8157 #12086

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ⊘ NEW SYSTEM ○ ALTERATION ⊙ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 011-011-08
STREET ADDRESS: 10123 Hagers Road
CITY: Huntersville
STATE: NC ZIP: 08078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1.50
TOWNSHIP:

⊙ MECKLENBURG	○ CORNELIUS	○ HUNTERSVILLE
○ DAVIDSON	○ CHARLOTTE	○ PINEVILLE
○ MATTHEWS	○ MINT HILL	

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME	○ MODULAR HOME
○ DOUBLE WIDE	○ MULTIPLE FAMILY
⊙ HOUSE	○ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

○ CONCRETE SLAB	○ BASEMENT WITH PLUMBING
⊙ CRAWL SPACE	○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ⊙ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:**

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	⊙ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ○ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ○ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ○ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ○ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ○ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ☐ N/A

12. **PROPERTY OWNER:**

NAME: Thad Givens
ADDRESS: 10123 Hagers Road
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: (704) 992-6431
MOBILE PHONE: (973) 634-0114
FAX:
E-MAIL: dchief26@aol.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

**Owner's Authorization form is required if legal representative is submitting application*

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

TG (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

TG (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Thad Givens
Property Owner's or Owner's Legal Representative Signature

3/31/21
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

File #: _____

PROPOSED PLOT PLAN

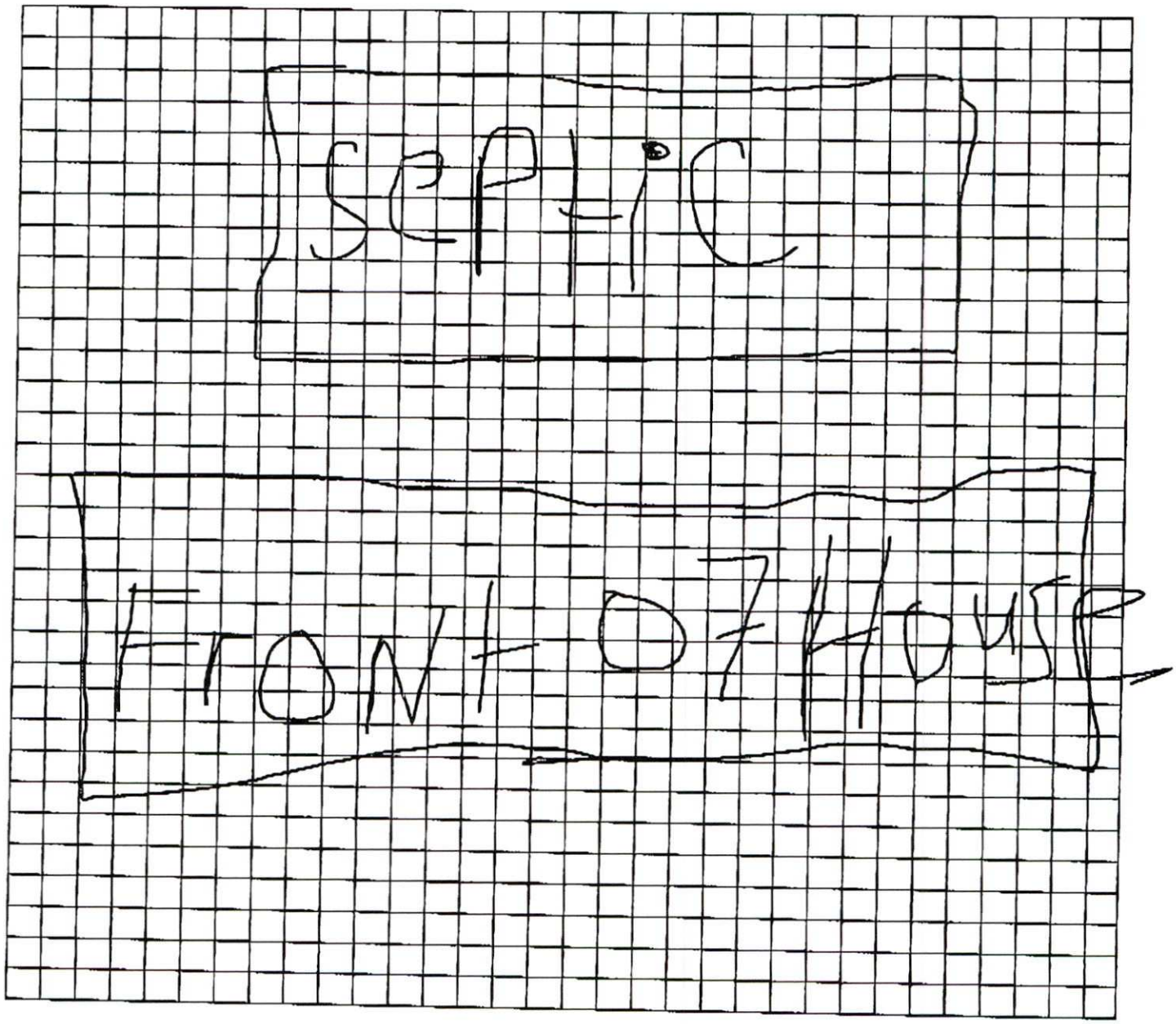
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10123 Hagers Road

Tax Parcel #: 011-011-08

Subdivision Name: _____

Lot #: _____



Thad Givens

Property Owner's or Owner's Legal Representative Signature

3/31/21

Date

704-336-6894

MILITARY POLICE
INFANTRY
GIVENS

Thad & Gladiolus Givens
10123 Hagers Road
Huntersville, North Carolina 28078
Phone: (704) 992-6431
Cell Phone: 1-973-634-0114

FAX COVER SHEET

DATE: 5 APRIL 21 **TIME:** _____

TO: MECKLENBURG County

FR: THAD GIVENS

RE: SEPTIC – REPAIR OR NEW

Please Call before Coming OUT To Make Sure that I will be Home

CC: NUMBER OF PAGES INCLUDING COVER SHEET) 4

5/4/21 : Homeowner having problems with system backing up into basement during heavy rains. Met Steve Autry onsite. main drain bed is too deep to install an interceptor drain (>4'). Existing washer bed was disconnected from washing machine a long time ago - gravel good. Installed T to supply line so excess water will flow into washer bed instead of back into tank during heavy rains.

Serial No.

Date Issued JUNE 26, 1975

ICAR IS Permit No 8157

T C No 011-011-08

Map Date 4-A-74

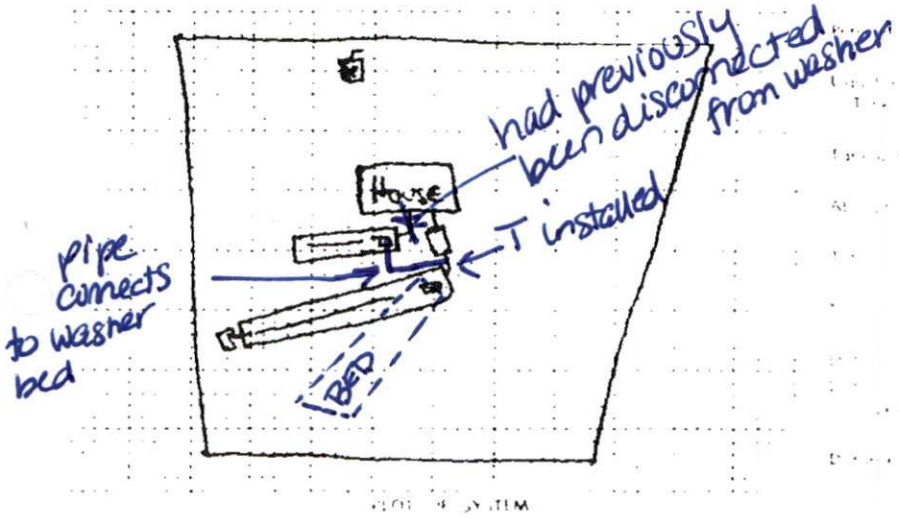
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 After or Repair the individual septic tank waste water 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 8157 dated 2-14-75 and this permit shall become void and of no effect if the work authorized is not completed on or before Jul. 26 after which date this permit shall be null and void.



FLOW DIAGRAM

60

1000 GAL

PRECAST CONCRETE

400', 15e'

⑤ 20' x 12½' - 17"

10'

10'

100'

NAME OF OWNER BILLY B. WHITE

LOCATION OF PROPERTY HAGERS ROAD

This permit is issued subject to the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered, backfilled or otherwise rendered uninspectable or can be used.

Comments WASHER LINE (50' + 7½' x 17")
AERATION PIT (2½' x 4' x 7') Stone

Paul A Kiefer

Director of Environmental Health

Environmentalist

It is the responsibility of the installer or constructor of the new system to notify the Health Department by telephone or in writing at least 24 hours prior to the time of backfilling. Failure to notify the Health Department may result in the permit being declared void. Where an existing system is being altered or repaired

E-5-9-1-72