

15818 PINEKNOLL LN

00101442

8/13/08

marliwr

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

Mecklenburg County
Health Department

September 15, 1994

Charles Harper
1211 Bearmore Drive
Charlotte, NC 28211

Re: 15818 Pineknoll Lane
File: 17071
Parcel: 001-014-42

Dear Mr. Harper:

Receipt of the plans and specifications for a screen porch enlargement at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with the provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

Rule .1950 Location of Sanitary Sewage System (a) (10) (11) states that every sanitary sewage treatment and disposal system shall be located at least 5 feet from any building foundation and 15 feet from any basement. The existing septic system is partially covered with an existing building addition.

For these reasons, the plan as submitted is disapproved. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If you have any questions regarding this matter, please do not hesitate to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

17071

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 8/8/94 Ck.# 3130 Wells

[ ] 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: Harper (last) CHARLES (first) F (mi)
ADDRESS: 1211 Bearmore Dr PHONE: (704) 366-7374
CITY: Charlotte STATE: NC ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-014-42
STREET ADDRESS: 15818 PINEKNOLL LN.
Huntersville, NC
ZONING:

PROPERTY OWNER:
NAME: Harper (last) Charles (first) F & Mary P. (mi)
ADDRESS: 1211 Bearmore Dr PHONE: (704) 366-7374
CITY: Charlotte STATE: NC ZIPCODE: 28211

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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)
[x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Screen porch Enlargement
[ ] 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: 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: Charles F. Harper Date: 7-29-94

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.

...

[ ] 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 Date

Director or Authorized Section Head Date

WATER : 122791

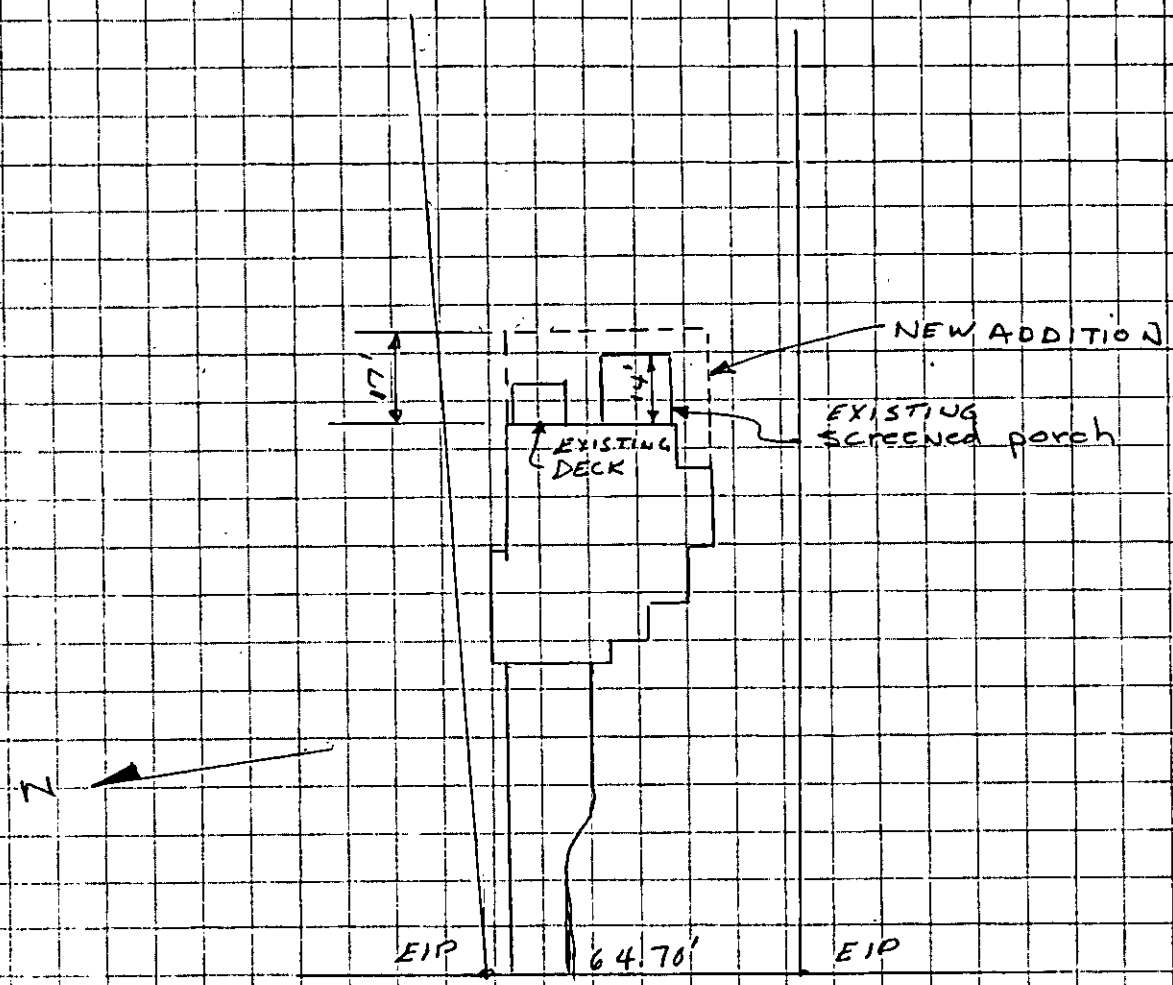
PROPOSED PLOT PLAN

COPY

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

Permit No. ~~[illegible]~~
FILE: ~~6446~~ 17071
TC: 001-141-17
Tax No. 001-014-42

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 _____

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

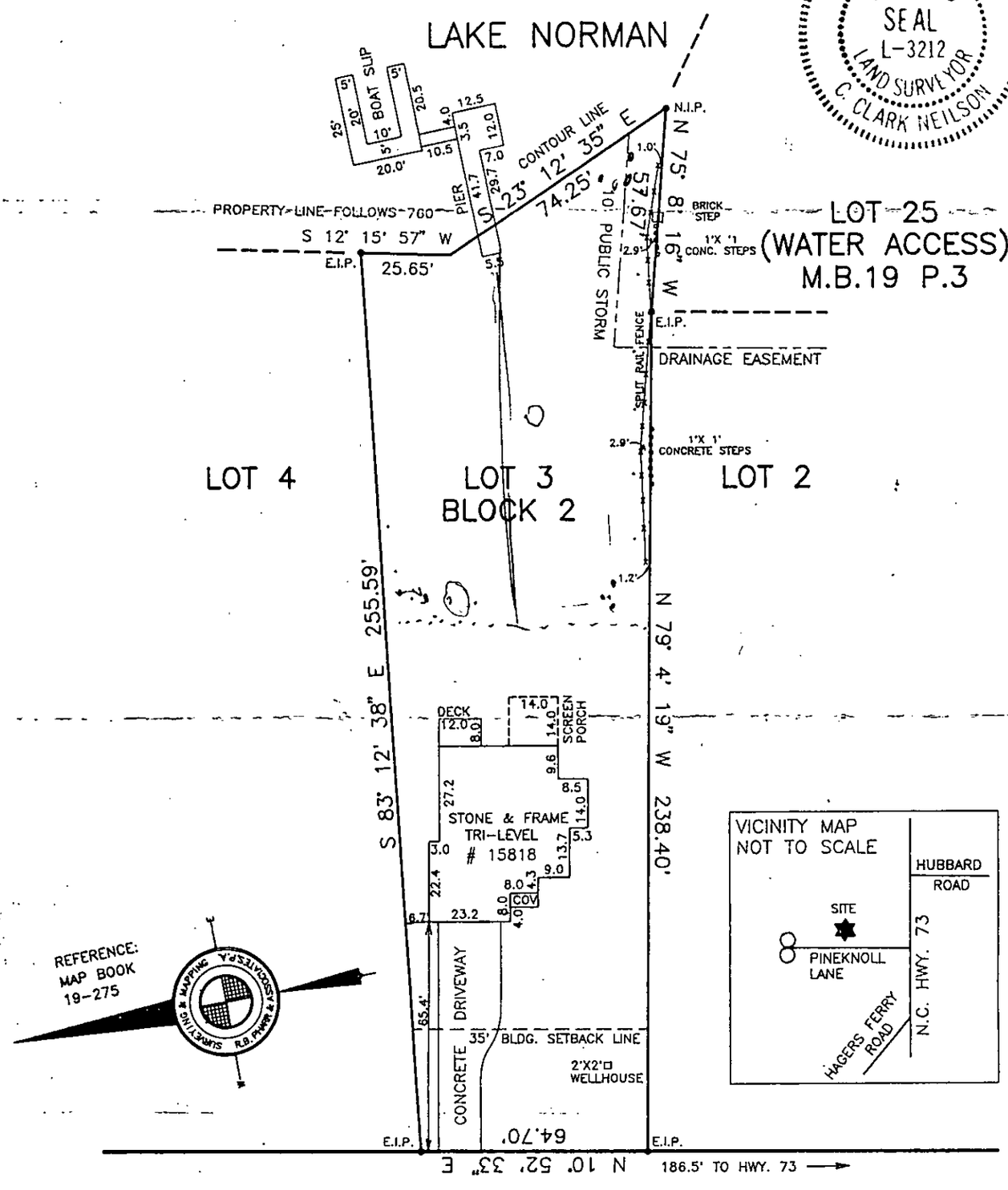
REVISED TO SHOW STEP STONES & FENCE 26 NOVEMBER 1993

THIS IS TO CERTIFY THAT ON THE 14 DAY OF JULY 19 93 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Neilson

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON



SURVEY OF:

LOT 3, BLOCK 2, BAY SHORES PHASE II

LEMLEY TOWNSHIP, MECKLENBURG COUNTY

CHARLOTTE N.C.

THE PROPERTY OF CHARLES HARPER AND WIFE, MARY HARPER

SCALE 1" = 40'

MAP BOOK 19 PAGE 275

DEED BOOK _____ PAGE _____

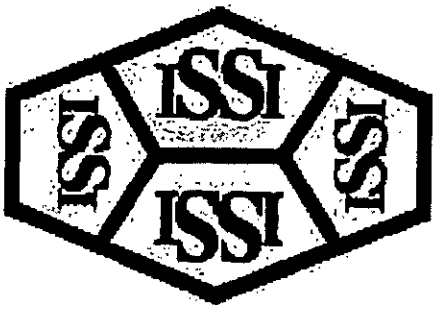
FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 3, 1993.

29083

TAX NUMBER: 001-014-42

Joanne Brown
Long Creek Garden Center
586-7733
Tues., Thurs. & Fri.



Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

21-B

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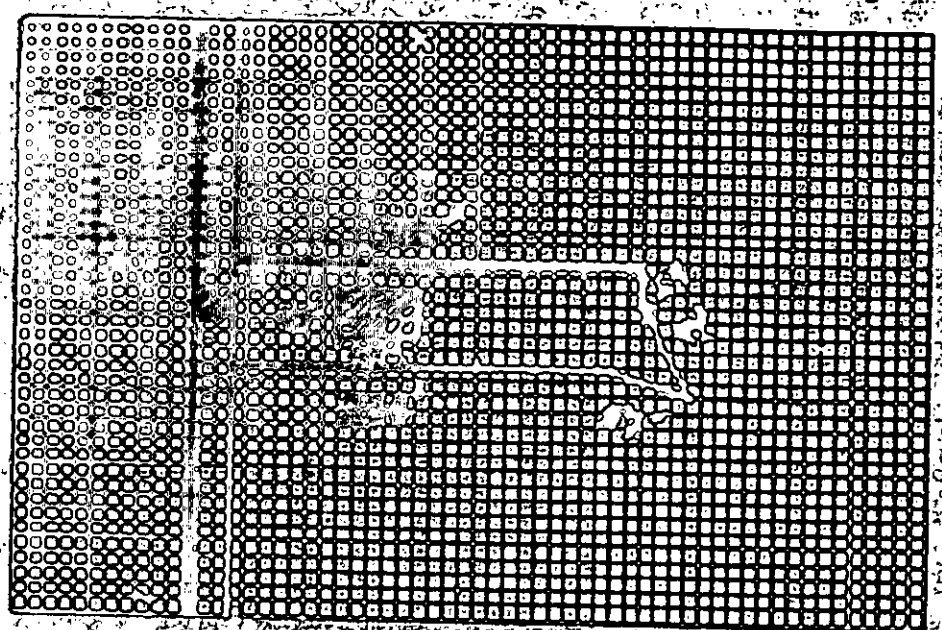
CMS Application No. 17971
T. No. 001-141-17
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for a
New, Construction, Alteration, and/or Repair Permit
New Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The undersigned hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

( ) Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment, soil absorption, effluent discharge system.



NOT PLAN ACCURATELY DIMENSIONED

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
4) No. of Bedrooms 2
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 6"
B) Governmental System _____
C) Community System:
1. Well owned _____
2. Governmental owned _____
10) Sewage System:
Public sewer located within 200 ft. ___ Yes ✓ No
Community sewer located within 200 ft. ___ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER BENNETT LAST Steve Jr. FIRST
14) ADDRESS OF OWNER 9508 Liddy Drive CITY Chas. 28212
15) PHONE NO. Home 568-0632 Office 392-6350
16) LOCATION OF SYSTEM 1548 Pine Island Lane
17) SUBDIVISION Lazy Pine Lot No. 3 Block No. _____
Map Book No. 19 Page No. 275
18) DEED REFERENCE — DEED BOOK 19 AT PAGE 275
19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN Aug. 21, 1986
20) PIR NUMBER (See Instructions) 17971

I, the undersigned person hereby certify that he has read and examined this application and knows the same to be true and correct. He does hereby authorize the Mecklenburg County Department of Environmental Health to enter upon the above described property for the purpose of inspecting the proposed installation.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

THIS SECTION FOR DEPARTMENT USE ONLY

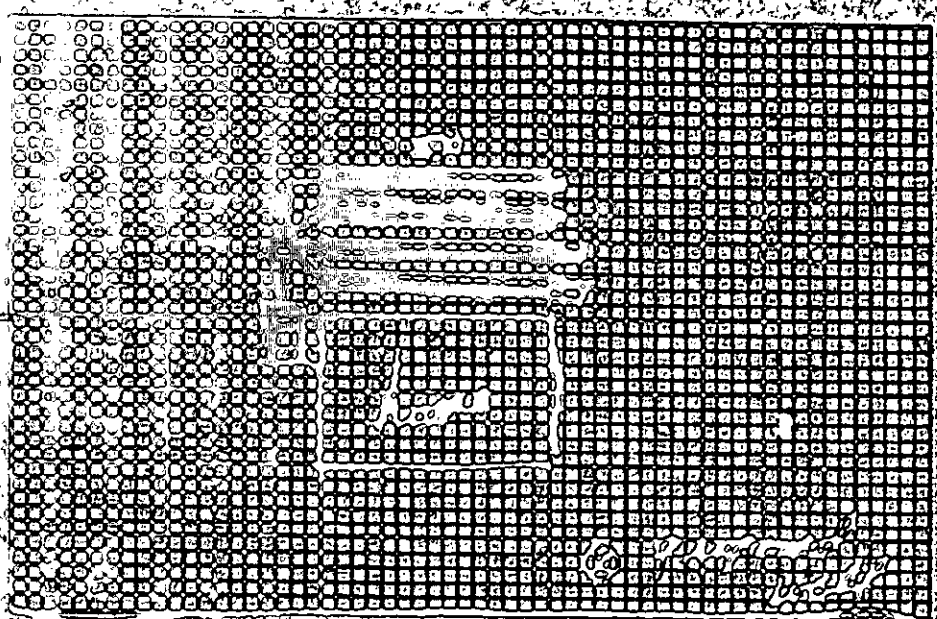
7-19-83 Soil No. 6416 (CARTS) Permit No. 17071

T C No 81-141

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wa
sewage treatment system with subsurface, soil absorption, effluent discharge as specified herein at the
stated location. This permit is granted based upon the information supplied in application 17071
dated 7-19-83 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 8-19-83, after wh
this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction pl Concr

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Stroz P. Bennett Jr.

LOCATION OF PROPERTY 15818 Pine Knoll Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenb
County Health Commission which are in effect on the date of the granting of this permit. A certificate of
must be issued by the Environmental Health Director before any system can be covered up or otherw
placed in operation or can be used. The issuance of this permit does not in any way guarantee that
system so issued is to be constructed will operate properly, or relieve any person now or hereafter owning, o
leasing, or using such system from any liability resulting from the failure of the system to operate properly.

4-50 ft x 3 0 ft x 12" Stone Trench

Signature of the Director

Date Issued 7-27-83 Serial 5981

C of A (s) No. 17071

T C. No 00414-17

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: Benedict Stone

Location of Property: 15818 Pinehall Lane

Application Number: 17071

Permit Number: 17071

Inspection Date:

Liquid Capacity of Tank: 1500 gal

Tank Material: R.C. Concrete

Total Length of Drain Tile: 200'

Number of Lines: 4

Depth of Filter Material:

Cover Depth: 21"

Water Supply Source: Well

Distance from Water Source: 50' +

Excavation Inspected

Tank Inspected: 7-29-83 (DATE)

Nitrification Field Inspected: 7-29-83 (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:

APPENDIX II

S.I.R. No. _____

T.C. No. _____

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

RALEIGH, NORTH CAROLINA

SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: _____ DATE REQUESTED: _____

ADDRESS: _____ PLAT NO: _____

COUNTY: _____ LOT SIZE: _____

LOCATION OF SITE: _____

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1.				
2. SOIL TEXTURE (12-36" inches)				
3. SOIL WETNESS (12-36" inches)				
4. SOIL DEPTH (inches)				
5. RESTRICTIVE HORIZONS (inches)				
6. SOIL PERMEABILITY (percolation rate)				
7. SOIL PERMEABILITY (percolation rate)				
8. OTHER (specify)				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

Recommendations/Comments: _____

Described By: _____

S.I.R. No. [illegible]
T.C. No. [illegible]

	AREA 1	AREA 2	AREA 3	AREA 4
6.	S PS U	S PS U	S PS U	S PS U
7.	S PS U	S PS U	S PS U	S PS U
8.	S PS U	S PS U	S PS U	S PS U
9.	S PS U	S PS U	S PS U	S PS U
10. SITE CLASSIFICATION				
11. SOIL SERIES				

S - Suitable PS - Provisionally suitable U - Unsuitable

12. Bedrock (Indicate: soil cover, type, hardness, structure, weathering, fill cracks, veins, water bodies, slope)

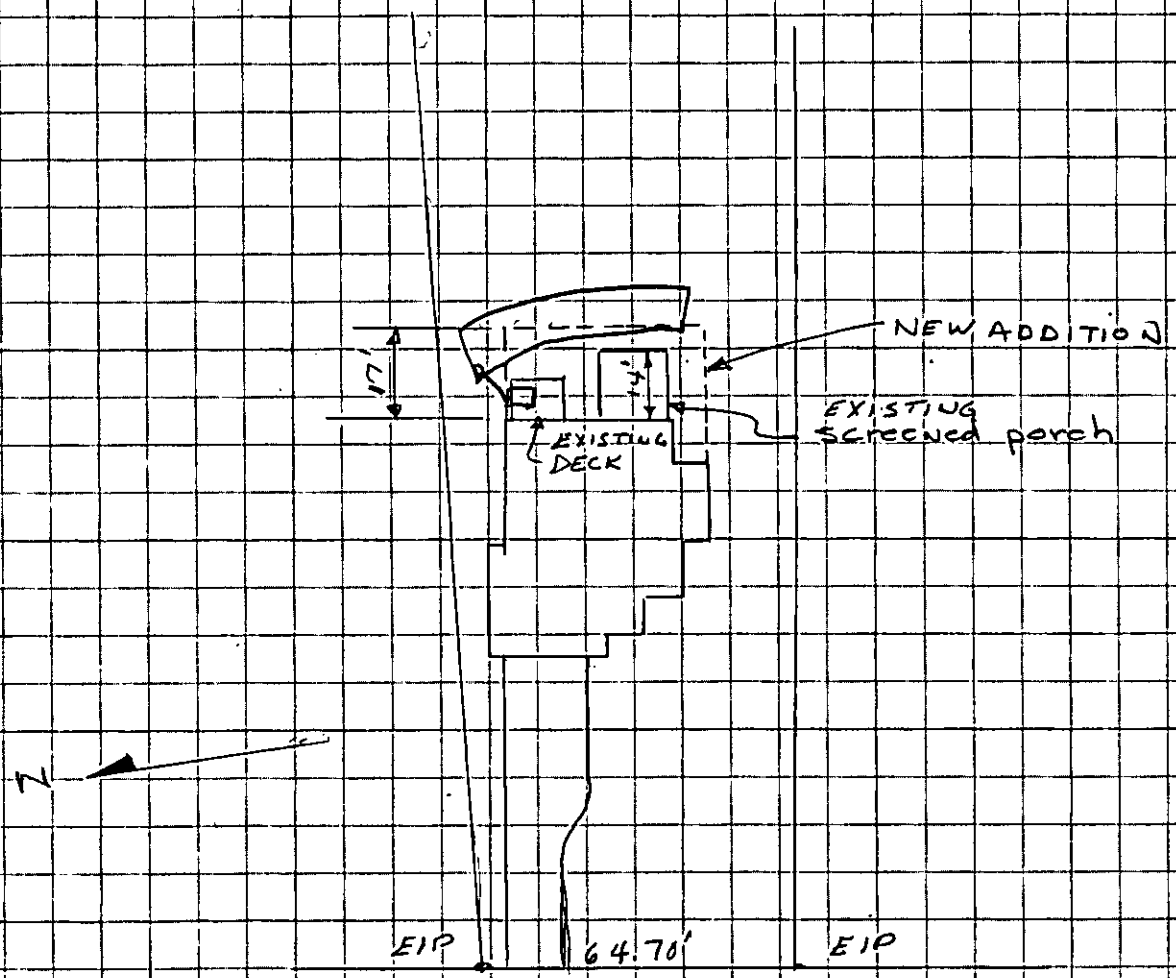
Comments/Recommendations:

PROPOSED PLOT PLAN

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

Permit No. ~~[illegible]~~
FILE: ~~646~~ 17071
TC: 001-141-17
Tax No. 001-014-42

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 _____

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