

11346 MCCOY RD

01527126

8/19/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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COPY

Mecklenburg County
Health Department

December 18, 1997

Mr. Henry W. Kerns
6501 Hazelton Drive
Charlotte, NC 28210

Dear Mr. Kerns:

Re: Illegal Repair

This department has been informed of an alleged infringement of the sewage regulations on your part concerning a repair made on the sewage disposal system located at 11346 McCoy Road. We have no record of an application being submitted nor of approvals being given by this department for the alleged repair. If this is in fact an illegal repair and if additional illegal repairs are made in the future we will pursue legal action against you as this action violates Article 11 of Chapter 130A of the **GENERAL STATUTES OF NORTH CAROLINA - SANITARY SEWAGE SYSTEMS.**

We would appreciate your cooperation with providing us with the name of the individual who allegedly installed the repair.

Contractors registered in Mecklenburg County are aware that under the **GENERAL STATUTES OF NORTH CAROLINA** (1) §130-335 requires an approved sanitary sewage system; (2) §130-336 requires an Improvement Permit to be issued prior to proceeding with construction and/or the installation or repair of a sanitary sewage system; and (3) §130A-337 requires that no sanitary system of sewage collection, treatment and disposal be covered or placed into use until an inspection is made by the local health department. These requirements exist to protect the public's health by preventing groundwater contamination as well as protect the environment.

This correspondence is to advise you that this department suspects an illegal repair of the system was made on your property, to reiterate to you the illegality of such activities under the General Statutes of North Carolina, and to provide formal documentation to be used as evidence in court should notification of such violations reoccur in the future. A copy of this correspondence will be placed in our files for future reference.

Please contact me if you have any questions concerning this matter or feel obligated to reveal the name of the contractor involved.

Sincerely,

Sylvia D. Daniel, R.S., Program Chief
Individual Water and Wastewater Systems

18946

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2/22/94
CK#2463 $50.00 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

Date: /

PERSON FILING APPLICATION:

NAME: KERNS (last) HENRY (first) W (mi)

ADDRESS: 6501-HAZELTON-DR PHONE: (704) 553-8732

CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 015-222-26

STREET ADDRESS: 11346 McCoy Road

ZONING: _____

PROPERTY OWNER:

NAME: KERNS (last) HENRY (first) W (mi)

ADDRESS: 6501-HAZELTON-DR PHONE: (704) 553-8732

CITY: Charlotte STATE: NC ZIPCODE: 28210

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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) [X] 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: Henry W. Kerns Date: Feb. 22, 1994

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

Phyllis A. Walker 2/25/94
Environmentalist Date

P. Walker for J. Powell 2/25/94
Director or Authorized Section Head Date

WATER : 122791

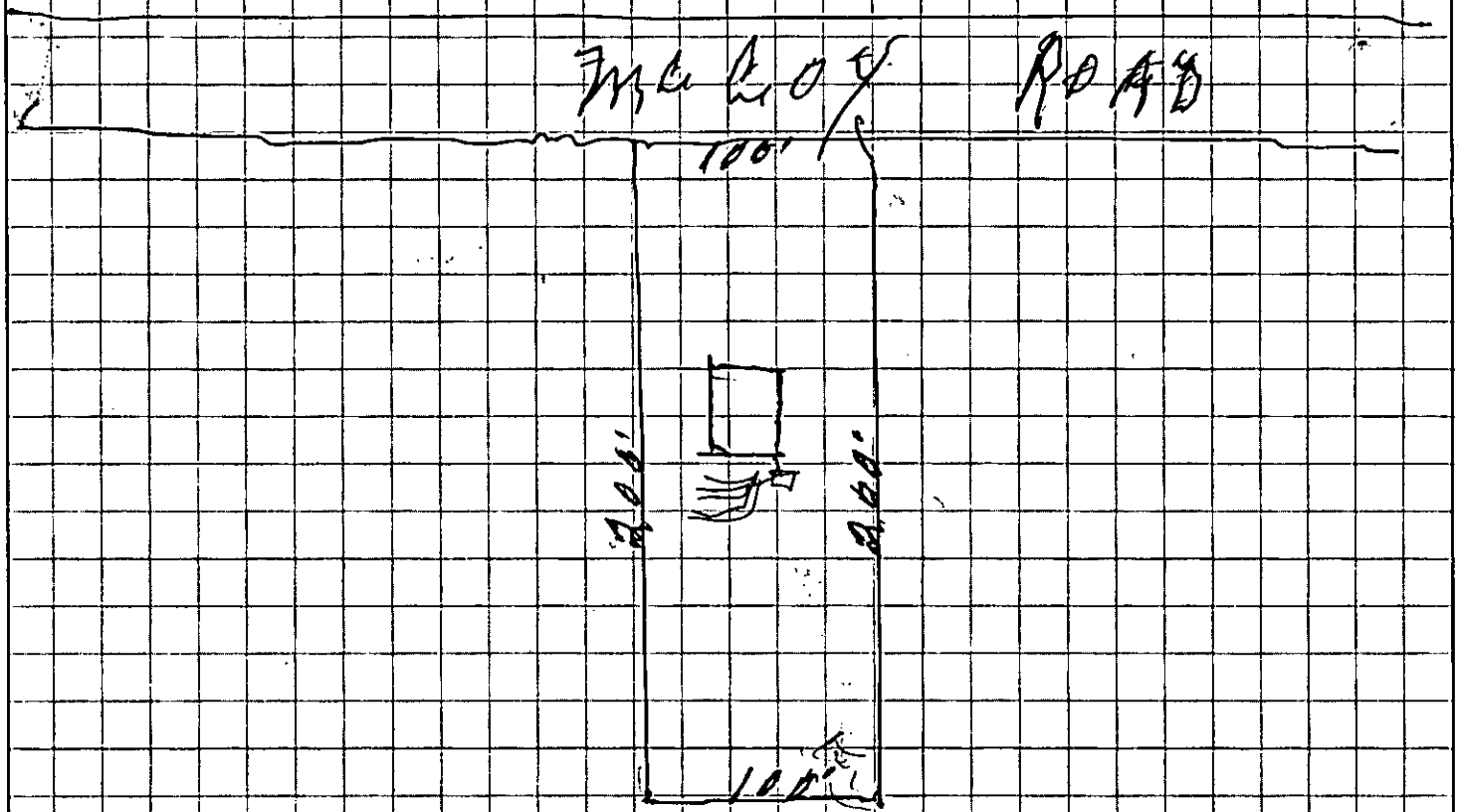
PROPOSED PLOT PLAN

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

FILE: 18946

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.



APPROVAL DATE PW 2/25/94

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

Serial No. 5710

Date Issued 8/26/82

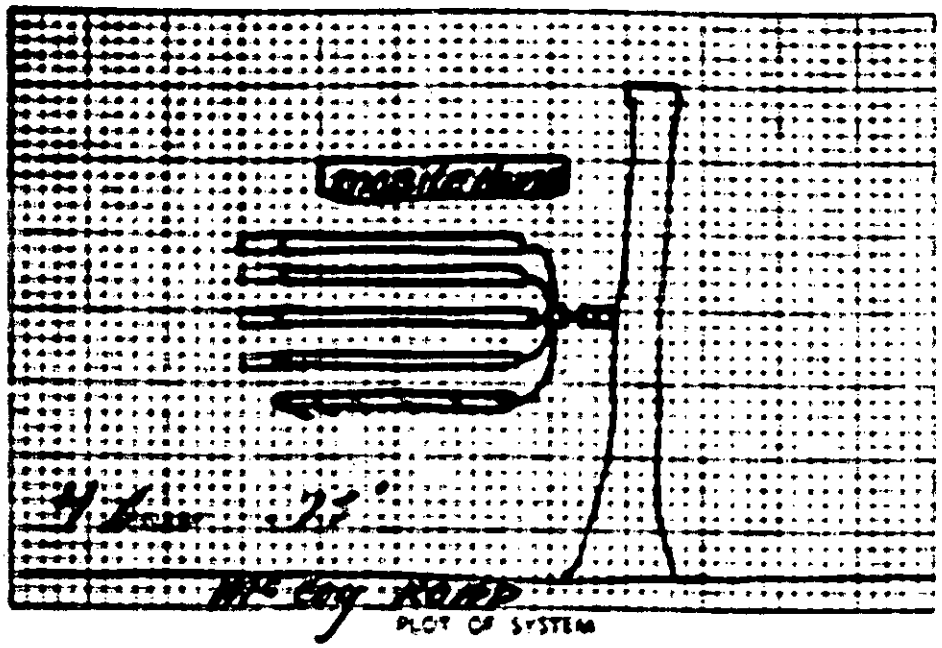
ICAR(S) Permit No. 18946

T. of S. No. 015-222-2

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 18946 dated 8/26/82 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 30SEP82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500 GAL

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 5

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Henry W. Kerns

LOCATION OF PROPERTY 11226 McCoy Road

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.

4 LINES: 3'X60'X12" of STONE ON 9' Centers. Minimum Cover 12", MAX 30"

Comments: If system cannot be installed observing 30" max cover, LIFT STATION will be needed.

J. Mooney (Acting) — Division or Section Head

Adam Wigfield — 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

C of A (s) No [illegible]

Date Issued 1 Sep 82 **Serial 5368** T C No [illegible]

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 Sims (LAST) Tracy (FIRST) [illegible] (MIDDLE)

Location of Property 11226 McCoy Rd.

Application Number 18946 Permit Number 18946

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 200'

Excavation Inspected 1 Sep 82 (DATE) Tank Inspected 1 Sep 82 (DATE)

Nitrification Field Inspected 1 Sep 82 (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 Lateral Planning (Code)

4 Trenches 3'X75'X12"

[signature] Sanitarian

EHD-S-26

ENVIRONMENTAL HEALTH DEPT. - WHITE COPY

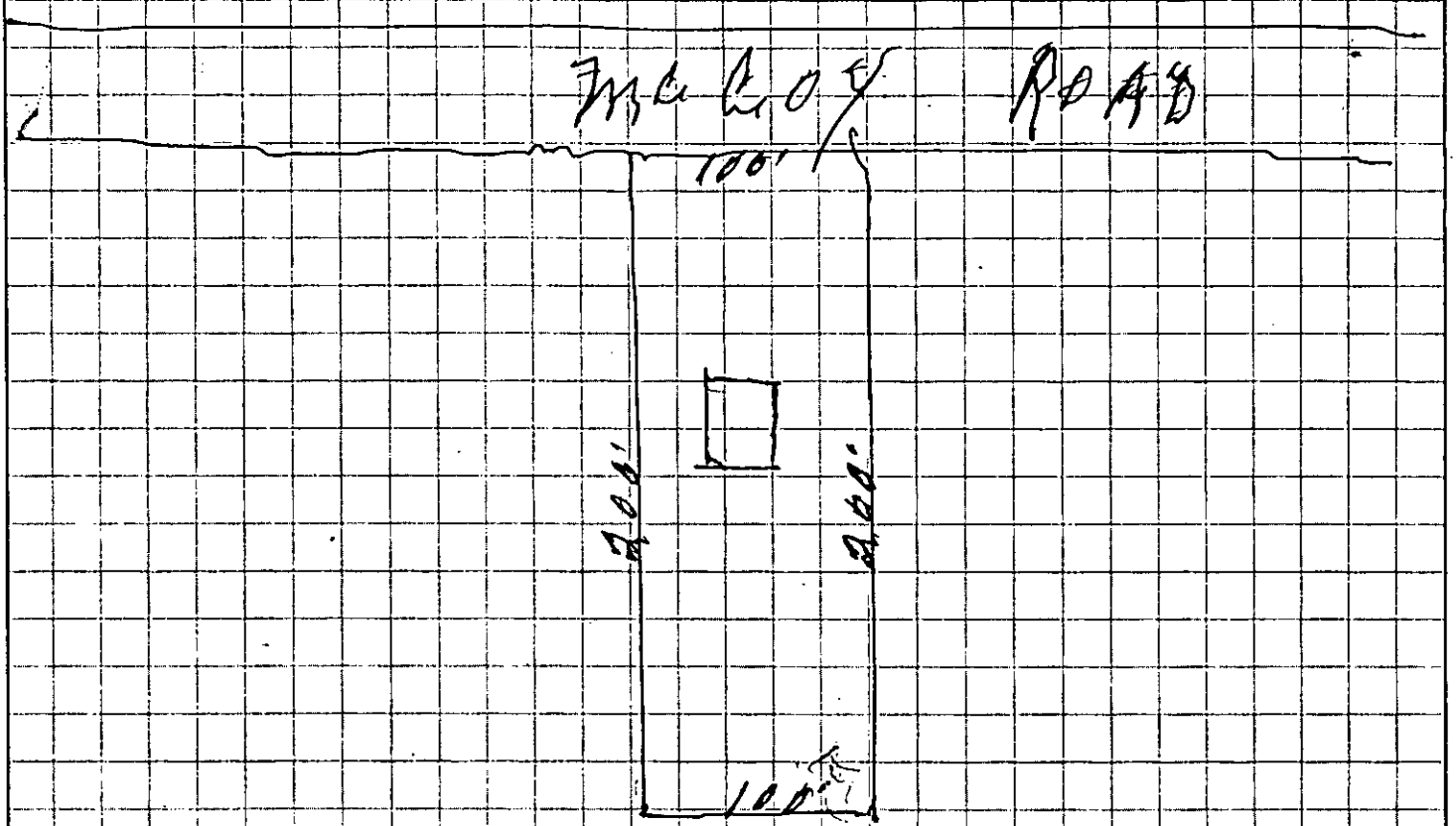
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APPROVAL DATE _____

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