

4200 SHOPTON RD

14125105

8/20/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19122 DATE: 11/10/98

TC: 141 102 11 ☐ L ☐ CRT

SERIAL Nº 17690X

Name of Owner Bob Honour Juris.:

Address of Property 4200 Shopton Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield 3 Beds 300'

Number of Lines 6(50') @ 3(50') Beds

Cover Depth 12" - 16"

Water Supply Source Existing well

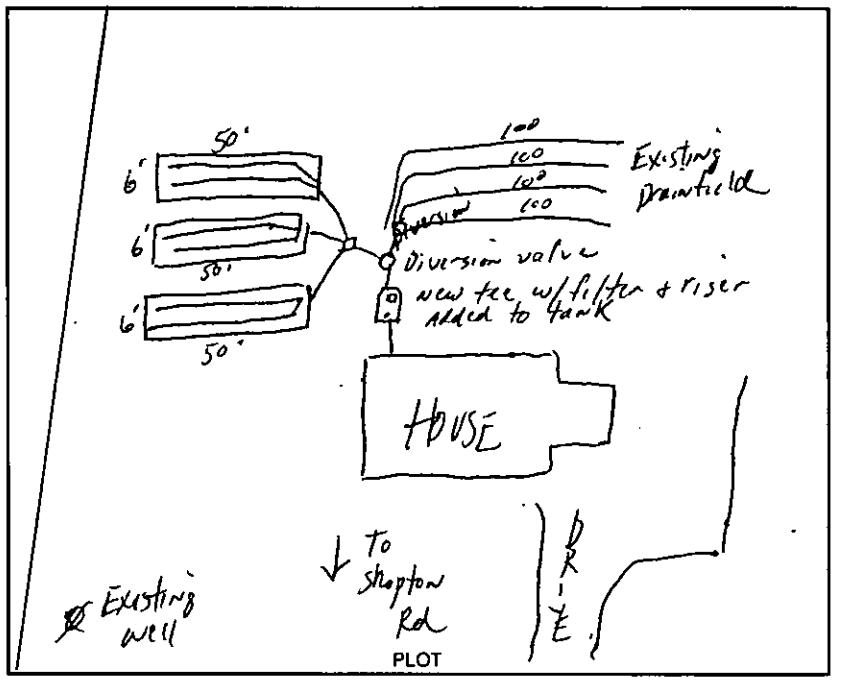
Distance to Water Source > 50'

Excavation Inspected 11/10/98

Tank(s) Inspected New tee & filter installed

Wash Line Inspected Plumbed into tank

High Water Alarm Inspected NA



Design 1998, Repair, 900 SFB, 18-24" stone CTR# #5

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 to Existing System / Installed Diversion valve, Filter in tank, w/riser / 3 beds systems 6'wd x 50'long x 24" stone

Type II Group Home Repair

Built 1983

Phila A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

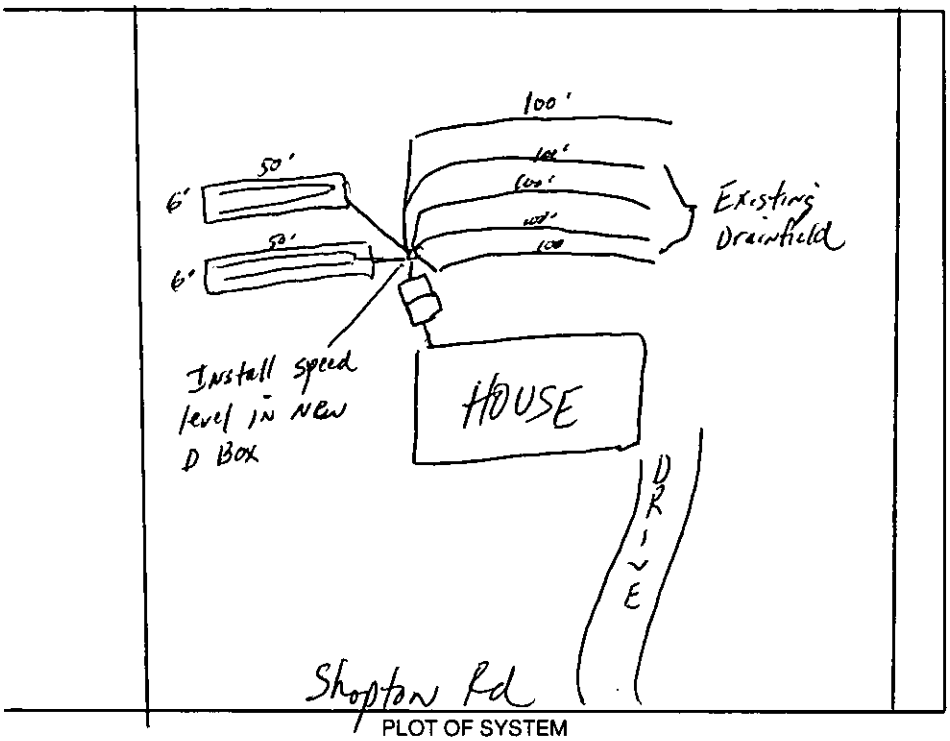
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19122 DATE: 10/28/98

TC: 141 102 11 ☐ X

SERIAL Nº 17224

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 10/28/98. All work shall be completed on or before 11/28/98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 NA gallons

Tank Construction Existing

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' & 6' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 3

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Bob Honour

LOCATION OF PROPERTY 4200 Shopton Rd

Comments: Install 2 Beds 6'wd x 50'long x 18"stone plus 1 line x 100'long x 3'wd x 12"stone | Installed speed levels in new D-Box

Philip S. Walker R.S.
Environmental Health Specialist

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

FEE: NA
DATE: 10/22/96

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

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 19122

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-102-11

STREET ADDRESS: 4200 Hopton Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 2500

NUMBER OF BEDROOMS: 5 | NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

19122

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)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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: Bob Honaker

NAME: (LAST) (FIRST) (MI)

ADDRESS: Same

CITY: Charlotte STATE: NC ZIP: 28217

DAYTIME PHONE: ( ) 4420737

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

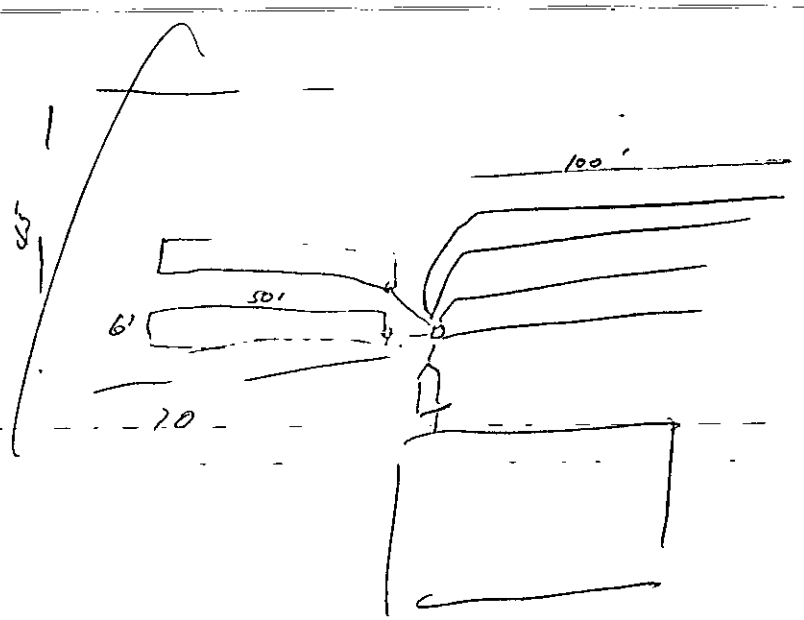
DAYTIME PHONE: ( ) –

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: Bob Honaker DATE: 10-28-96

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


100'
50'
6'
20

FEE: _____
DATE: _____

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

REPAIR COPY

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 19122

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-102-11

STREET ADDRESS: 4200 Hoptan Rd

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 _____

19122

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: 2500

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 8

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)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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: Bob Honour

NAME: (LAST) (FIRST) (MI)

ADDRESS: Same

CITY: Charlotte STATE: NC ZIP: 28217

DAYTIME PHONE: ( ) 4420737

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: Bob Honour DATE: 10-28-96

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

Serial No. 6027

ICAR(S) Permit No. 1912

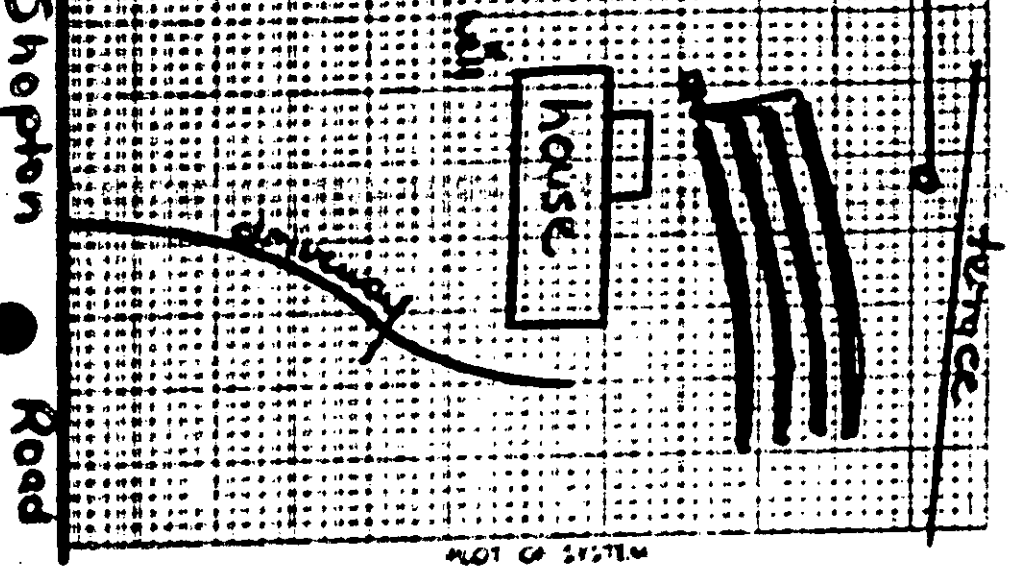
Date Issued 2-16-83

T. C. No. 141-10

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Subsurface Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wa... water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the ... aforesaid location. This permit is granted based upon the information supplied in application 19122 dated 11-29-82 and this permit shall be void and of no effect if the information provided in the ... plication is not true or is erroneous. All work shall be completed on or before 3-16-83, after wh... date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallo...

Tank Construction precast co...

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Thackston, Glen - Doyle

LOCATION OF PROPERTY 4200 Shopton Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklen... County Health Commission which are in effect on the date of the granting of this permit. A certificate of ... approval must be issued by the Environmental Health Director before any system can be covered up or other... rendered unserviceable or from be used. The issuance of this permit does not in any way guarantee that ... system authorized to be constructed will operate properly, or relieve any person now or hereafter owning, ... installing or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 4 trenches - 3' wide x 100'/ea x 12" of stone ... grade terrace - area over septic tank system to drain all surf...

Mike Sexton
Environmentalist

Division or Section Head

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

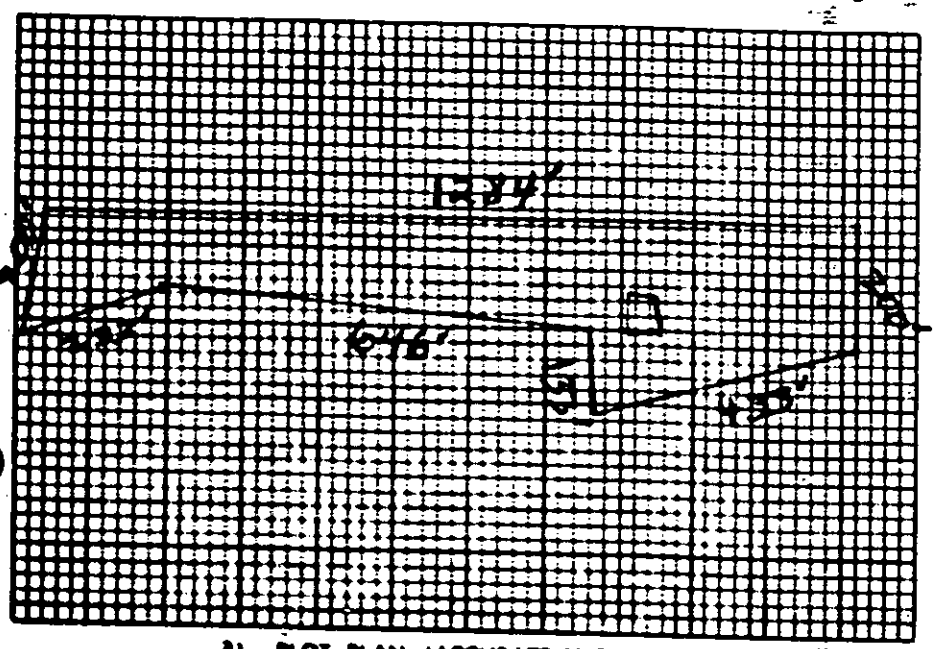
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Application for an

Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ✓ Yes ____No

4) No. of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ____No
7) Garbage Disposal ✓ Yes ____No
8) Dishwasher ✓ Yes ____No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓ No
House located within 200 feet of community sewer ____Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Thackston (LAST) Glen + Doyle (FIRST, MIDDLE)
14) ADDRESS OF OWNER 12217 Oaklawen Dr - Charlotte
15) PHONE NO. Home 588-2926 Office _____
16) LOCATION OF SYSTEM 4210 Shopton Rd (STREET OR COUNTY ROAD)
17) SUBDIVISION _____ Lot No. [illegible] Block No. [illegible]
Map Book No. 148 Page No. 567
18) DEED REFERENCE — DEED BOOK 3137 AT PAGE 567
19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ✓ NO DATE RUN 7-15-81
20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents [illegible] permit applied for herein shall be [illegible]

C of A Isl No. 19122

Date Issued 4-12-83 Serial 5725 T. C. No. 141-102-1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Thackston, Glen + Doyle (LAST, FIRST, MIDDLE)

Location of Property 4200 Shopton Road

Application Number 19122 Permit Number 19122

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 1' to 2'

Water Supply Source well Distance from Water Source 59'

Excavation Inspected — (DATE) Tank Inspected 4-12-83 (DATE)

Nitrification Field Inspected 4-12-83 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

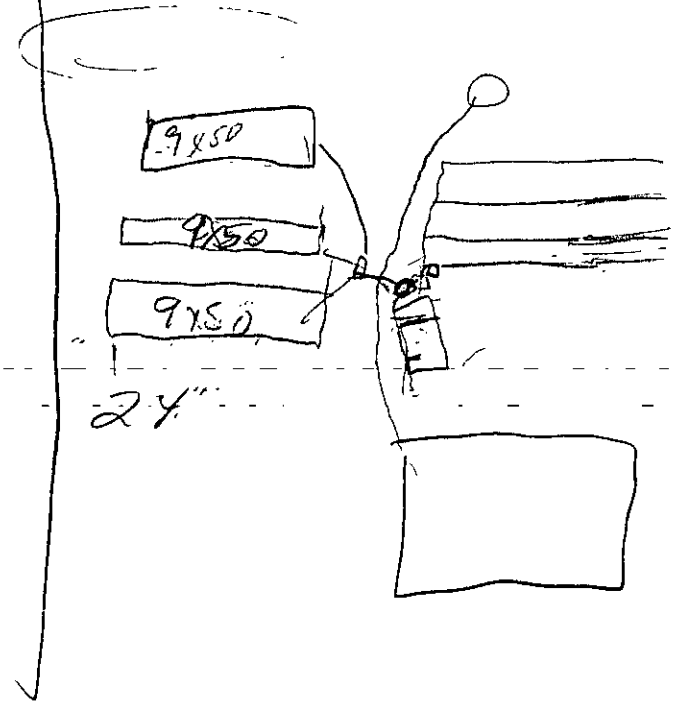
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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: The discharge pipe that was installed directly over where the septic tank drainfield was to go, must be relocated around the drainfield to prevent siphonage.

Mike Sexton
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY



Install filter in tank