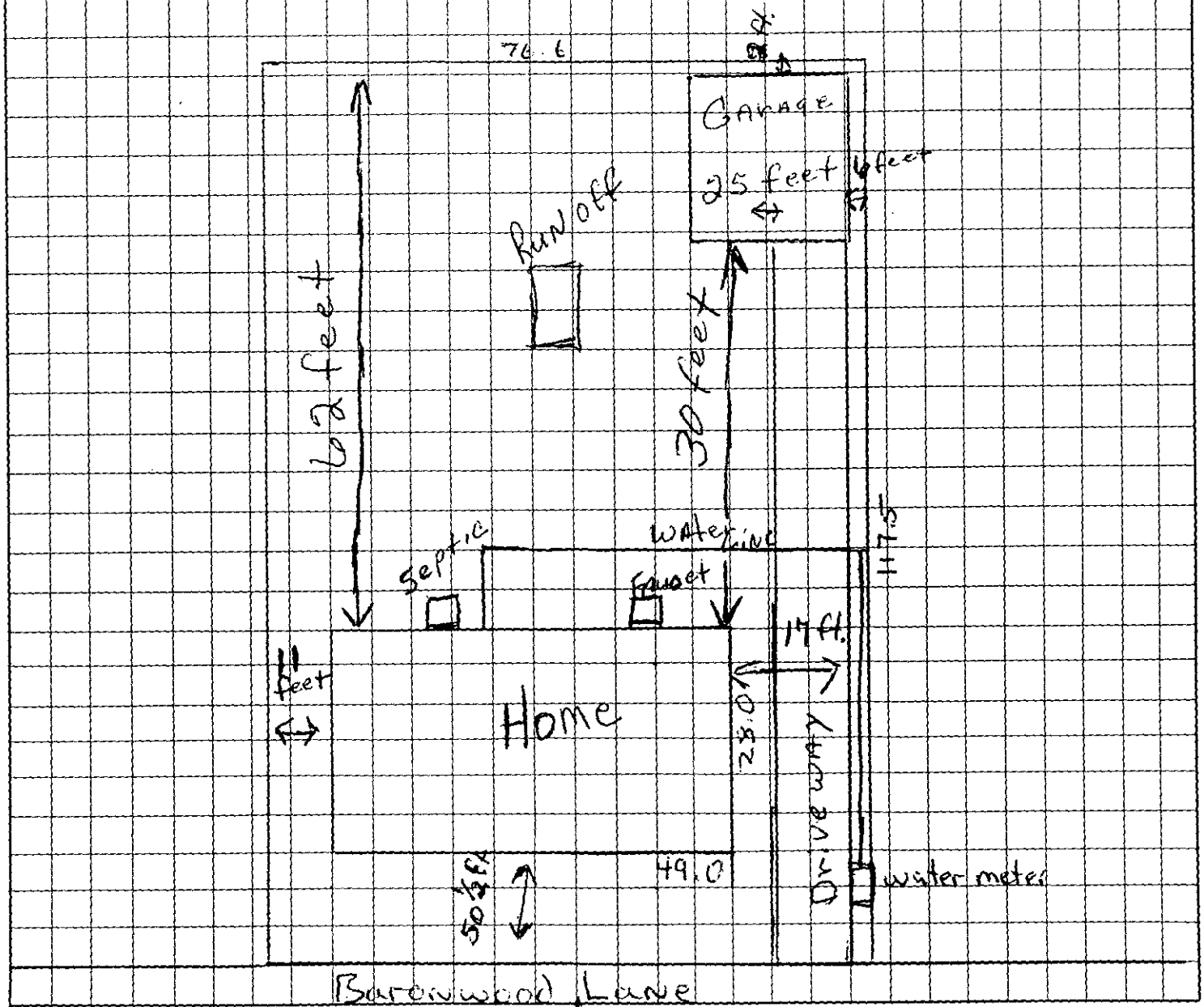
COPY

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