


16022 HENRY LN

00102301

6/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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# ~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

D460

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

FILE: 9018 DATE: 8/29/96

TC: 001-023-01 ☐ L ☐ CRT

SERIAL № 16650

Name of Owner Lillian Neal Juris.:

Address of Property 16022 Henry Lane

**Inspection Data:**

Tank Material ✓

Total Length of Drainfield ~62'

Number of Lines 2 @ ~31' each

Cover Depth 12"-18"

Water Supply Source Well

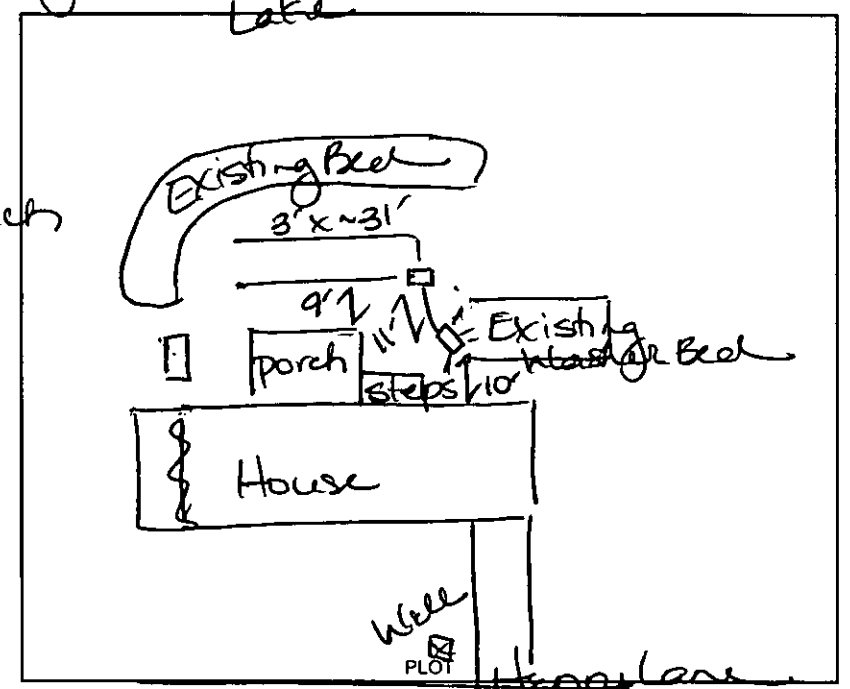
Distance to Water Source >80'

Excavation Inspected 8/29/96

Tank(s) Inspected NA

Wash Line Inspected 8/29/96

High Water Alarm Inspected NA




Design 1996 Washer Repair, D-Box, ~186ft², Cecil-like (Hanco) CTR# 68

Jack Stuart

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 15A 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 15A 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: Washer Repair - Hancor Enviro Chamber

Old Bed to feed first, then overflow back into new installation.

00<85 (1975)

Typed

Lisa B. Mialik, RS
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

+ Conditions of ~~Improvement~~ permit

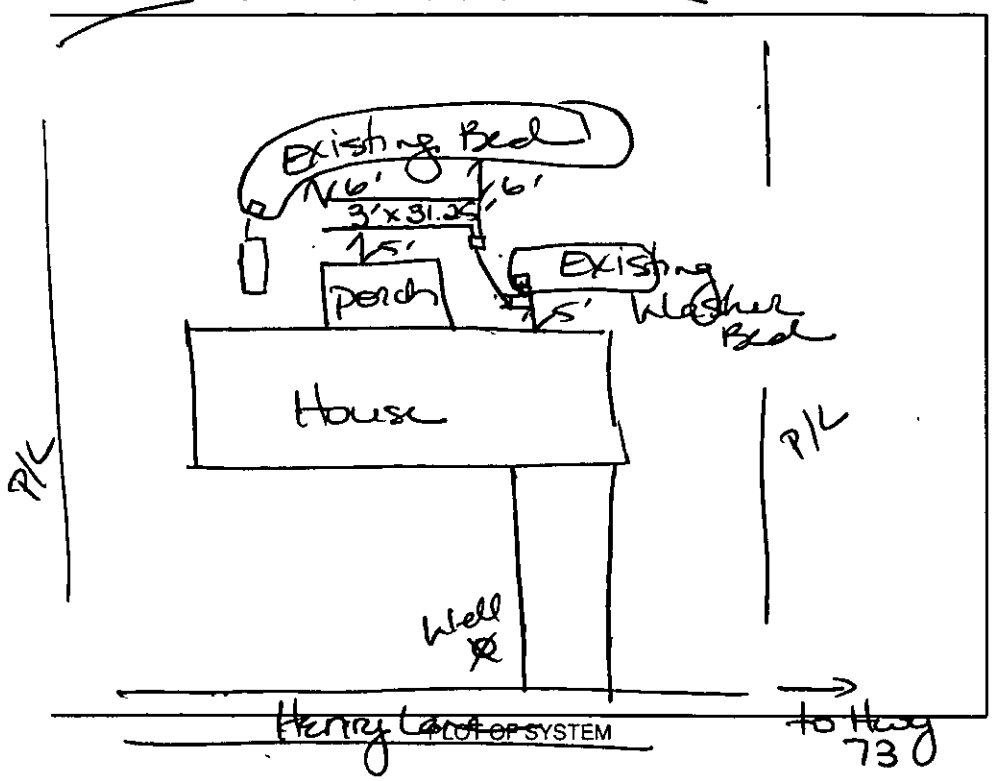
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9018 DATE: 7/25/96

TC: 001-023-01 ☐ L DKCO

SERIAL Nº 16891

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 7/25/96. All work shall be completed on or before 8/25/96, 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. Lake




Liquid Capacity of Septic Tank ✓ gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction ✓

Trench Depth ~24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length ~62 feet

Number of Lines 2@31' (chamber)

Depth of Stone Group I, II & III backfill inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100 feet

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

NAME OF OWNER Lillian Neal

LOCATION OF PROPERTY 16022 Henry Lane

Comments: Repair to Washer Bed

- Install Large D-Box to divide flow between existing washer bed + new installation (Install 2nd D-Box + 2 chamber bed lines (or other X% reduction system) ~ 3' x 31' each.
- ~~Maintain 9' centers on~~ new lines + keep at least 6' off existing bed (off S.T.)

Lisa B. Mialik, RS
Environmental Health Specialist

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

DX00

**FEE:** _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** 7/25/96 **PERMIT NO:** 9018
**PARCEL NO:** 001-023-01

**JOB LOCATION ADDRESS:** 16022 Henry Lane
**PROPERTY OWNER:** Lillian Neal
**BUILDING CONTRACTOR:** NA
**SUBDIVISION NAME:** _____
**AUTHORIZATION ISSUED BY:** Linda B. Mialik, RS **DATE:** 7/25/96
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 9018, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair to washer bed.

## OWNER CERTIFICATION

Repair

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Lillian B. Neal

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: N/A
DATE: 8/10/96

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

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 4013

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-023-01

STREET ADDRESS: 16022 Henry Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT #15

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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: 2,000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

CLOSING DATE_____

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:**

NAME: NEAL LILLIAN
(LAST) (FIRST) (MI)

ADDRESS: 16022 Henry LANE

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( 875 6993

**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: Lillian B. Neal DATE

Built 1995

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

# Mecklenburg County
## Health Department

File 9018

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill). 001-023-01

2) Provide the name of the original property owner. Same

3) Do you have visible sewage on the surface of the ground? No

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc? No

5) Is there a separate wastewater line from your washing machine? Yes Dishwasher? ??

6) Has your septic tank ever been pumped out? If so, approximately when? No

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when? No

8) Approximately what year was your septic system installed? 1975

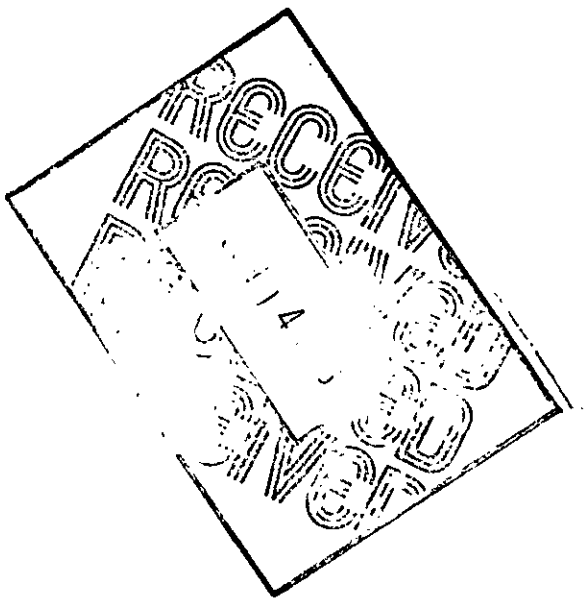
9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)? No

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236


RECEIVED