

19916 SCHOONER DR

00140318

7/8/08

marliwr

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

FEE: 100 CD Cash
DATE: 2/17/05
CRT (1): WA

001-143-17 Project # 116554

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE # 13725

TYPE APPLCATION:

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Joey A. Bagwell
ADDRESS: 19916 Schooner Dr.
CITY: Cornelius
STATE: N.C. ZIP: 28031
PHONE: (704) 892-6859
ALTERNATE PHONE: cell # (704) 351-0111

PROPERTY OWNER:

NAME: Joey A. Bagwell
ADDRESS: 19916 Schooner Dr.
CITY: Cornelius, N.C.
STATE: N.C. ZIP: 28031
PHONE: (704) 892-6859
ALTERNATE PHONE: cell # (704) 351-0111

JOB LOCATION INFORMATION

TAX/PARCEL #: 001-143-18
STREET ADDRESS: 19916 Schooner Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: Rock Ridge Shores
LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☒ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☒ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Joey A Bagwell — Owner's/Agent's Signature
2/17/05 — Date

*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 y this Department.
- This permit is not transferable.

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

EHS Signature — Date

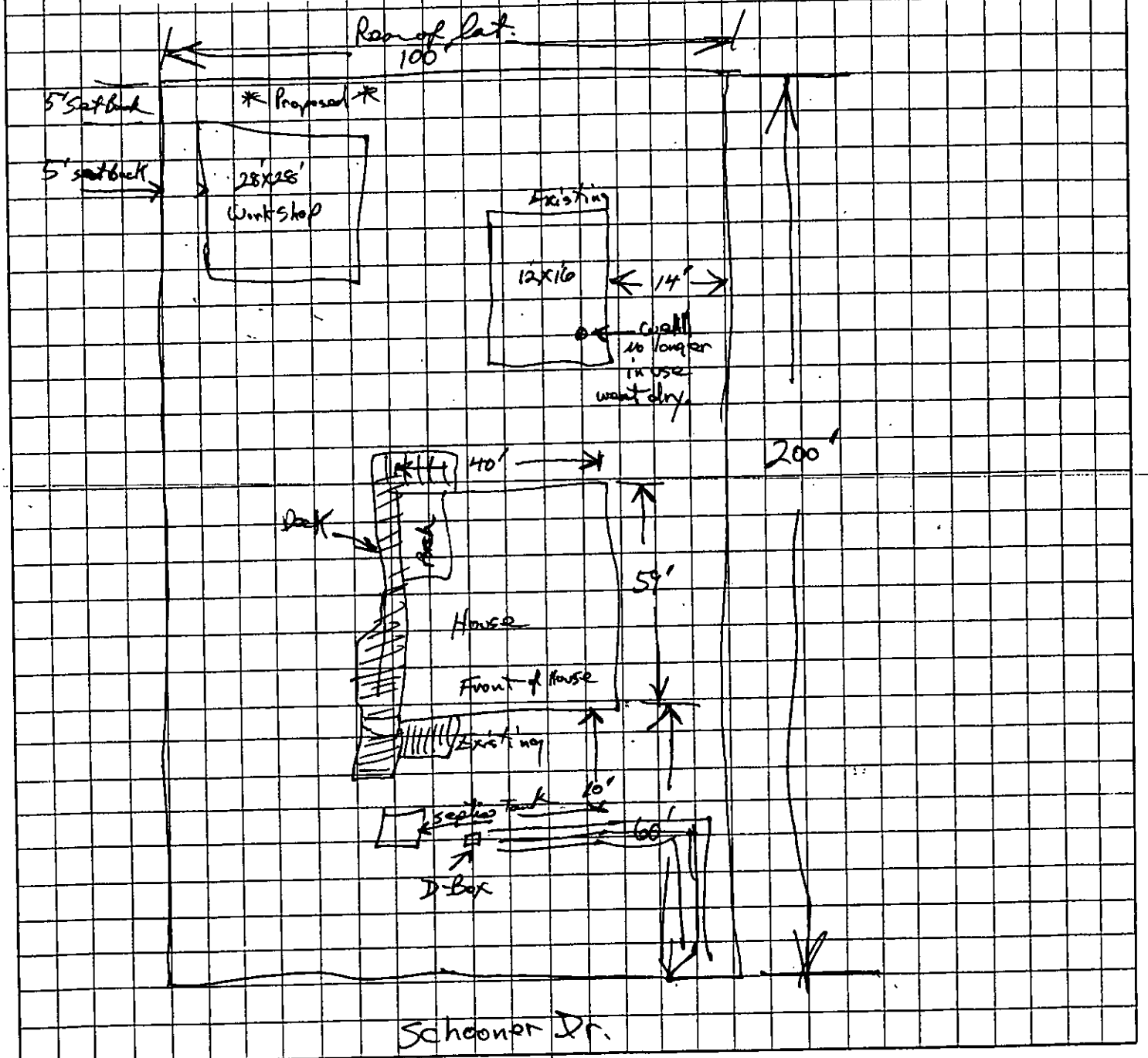
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 13725

TC: 001-403-18

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.



Joey A. Bagwell
OWNER/AGENT SIGNATURE

DATE 2/17/05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

2400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/16/94 #50.00 CRT

13725 CK#4345

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: Bagwell (last) Joey (first) A (mi)
ADDRESS: 19916 Schooner PHONE: (704) 892-6859
CITY: Davidson STATE: N.C. ZIPCODE:

Date: 3/16/94

PROPERTY OWNER:
NAME: Bagwell (last) Joey (first) A. (mi)
ADDRESS: 19916 Schooner Dr. PHONE: (704) 892-6859
CITY: Davidson STATE: NC. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-143-17
STREET ADDRESS: 19916 Schooner Dr. Davidson, N.C.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) REC room
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[X] Private Well (P) Have City Water Meter (Water)

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: Joey A. Bagwell Date: 3/16/94

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.

...Use existing system

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

Philo A. Walker 3/22/94
Environmentalist Date

P. Walker for S. Powell 3/22/94
Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

March 29, 1995

Mr. & Mrs. Joey A. Bagwell
19916 Schooner Drive
Davidson, NC 28036

Dear Mr. & Mrs. Bagwell:

The purpose of this correspondence is to document the events surrounding two separate visits made to your property which is located at 19916 Schooner Drive, Davidson, N.C. regarding the septic tank system and the water line.

The initial visit of March 9, 1995 was made at your request for the purpose of viewing an area at the septic tank where a malfunction was occurring and to advise you regarding a repair, if applicable.

On site, an area between the tank and the plumbing from the house was uncovered by Mr. Bagwell during the visit and it appeared at that time that there might be a loose plumbing connection causing the leak. You were advised that this could be uncovered further and if this was found to be the situation, this could be corrected with a repair to the pipe or the grouting where the pipe is connected to the tank.

During this visit , I also observed that a water line from the city water system had been installed from the road to the house. This new line appeared to run directly through the lower edge of the nitrification field of the sewage system.

On March 14, 1995, a follow-up visit was made by Lisa Mialik as no further communication had been received from you. On this day, Mr Bagwell informed her that the plumbing pipe from the house to the tank had broken loose and had to be resealed to the tank and that he had also uncovered and replaced a section of the pipe located between the septic tank and distribution box. He stated he had used a flexible type pipe in this location.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

N.C. State Laws and Rules for Sewage Treatment and Disposal System, 15A NCAC 18A, .1900 specify the following requirements:

.1955 Design Criteria for Conventional Sewage Systems "(e) the pipe or tubing used between the septic tank and the nitrification line shall be a minimum of three-inch nominal size Schedule 40 polyvinyl chloride (PVC), polyethylene (PE), or acrylonitrile-butadiene-styrene (ABS) or equivalent with a minimum fall of one-eighth inch per foot."

It is recommended that the flexible pipe installed for repair be replaced to meet the above mentioned rule and this office be notified for viewing prior to replacing the soil cover.

.1950 Location of Sanitary Sewage Systems "(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: (14) Any wate line 10 feet.

It appears a water line from the municipal water main runs through the septic nitrification field prior to connection at the house. It is recommended that the water line be relocated to another area of the lot in order to meet the above mentioned rule.

Please contact me at 336-5571 if you have any questions concerning this correspondence.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Lisa Mialik, R.S.

Lisa Mialik, R.S.
Individual Water and Wastewater Systems

cc:

Date Issued 10-26-78 Serial No. 2056 C of A (s) No 13725

T C 1-143-09

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Rodgers (LAST) John (FIRST) Calvin (MIDDLE)

Location of Property Schooner DR.

Application Number 13725 Permit Number 13725

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast

Total Length of Drain Tile 475-125 Number of Lines 5-3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 501'

Excavation Inspected 10-26-78 (DATE) Tank Inspected 10-26-78 (DATE)

Nitrification Field Inspected 10-26-78 (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 ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on 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:

Marshall Edwards
Environmentalist

Environmental Health Department's Copy

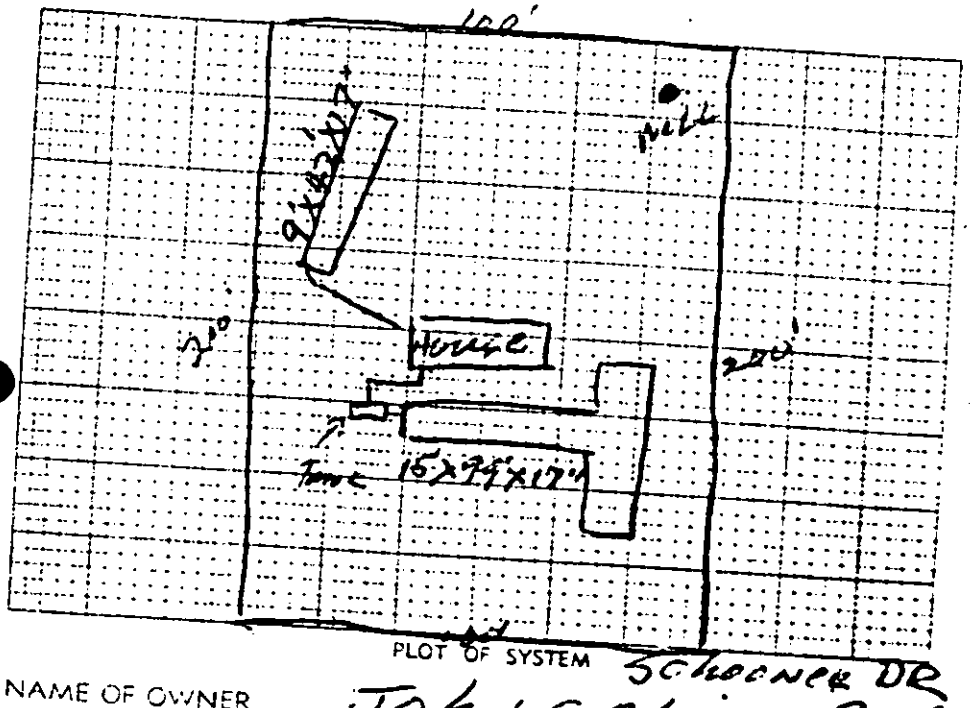
Date Issued 11-26-78 Serial No. 2119 ICAP Permit No. 3725

P.O. 211-143

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 ✓ 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 3725 dated 5-31-78 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 11-26-78, after which date this permit shall be null and void.



Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction Precast

Absorption and or Nitrification Lines

Total Line Length 495-125

Number of Lines 5-3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50

NAME OF OWNER John Calvin Rodgers

LOCATION OF PROPERTY Schooner Dr.

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 tobe 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.**

Comments

Division or Section Head

Richard Edwards
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 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.

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Water Supplied: S-22-E

ICAR(S) Application No 13726

T C No A1-173-47

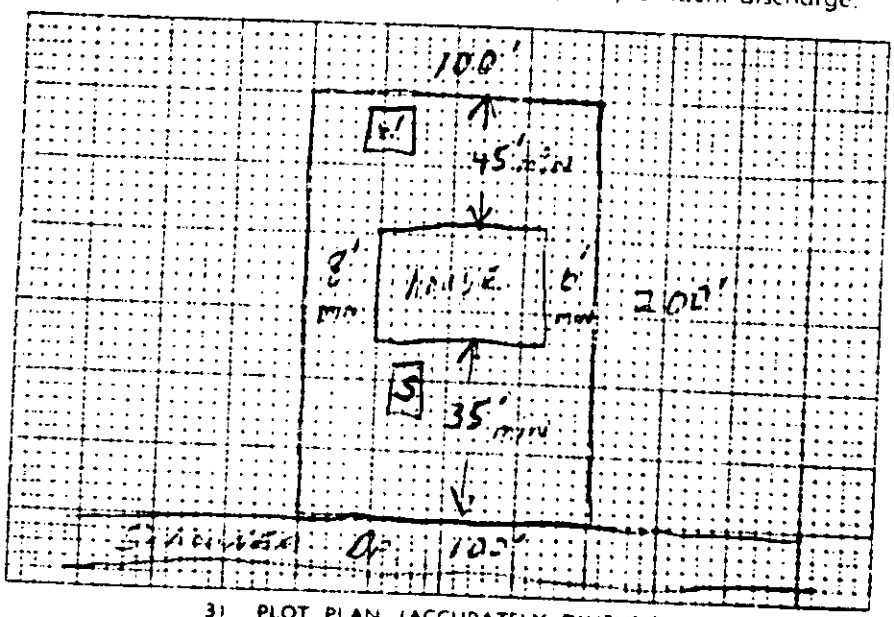
Map Date 2-7-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
5) No of Bedrooms 3
6) Business Use - Max # Employees ___
7) Washing Machine ✓ Yes ___ No
Garbage Disposal ✓ Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Rodgers (LAST) John (FIRST) Calvin (MIDDLE)

14) ADDRESS OF OWNER 400 Stinnett Oaks Rd.

15) PHONE NO. Home 537-3811 Office 892-7171

16) LOCATION OF SYSTEM Schooner Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Rockridge Park Lot No. # 3 Block No. NONE

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 3-23-78

20) PTR NUMBER (See Instructions) 13324

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-31-78
DATE OF APPLICATION

OWNER John C. Rodgers

EHS-1 76

Environmental Health Department's Copy

DATE 3/16/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Com

001-143-17
PARCEL NUMBER

19916 Schooner Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

UA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Room Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91