19608

Serial No. 6805

ICAR(S) Permit No. 19600

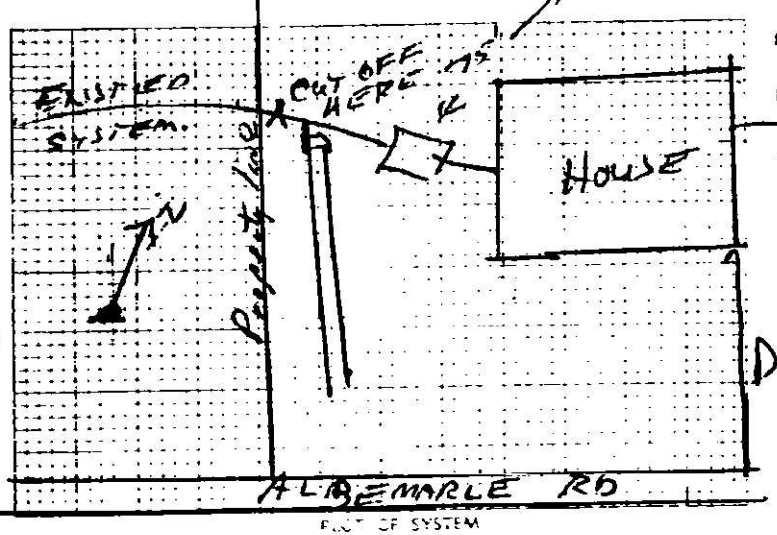
Date Issued 11-27-93

T C No. 111-201-02

Map Date _____

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

Permission is hereby given to ___ Install or Construct, Y 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 application _____ dated 4-27-93 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before Dec 25th 1993 after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate P S LWA

Liquid Capacity of Tank Repair

Tank Construction Repair

Absorption Area Determination

Trench Length 100 Lin FT

Number of Lines Two

Distance from House 10 FT

Distance from Property Line 75 FT

Distance from Well 75 FT

NAME OF OWNER HILL, LLOYD EUGENE 12/3/90 Address Changed to Rt 3

LOCATION OF PROPERTY 12315 ALBEMARLE RD To 12435

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg 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 otherwise rendered uninspectable and shall not be used. The issuance of this permit does not in any way guarantee that the system anticipated to be installed will operate properly or relieve any person now or hereafter owning, controlling or using such property of any liability resulting from the failure of the system to operate properly.

Comments For Trenches To be 50FT x 3FT x 12 INCHES Stone Diagonal Shape over trouble bis- PIT Box

Ralph Miller

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 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.

EHD-5-76

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: [illegible]

TC: [illegible]

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12435 Albemarle Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 111-201-

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: William (FIRST) Scott (MIDDLE) Hill (LAST)

⑧ MAILING ADDRESS: 12435 Albemarle Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) [redacted] 331-0850 (HOME) 545-4254

⑬ Accurately diagram and dimension lot.

Please see attached drawing

⑭ The undersigned, 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: Joyce A. Hill

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

Date: ~~10-22-90~~ 12-6-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-6-90

Name/Company: William Scott III

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Hyp. Sol-Ics+
12435 Hixmere Rd.
Ilc 19600
HEALTH DEPT. 704-111-2201

ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 6 1990

Fee: $ 50.00 Ck# 1149 $50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16873

File: 19608 Action 1

Parcel: 111-201-02 PC

Location: Albemarle Rd

Subdivision:

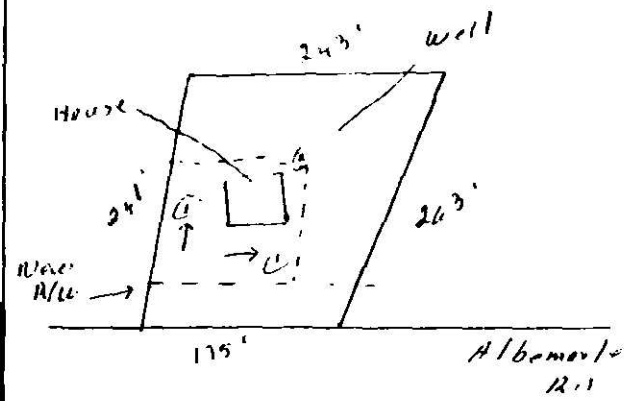
Lot: Block: Acres: Approx .23 ac

Owner: William Scott Hall
Address: 12435 Gilwood Rd
Charlotte, NC 28227

Comments:

Described by: William R. Mecke

Date: 12 11 96



*** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 24" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited very	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	CeB Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

December 1[illegible], 199[illegible]

William Scott Hill
12435 Albemarle Road
Charlotte, NC 28227

RE: Property located at 12435 Albemarle Road
File: 1[illegible]8
Parcel: 111-[illegible]-07

Dear Mr. Hill:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Permit Number [illegible]) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application for an Improvement Permit with a new "MARKED" lime stoned plot plan detailing the location of current and proposed buildings, wells and sewage disposal system(s) to this office. The plan will be reviewed and if it is found that the area of the septic suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

Please note that this classification may be revised if any filling, grading or construction during the drilling of a well is performed on the lot which in the opinion of this department renders any area originally designated suitable for system installation, unsuitable. Furthermore, this approval may be revised should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval at the time of issuance. The date of issue is [illegible].

If there are any questions concerning this matter, please do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

DATE 10/5/90

FROM: COUNTY ENGINEERING DEPARTMENT

SED FILE _____ JURISDICTION CODE Mck

PARCEL NUMBER # 111-201-02

ASSIGNED ADDRESS 12435 Albemarle Rd

EXISTING ADDRESS _____

PROJECT NAME N/A.

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: Address Verified.

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 DRIVEWAY(S).

SIGNED: _____

REVISED 06-88

NEW ADDRESS / /*

FORM 180

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY) 19608
FILE: 19600
TC: 111-201-02
SERIAL: № 21293 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12435 (STREET NO) ALBEMARLE RD. (STREET) ② FILE:
③ JURISDICTION: Unincorporated ④ TAX PARCEL NO.: 111-201-02
⑤ SUBDIVISION: 12315 Albemarle ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAM (FIRST) SCOTT (MIDDLE) HILL (LAST)
⑨ MAILING ADDRESS: 12435 ALBEMARLE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 331-0850 ⑭ (HOME) 545-4254

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Use existing system + move house back

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: William Scott Hill
Date: 10-5-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date
Director or Authorized Section Head — Date 10-16-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: _____

Name/Company: _____

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: _____

_____

_____

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 8 1998

Fee: $_____

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-11-90

Name/Company: Wilson Head

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Compliment letter
12435 Lakeside Road
Inc # 111-201-C2
Fac # 19600

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC. 11 1990

Fee: 125 00 Cash 125.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

PROPOSED PLOT PLAN

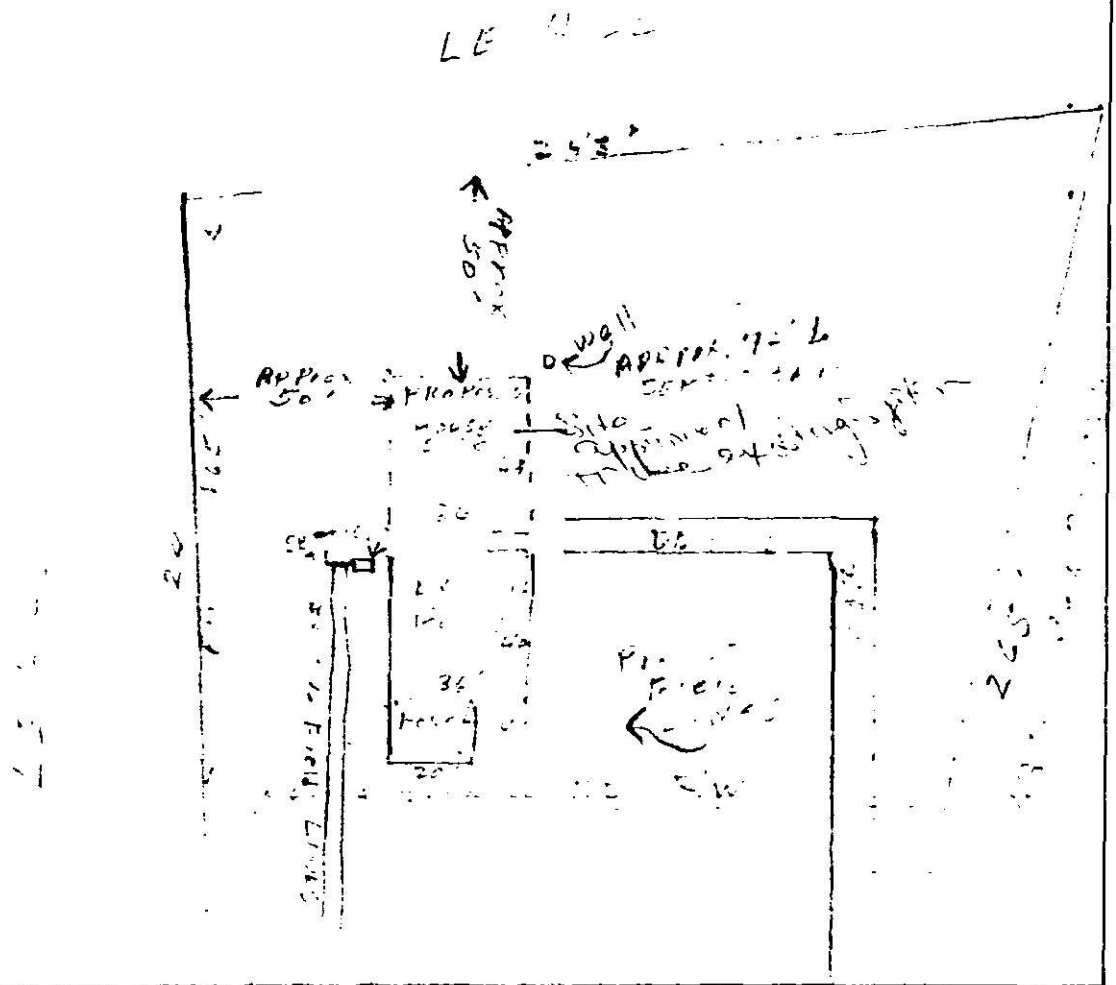
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

19608

FILE: 19608

TC: 111-201-02

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 11/17/11

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 19600 19608
TC: 111-201-02
SERIAL: № 19848 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12435 (STREET NO) Albemarle (STREET) Rd. Char. ② FILE: 19600
③ JURISDICTION: ④ TAX PARCEL NO.: 111-201-02
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) Scott (MIDDLE) Hill (LAST)
⑨ MAILING ADDRESS: 12435 Albemarle Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 331-0850 ⑭ (HOME) 545-4254

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

⑳ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned 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: Joyce J Hill
Date: ~~10/22/90~~ 12/10/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance

Environmentalist — Date

Director or Authorized Section Head — Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

DATE: October 15, 1990

MEMO: To File 19600, 12435 Albemarle Road, Tax Parcel #111-201-02

Owner: William Scott Hill

Re: Septic Tank System

A visit was made to the above mentioned lot today for the purpose of locating septic system and request for approval to use the existing septic system and relocate the house further back on the lot. I AM SIGNING IMPROVEMENT TO USE EXISTING SYSTEM.

The next request made at that time by Mrs. Hill was to install another septic system for the home later, utilizing as much of the existing system as possible due to the fact that the widening of Albemarle Road will take a portion of the existing system. I explained to Mrs. Hill she must apply for a soils test and another improvement permit. These fees as of today would be $175.00 ($50 for the soils test and $125 for the installation permit and the final approval). I am mailing these forms to her for follow-up. I instructed them to have the ighway department (DOT) to mark the area where the new right-of-way will extend to onto their property BEFORE they apply for the soils test, etc. Based on the land area she showed me and the proposed right-of-way it would appear they might have available land to relocate the system. If we can use the existing tank and a portion of the two existing lines, we would extend the two existing lines and add on another.

The Hills should follow-up as instructed. Mrs. Hill mentioned it would be '91 before the road is widened.

JudyKiser

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

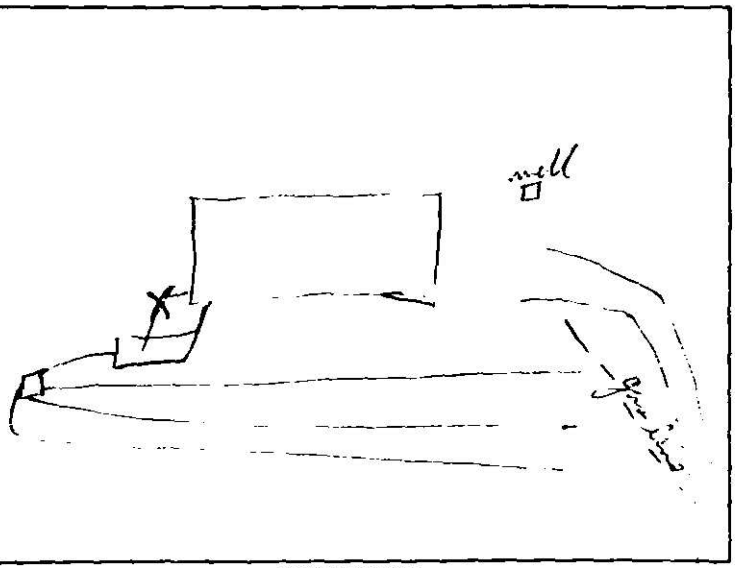
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19608 DATE: 12-28-90

TC: 11-201-02 ☐ L

SERIAL № 14748

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 12-10-90. All work shall be completed on or before 1-28-91, 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



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1 Xxx Lig. gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Ccc

Absorption and or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 15 feet

Distance from Well 50 feet

NAME OF OWNER William Hill

LOCATION OF PROPERTY 12435 Albemarle Rd

Comments: Three 3'X133'X12" Lines

Division or Section Head

B.K. 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 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

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

FILE: 19608 DATE: 2-5-91

TC: 111-201-02- ☐ L ☐ CRT

SERIAL № 13724

Name of Owner William Hill Juris:

Address of Property 12435 Albemarle Rd.

Inspection Data:

Tank Material F.C.

Total Length of Drainfield 400'

Number of Lines ? @ 133'

Cover Depth 21"-36"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 2-5-91

Tank(s) Inspected Existing

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1-1' Alt. subsurface system CTR# 66

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:

D.K. Ferguson
Environmentalist

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