

12126 ASBURY CHAPEL RD

02102208

5/23/08

marliwr

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

NOT
2
10

FEE: $100.00 CC
DATE: 11/30/05
CRT [ ] 144284

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 01/05

FILE # 46.06

Cina

TYPE APPLCATION:

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

PERSON FILING APPLICATION:

NAME: Mike Vordenberg
ADDRESS: 12126 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-906-6804
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: same w/Lisa Wayne (wife)
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 021-022-08
STREET ADDRESS: 12126 Asbury Chapel Rd
CITY: Huntersville,
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

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

Built 1984

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)

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: changing existing Bedroom to Dining Room.

- ☒ 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

11/30/05
Date

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

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

Approved to use existing system for addition. House will remain 3 bdrm. See bldg plan included.

EHS Signature: Cina Buchanan, RSS. Date:

PROPOSED PLOT PLAN

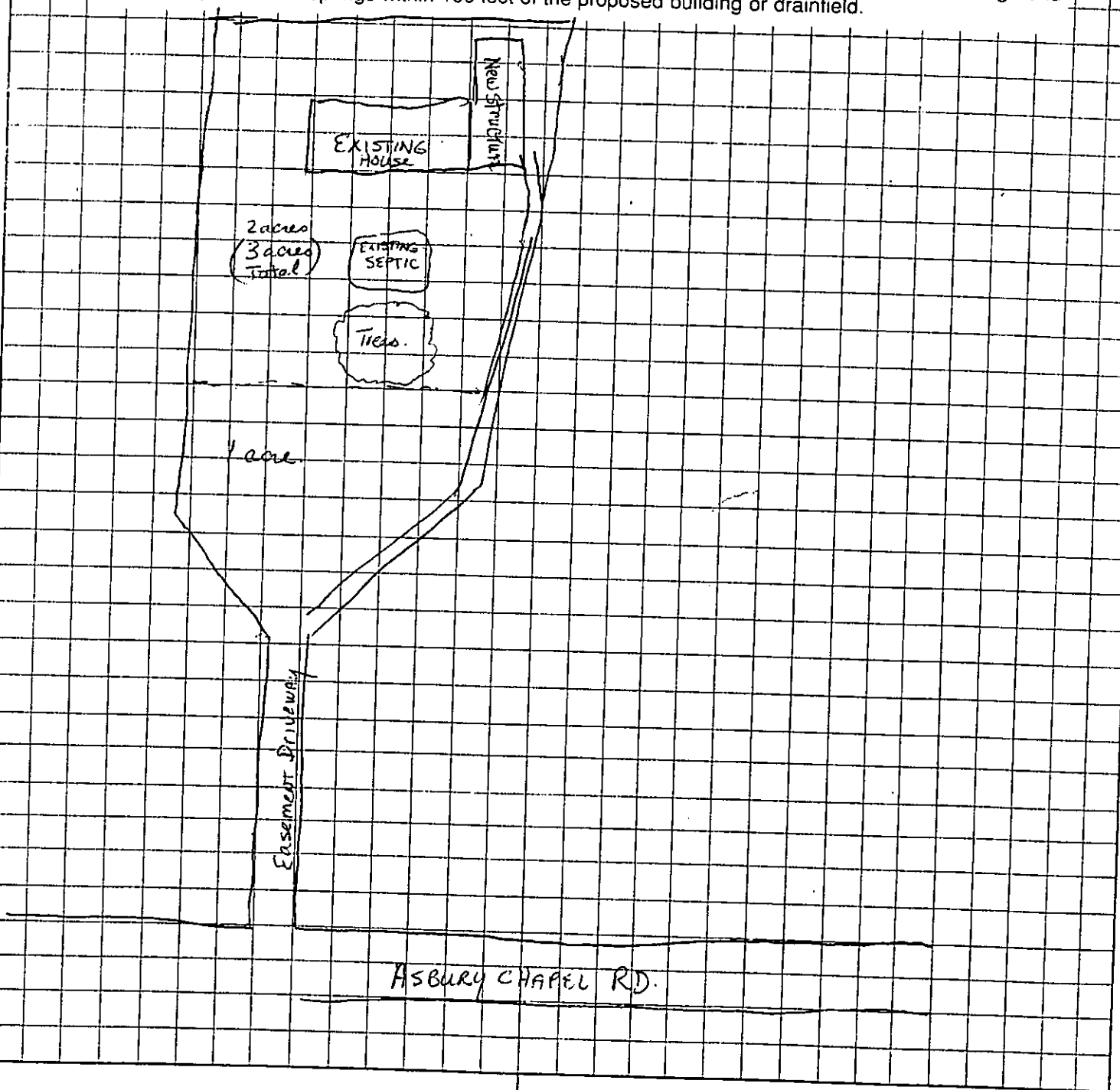
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 4606

TC: 021-022-08

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.



OWNER/AGENT SIGNATURE Mike Bulkley

DATE 11/30/05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

☒ **Large-format Drawings**

Original File Number: 4606 / 12126 Ashbury Chapel Rd

Box Number: 6

Number of pages associated with file: 1

General Comments: _____

Imaging Solutions and Services, Inc.

100 80 NC
12/20/04 JKA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 Jeremy
(704)336-5102 4606

PERSON FILING APPLICATION:
NAME: VORDENBERG (last) Mike (first) (mi)
ADDRESS: 12120 Asbury Chapel PHONE: (704) 906-6804
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

ATTN:

PROPERTY OWNER:
NAME: same. (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 02102202
STREET ADDRESS: 12120 Asbury Chapel Rd
ZONING:
SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Basement & Other Addition

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER ___ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ___ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mike Vordenberg Date: 12/21/04

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

... O.K. to use existing system to rebuild a three bedroom house after demolition of existing structure.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Jimmy Mudd, R.S. 12/23/04
Environmentalist Date

WATER : 12279

Not LD

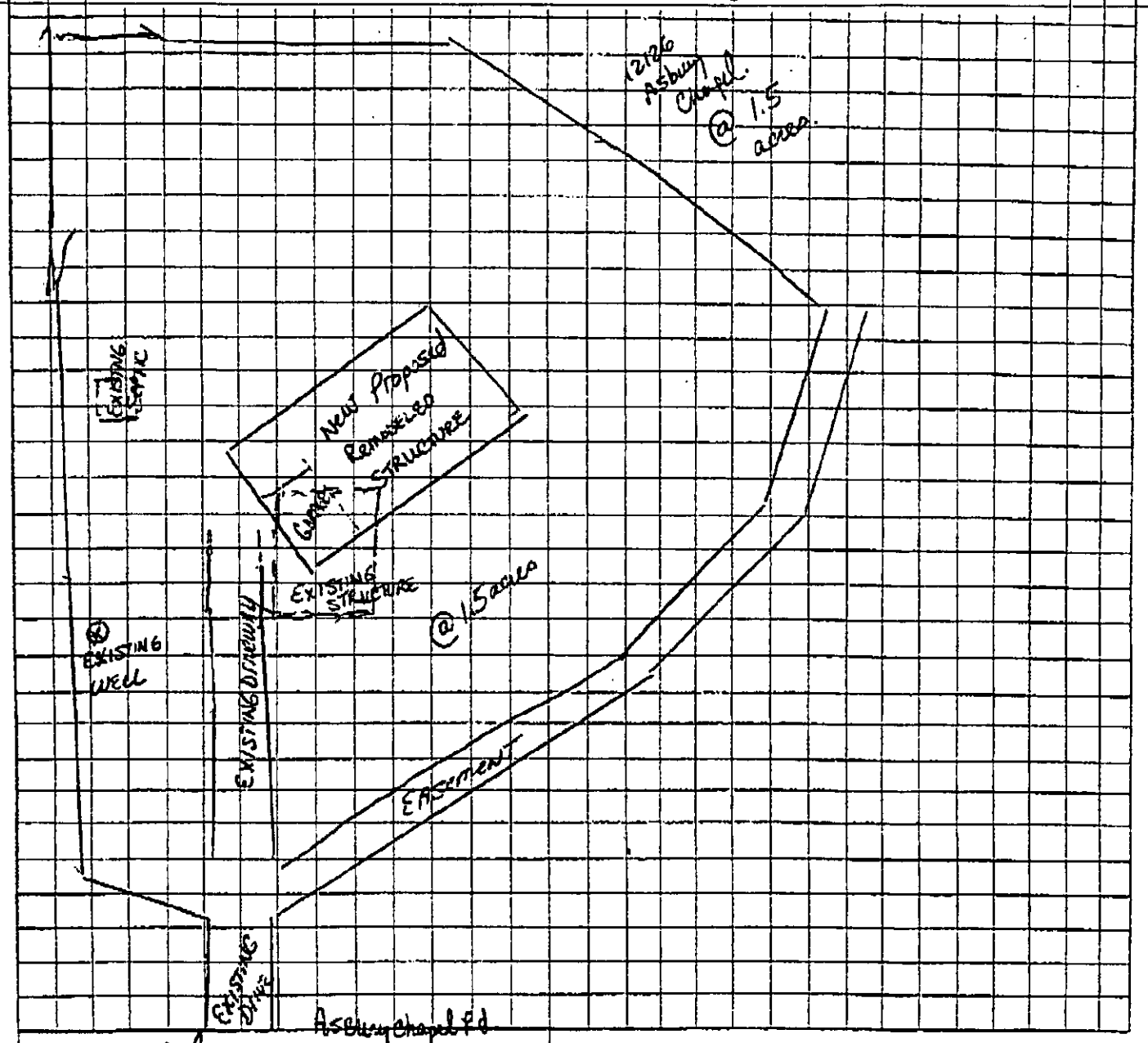
PROPOSED PLOT PLAN

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

FILE: 46060

TC: D21-022-02

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.



OWNER/AGENT SIGNATURE

DATE 12/21/04

APPROVAL DATE _____

Canary - E.H.S. Copy Pink - Owner's Copy

Date Issued 2-4-76

Serial No. 7199

ICAR(S) Permit No. 4606

T. C. No. 021-092-07

Map Date 1 Sep 70

MECKLENBURG COUNTY HEALTH DEPARTMENT

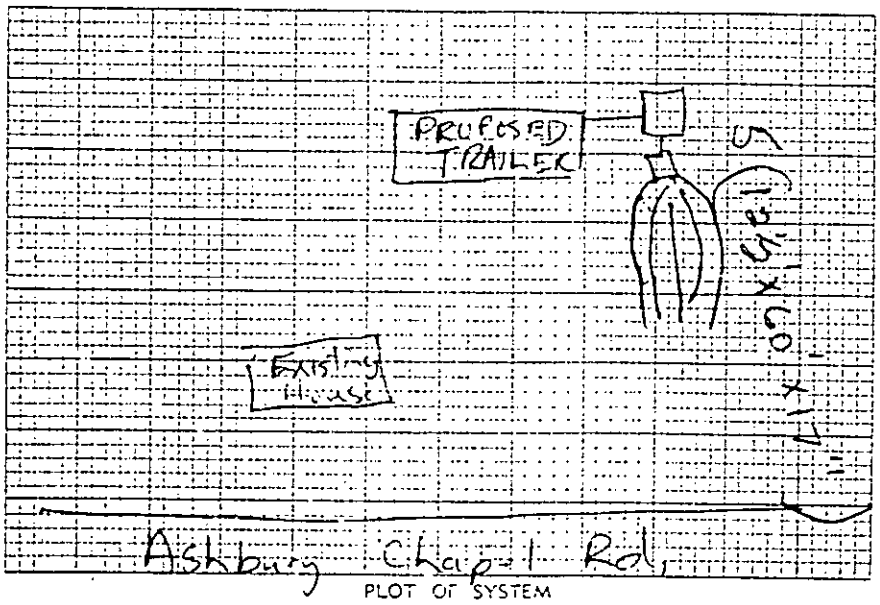
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 4606, dated 2-4-76 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before March 1, 76, after which date this permit shall be null and void.

Mobile Home



PLOT OF SYSTEM

Percolation Rate 60 min/in

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 5

Distance from House 10'

Distance from Property Line 900'

Distance from Well 100'

NAME OF OWNER Frank Fite

LOCATION OF PROPERTY Ashburg Chapel Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: _____

Division or Section Head

Samuel Spencer Jr
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6647

C of A (s) No 4606

Date Issued 2-11-76

T C No 021-022-02

Map Date 1 Sep 70.

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Fite (LAST) Frank (FIRST) (MIDDLE)

Location of Property Ashbury Chap'el Rd.

Application Number 4606 Permit Number 4666

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5

Depth of Filter Material 17" Cover Depth 30"

Water Supply Source well Distance from Water Source 120'

Excavation Inspected 2-11-76 (DATE) Tank Inspected 2-11-76 (DATE)

Nitrification Field Inspected 2-11-76 (DATE)

Washing Machine Line Inspected, If Applicable N/A (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface soil absorption [illegible] and it has been ✓ installed or constructed [illegible] in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not warrant or guarantee that the system will operate properly or relieve any person owning or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions appearing on the permit and in addition to those listed below under comments. This Certificate of Approval shall be void 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

Samuel Spencer Jr.
Environmentalist

FORM NO E-6-9-1-72

Date Issued 14 Sep 72

Serial No. 2801

ICAR(S) Permit No. 4606

T. C. No. 021-022-02

Map Date 1 Sep 70

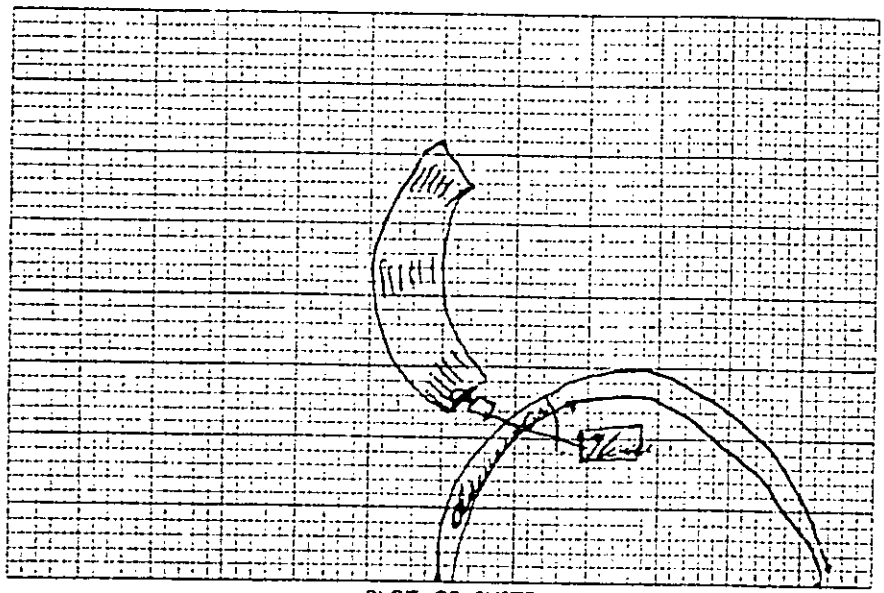
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 4606, dated 15 Aug 72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 14 Oct 72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 6-05'X50'X17")

Distance from House 25'

Distance from Property Line 100'+

Distance from Well 100'+

NAME OF OWNER Tate, Frank M.

LOCATION OF PROPERTY Asbury Chapel Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Bill Bradford (Contr.)

Note: No leaking manhole

Division or Section Head

M. D. Eudy
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2557

C of A (s) No. 4666

Date Issued 15 Sep 72

T C No C-21:622-02

Map Date 1 Sep 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Pate, Frank M.
(LAST, FIRST, MIDDLE)

Location of Property Rodney Chapel Rd.

Application Number 4666 Permit Number 4666

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 6 (5' x 50' x 17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Dug well Distance from Water Source 100'

Excavation Inspected 18 Sep 72 (DATE) Tank Inspected 15 Sep 72 (DATE)

Nitrification Field Inspected 18 Sep 72 (DATE)

Washing Machine Line Inspected, If Applicable N/A (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval 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 Bedford Bor (Coats)

M. D. Bisley
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY