

4140 MT HOLLY-HUNTERSVILLE RD

03304120

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3578B DATE: 8/21/95

TC: 033-041-20 ☐ L ☐ CRT

SERIAL Nº 16262

Name of Owner Nancy Christenbury Juris.:

Address of Property 4140 Mt. Holly-Huntersville Road

Inspection Data:

Tank Material NA

Total Length of Drainfield ~45

Number of Lines 3 @ ~15'

Cover Depth >24"

Water Supply Source Well

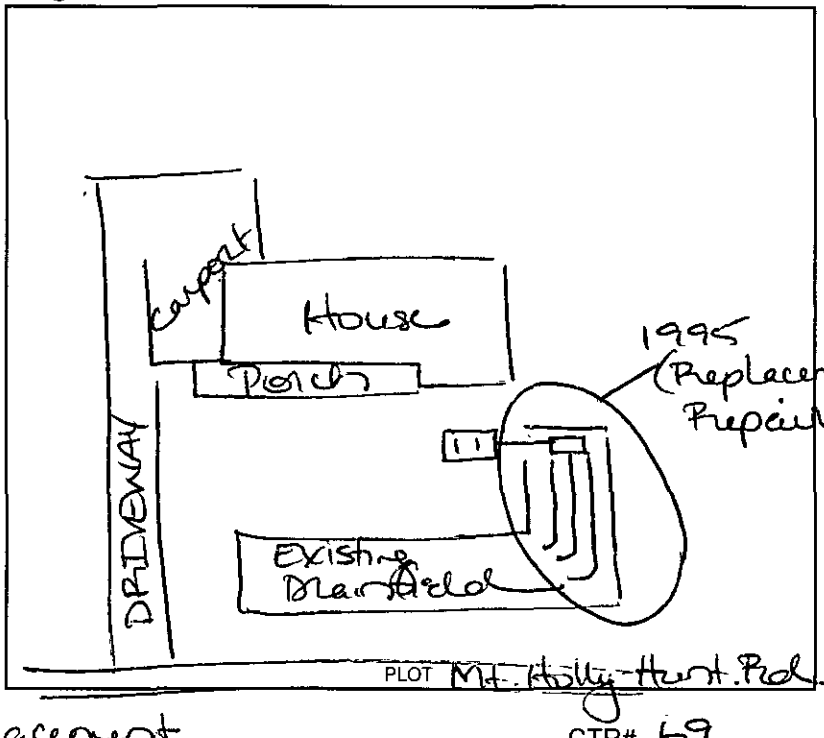
Distance to Water Source >50

Excavation Inspected 8/21/95

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected



Design 1995 Repair via replacement CTR# 69

The undersigned has inspected the Septic Tank System described above, and certifies it has been Little Hawkins

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A 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 I5A 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: SD < 1985

1995 Repair - New PVC pipe installed from ST to D-Box
New D-Box, 3 lines @ ~15 each. New stone.
~~Repair basically replacing damage to initial portion of system.~~

Lisa B. Mialik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

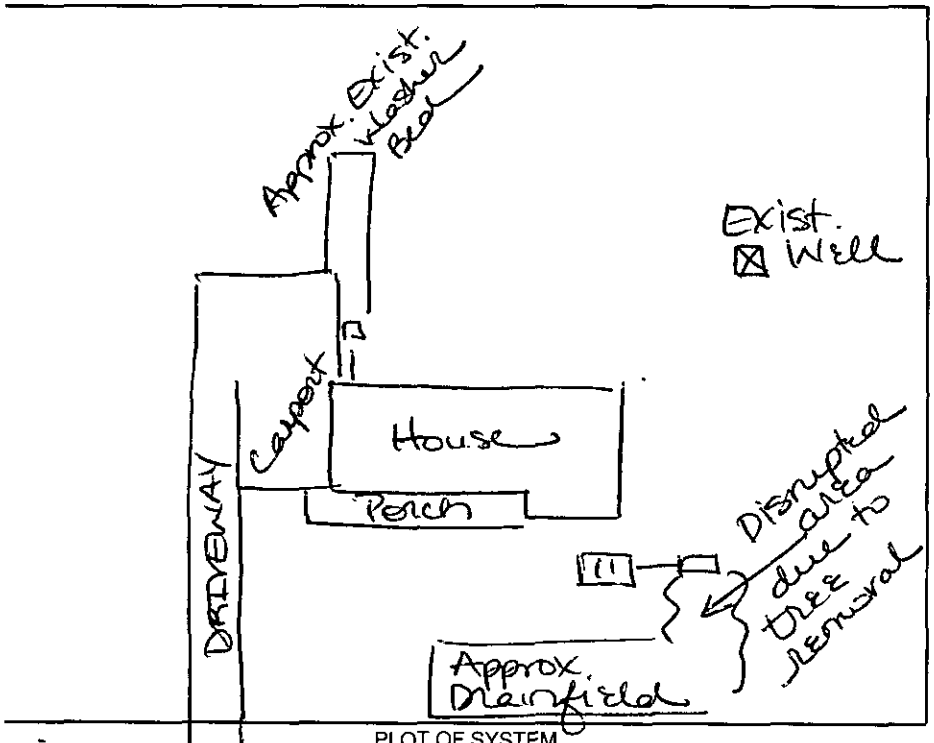
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3578B DATE: 8/16/95

TC: 033-041-20 ☐ L

SERIAL Nº 16363

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 5/12/95. All work shall be completed on or before 9/16/95, 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.



PLOT OF SYSTEM
Mt. Holly-Huntersville Rd

Liquid Capacity of Septic Tank NA gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth match original installation

Absorption and/or Nitrification Lines:

Trench Width ~9 feet

Trench Walls Scored and Porous ✓

Total Line Length ~45' feet

Number of Lines 3@15'

Depth of Stone match original installation inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER Nancy Christenbury

LOCATION OF PROPERTY 4440 Mt. Holly-Huntersville Rd

Comments: Per 5/23/95 OSV. Drainfield via probing appeared dry - suspected blockage. Mrs. Christenbury's husband John Walters wants to have his ST contractor Little Hawkins contact me when ST & D-Box uncovered to assess problem. Per 8/11/95 OSV. Drainfield disrupted. Per Mr. Walters - removed large tree - roots had clogged D-Box & drainfield at beginning of lines.

Lisa B. Mialik
Environmental Health Specialist

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

3B: Repair W# 875-0177

3578B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER: WALTERS & CHRISTENBURY LLC

NAME: CHRISTENBURY NANCY
(last) (first) (mi)

ADDRESS: 4140 MT. HOLLY-HUNTERSVILLE ROAD PHONE: 704 399-0927

CITY: CHAR STATE: ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 033-041-20

STREET ADDRESS: 4140 Mt Holley-Huntersville Rd

ZONING:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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 N)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
☒ 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: Nancy Walters Date: 5-12-95

NOTICE: Christenbury

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.

... 7/21/95 Systems Repaired

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

Lisa B. Malik 7/21/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12-91

Unrecorded

Kaylan W # 875-0177

3578B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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 COPY

PERSON FILING APPLICATION:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE: John Walters

Date:

PROPERTY OWNER: WALTERS c.c. 875-0177
NAME: Christen Bauy (Nancy (last) (first) (mi)
ADDRESS: 4140 MT. HOLLY-HUNTERSVILLE ROAD PHONE: 704 399-0927
CITY: CHAR STATE: ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-041-20
STREET ADDRESS: 4140 Mt Holley-Huntersville Rd
ZONING:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
☒ 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: ✓ Nancy Walters Date: ✓ 5-12-95

NOTICE: Christenbury

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.

...

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

Retain as part of file
#3578B

Environmentalist Date

Director or Authorized Section Head Date

5/22 10:55 PC to Ms. Walters. NC. WATER 22791
LMessage.
5/24 Per John Walters. Letter Hawkins to contact me
8/11 - Ms. John Walters. Free pulled up

Unrecorded 4

5/22/95 PC to Christenbury residence. NC. LM on machine

5/23/95 PC w/ Nancy Christenbury - referred me to her husband @ 378-0177

5/23/95 PC w/ John Walters. Scheduled appt. for 2:00 today

5/23/95 ~1:45 OSV. John Walters present; stated pump tank pumped ~6 mos. ago. Problem appears to be blockage @ tank - drainfield upon probing seems dry. Probed separate wash. bed to rear of house. Advised to have his contractor Little Hawkins contact me to set up time to uncover tank, etc. to determine source of problem.

5/24/95 ~8:24 Rec. voice mail mess. from John Walters, stated he gave my bus. card to Little Hawkins + that Hawkins will contact me. JSH

5/24/95 Unable to locate file (House built 1978.) ?

6/7/95 PC to Mrs. Walters - NC. LM on machine regarding status.

6/7/95 12:35 PC w/ Mr. Walters; stated Little Hawkins to contact me this week JSH

8/11/95 OSV.? Mr. Walters present. Tree pulled up

8/14/95 OSV. Little Hawkins present. To repair system by replacement. Advised 4 pipes - as removed. ~18" stone. Call for "final" - memo to go in file.

8/21/95 OSV. No one @ home Checked D-Box; line from ST to D-Box

8/21/95 PC w/ Mr. Walters - stated lines tied into old bed - new gravel.