

11009 MOUNT HOLLY RD

05304106

6/21/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

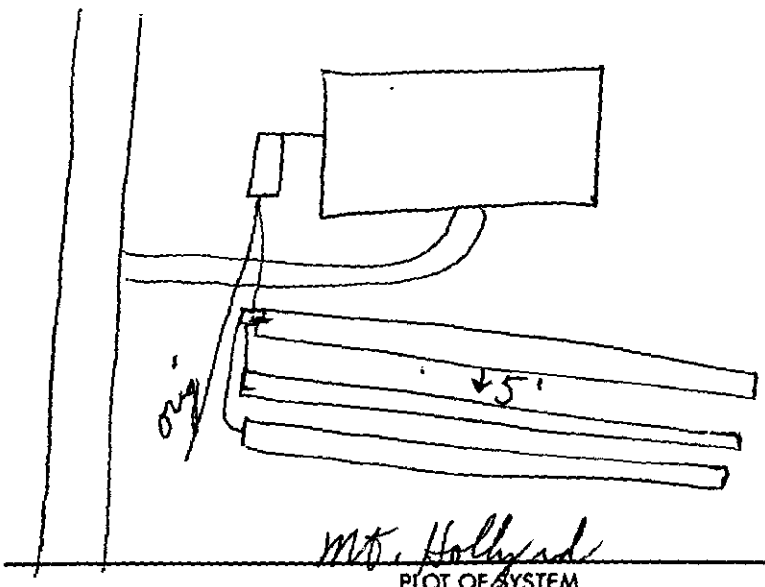
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6809-A DATE: 6-12-90

TC: 053-041-06 A L

SERIAL Nº 13310

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 5-24-90. All work shall be completed on or before 7-12-90, 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 gpass gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 300 feet

Number of Lines 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Comm. feet

NAME OF OWNER Russell Wilkinson

LOCATION OF PROPERTY 11009 Mt. Holly Rd

Comments: 3 lines 6'X50'X18" stone
Install D-box & tee if necessary

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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 23 1990
ENVIRONMENTAL HEALTH DIVISION

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: 6809A

TC: _____

SERIAL: № 20839 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11009 Mt. Holly Rd. (STREET NO. / STREET) ② FILE: 0530410

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Russell (FIRST) David (MIDDLE) Wilkinson (LAST)

⑨ MAILING ADDRESS: 11009 Mt. Holly Rd.

⑩ CITY: Charlotte, ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 347-0287 ⑭ (HOME) 822-6460

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? _____ ㉕ Type? _____

㉓ Maximum occupancy? _____ 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: Russell D. Wilkinson

Date: 5-24-90

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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)

FILE: 6809A

TC: _____

SERIAL: NC 20339 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11009 Mt. Holly Rd. (STREET NO. / STREET) ② FILE: 05304102

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Russell (FIRST) David (MIDDLE) Wilkinson (LAST)

⑨ MAILING ADDRESS: 11009 Mt Holly Rd.

⑩ CITY: Charlotte, ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 347-0287 ⑭ (HOME) 822-6460

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⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 3 (1 2 3)

㉓ Maximum occupancy? 6

㉔ Basement? ☐ yes ☐ no

㉑ ☐ Business/or place of public assembly

㉕ Type? _____

㉖ Maximum number of employees? _____

㉗ Maximum number of seats? _____

WATER SUPPLY

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