

18409 ST CHARLES LN

21720126

5/29/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Judy Feb/89

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

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

(OFFICE USE ONLY)
FILE: 5016A
TC:
SERIAL: № 21234 ☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 18409 (STREET NO.) St. Charles Ln. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 217-201-26
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Bill (FIRST) (MIDDLE) Barker (LAST)
⑨ MAILING ADDRESS: 18409 St. Charles Ln.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28278
⑬ PHONE: (WORK) 343-6058 ⑭ (HOME) [redacted] 588-4843

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Deck

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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: Scott C. Anderson
Date: 9/26/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

B.R. Ferguson (Environmentalist) 10-2-90 (Date)

(Director or Authorized Section Head) 10-2-90 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-26-90

Name/Company: Bill Barker

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. - Deck Addition
18409 St. Charles Lane

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 26 1990

Bill # 5016A

CK # 1701

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

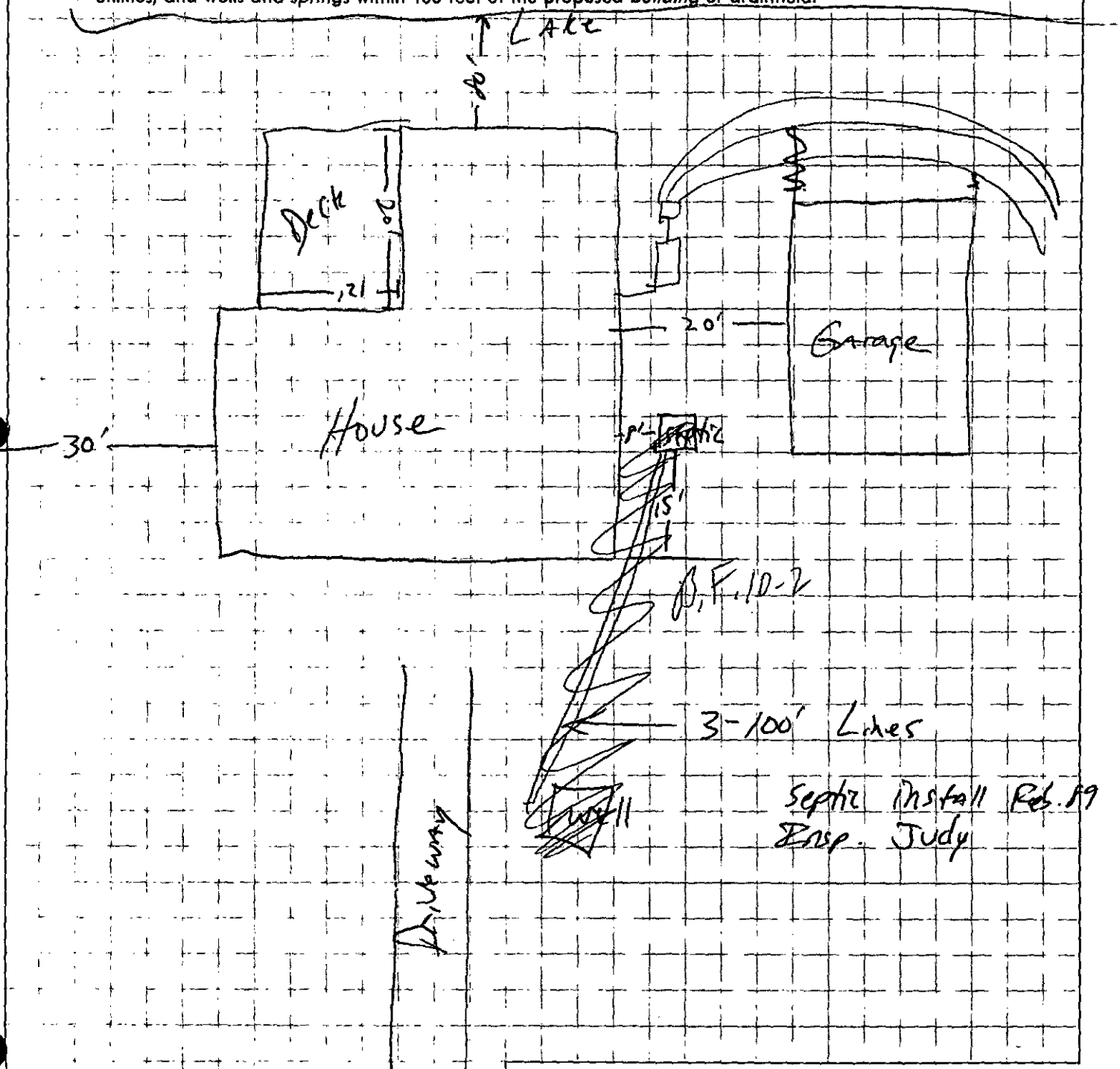
PROPOSED PLOT PLAN

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

FILE: 5016A

TC: 212-201-26

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 9-26-90

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

5046A

DATE 9/24/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

217-201-26
PARCEL NUMBER

18409 St Charles La
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	✓ APPROVED		NOT APPROVED
2.	FLOODWAY REGULATIONS	✓ APPROVED		NOT APPROVED
3.	EROSION CONTROL REGULATIONS	✓ APPROVED		NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	✓ APPROVED		NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	✓ NO
7.	DRIVEWAY PERMIT REQUIRED		YES	✓ NO

REMARKS: Dock permit

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

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

CERTIFICATE OF COMPLETION/OPERATION PERMIT

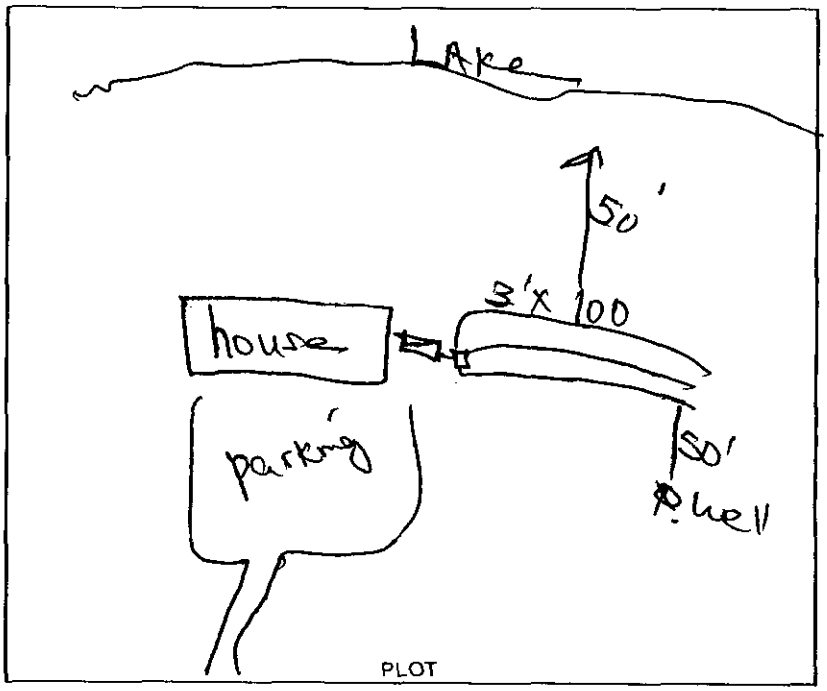
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5016 A DATE: 3/29/89
TC: 217-20128 ☒ L ☐ CRT
SERIAL № 11737

Name of Owner Barker, William Clerk Juris.:
Address of Property 18409 St. Charles Ln

Inspection Data:

Tank Material PCC
Total Length of Drainfield 300'
Number of Lines 3 @ 100'
Cover Depth 24"
Water Supply Source 50'
Distance to Water Source 50'
Excavation Inspected 3/29/89
Tank(s) Inspected 3/29/89
Wash Line Inspected
High Water Alarm Inspected



Design: 1989 1500 ST Cm. 900 SFT, 12" S Cecil CTR# 62

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: New System installed due to loss of original System when Property was Split & Sold. Recommend Low Flush Toilets be used if Plumbing Fixtures are replaced. Also, other Available Low-Water usage Fixtures

Note: Old Septic tank is to be Pumped then either Crushed or Filled

Judy J. Kwiz R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

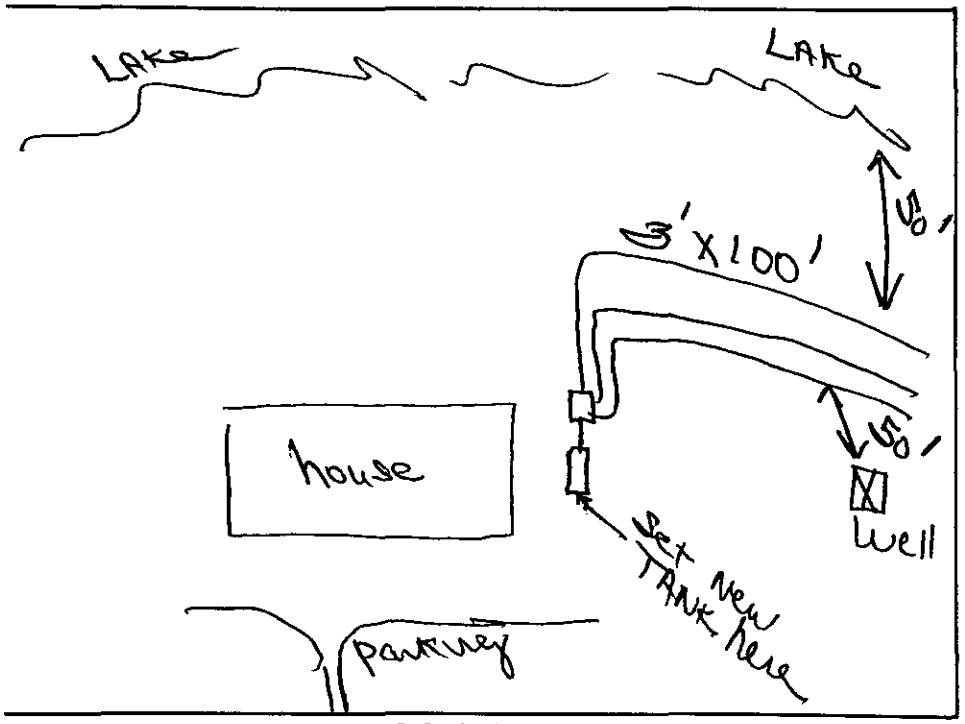
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5016 A DATE: 2/15/89

TC: 217-2028 ☐ L

SERIAL № 12496

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 1/25/89. All work shall be completed on or before 3/15/89, 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 Department of Environmental Health 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 300 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Baxter William Cate

LOCATION OF PROPERTY 18409 St. Crowder Ln.

Comments: Set New Septic Tank, Run 3 Trenches 3' x 100' 12" Stone, Straw Cover.

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

ate 2/14/89

ame/Company Carol Barker

Sanitation ____
Vector Control ____
C.P.M.P. ✓

ervice: Duct
#5016A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 14 1989

Fee: $ 75 —

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 5016A

TC: _____

SERIAL: № 17632 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 18409 St. Charles Ln. (STREET NO. / STREET) ② FILE: 5016A

③ JURISDICTION: St. Charles Ln. ④ TAX PARCEL NO.: 217-201-28

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: William (FIRST) Clete (MIDDLE) Barker (LAST)

⑨ MAILING ADDRESS: 18409 St. Charles Ln.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217

⑬ PHONE: (WORK) (704) 336-3602 (Carol) ⑭ (HOME) (704) 588-4843

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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: Carol M. Barker

Date: 1/25/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

5016A

Tim

Toney C. Jacobs
Consulting Soil Scientist
Rt.2 Box 280
Troutman, N. C. 28166
(704)528-4787

Tim Johnson
T & J Panel System
P.O. Box 288
Statesville, N. C. 28677
(704)872-9566

December 27, 1988

Site Investigation - Willima Barker home on Lake Wylie

System design of 240 gpd

Soils were field evaluated and application rate is based on Soil Group IVa with a poorly developed structure - 0.2 gpd/ft^2 LTAR

240gpd/0.2 = 1200ft^2 of trench bottom

1200ft^2/3 = 400ft of conventional

400 x 0.5 = 200ft of PPBPS (T & J Panels)

Following a contour from just below the patio to the property line, set back should allow 2(two) panel lines no less than 8' on center for 100' each (see sketch of property).

The tank may be set in either of two locations. First choice would be to pump existing tank and reset a new tank in the same location. Then bring the pipe across in front of the house for distribution to lines. Second choice would be to put the tank in the small terrace area beside of the raised patio (see sketch).

prefer this location

We look forward to working with you in providing a solution to this matter.

At your service,

Toney C. Jacobs, CPSS

For Tim Johnson by TCJ

Tim Johnson, Sales Representative

St. Charles Lane

property line

Old Tank

Tank

Flow divider

Flow divider

Well

50'

8"

100'

15'

Lake

10'

property line

Pine's and 33 Pine's and 46

Attn: Judy Kiser

As we discussed, attached is the "application for improvement" and the information received from Jim Johnson of Statesville Concrete. Please do everything possible to expedite approval as we are on hold on our home renovations and wish to settle this matter ASAP. If you need anything else, please call me.

H- 588-4843
W- 336-3602

Thanks,
Carol M. Barker

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

September 19th, 1988

William Clete Barker
18409 St. Charles Lane
Charlotte, NC 28217

RE: Property located at St. Charles Lane
FILE: 5016A
PARCEL: 21720126

Dear Sir:

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15639) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15639

File: 5016A

Parcel: 21720126

Action 2

☐ PC

Location: St. Charles Lane

Subdivision:

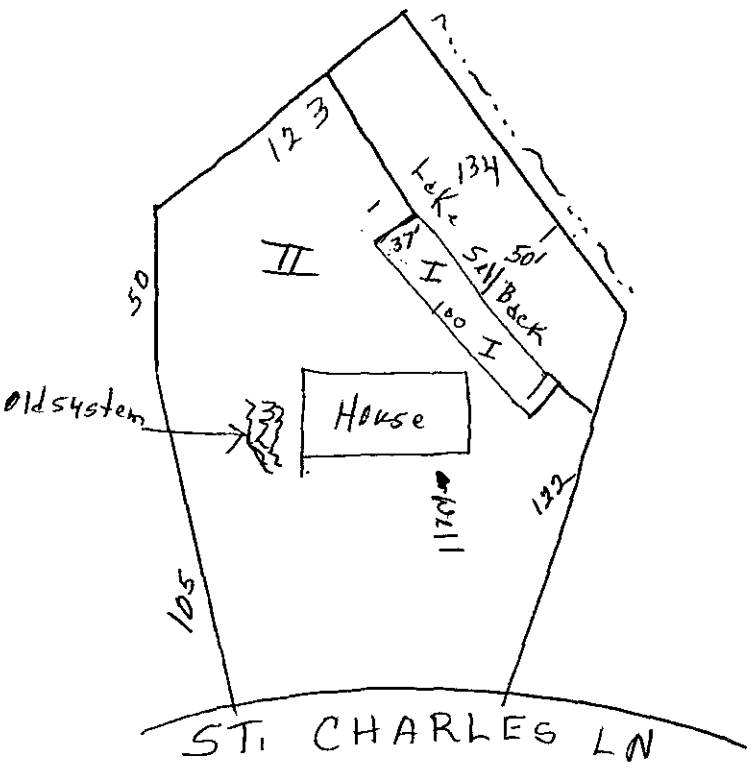
Lot: Block: Acres: .59

Owner: William Clete Barker
Address: 18409 St. Charles Lane
Charlotte, NC 28217

Comments: _____

Described by: W. B. Ramsey

Date: 9-15-88



***** 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 6-17	S (PS) U 8-10	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S PS (U) 10-16%	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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	IIe Cecil	IIe Short Eroded Area				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5016A

TC: 217-201-26

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 18409 St. Charles Ln., Charlotte

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

⑤ PARCEL REFERENCE: BOOK NO.: 217 PAGE NO.: 201 PARCEL NO.: 26

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

OWNER

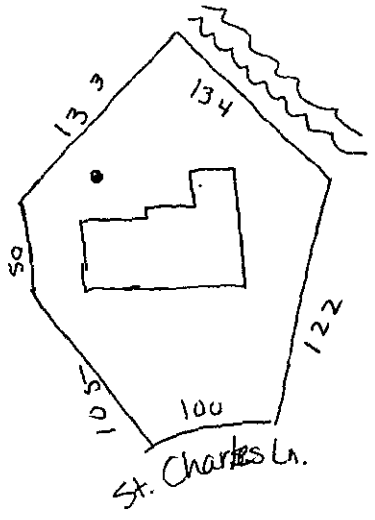
⑦ NAME: William (FIRST) Clete (MIDDLE) Barker (LAST)

⑧ MAILING ADDRESS: 18409 St. Charles Ln

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28217

⑫ PHONE: (WORK) 331-3837 (Bill) 336-3602 (Carol) (HOME) 588-4843

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Carol M. Barker

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

Date: 9/9/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9-9-88

Name/Company William C. Barker

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: soil investigation
Lewisville I.A.
5015 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEA...
PAID

SEP 9 1988

Paid Cash #30.00

Fee: $ 30.00

W. R. M.
Completed by

P. Farrell
Collected by