

5217 MT HOLLY-HUNTERSVILLE RD

02309214

1/29/08

thomatc

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20638 DATE: 9-27-94

TC: 023092-05 ☐ L ☐ CRT

SERIAL Nº 15723

Name of Owner Sarah Claiborne Juris.:

Address of Property 5213 Mt Holly Huntersville Rd

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200' 100'WL 100'ST

Number of Lines 6 @ 33

Cover Depth 10"-20"

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 9-27-94

Tank(s) Inspected —

Wash Line Inspected 9-27-94

High Water Alarm Inspected —

PLOT

Design: 1994 REPAIR CTR# WILLIE CHRISTOPHER 140

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: OD 1984 1955

Environmentalist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

DX60

[] CRT

20638

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Claiborne (last) Sarah (first) L (mi)
ADDRESS: 5213 Mt Holly Huntersville Rd PHONE: (704) 392-6004
CITY: Charlotte STATE: N.C. ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: Claiborne (last) Sarah (first) L (mi)
ADDRESS: 5213 Mt Holly Huntersville Rd PHONE: (704) 392-6004
CITY: Charlotte STATE: N.C ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-092-05
STREET ADDRESS: 5213 Mt Holly Huntersville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

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)
[X] 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: Sarah L. Claiborne Date: Sept 8, 1994

NOTICE:

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.

... Repair approval issued

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

9-12-94
Environmentalist Date

D Newell for S Davis 9-13-94
Director or Authorized Section Head Date

WATER : 122791

* file is missing

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

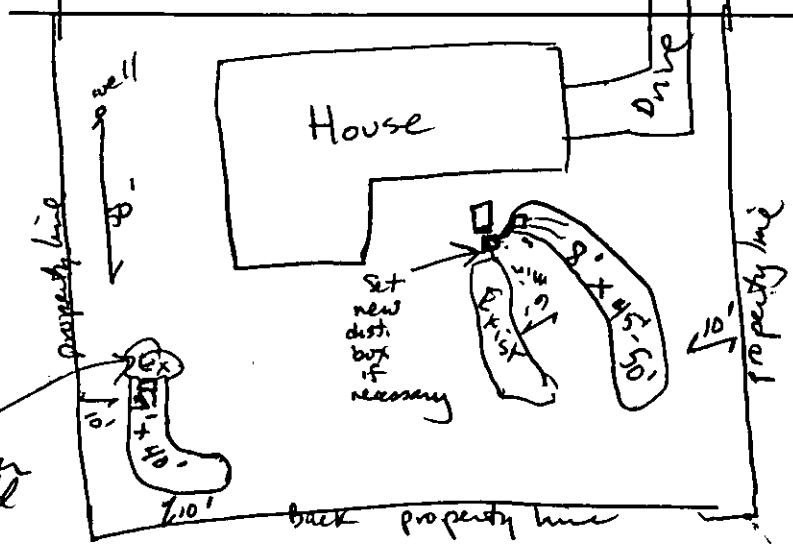
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20638 DATE: 9-12-94

TC: 023-092-05 ☐ L

SERIAL Nº 13907

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 9-12-94. All work shall be completed on or before 10-12-94, 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 Exist gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction Exist

Absorption and/or Nitrification Lines:

Trench Width 8' & 7' feet

Total Line Length 45'50'; 40' feet

Number of Lines 2 lines each bed

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

NAME OF OWNER Sarah Claiborne

LOCATION OF PROPERTY 5213 Mt. Holly-Huntersville Rd

Comments: * Contact Health Dept before installing *

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.

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