

1101 REID HARKEY RD

19333435

5/30/08

marliwr

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

$50.00 Ck# 9156 5/28/97

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1530 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: BARNETT (last) WALTER (first) E. (mi)
ADDRESS: 1101 Reid Harkey Rd. PHONE: (704) 847-8136
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-334-35
STREET ADDRESS: 1101 Reid Harkey Rd.
Matthews, NC
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) ____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT 35 | B3 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) REPLACING DECK

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: 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) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Walter Barnett Date: 5-28-97

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Deck - See plot plan dated 5/30/97

Lisa B. Mialik RS 5/30/97
Environmentalist Date

5/29/97 OSV. Mr. Barnett present. Plot plan dated 5/28/97 disapproved- proposed deck over a portion of washer drainfield.

5/30/97 OSV w/S. Bateman. Mr. Barnett present. Proposed deck design changed; W/S for deck addition per plot plan dated 5/30/97 JSR

6/2/97 Copy & approved plot plan to Patrick Branson - Bldg. Stds

WATER : 122791

PROPOSED PLOT PLAN

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

FILE: 7530

TC: 193-334-35

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.

5/29/97 Disapproved JBM

Wooded Area

16 x 16' DECK

S.T.

LIGHTWOOD DR

REID HARKEY RD

OWNER/AGENT SIGNATURE Walter E. Barnett

DATE 5-28-97

APPROVAL DATE Denied 5/29/97 JBM

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

PROPOSED PLOT PLAN

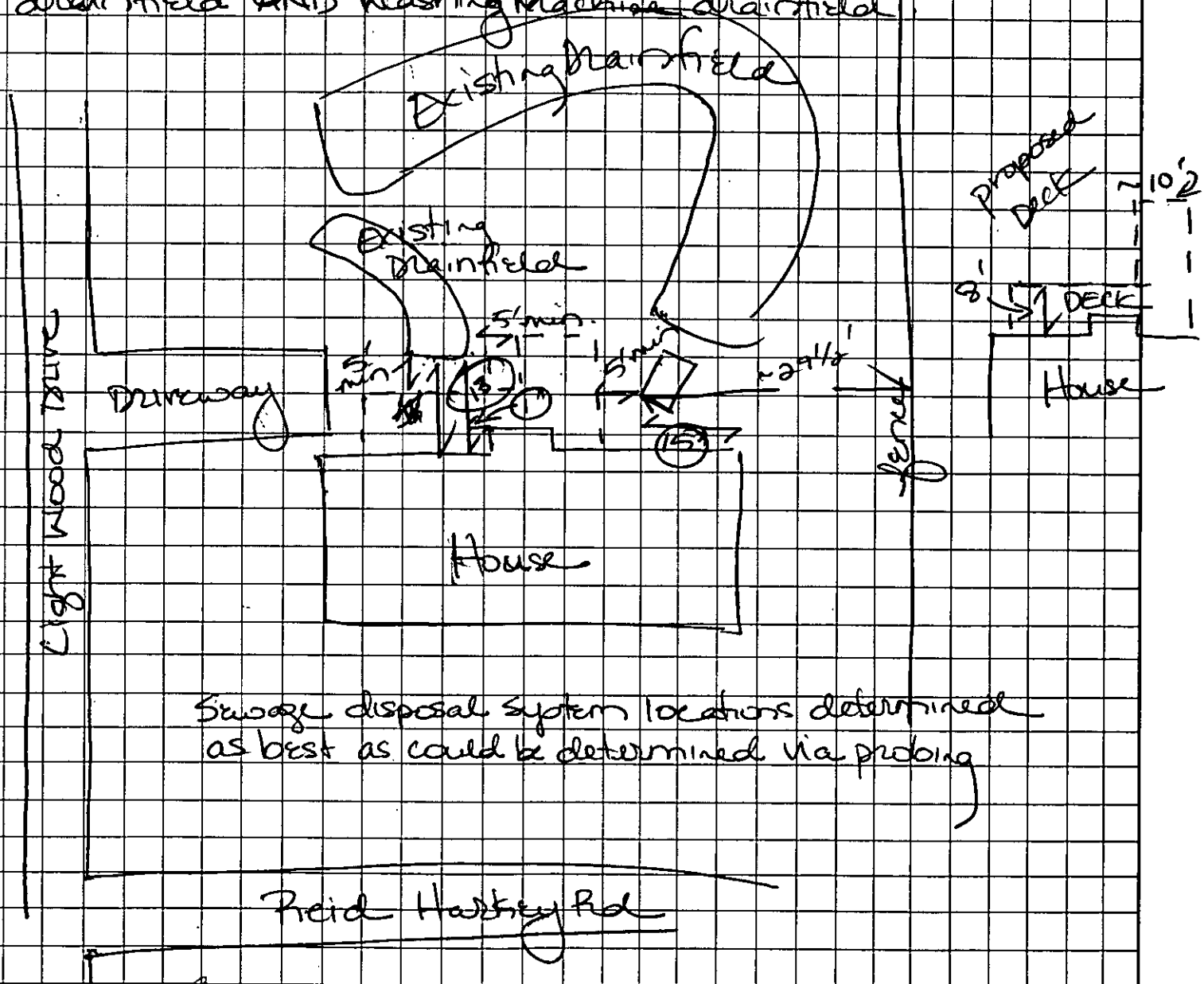
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7530

TC: 193-334-35

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.

Proposed deck shall be 5' minimum from any portion of the sewage disposal system or septic tank to its drainfield AND washing machine drainfield.



OWNER/AGENT SIGNATURE

DATE 5-30-97

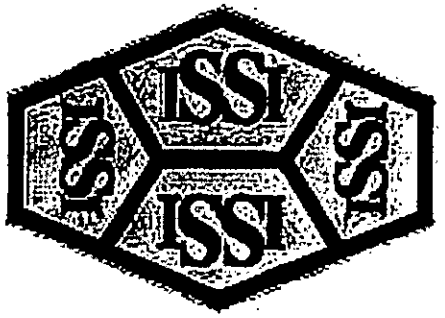
APPROVAL DATE 5/30/97 Joan B. Mialik, RS

WKS for deck addition per this plot plan.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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ISSI Operations Center Staff

Serial No.

Date Issued 5/26/77

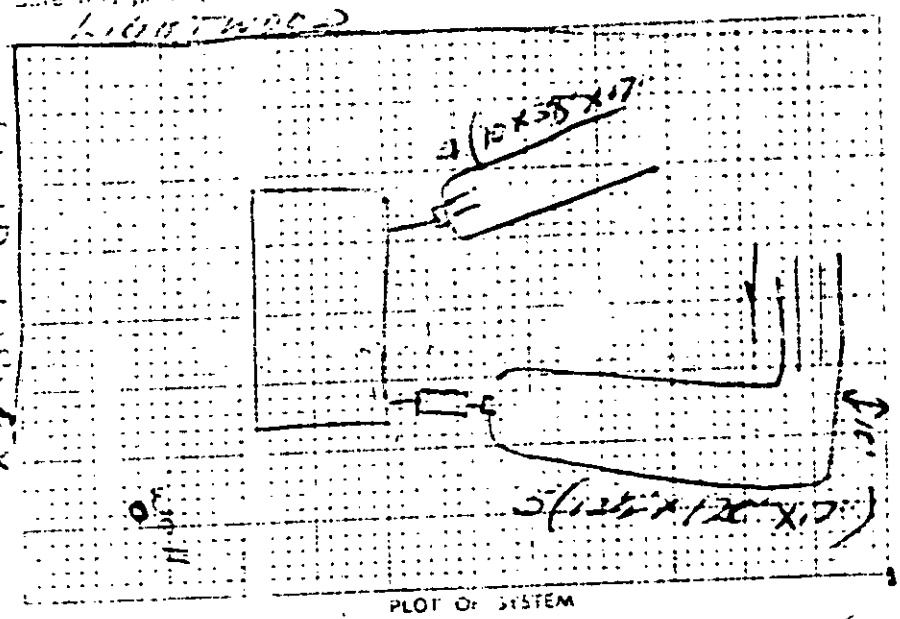
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to X Install or Construct, Alter or Repair the individual sewage disposal system as described below. This permit is granted based upon the information submitted in application dated 5/26/77 and this permit shall be void and of no effect if the work authorized is not commenced or is discontinued for a period of 9/26/77 after the date of issuance. All work shall be completed in accordance with the plans and specifications submitted in the application. Any deviation from the approved plans and specifications will render this permit null and void.



Percolation Rate 45 (5 Bdrm)

Liquid Capacity of Tank 1500 gal.

Type of Tank PC

Absorption Area 3 Lines

Total Line Length 600 150

Number of Lines 5 4

Distance between Lines 10' 10'

Distance from Lines to Property Line 10' 10'

Distance from Well 75'

NAME OF OWNER Kluttz Realty & Const. Co. Inc (For Sale)

LOCATION OF PROPERTY 1101 Reid Hickey Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered or otherwise rendered uninspectable or can be used.

Comments: To maintain uniform soil cover Extra To shift excess backfill to end of line

5/26/77

Date

Environmental Health Specialist

The installation or construction of this system will be under the supervision of the Environmental Health Department and no effect on existing system is being altered or replaced.

E-69-1-72