

14535 N C 73 HY

00102104

1/3/2008

duponbj

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

INSTALLATION, CONSTRUCTIO[illegible] APPROVAL

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

FILE: 3549B DATE: 10/6/95

TC: 001-021-04 ☐ L

SERIAL Nº 16347

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 4/24/95. All work shall be completed on or before 11/6/95, 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.

Install per
Improvement Permit
on File

Dated 5/15/95

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___/___ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 5 @ 80 each

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' minimum feet

Distance from any waterline 100' minimum

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

NAME OF OWNER Lamar E. Honeycutt

LOCATION OF PROPERTY 14535 N.C. Hwy 73

Comments:

- Keep nitrification lines 50' minimum off highwater mark.
- Have property owner string left property line prior to installation.

[signature] for J. Hamilton Cox, Chief 10/7/95

Lisa B. Miaskiewicz, RS
Environmental Health Specialist

WHITE - HEALTH DEPART[illegible]

Pd $150 cc 1/10/97 JC #1418

CERTIFICATE OF COMP[illegible]

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

FILE 3599.6 DATE: 10/24/95

TC: 001-021-04 ☐ L ☒ CRT

SERIAL № 14403

Name of Owner Lamar E. Honeycutt Juris.:

Address of Property 14535 N.C. Hwy 73

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 11-13"

Water Supply Source municipal

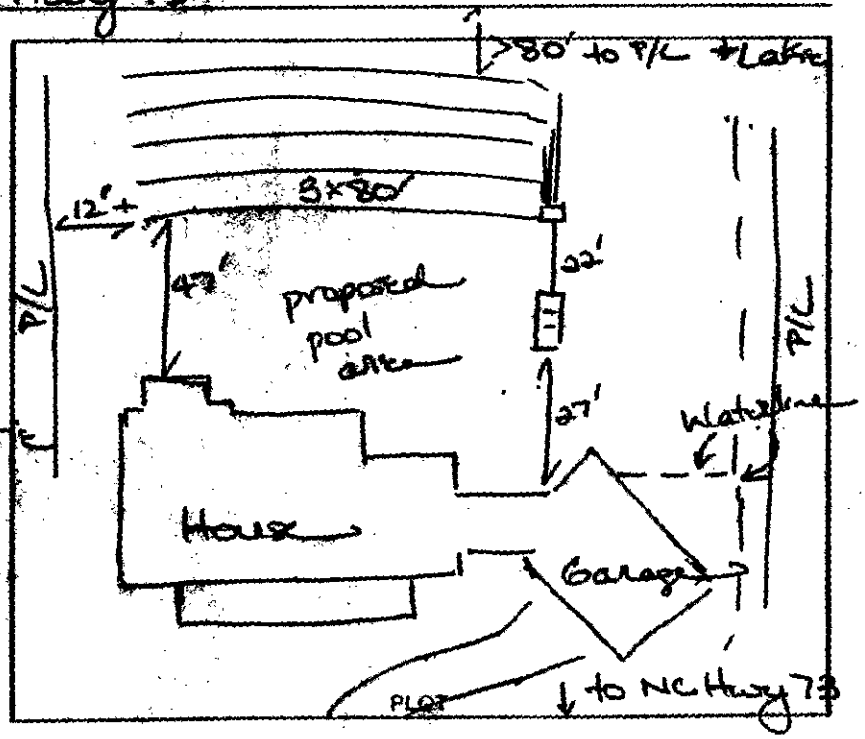
Distance to Water Source ~20' waterline

Excavation Inspected 10/24/95

Tank(s) Inspected 10/24/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1995, CON, 1500 gal ST, D-Box, 1200 ft², 12" @, Cecil-like CTR# 133

Kenny Dellinger (Jr.)

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 these 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: Type II, 3 bedroom house

Mecklenburg Cou[illegible]

D40

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

35498

$150 4/24/95 Ck. # 0966 CERT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: ~~E Lamar~~ Huneycutt E. LAMAR (last) (first) (mi)

ADDRESS: 2757 E. 17 Hwy PHONE: (704) 732-7417

CITY: Lincolnton STATE: NC ZIPCODE: 28092

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-021-04

STREET ADDRESS: 14535 N.C. 73 Hwy Huntersville N.C.

ZONING:

PROPERTY OWNER:

NAME: Huneycutt E. LAMAR (last) (first) (mi)

ADDRESS: 2757 E. Hwy 27 PHONE: (704) 732 7417

CITY: Lincolnton STATE: NC ZIPCODE: 28092

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): 1.8

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[] 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: 3 NUMBER OCCUPANTS: 4

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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] 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: X E. Lamar Huneycutt Date: X 4-24-95

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.

...

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

Environmentalist 5-15-95 Date

Director or Authorized Section Head Chief 5-24-95 Date

WATER : 122791

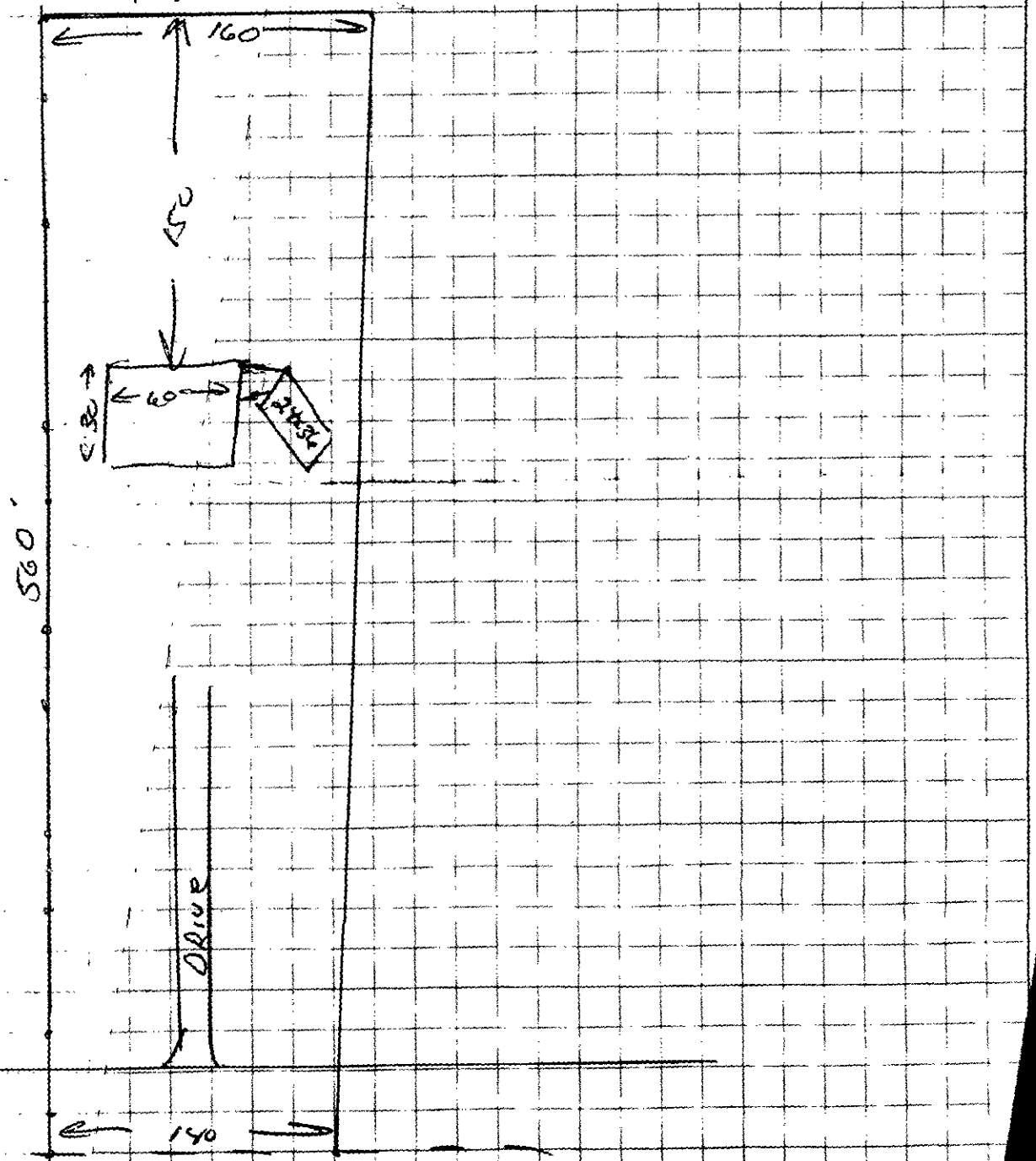
PROPOSED PLOT PLAN

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

FILE: 3549B

TC: 001-021-04

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's C

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 2/9/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-021-04

ASSIGNED ADDRESS 14535 NC 73 Hy

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	✓
6.	PROPERTY FRONTS ON THOROUGHFARE	✓ *	
7.	DRIVEWAY PERMIT REQUIRED	*	✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MU$T BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

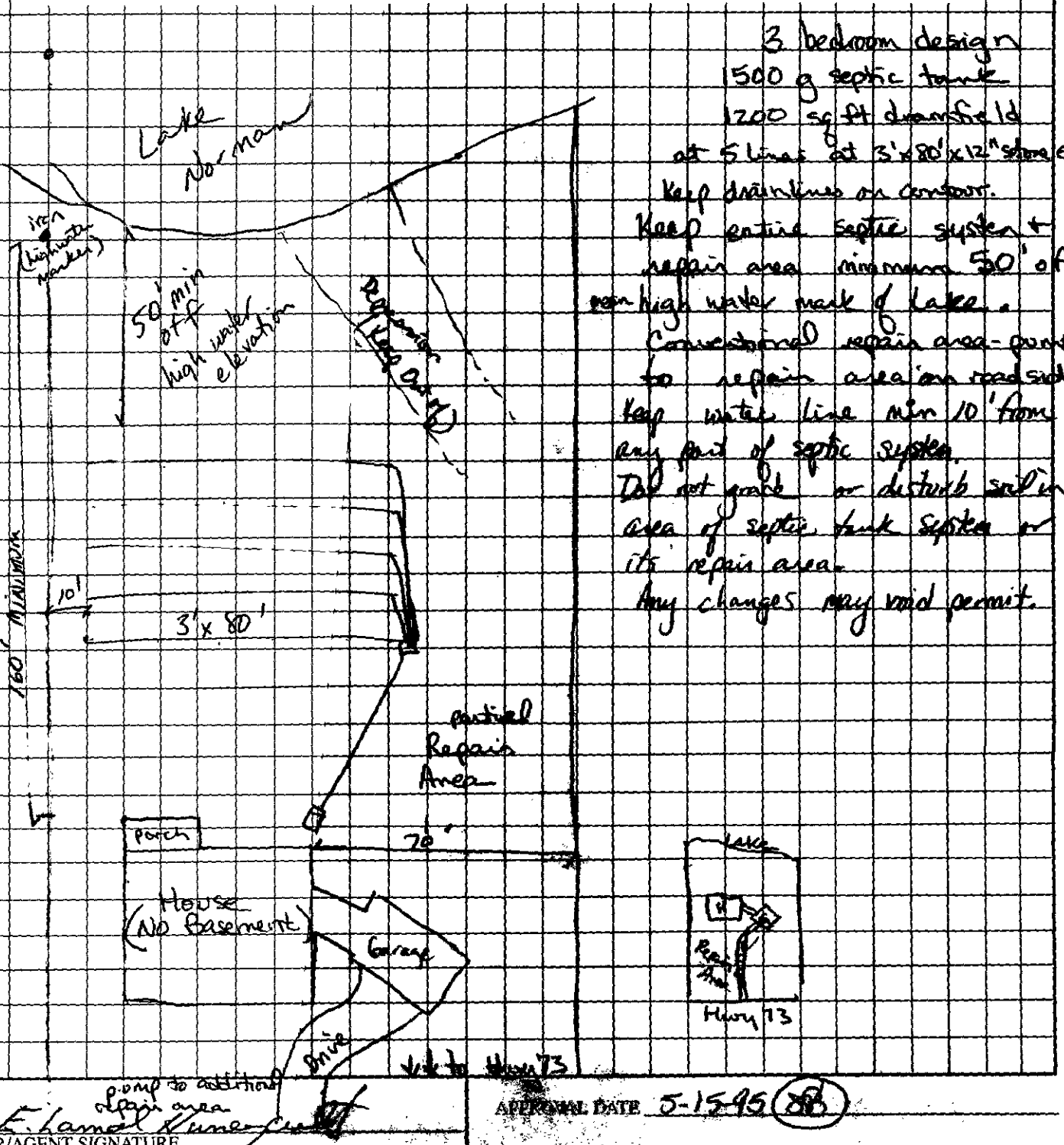
PROPOSED SHOT PLOT

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

FILE: 3549 B

TC: 001-021-04

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.



3 bedroom design
1500 g septic tank
1200 sq ft drainfield
at 5 lines at 3' x 80' x 12" stone each
Keep drainlines on contour.
Keep entire septic system + repair area minimum 50' off normal high water mark of Lake.
Conventional repair area - pump to repair area on roadside.
Keep water line min 10' from any part of septic system.
Do not grade or disturb soil in area of septic tank system or its repair area.
Any changes may void permit.

E. Lamar Kinney
OWNER/AGENT SIGNATURE

DATE 5-15-95

APPROVAL DATE 5-15-95 (RB)

White - Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPART
SITE EVALUATION REPORT
SERIAL NUMBER 028563

File: 35468 Action 1

Parcel: [illegible] PC

Location: 14535 N.C. Highway 73

Subdivision:

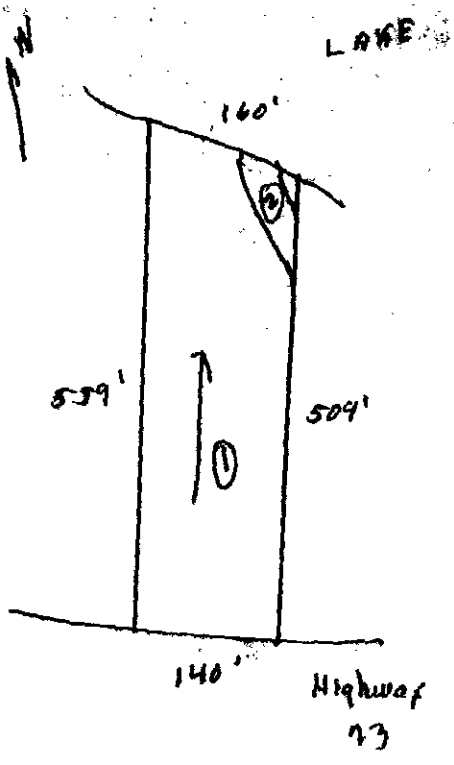
Lot: Block: Acres: 1.0

Owner: James E. Hennessee
Address: 2757 E. Highway 27
Lincolnton, N.C. 28092

Comments: 100% Repair, .3 gal/ft²/day LTAR, Repairs were over used pumps

Described by: William B. Mueller

Date: 5-10-95



*** 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 2-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive 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 7-46" To Soil Wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-46"	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	IV Tetotum	Depression				
Area Classification	S (PS) U					

BEATTIES FORD RD
19
3.41AC
HISTORIC
605.68±
604.8
230.7
51.9
182.6
S'LY
178.5
137.6
221.7±
3
5.58AC
HISTORIC
605.68±
1253.74 (TOT.)
25
97.6
163.72
122.4
125.3
98
52.3
1759
1.95
2180
2180
210±
1345±
1945±
1.16AC
158.7
147.01
189.5
1.53
AC
6
152.7
444.78±
1.5
AC
5
160.43
509.08±
1.8
AC
4
559.06±
140.16±
140.16±
1.9AC
3
(1) from Be
7th house on right
Soil test