


9200 WALKERS FERRY RD

11336115

7/13/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

$400

FILE: 7875A DATE: 5/24/93

PO

TC: ~~113-124-09~~ ☐ L ☐ GBJ
113-124-25

SERIAL № 15511

Name of Owner Tim Seevers Juris.:

Address of Property 9200 Walkers Ferry Rd.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

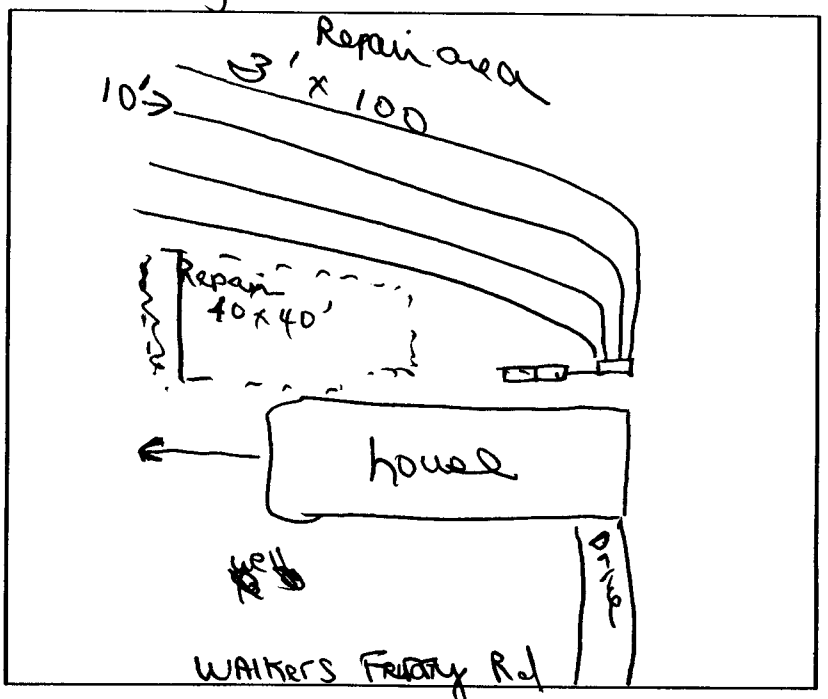
Distance to Water Source ≥ 50'

Excavation Inspected 5/24/93

Tank(s) Inspected 5/24/93

Wash Line Inspected

High Water Alarm Inspected




Design: 1993, 1500 St, Con. 1200SF+, 12" G, Cecil CTR# 189

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: System designed for 3 bedroom home.

Judy J. Kwiz RS
Environmentalist

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

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

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

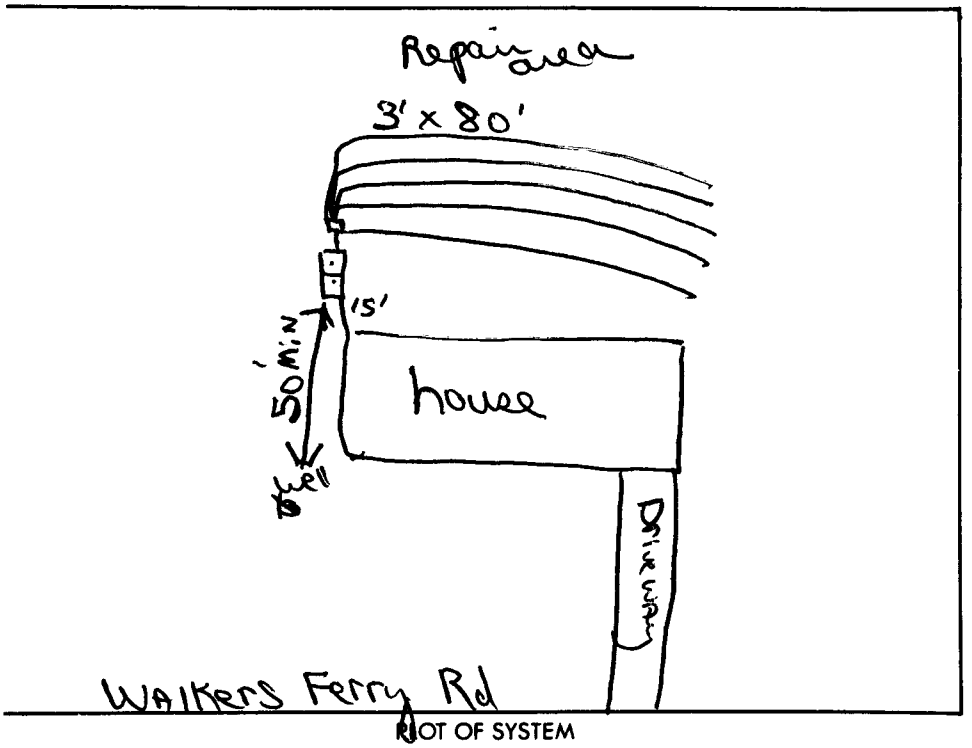
$400

FILE: 7875A DATE: 5/3/93

TC: 113-124-09 ☐ L

SERIAL Nº 15374

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 4/14/93. All work shall be completed on or before 6/3/93, 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 ____ gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

NAME OF OWNER Tim Seevers

LOCATION OF PROPERTY 9200 Walkers Ferry Rd

Comments: INSTALL 5 Trenches 3' x 80' x 12" Stone.
Keep 50' from well, Keep Lines on Contour.

Paul S. Daniel
Division or Section Head

Judy J. Kyles R.S.
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.

File # 78754 LM 40

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

pd 200 Ck# 4547 9-10-92 [ ] 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: Sevens (last) Tim (first) (mi)
ADDRESS: 9225 Walkers Ferry Rd PHONE: (__) 3995763
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 9-9-92

PROPERTY OWNER:
NAME: K.T. Services (last) (first) (mi)
ADDRESS: 9225 Walkers Ferry Rd PHONE: (__) 399-5763
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-124-09P0.
STREET ADDRESS: 9200 Walkers Ferry Rd
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): .877

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Moving house on lot
[ ] 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: 3 NUMBER OCCUPANTS: 04
SYSTEM CLASSIFICATION: I

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 [X] 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: Tim Sevens Date: 9-9-92

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.

...Approved for 3 bedroom home

100% Repair Available - Required

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

Judy J. Kiser R.S. 9/14/92
Environmentalist Date

Randall 9-18-92
Director or Authorized Section Head Date

WWATER : 122791

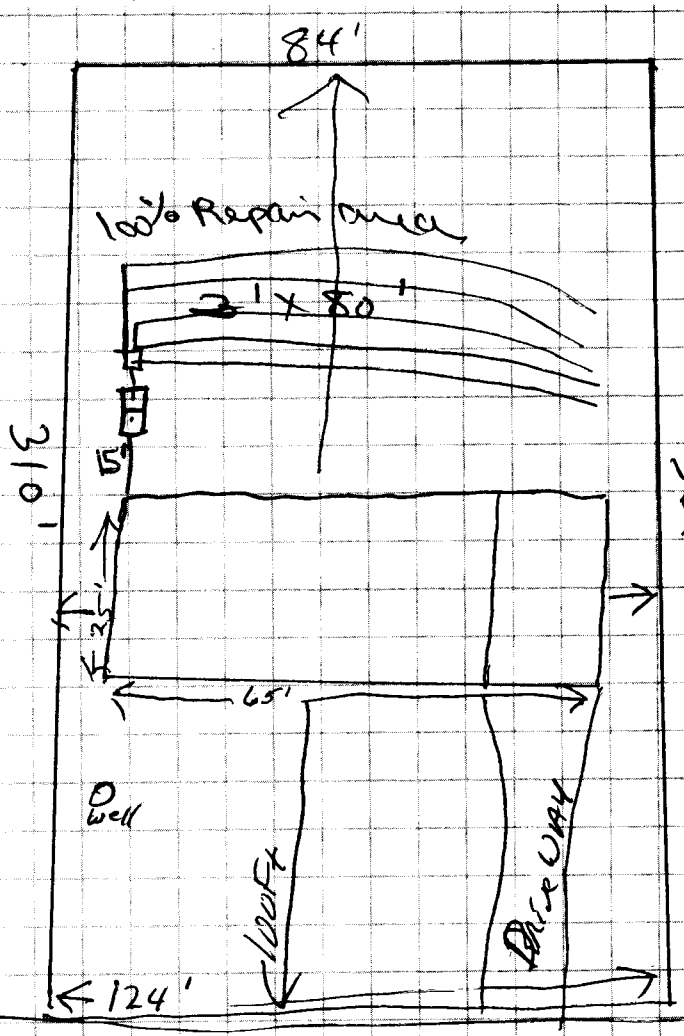
# PROPOSED PLOT PLAN

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

FILE: 7875 A

TC: 113-124-09PO

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.




1500 GALLON TANK
400' drainfield
9/14/92 J Kiser.

WALKERS FERRY Rd

APPROVAL DATE 9/14/92

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

# Mecklenburg County
# Health Department

December 19, 1991

Tim F. Severs
9225 Walkers Ferry Road
Charlotte, NC 28214

RE: Property located on 9200 Walkers Ferry Road
FILE: 7875A
PARCEL: 113-124-09

Dear Mr. Severs:

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 16768) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

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

Sincerely,

Kelly Randall

Kelly Randall, R.S.
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12395

File: 7975-A  Action: 1

Parcel: 113 124-09  ~~LPC~~

Location: 9200 WALKERS FERRY RD

Subdivision:

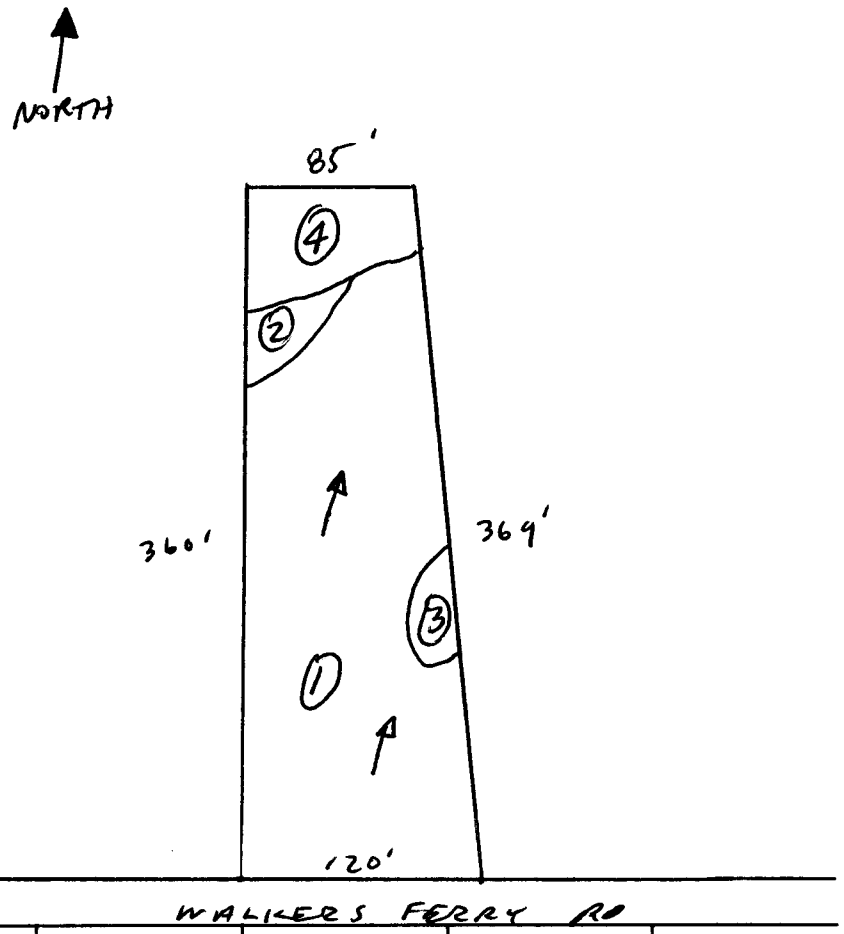
Lot: 3  Block:  Acres: .86

Owner: 9225 WALKERS FERRY RD
Address: CHARLOTTE NC 28214

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 12-17-91




***** 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 | (S) PS U | S PS (U) SLIGHT DEPRESSION | S PS (U) COMPLEX SLOPE | S PS U | S PS U |
| Texture | S (PS) U SLIGHTLY EXPANSIVE CLAY | S (PS) U SLIGHTLY EXPANSIVE CLAY | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U BLOCKY | S (PS) U BLOCKY | S PS U | S PS U | S PS U | S PS U |
| Drainage | (S) ~~PS~~ U >48" | (S) PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS (U) 22-34" | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U NONE | 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 | CECIL CLICE | PACOLET LIKE | SLIGHT DEPRESSION | COMPLEX SLOPE | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

$150.00 #CK #4203 Receipt 263

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

(OFFICE USE ONLY)

FILE: 7875A

TC: 113-124-09 PO

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 9200 Walkers Ferry Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

**OWNER**

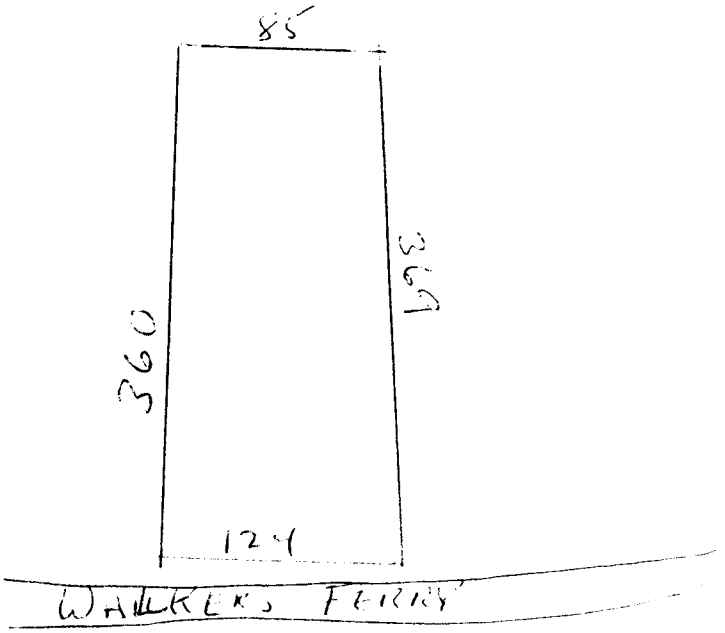
⑦ NAME: Tim (FIRST) F (MIDDLE) Stevens (LAST)

⑧ MAILING ADDRESS: 9225 Walkers Ferry Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) 399-5763 (HOME) 588-2231

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: _____

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

Date: _____

DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 113 - 124 - 09 P.O

ASSIGNED ADDRESS 9200 WALKERS FERRY RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | DISAPPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | / / | / /* |
| 2. FLOODWAY REGULATIONS | / / | / /* |
| 3. EROSION CONTROL REGULATIONS | / / | / /* |
| 4. PUBLIC UTILITY EASEMENT | / / | / /* |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | / /* | /✓/ |
| 6. PROPERTY FRONTS ON THOROUGHFARE | /✓/* | / / |
| 7. DRIVEWAY PERMIT REQUIRED | / /* | /✓/ |

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: SEPTIC TANK

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

SIGNED: B. McConnis

OPWEAR 06-88

NEW ADDRESS /X/*

FORM 100