

10010 ROBINSON CHURCH RD

10815203

4/30/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D480

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

FILE: 2463A DATE: 11-29-93

TC: 108-152-03 ☐ CRT

SERIAL № 15783

Name of Owner Jerry Whitley Juris.:

Address of Property 10010 Robinson Ch Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield — Existing 3 lines

Number of Lines — @ —

Cover Depth —

Water Supply Source well

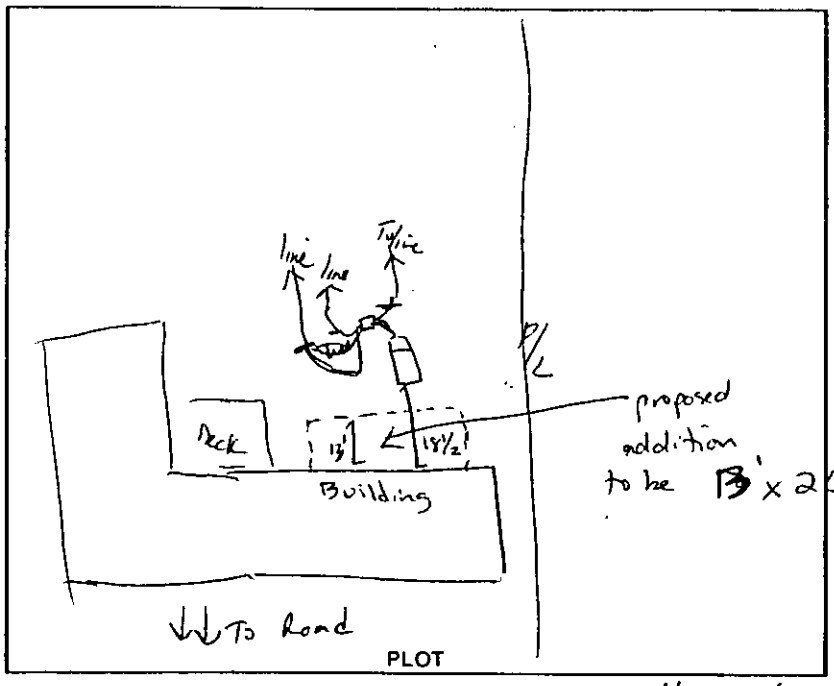
Distance to Water Source 50'+

Excavation Inspected 11-29-93

Tank(s) Inspected 11-29-93

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1993, 1500 g st, old tank pumped + filled in, new ditches set. CTR# 82 Norwood

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: New tank 18½' from existing building foundation. Type II

P. Walker for S. Daniel

Environmentalist

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

$150.

10/19/93 10/25/93 Ck#2258

2463A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Cash $50.00 CRT

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: Madden (last) Walter (first) K (mi)
ADDRESS: 9925 Hannon Rd PHONE: (704) 545-4718
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-152-03
STREET ADDRESS: 10010 Robinson Ch. Rd
ZONING:

PROPERTY OWNER:
NAME: Whitley (last) Jerry (first) L (mi)
ADDRESS: 10010 Robinson Ch. Rd PHONE: ( )
CITY: Charlotte STATE: N.C. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 1+ acre

TYPE APPLICATION (check one):

10-25-93 W.K.M.
* See back
ALTERATIONS TO SYSTEM

[ ] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sun room - moving bathroom
[ ] 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) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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: W. K. Madden Date: 10-19-93

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.

... permit issued to alter system to accomodate proposed plans 86 11-10-93

Alteration done 11-29-93 - use existing system now for proposed addition-11-30-93

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

Susan Salerno 11-30-93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

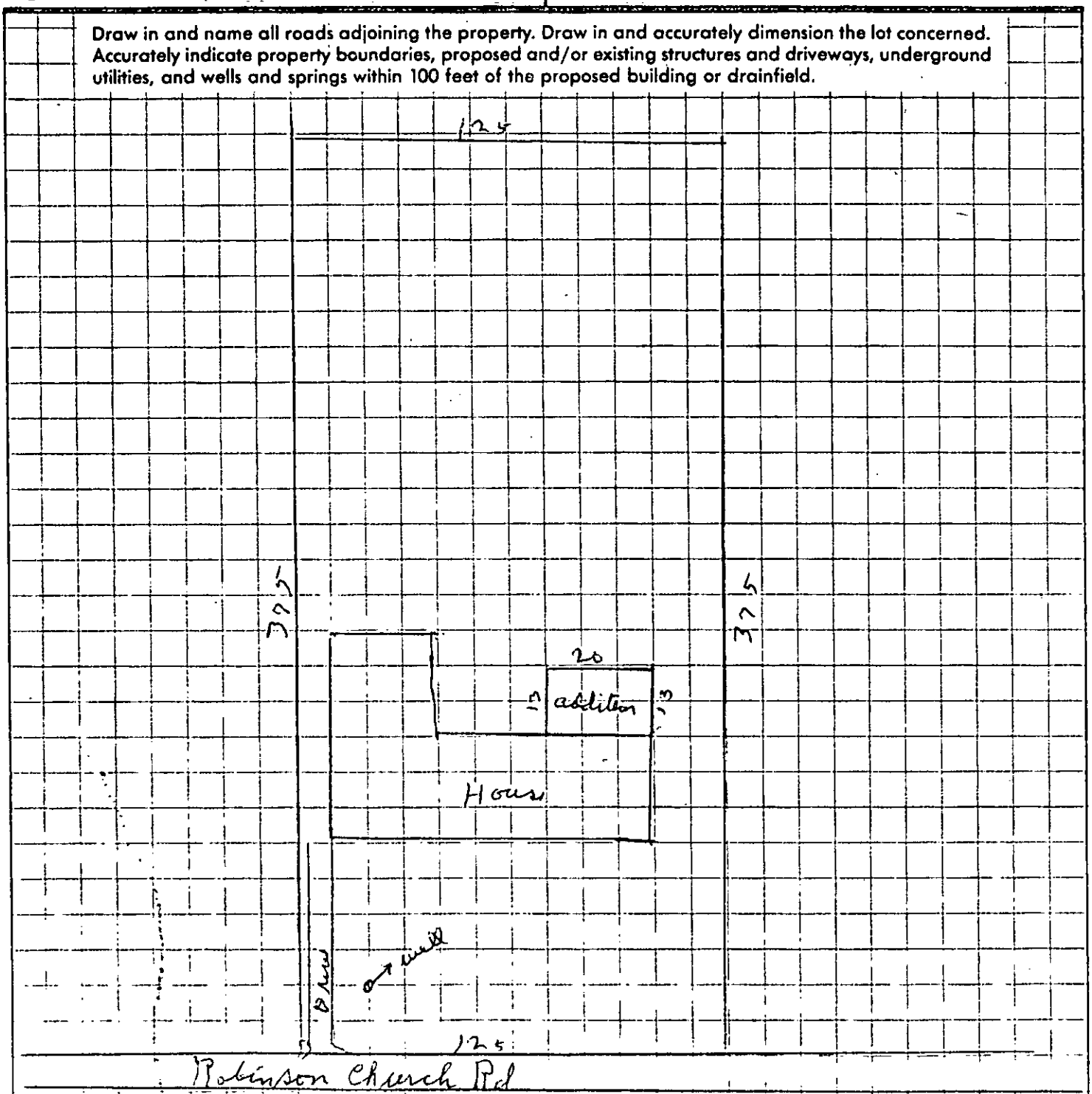
PROPOSED PLOT PLAN

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

FILE: 2463A

TC: _____

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 Alteration to system made 11-29-93 and can now be approved for the proposed addition. 11-30-93

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

DATE: 10/19/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Muck

PARCEL NUMBER 108-152-03

ASSIGNED ADDRESS 10010 Robinson Church Rd

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: Sue Rowe

NOTE: THIS FORM MUST 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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

$400

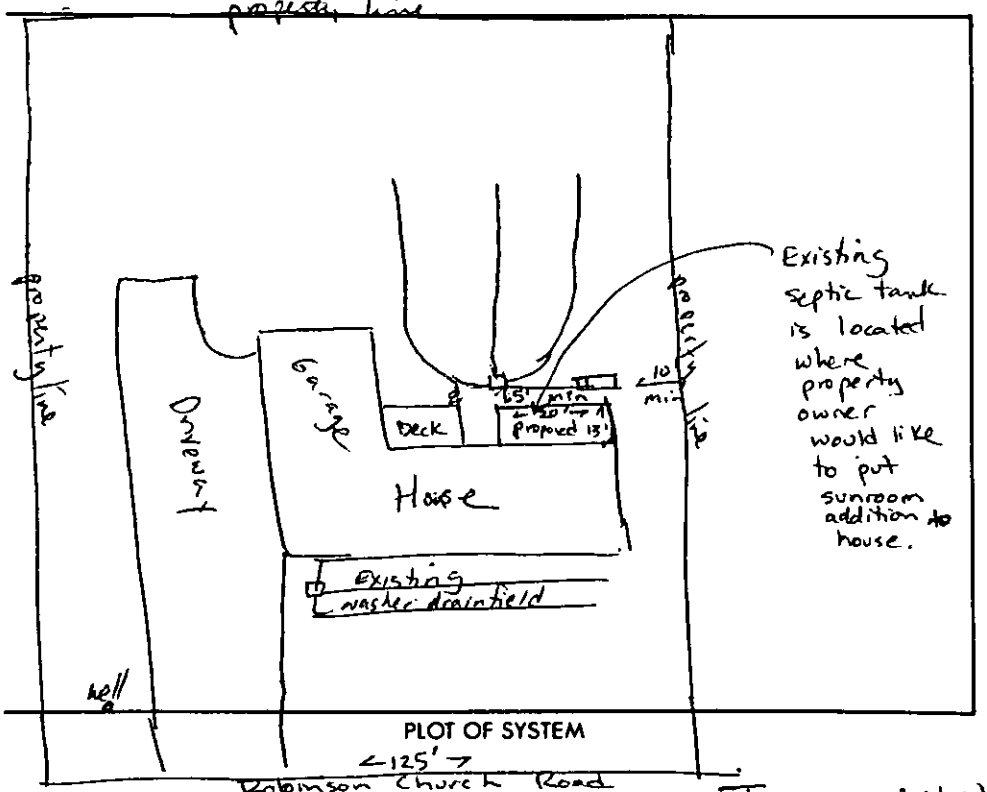
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2463 A DATE: 11-10-93

TC: 108-152-03 ☐ L

SERIAL Nº 15148

Permission is hereby given to _____ Install or Construct, X (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 11-10-93. All work shall be completed on or before 12-10-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction RCC

Absorption and/or Nitrification Lines:

Trench Width — feet

Total Line Length Existing feet

Number of Lines 3 existing lines at 3'x80' each

Depth of Stone — inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' +/- feet

Set tank to accomodate existing distribution box and nitrification trenches, plumb to accomodate septic tank system.

NAME OF OWNER Jerry Whitley

LOCATION OF PROPERTY 10010 Robinson Church Rd.

Comments: All parts of septic tank system must be min 5' from a building foundation Proposed addition to house is 13'x20' as shown. Pumper to fill in with clay or sand The existing tank (properly abandon) New tank and the existing distribution box, supplies lines & drainfield to be min 5' from proposed bldg. foundation.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2463-A DATE: 11-3-87
90
TC: 108-101-07 ☐ L ☑ CRT
SERIAL № 10623

Name of Owner W. K. Dladden Co. Juris.:
Address of Property 10010 Robinson Church Rd.

Inspection Data:

Tank Material CCC
Total Length of Drainfield 258'+142'
Number of Lines 3+2 @86+71'
Cover Depth 12"-18"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 11-3-87
Tank(s) Inspected 11-3-87
Wash Line Inspected 11-3-87
High Water Alarm Inspected

PLOT

Design: 1987, 1500ST, Con, 774 SFT, 12E, Cecil, 426 MT CTR# owner

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:

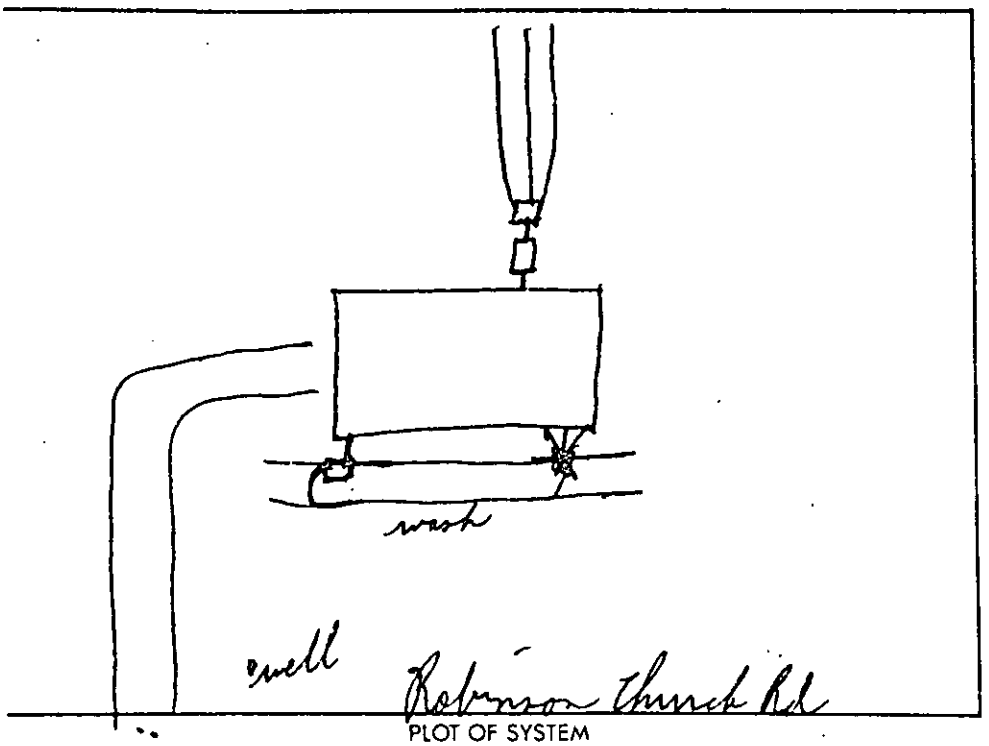
S. R. Ferguson
Environmentalist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2463-A DATE: 10-1-87
PO TC: 108-101-07 ☐ L
SERIAL № 11309

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 11-12-86. All work shall be completed on or before 11-1-87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction Pcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 258+142 feet
Number of Lines 3+2
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well ≥ 50 feet

NAME OF OWNER W. K. Gladden Co.
LOCATION OF PROPERTY 10010 Robinson Church Rd.
Comments: 3 lines 3'X86'X12" stone - septic
2 lines 3'X71'X12" stone - wash

Division or Section Head

B. R. Ferguson
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 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.

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

November 18, 1993

Mr. Jerry Whitley
10010 Robinson Church Road
Charlotte, NC

Re: 10010 Robinson Church Road
Tax Parcel: 108-152-03
File: 2463A

Dear Mr. Whitley:

Your application for approval of a proposed sunroom and bathroom addition to your house has been disapproved due to the septic tank system location. You may want to consider an alteration to the septic tank system to accommodate the proposed addition. This would involve setting a new septic tank and possible adjustment of the existing distribution box and supply lines. The existing tank would need to be properly abandoned. It is recommended you speak with the Building Standards Department in relation to the proposed addition being built over a properly abandoned septic tank.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:lw