

9749 HARKERS CT

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

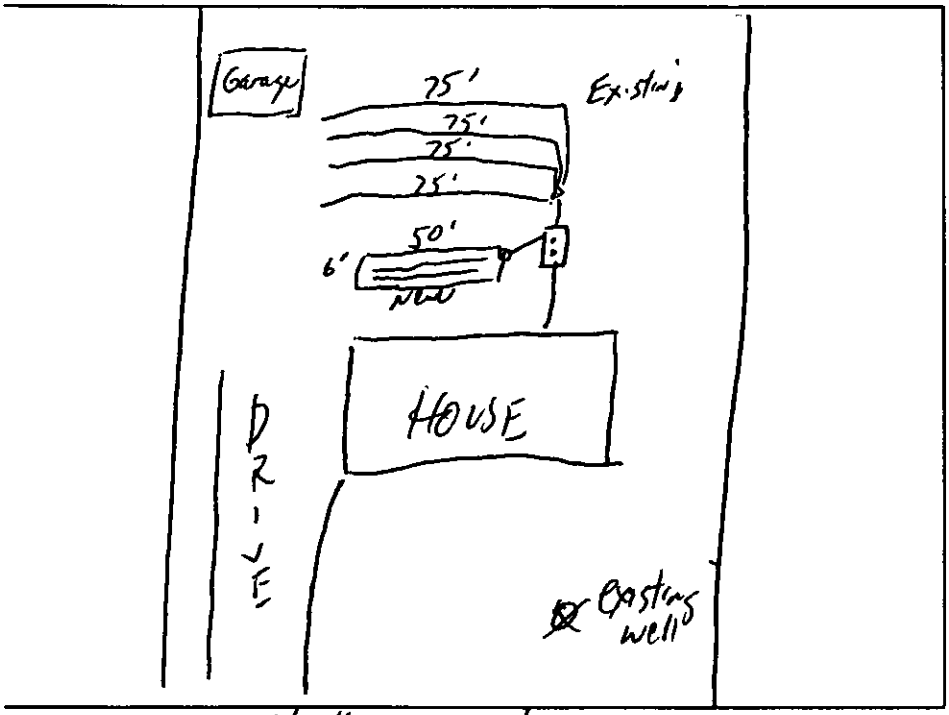
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20190 DATE: 9/25/00

TC: 017 30139 ☐ L

SERIAL Nº 18487 X

Permission is hereby given to _____ Install or Construct, ___V___ 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 9/13/2000. All work shall be completed on or before 10/25/00, 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.



Harkers Ct PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction NA

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 6' feet

Trench Walls Scored and Porous Yes

Total Line Length Bed 100' feet

Number of Lines 2(50')

Depth of Stone 18" 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 John McMillan

LOCATION OF PROPERTY 9749 Harkers Ct

Comments: Install bed system 6'wd x 50'long x 18"stone
Keep the septic system > 50' from the existing well

Rhonda S. Walker RS.
Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20190 DATE: 10/11/00

TC: 017 301 39 ☐ L ☒ CRT

SERIAL Nº 18400

Name of Owner John & Christine Mc Millan Juris.: _____

Address of Property 94 9749 Harkers Ct

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed 100'

Number of Lines Bed 2 @ 50'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source >50'

Excavation Inspected 10/11/00

Tank(s) Inspected NA

Wash Line Inspected existing

High Water Alarm Inspected NA

PLOT

Design Alteration, CON, 300SFB, 18"Stone CTR# Stanley Septic

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: Alteration for a 3 bedroom residence Type IIa

Philip S. Walker RS.

Environmental Health Specialist

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

FEE: 300
DATE: 9/13/00 Fax Call

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: [ ] NEW SYSTEM [X] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

Phil

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 20190

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-301-39

STREET ADDRESS: 9749 Harkers Court

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 52

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [✓] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[ ] HOUSE (H) [ ] OTHER (O)

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [✓] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 2100

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

[✓] WITHOUT BASEMENT
[ ] ON SLAB
[ ] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

Approval granted for a 3 bedroom modular home & detached garage 10/12/00
use existing system w/ Alteration
Phil A. Walker RS 10/12/00

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
Replacing 900 sq ft. single mobile home with a 2100 sq. ft modular home

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [ ] NO TYPE: _____

WATER SUPPLY (CHECK ONE):
[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[✓] YES [ ] NO	WELL, SPRINGS OR WATERLINES	[✓] YES [ ] NO
EXISTING WASTEWATER SYSTEMS	[✓] YES [ ] NO	DESIGNATED WETLANDS	[ ] YES [✓] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [✓] NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) McMillan (FIRST) John (MI) R.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9749 Harkers Court	DAYTIME PHONE: ( ) -
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: 704 660-3762 (W.K)	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: John R. McMillan DATE: 9-13-2000

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Philo

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 20190

PERSON FILING APPLICATION:

NAME: Klaus Sorensen (last) (first) (mi)

ADDRESS: 84 Wildlife Acres Rd PHONE: 828-381-9000

CITY: Hickory STATE: NC ZIPCODE: 28601

Date:

PROPERTY OWNER:

NAME: Mc McClain (last) (first) (mi)

ADDRESS: 9749 Hawkins Ct PHONE: (__) _____

CITY: Huntersville STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 019-301-39

STREET ADDRESS: _____

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 22 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Front Porch

[redacted]

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: NUMBER OCCUPANTS:

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: _____ Date: 5-24-01

NOTICE:

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

_____ Date
Environmentalist

WATER : 122791

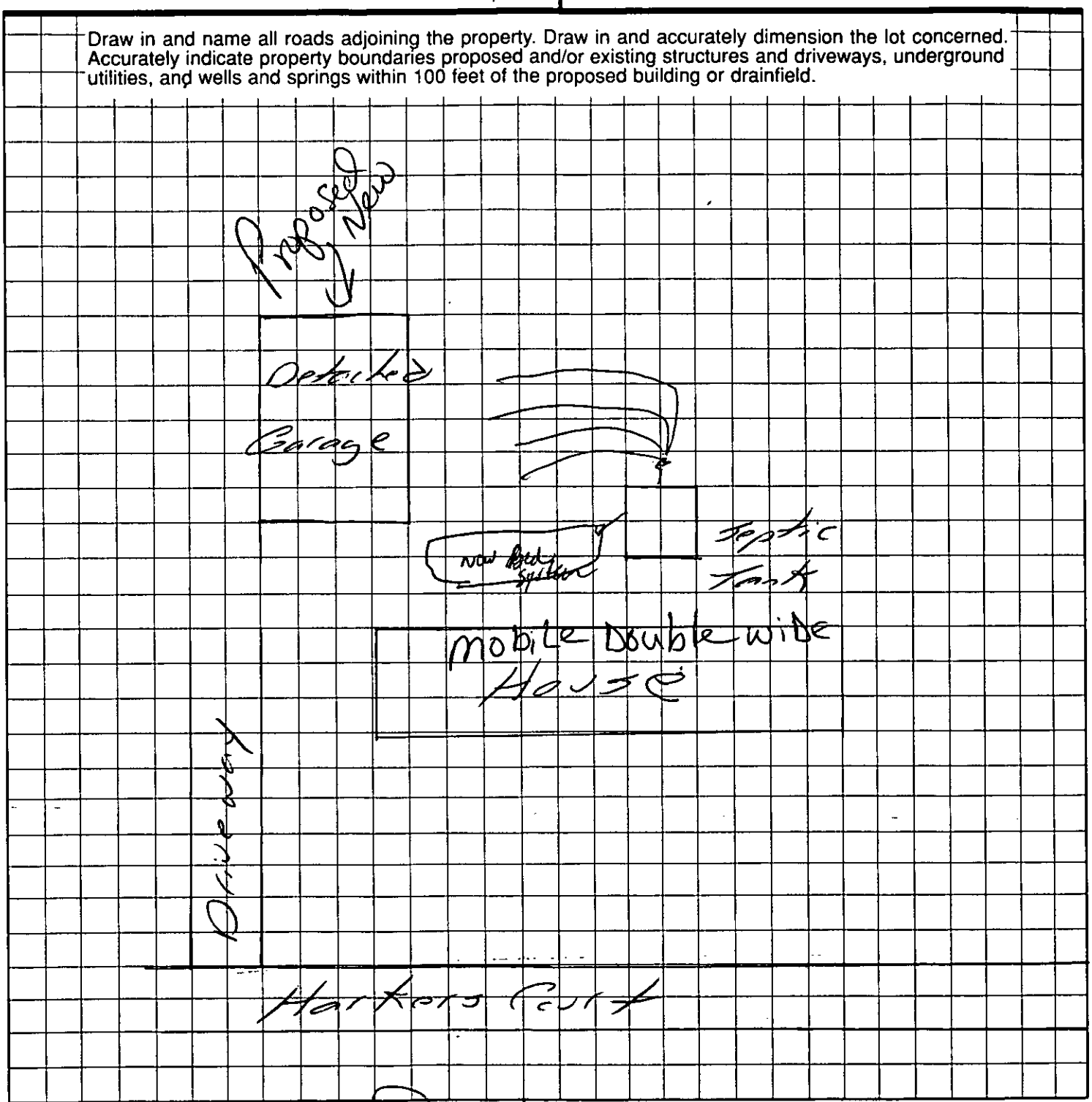
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20190

TC: 017-301-39

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.



OWNER/AGENT SIGNATURE

DATE 9-13-2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

X

John McMillan
Requestor (please print): Phone #: Date Requested: 9/13/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

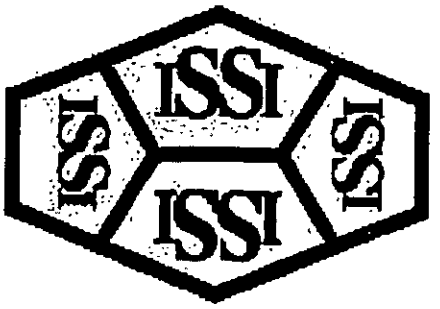
T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706	1	MH Exc/Add/Repl with System Modification	$ 300.00	300
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 300

9749 Harkers Ct.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION



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ISSI Operations Center Staff

C of A (s) No. 20190

Date Issued 5-11-84 Serial 6603

T C No 017-23[illegible]

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner DONCO PROPERTIES (LAST, FIRST, MIDDLE)

Location of Property 9749 HARKERS CT LOT 32

Application Number ~~R84-~~ 20190 Permit Number 20190

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre-Cast Concrete

Total Length of Drain Tile 300 LIN FT Number of Lines FOUR

Depth of Filter Material 12 INCHES Cover Depth 1 ± 3 FT

NEED 100 FT Area

Water Supply Source well Distance from Water Source NOT KNOWN

Excavation Inspected 5-11-84 (DATE) Tank Inspected 5-11-84 (DATE)

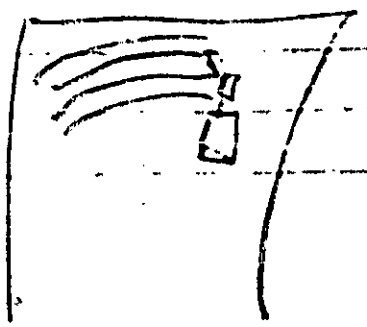
Nitrification Field Inspected 5-11-84 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission, as of the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: SYSTEM location changed AT owners Request

4" BACK FLOW



Robert Wallace
Environmentalist

ENVIRONMENTAL HEALTH DEPARTMENT COPY

Serial No. 07177

Date Issued 4-30-84

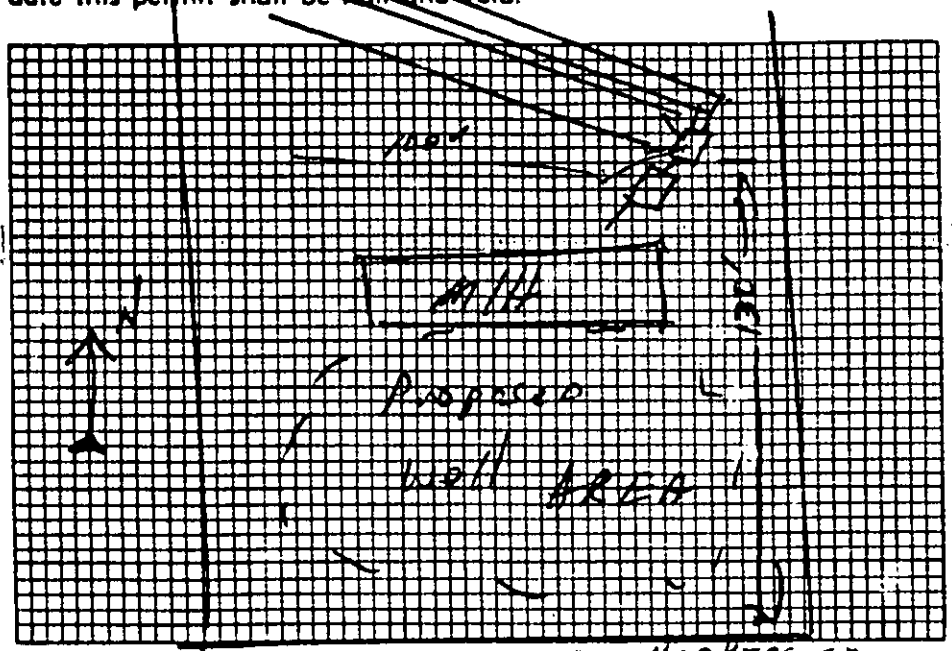
ICAR(S) Permit No. 20190

T C No 017-232-1

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 X 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 application 20190, dated 4-26-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before MAY 30th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM HARKERS CT.

Permeability Rate P.S. 1 in

Liquid Capacity of Tank 1500 gal

Tank Construction Pre. Cast Conc.

Absorption and/or Nitrification Lines

Total Line Length 300 Lin Ft

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 10 FT
Road 100 FT away

Distance from Well NOT IN USE

NAME OF OWNER HARTIS, WALTER

LOCATION OF PROPERTY 9749 HARKERS CT. LOT 22

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 or can be used. 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.

FOUR TRENCHES TO BE 75FT X 3FT X 12 inches STONE Rock STRAW COVER-grade BDS

Comments:

B. Hendrix
Division or Section Head

Ralph Miller
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

Environmental Health Department's Copy