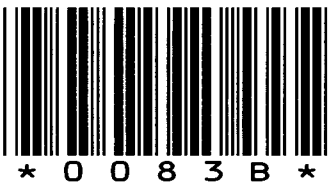
7973A




9715 HIGHTOWER CT

13724222

12/17/07

duponbj

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

UTJ
Dock roof
addition

## Groundwater & Wastewater Services
## Septic Project File & Data Review Worksheet

GWS File #: 038 WASPS App #: 4732

Primary ES assigned to project: YJ

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

pmr 8/18/10

UTS ☑

**I. File Review:**

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☐ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: _____ Were sufficient auger borings made? | Yes ☐ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR | Yes ☐ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☐ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☐ |
| | **Operation Permit** | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☐ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☐ | No ☐ | N/A ☐ |

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: KR Date performed: 8-18-10

FEE: Aug. 10. 2010 3:12PM
DATE:
CRT I 1

**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

No. 1562 UES P. 1 06/07

FILE #: 838

**TYPE APPLCATION:** 313454 PW for JAM 4732

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

**PERSON FILING APPLICATION:**
NAME: a Deck Above
ADDRESS: 1201-H Technology Dr.
CITY: Indian Trail
STATE: N C ZIP: 28079
PHONE: 704-821-3269
ALTERNATE PHONE: 704-201-5582

**PROPERTY OWNER:**
NAME: Scott Campbell
ADDRESS: 9715 Hightower Ct.
CITY: Mint Hill
STATE: N C. ZIP: 28277
PHONE: 704-845-5673
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**
TAX/PARCEL #: 13724222
STREET ADDRESS: 9715 Hightower Ct.
CITY: Mint Hill
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME: Bain Bridge
LOT #: Lo B2 1992

**TOWNSHIP:**
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☑ 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)

**OCCUPANCY (both fields are required):**
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 Roof over existing deck

**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.

Owner/Agent's Signature — Date: 8-10-10

*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

Meets required setbacks off septic.

Jeremy Mcleod 8/17/2010
EHS Signature — Date

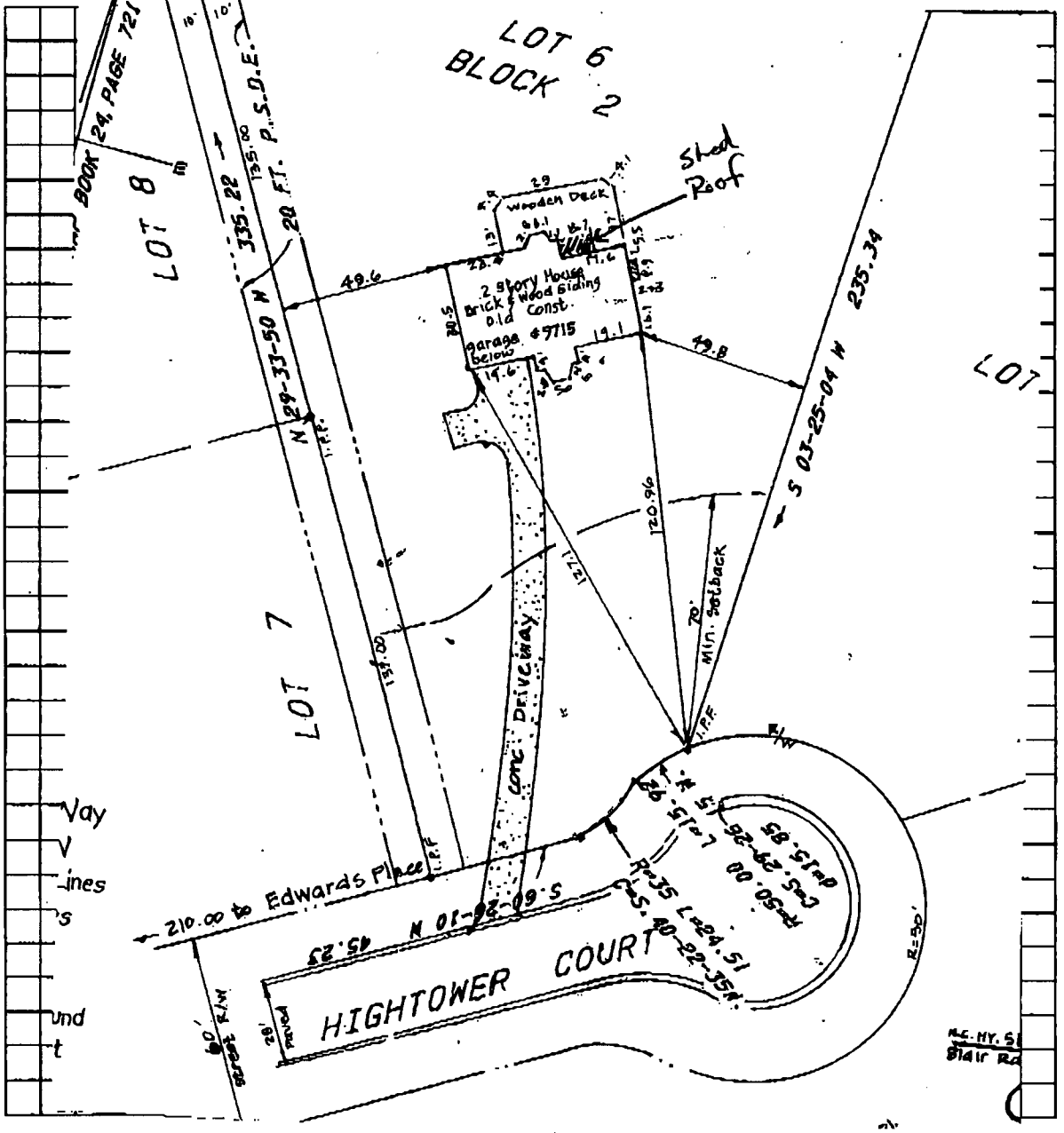
Aug. 10. 2010 3:12PM ntal Service Agency

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File No. 1562 183B
Date

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| | |
|---|---|
| Owner/Agent Signature | |
| Date | 8-10-10 |

LBC 12/15/04

# MAINTENANCE INSPECTION STATEMENT

# MECKLENBURG COUNTY HEALTH DEPARTMENT

CK #8109
V/W
3-18-99

## *PAST DUE NOTICE*

Paid 3/18/ 1999 Paid

Peter R. Switalski
& Jane Boggs-Switalski
9715 Hightower Court
Charlotte, NC 28227

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

**DESCRIPTION OF PROPERTY**

| Name | Site Address | Tax Parcel | File Number | System Type |
|---|---|---|---|---|
| Peter R. & Jane Boggs Switalski | 9715 Hightower Court | 137-242-22 | 7973A/83B | IIIB |

**Total Amount Due: $85.00**

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

**BILL INFORMATION**

| Billing Date | Payment Due Date |
|---|---|
| 2/2/99 | 3/2/99 ***PAST DUE*** |

***Direct Questions Concerning This Bill To ..... (704) 336-5102***

☐ *Please check if you have a well.*

***Make Check Payable To Mecklenburg County Health Department***
***Your Canceled Check Is Your Receipt***

***DO NOT SEND CASH***

# Mecklenburg County
## Health Department

February 2, 1999

Peter R. and Jane Boggs Switalski
9715 Hightower Court
Charlotte, NC 28227

Dear Mr. and Mrs.Switalski:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. Your $85.00 will be used to establish an automated file system, create a geographical information system link, and more importantly, redirect our services for the greater good of the community. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

LP 400 ✓ 3/5/92 ck # 1692 $200 CR

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7973A (838) 0017

PC ☒ 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: LEWIS (last) TOM (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

Date: 3-5-92

PROPERTY OWNER:
NAME: CHERRY (last) HOMES (first) (mi)
ADDRESS: 8519 FOX BRIDGE PHONE: (__) 846 8300
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 9715 HIGHTOWER CT
ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

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

LOT NUMBER: 6 BLOCK 2 LOT SIZE (in acres): .98

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3
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):
[X] 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: Tom Lewis Date: 3-5 92

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.

...

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

Environmentalist 3-18-92 Date

Director or Authorized Section Head Date

WWATER : 122791

paid

# PROPOSED PLOT PLAN

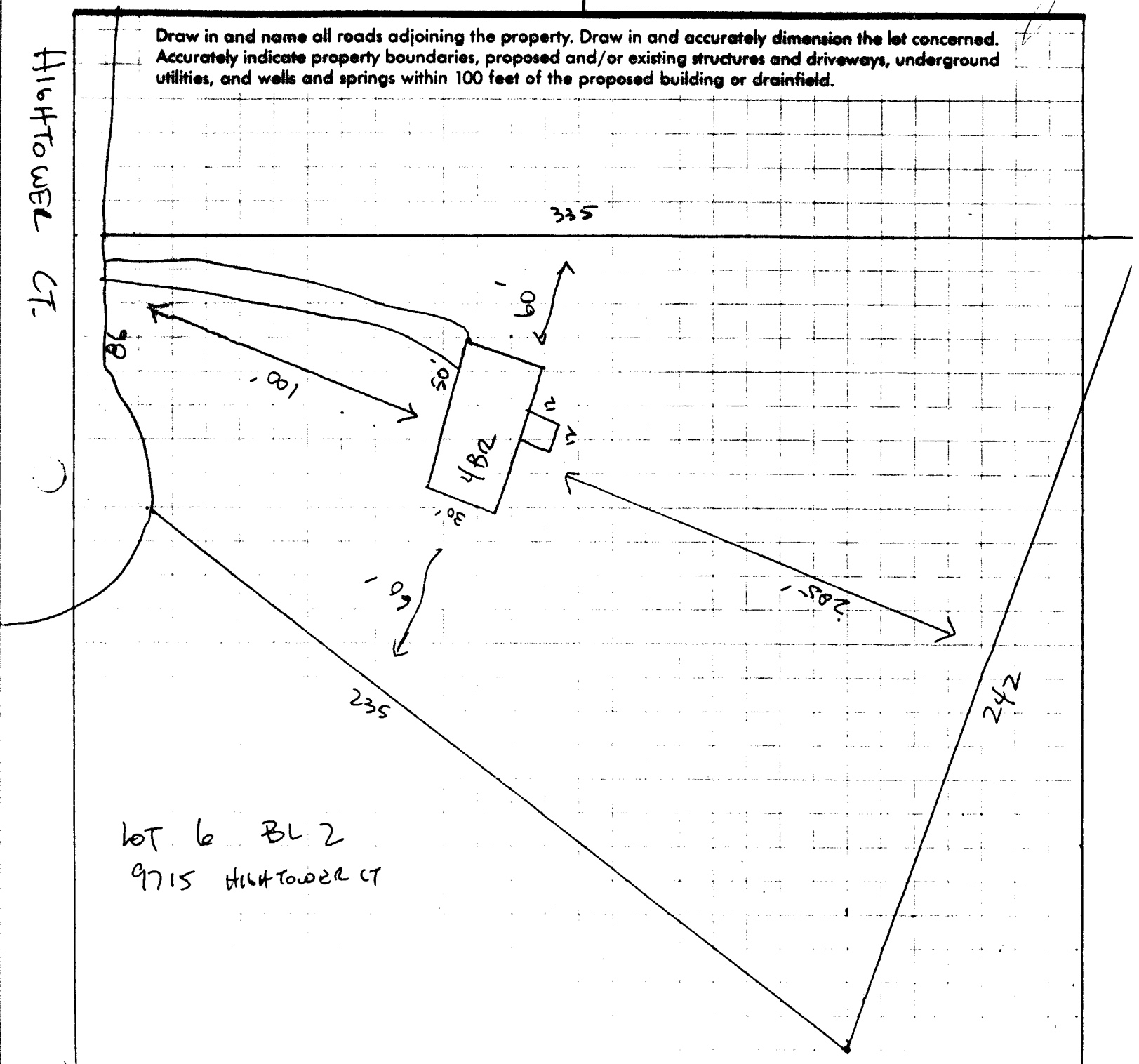
#200
5-992

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

FILE: 7993A

TC: _____

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.




LOT 6 BL 2
9715 HIGHTOWER CT

APPROVAL DATE _____

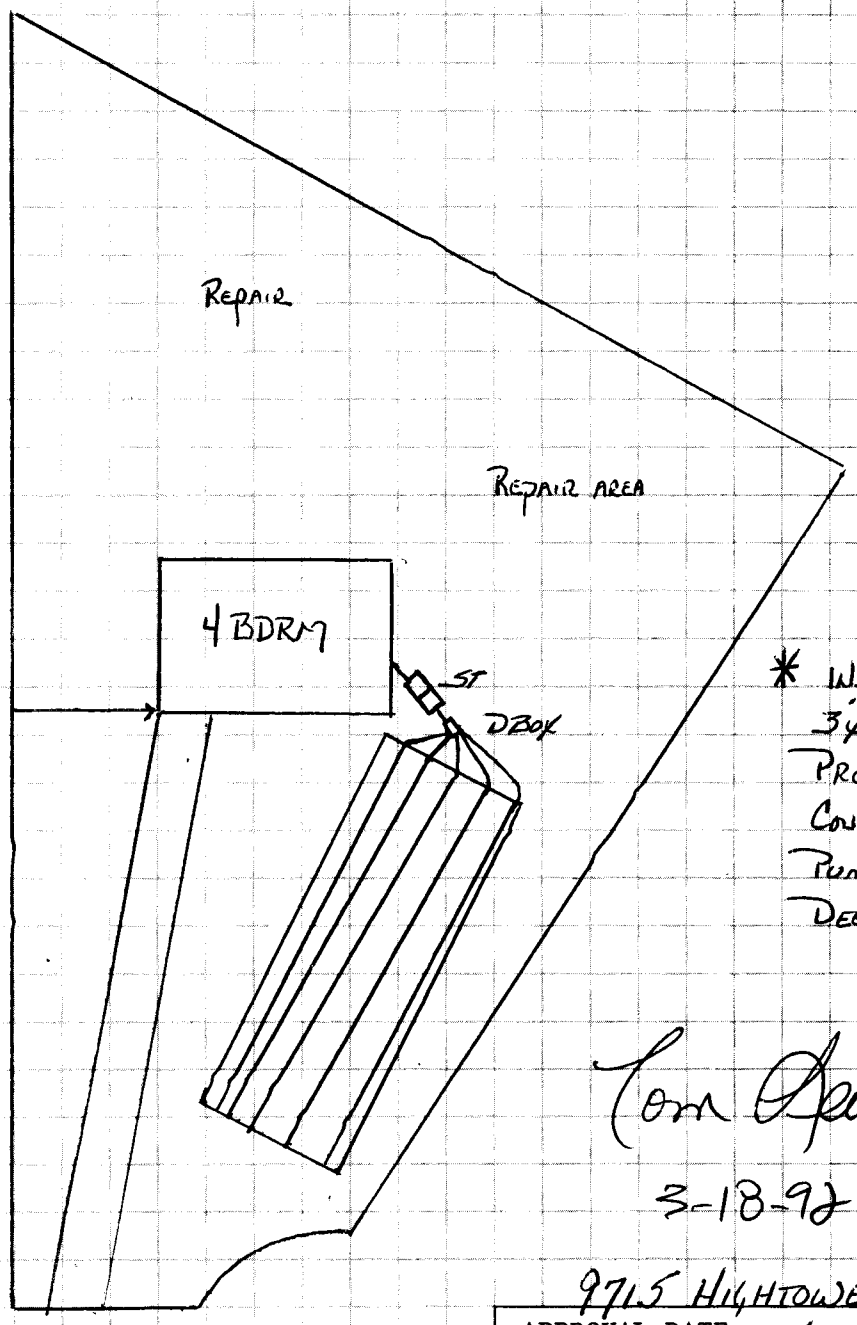
# PROPOSED PLOT PLAN

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

FILE: 7973A/833

TC: 13713203

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.




* INSTALL 1500 GAL ST. 5 LINES @ 34107', KEEP 343.10' FROM PROP. LINES & 35' FROM FOUND. CONV. 345. REPAIR MAY REQUIRE PUMP TANK, HAVE RECORDED ON DEED.

Tom Lewis

3-18-92

9715 HIGHTOWER CT.

APPROVAL DATE WQDx

1" = 50'

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

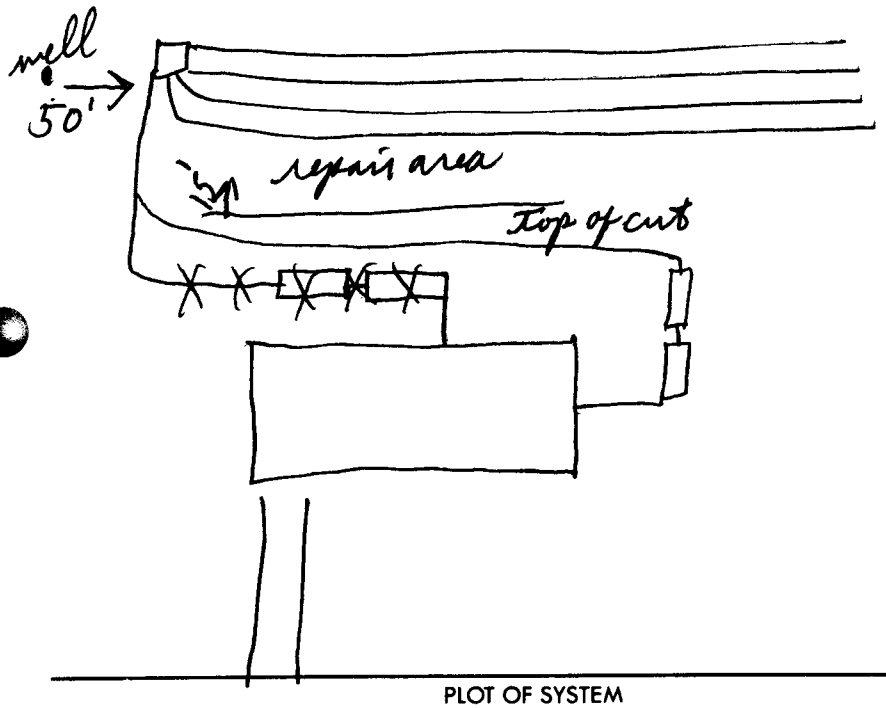
# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7973-A 83-B DATE: 7-8-92
PO
TC: 137-132-03 ☒ L

SERIAL Nº 13469

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 3-5-92. All work shall be completed on or before 8-8-92, 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 1500 gallons
Liquid Capacity of Dosing Tank 1000 gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 535 feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well >50 feet

NAME OF OWNER Cherry Homes
LOCATION OF PROPERTY 9715 Hightower Court
Comments: 4 lines 3'X 133'X 12" stone

Division or Section Head

B. R. 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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7973-A83-B DATE: 7/10-92
PO
TC: 137-132-03 ☐ L ☒ CRT
SERIAL Nº 15480

Name of Owner Cherry Homes Juris.:
Address of Property 9715 Hightower Court

**Inspection Data:**

Tank Material PCC
Total Length of Drainfield 532'
Number of Lines 4 @ 133'
Cover Depth 21"
Water Supply Source well
Distance to Water Source >50
Excavation Inspected 7-10-92
Tank(s) Inspected 7-10-92
Wash Line Inspected
High Water Alarm Inspected 7-10-92

PLOT

Design: 1992, 1500ST, 1000DT, PI, con, 1596FT, 12", cecil CTR# 113

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Installed for 4 bedrooms

ST-IV

B. K. Ferguson
Environmentalist

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

400 ☑

# APPLICATION FOR SOIL INVESTIGATION

#250 ck 29081 1/09/92

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

040 0417

(OFFICE USE ONLY)

FILE: 7973 A (83B)

TC: 137 - 132 - 03

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 9715 Hightower Court, Merit Hill

② SUBDIVISION: Bainbridge III ③ LOT: 6 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

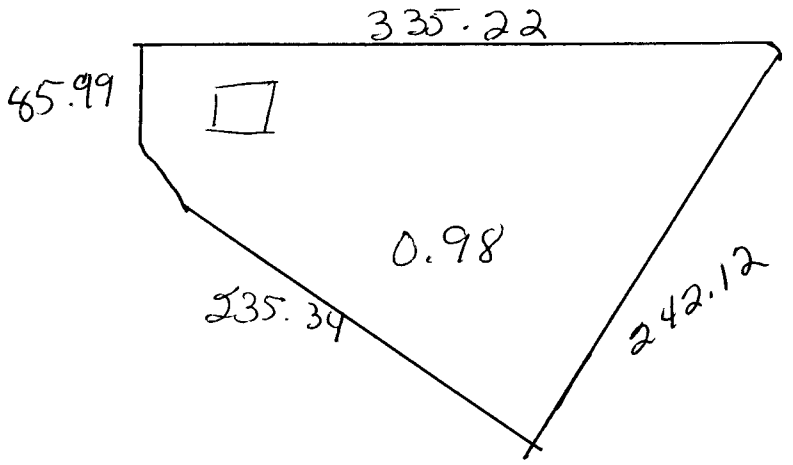
⑦ NAME: Dan (FIRST) D (MIDDLE) Moan (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1298

⑬ Accurately diagram and dimension lot.




⑭ 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: Dan D Moan

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

Date: 1/9/92

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

'.ENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12534

File: 7973A/63B
Parcel: PO 137-132-03

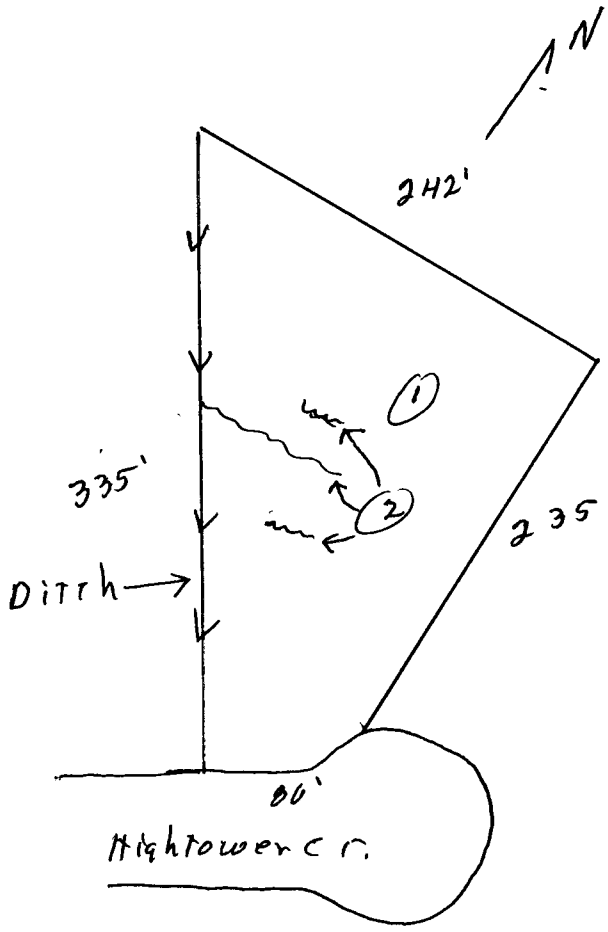
Action ____ PC

Location: 9715 Hightower Court
Subdivision: Bainbridge III
Lot: 6 Block: 2 Acres: .98

Owner: Dan L. Moser
Address: 2101 Sardis Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repair
System may need pumps

Described by: William R. Marlin
Date: 2-19-99




*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | S PS (U) >12' cut | S PS (U) complex slopes | S PS (U) surface water ditch | S PS U | S PS U |
| Texture | S (PS) U slightly Expansive Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sub-Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | (S) PS U >48" to water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | (S) PS U >48" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | (S) PS U >48" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil-1.40 | >2' cut | complex slopes | | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

# Mecklenburg County
## Health Department

February 21st, 1992

Dan L. Moser
2101 LSardis Road North #110
Charlotte, NC 28227

RE: Property located at 9715 Hightower Court 6/2
FILE: 7973A / 83B
PARCEL: 137-132-03

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12534) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

**Date:** 08/10/10
**Receipt #:** 68747
**Check / Auth #:** CHARGE X3
**Received By:** WILSOLL

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 100.00

**Account Information**

**Account #:** 200000
**Contractor:** SCOTT CAMPBELL
**Attn:**
**Address:** 9715 HIGHTOWER CT
**Address:**
**City/State/Zip:** MINT HILL, NC

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>PID 13724222 | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | 7.21 | | | | |

N. C. Department of Environment and Natural Resources
Division of Environmental Health

# INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
9973A / 836 — Permit/Project No.
9715 Hightower Court — Location
residence — Name of Establishment / Type of Establishment
480 gpd — Design Flow
Peter R. Switalski, 9715 Hightower Court, Charlotte, NC 28227 — Owner/Agent / Address
Phone
N/A - Type III b — Operator
Address
Phone
Remarks *

| | Yes | No | REMARKS |
|---|---|---|---|
| 1. ESTABLISHMENT: | | | |
| Type, size, and sewage flow in accordance with permit? | ☑ | ☐ | |
| 2. COLLECTION SYSTEM: | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☐ | ☐ | |
| 3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): | | | |
| Tank risers accessible and surface water diverted? | ☐ | ☑ | * Pump tank riser is covered - not accessible. If pump tank riser is uncovered I will re-inspect and check sludge levels within the pump tanks. Typically both the septic and pump tanks could use pumping if older than 7 years. |
| Tanks and access manholes structurally sound, watertight? | ☐ | ☐ | |
| Sanitary tee(s) in good working condition? | ☐ | ☐ | |
| Tanks pumped, cleaned out as needed? | ☐ | ☐ | |
| 4. RAW SEWAGE LIFT STATION (if present): | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| 5. EFFLUENT DOSING SYSTEM: | | | |
| Effluent appears clear, free of excess solids? | ☐ | ☐ | * I could not check pump system components without access to pump tank. Uncover for re-inspection. |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| Elapsed time readings: _____ _____ _____ _____ | | | |
| SIPHON SYSTEMS: | | | |
| No evidence of overflow or siphon leakage? | ☐ | ☐ | |
| Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | |
| Bells and vents free of debris and in good condition? | ☐ | ☐ | |
| 6. GROUND ABSORPTION FIELDS: | | | |
| No evidence of effluent surfacing/reaching surface waters? | ☑ | ☐ | |
| Minimal ponding in subsurface trenches? | ☑ | ☐ | |
| Surface water being effectively diverted away? | ☑ | ☐ | |
| Diversions/ditches/swales/tile drains properly maintained? | ☑ | ☐ | |
| Line cover/vegetation adequate/maintained as needed? | ☑ | ☐ | |
| Protected from traffic, destructive uses? | ☑ | ☐ | |
| Distribution devices in good condition, working properly? | ☑ | ☐ | |
| Repair area properly reserved, maintained? | ☑ | ☐ | |
| LOW-PRESSURE PIPE DRAIN FIELDS: | | | |
| Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | |
| No effluent standing in lower laterals? | ☐ | ☐ | |
| Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | |
| Pressure head is properly adjusted? | ☐ | ☐ | |

OVERALL CONDITION AND OPERATION OF SYSTEM: Individual drain lines appear to be working properly - not overloaded.

**SUMMARY OF IMPROVEMENTS NEEDED:**

| Improvement | Repair Within (Days) |
|---|---|
| Uncover pump tank risers for re-inspection or have both the septic and pump tanks pumped out and have contractor check individual components at that time. | |

DATE: 1-27-00 SIGNED: J B Thompson Jr. RS. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

N.C. Department of Environment and Natural Resources
Division of Environmental Health

# Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County<br>**Health Department** | Campbell Residence<br>**Name of Establishment** | 7973A<br>**Permit/Project No.** |
| 9715 Hightower Rd. Charlotte 28227<br>**Location** | 4-Bedroom House<br>**Type of Establishment** | 480 GPD<br>**Design Flow** |
| Scott & Robbie Campbell<br>**Owner/Agent** | Same as location address<br>**Address** | (704) 573-8567<br>**Phone** |
| N/A<br>**Operator** | N/A<br>**Address** | N/A<br>**Phone** |
| IIIb<br>**System Type** | 1/25/2010<br>**Next Inspection Due** | |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | |
| **2. COLLECTION SYSTEM:** | | | | |
| a. No evidence of leaks into or out from sewer lines/manholes? | ☒ | ☐ | ☐ | |
| b. Free of blockages/solids buildup in lines or manholes? | ☒ | ☐ | ☐ | |
| **3. TANKAGE:** (Grease Traps/Lift Stations/Septic/Dosing Tanks) | | | | |
| a. Tank risers accessible and surface water diverted? ..... | ☐ | ☒ | ☐ | 3.a. Pump tank riser not accessible. |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | 3.c. Septic tank not uncovered for |
| c. Sanitary tee(s) in good working condition?..... | ☐ | ☐ | ☒ | inspection. |
| d. Tanks pumped, cleaned out as needed?..... | ☐ | ☐ | ☒ | 3.d. No access to tanks. |
| **4. RAW SEWAGE LIFT STATION (if present):** | | | | |
| a. Required pumps present, operating, and cycling properly | ☐ | ☐ | ☒ | |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | |
| c. Floats/pipe/valves/disconnects in good condition? | ☐ | ☐ | ☒ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | | |
| a. Effluent appears clear, free of excess solids? | ☐ | ☐ | ☒ | 5.a. Could not gain access to tanks to measure solid level. |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☐ | ☐ | ☒ | |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | 5.A.b. High water alarm box is on |
| c. Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | ☒ | rear wall in garage. |
| d. Control panel enclosure/components in good condition? | ☐ | ☐ | ☒ | |
| e. Elapsed time readings: _____ _____ _____ _____ | | | | |
| **B. SIPHON SYSTEMS:** | | | | |
| a. No evidence of overflow or siphon leakage? | ☐ | ☐ | ☒ | |
| b. Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | ☒ | |
| c. Bells and vents free of debris and in good condition? | ☐ | ☐ | ☒ | |

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
*(circle one)* *(circle one)*

violations: _____
*[Law or Rule(s)]*

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
*(circle one)* *(circle one)*

_____
*[Law or Rule(s)]*

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

## INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

**6. GROUND ABSORPTION FIELDS:**

| | | | | |
|---|---|---|---|---|
| a. No evidence of effluent surfacing/reaching surface waters? | ☒ | ☐ | ☐ | |
| b. Minimal ponding in subsurface trenches? | ☒ | ☐ | ☐ | |
| c. Surface water being effectively diverted away? | ☒ | ☐ | ☐ | |
| d. Diversions/ditches/swales/tiles drains properly maintained? | ☒ | ☐ | ☐ | |
| e. Line cover/vegetation adequate/maintained as needed? | ☒ | ☐ | ☐ | |
| f. Protected from traffic, destructive uses? | ☒ | ☐ | ☐ | |
| g. Distribution devices in good condition, working properly? | ☐ | ☒ | ☐ | 6.g. Distribution box lid is broken. |
| h. Repair area properly reserved, maintained? | ☒ | ☐ | ☐ | |

**A. LOW PRESSURE PIPE DRAIN FIELDS:**

| | | | |
|---|---|---|---|
| a. Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | ☒ |
| b. No effluent standing in lower laterals? | ☐ | ☐ | ☒ |
| c. Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | ☒ |
| d. Pressure head is properly adjusted? | ☐ | ☐ | ☒ |

**OVERALL CONDITION AND OPERATION OF SYSTEM:**

No problems detected with system operation at time of inspection.

No sewage observed on ground surface at time of inspection.

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

1. Remove soil & vegetation from pump tank riser and control panel. Control panel must be accessible and the pump tank riser should extend 12" above finished grade.
2. Replace broken lid on distribution box at top of drain field.

***REPAIR WITHIN 30 DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

1. Once the pump tank riser is made accessible please contact me for a reinspection of the pump tank and controls.
2. The MCHD recommends having the septic & dosing (pump) tanks pumped out every 3 to 5 years.

DATE: 1/18/2005

SIGNED: _____ AGENT

Division of Environmental Health