

4824 QUAIL RIDGE DR

13535703

5/23/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 540

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

FILE: 4815 DATE: 8-04-95

TC: 135-357-03 ☐ L ☐ CRT

SERIAL № 16271

Name of Owner Jeff Hacker Juris.:

Address of Property 4824 Quail Ridge Road

Inspection Data:

Tank Material Existing

Total Length of Drainfield 300'

Number of Lines 2 beds 9'W @ 50'L

Cover Depth 18-24"

Water Supply Source Community

Distance to Water Source 710' from line

Excavation Inspected 8-04

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1995, CON repair, 900SF, B, 12G, soil series not determined CTR# 167

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 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: Type II a repair 2 9'W x 50'L x 12" stone fed by flow divider

Randy B. Thompson Jr. R.S.
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

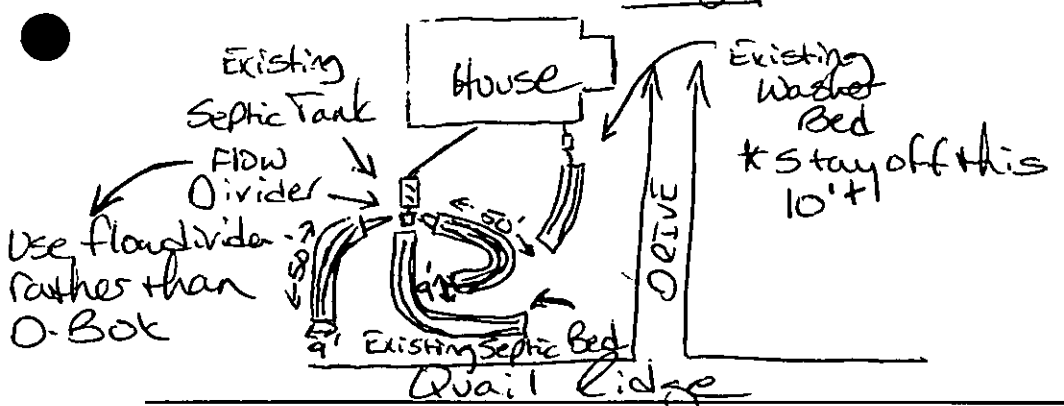
FILE: 4815 DATE: 4-3-95

TC: 135-357-03 ☐ L

SERIAL Nº 16452

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 4-3-95. All work shall be completed on or before 5-3-95, 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.

* Disconnect existing washer bed re-plumb into septic tank
* Keep all parts of repair 10' off of water line
* Pump out septic tank



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons
Liquid Capacity of Dosing Tank N/A gallons
Tank Construction N/A
Trench Depth as necessary * tank is deep
Absorption and/or Nitrification Lines:
Trench Width 9' feet
Trench Walls Scored and Porous Yes
Total Line Length 300 feet 9'x50'
Number of Lines (2) beds 3 pipe per bed
Depth of Stone 12 inches
Distance from House 75 feet
Distance from Property Line 10 feet
Distance from Well N/A feet
Community 710' and lead lg to house

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

NAME OF OWNER Jeff Hacker

LOCATION OF PROPERTY 4824 Quail Ridge Road

Comments: Repair to washer line and septic system originally installed 1976 Type II A repair 3 bedroom house

Jan Higgins Burney, R.S. — Environmental Health Specialist

Larry B. Thompson, Jr., R.S.

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

"Repair"

$400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 4815

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13K-35F-03
STREET ADDRESS: 4824 QUAIL RIDGE
Mint Hill, NC
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

X PERSON FILING APPLICATION:
NAME: Hacker (last) JEFF (first) (mi)
ADDRESS: 4824 QUAIL RIDGE PHONE: (704) 573 1339
CITY: Mint Hill STATE: NC ZIPCODE: 28227

X PROPERTY OWNER:
NAME: Jeffrey & Pamela Hacker (last) (first) (mi)
ADDRESS: 4824 QUAILRIDGE PHONE: (704) 573 1339
CITY: Mint Hill STATE: NC ZIPCODE: 28227

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☒ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ 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 (M)
☐ 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)

X NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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 Jeffrey Hacker Date 4-3-95

NOTICE:

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.

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

...Repair to washerline & septic system for 3 bedroom house Type IIa repair (2) 9'x50'x12" stone

Tommy B. Thompson Jr. 4-5
Environmentalist Date

Director or Authorized Section Head 4-18-95
Date

for Sylvia Daniel

WATER : 12279

22610
25170

378
30) 11350
90
235
210
240