9712B
#8919

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ● SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: EUGENE KEENER
ADDRESS: P.O. Box 1292
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 704-363-0213
ALTERNATE PHONE: 704-892-8640
E-MAIL: gkeener915@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: KARL SAMUEL BARGER
ADDRESS: 318 KUTLER STREET
CITY: RALEIGH
STATE: NC ZIP: 27603
PHONE: 704-728-1862
ALTERNATE PHONE:
E-MAIL: SAMBARGER@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00312106
STREET ADDRESS: 1305 CONCORD RD
CITY: DAVIDSON
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
● HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☑ BEDROOM ☑ BATHROOM ☑ KITCHEN ☑ DINING ROOM ☑ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☐ DECK ☑ OTHER EXISTING ROOMS ARE BEING REPLACED

ADDITION/RENOVATION 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.

Eugene Keener — Owner's/Agent's Signature
5/10/17 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 1305 CONCORD RD

Tax Parcel #: 00312106

Subdivision Name: N/A

Lot #: N/A

SEE ATTACHED SKETCH

Eugene Keenan
Property Owner's or Owner's Legal Representative Signature

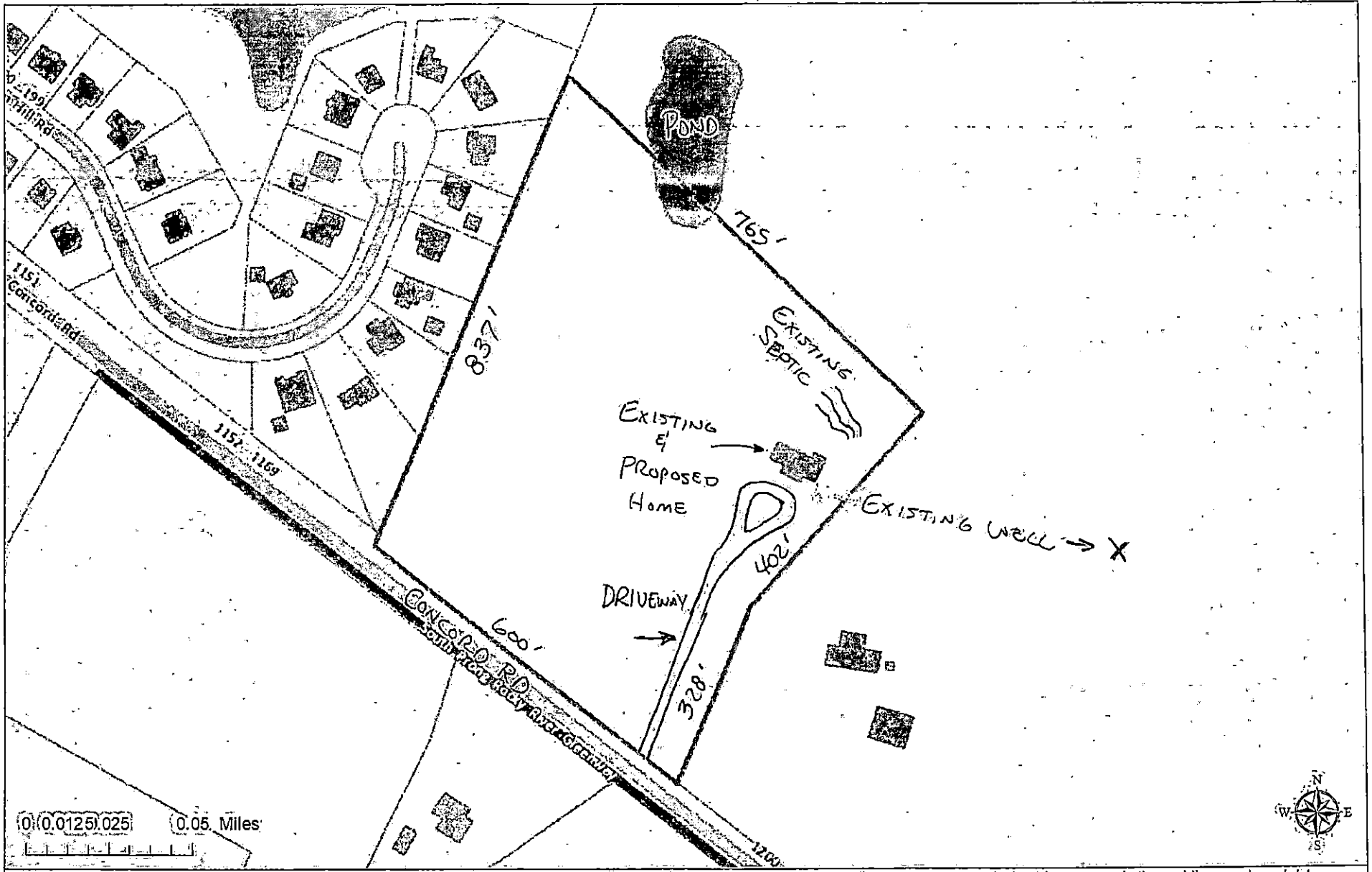
4/27/17
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 4/26/2017 10:59:53 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

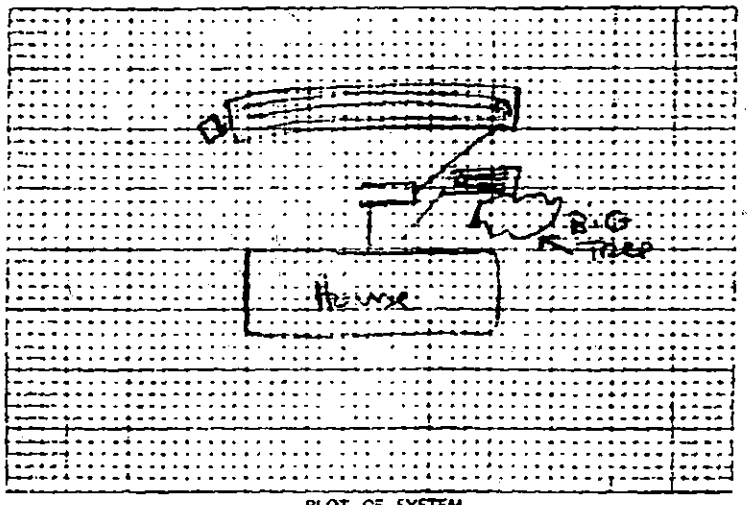
Date Issued 9 Feb 75

Serial No. 0448

ICAR(S) Permit No. 10279
T C No 003-121-01
Map Date 2-21-75

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 10279, dated 7 Nov 75 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 9 Mar 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate .45

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nutrification Line

Total Line Length 900' - 300'

Number of Lines 6 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100

NAME OF OWNER Barker, Jr. Hugh

LOCATION OF PROPERTY 20500 Hwy #73

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.

Comments: Alternate pit.

Division or Section Head

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.

EHD-5-76

Environmental Health Department's Copy

Supervisor/Administrative Professional Checklist

New Septic [X] New Well [ ] Use Existing [ ] Alteration [ ] Modified Plot Plan [ ]

New Septic Fees Paid

IP ($250.00) 4/28/17 LE ____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. [ ] Reviewed [ ] ____

This site is served by septic and well. Verify each is complete before final hold is released. [ ]

Septic file completed. [ ] _____ Well file completed. [ ] _____

Send permit for signature. [ ] Signature received. [ ] _____

This septic system requires a certified operator contract before final hold is released. [ ]

Certified operator contract is on file. [ ] _____

Garrett, Kimberly

From: Gene Keener <gkeener915@gmail.com>
Sent: Monday, May 29, 2017 6:54 PM
To: Garrett, Kimberly
Subject: RE: Building Plans for 1305 Concord Road, Davidson
Attachments: Barger Residence - Permit Set.pdf

Hi Kim,

Thanks again for your insight and help with permitting the existing septic system at 1305 Concord Road in Davidson.

The homeowner has agreed that the best option is to eliminate the closet door in the office and replace it with open shelves to alleviate any confusion with that space being used as a bedroom. The architect has made the changes to the construction drawings which I have attached to this email for your review.

Once the engineer completes his portion of the permit drawings, we will be submitting the plans for final Mecklenburg County review/permitting. Hopefully in the next couple days.

Thanks!

Gene Keener
704-363-0213

From: Garrett, Kimberly [mailto:Kimberly.Garrett@mecklenburgcountync.gov]
Sent: Tuesday, May 23, 2017 11:30 AM
To: Gene Keener <gkeener915@gmail.com>
Subject: RE: Building Plans for 1305 Concord Road, Davidson

To answer your earlier question: a gravel system for a 4-bedroom would need 533', 666' for a 5-bedroom.

I spoke to Jeremy this morning and he said that the old permit was for a 4-bedroom and so that is what we would give you credit for. The information on the old permit does not make complete sense as to how much line was exactly installed. There is a washing machine line and drain field and then another drain field for the septic system. So you will want to look for those 2 different connections and utilize both fields for the new construction.

So here would be the options available to you.

1. Submit another floor plan showing a recessed area with shelves (without a closet door)
2. Apply for an alteration to add drain line to the system for another bedroom
3. Hire a septic contractor to locate the 2 different drain field (bed or lines) areas to determine exactly how much drain line was installed

Sincerely,
Kim

From: Gene Keener [mailto:gkeener915@gmail.com]
Sent: Friday, May 19, 2017 10:08 AM
To: Garrett, Kimberly <Kimberly.Garrett@mecklenburgcountync.gov>
Subject: Re: Building Plans for 1305 Concord Road, Davidson

Hi Kim,

Tuesday is fine.

Is 900' the requirement for a four bedroom?

Thanks,

Gene

Sent from my iPhone

On May 18, 2017, at 5:19 PM, Garrett, Kimberly <Kimberly.Garrett@mecklenburgcountync.gov> wrote:

> I checked the old permit. It says 900' + 200'. There is a washer line and then the main drain field. But I thinks it's 900 sq ft. The drawing looks like 3 x 100'. And the 4 x 50'
>
> If you want to wait until Tuesday - I will ask Jeremy Michael (my supervisor). He may approve the office with a closet.
>
> Thank you.
> Kim
>
> Kim Garrett, REHS
> Environmental Specialist
> Environmental Health Program
> Mecklenburg County Public Health
> 980-721-2054
>
> On May 17, 2017, at 1:56 PM, Gene Keener <gkeener915@gmail.com> wrote:
>
> > Hi Kim,
> >
> > Per our phone conversation this morning, here are the plans for the replacement residence at 1305 Concord Road. Good timing, the permit ready plans were finished yesterday, and I expect to apply for the Building Permit with Davidson and Mecklenburg County tomorrow.
> >
> > Please let me know if you have any questions.
> >
> > Thanks!
> >
> > Gene Keener
> > 704-363-0213
> >
> > <Barger Residence - Issue for Permit 051517.pdf>

Date Received 11/25/75 APT No. 03

T. C. No. PO. 03-12 1-01

Map Date 2/21/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BARBER (LAST) Hugh (FIRST) Jackson, JR (MIDDLE)

2) ADDRESS OF OWNER Box 2232 Davidson NC ZIP 28036

3) PHONE NO. Home 892 - 7484 Office

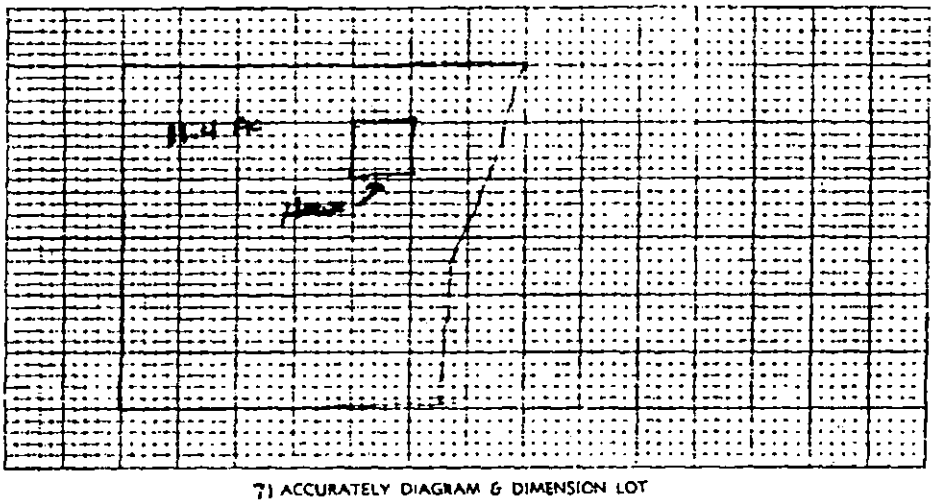
4) LOCATION OF PROPERTY HIGHWAY 73 - ½ MILE EAST OF DAVIDSON (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK 3803 PAGE NO 61

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinafter described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Hugh J. Barber JR
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

Serial No. 5818

PTR No. 10279

T C No P.O. 003-121-01

Date Issued 11/25/75

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

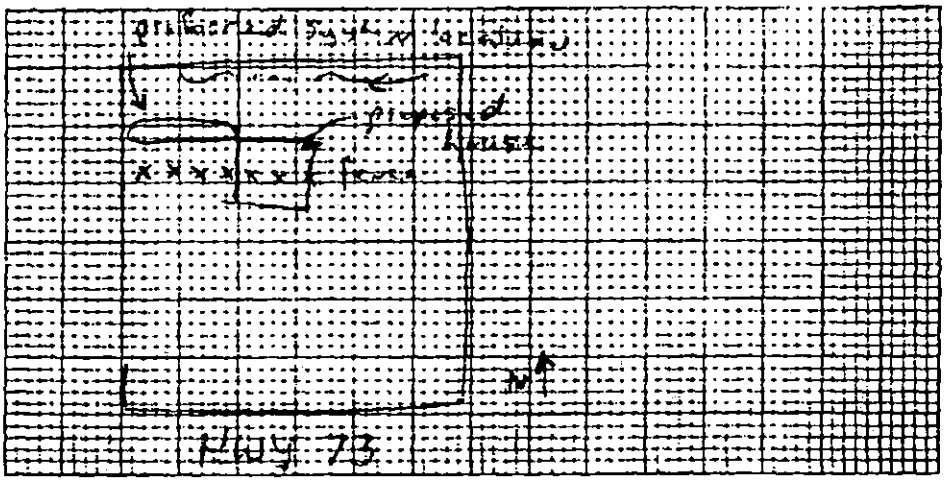
PERCOLATION TEST REPORT

NAME OF OWNER Barger (LAST) Hugh (FIRST) Jackson, Jr. (MIDDLE)

ADDRESS OF OWNER Box 2232 Davidson, N. C ZIP 28036

LOCATION OF PROPERTY Highway 73 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plat

The percolation rate determined by the test was #60Min./In The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issuance date.

#Results determined by soil analysis

C. Edward Gwinnett
Soil Scientist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

(2)

SOIL INVESTIGATION REPORT

Date of Investigation NOVEMBER 25, 1975 APT NO. 10279

Owner H.J. Barger JR.

Location of Property Highway 73 E. of Davidson TCN P.O. 003-121-01

Soil Properties	Soil Suitability Ratings			
	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	suitable 2-8%			
3. Soil Depth	suitable >48"			
4. Soil Texture	marginal clayey			
5. Soil Structure	marginal sabk			
6. Restrictive Horizons	———			
7. Soil Drainage	suitable W.T >6'			
8. Soil Permeability (Percolation Rate)	marginal 60min/in			
9. Other	———			
10. Overall Rating	marginal			

Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in. It should be noted that of 10 Acres only one Acre where house is proposed to be built was investigated.

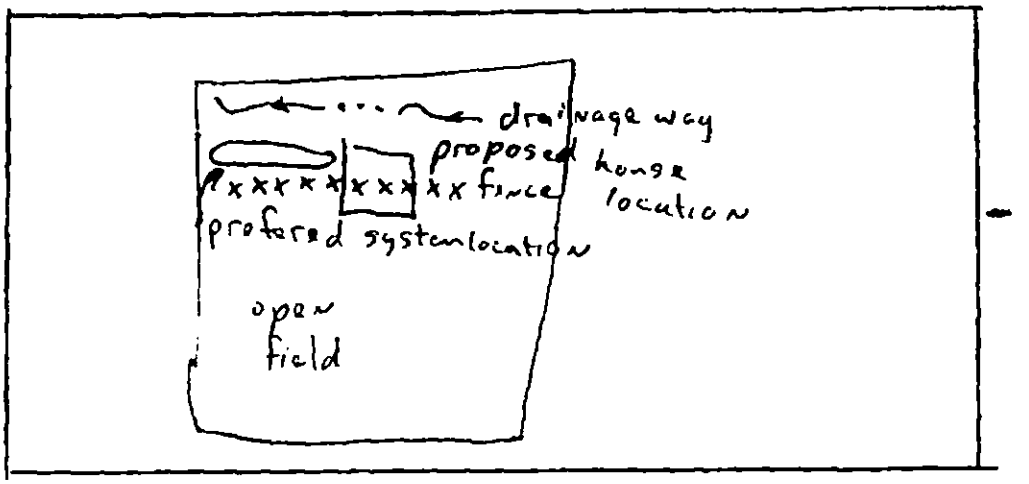
See diagram on back

W. Edward Casement
Soil Scientist

3/18/75
EHD 539

(3)

DIAGRAM OF PROPERTY



3/18/75

RHD 539

Date Received 11-24-75

ICAR(S) Application No. 1819

T. C. No. 003-1201

Map Date 4-21-75

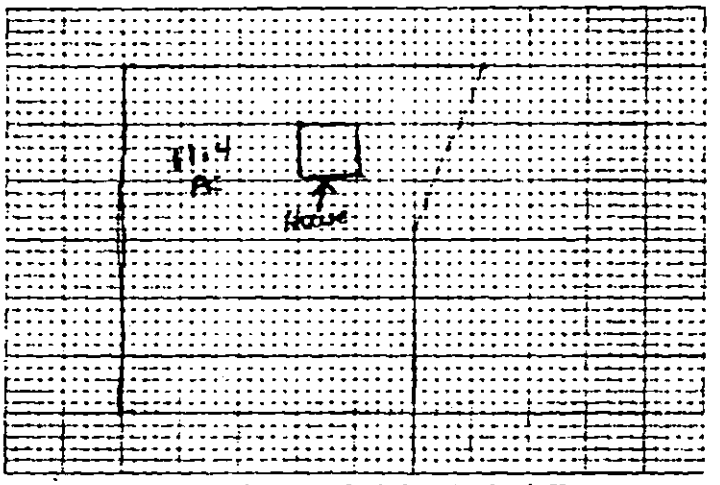
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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) No. of Bedrooms 4

5) Business Use -- Max (No.) Employees ___ ___

6) Washing Machine ✓ Yes ___ No

7) 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 Barker (LAST) Hugh (FIRST) Jackson Jr. (MIDDLE)

14) ADDRESS OF OWNER Box 2232 Davidson NC 28036

15) PHONE NO Home 892-7484 Office ___

16) LOCATION OF SYSTEM Highway 73 - 2 mi East of Davidson (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3501 AT PAGE 61

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✓ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

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.

11-24-75
DATE OF APPLICATION

Hugh J. Barker Jr.
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

5

Date Issued 11/25/75

Serial No. 5464

LA No. 10279

T C No P.O. 003-121-01

IMPROVEMENTS PERMIT

Map Date 2-21-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Barger (LAST) Hugh (FIRST) Jackson, Jr. (MIDDLE)

ADDRESS OF OWNER Box 2232 Davidson, N. C. ZIP 28036

LOCATION OF LOT Highway 73 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60Min./In on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration and/or Repair Permit", number 10279. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked, and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

L.P. Buchanan
Environmentalist

John A. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

(6)

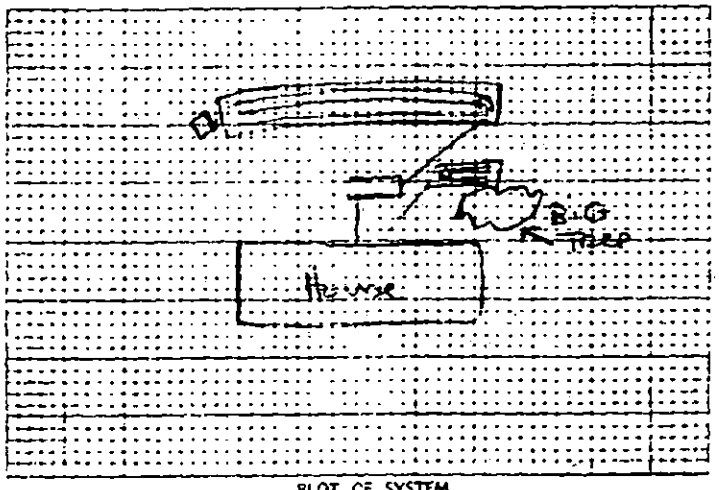
Date Issued 9 Feb 75

Serial No. 0448

ICAR(S) Permit No. 10279
T C No. 003-121-01
Map Date 2-21-75

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 10279, dated 9 Nov 75 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 9 Mar 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate .40

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and / Nitrification Line

Total Line Length 900' - 300'

Number of Lines 6 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100

NAME OF OWNER CARTER, Jr. Hugh

LOCATION OF PROPERTY 20500 Hwy #73

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.

Comments: Aeration pit.

Division or Section Head

J M Reynolds
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.

EHD-5-76

Environmental Health Department's Copy

(7)

Date Issued 25 MAR 77 Serial No. 0573 C of A (s) No 10279

CERTIFICATE OF COMPLETION T C No 003-121-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner BARGER (LAST) JR. HUGH (FIRST) (MIDDLE)

Location of Property 20500 Hwy #73

Application Number 10279 Permit Number 10279

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material P.C.

Total Length of Drain Tile 900'-300' Number of Lines 6-5

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 25Mar77 (DATE) Tank Inspected 25Mar77 (DATE)

Nitrification Field Inspected 25Mar77 (DATE)

Washing Machine Line Inspected, If Applicable 25Mar77 (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 aeration O.K.

G.M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

(8)