

9804 HAGERS RD

01119131

6/11/2007

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

FILE: 6086A DATE: 9/12/90

TC: 011 191 29 ☑ L ☑ CRT

SERIAL № 13559

Name of Owner THOMAS KNOX Juris.:

Address of Property 9804 HAGERS Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"+

Water Supply Source P/WELL

Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, CON 1200 SFT, 12"g, CECIL CTR# BARTON

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: 3bedrm. (5) 3'x80'x12"G, S.

Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

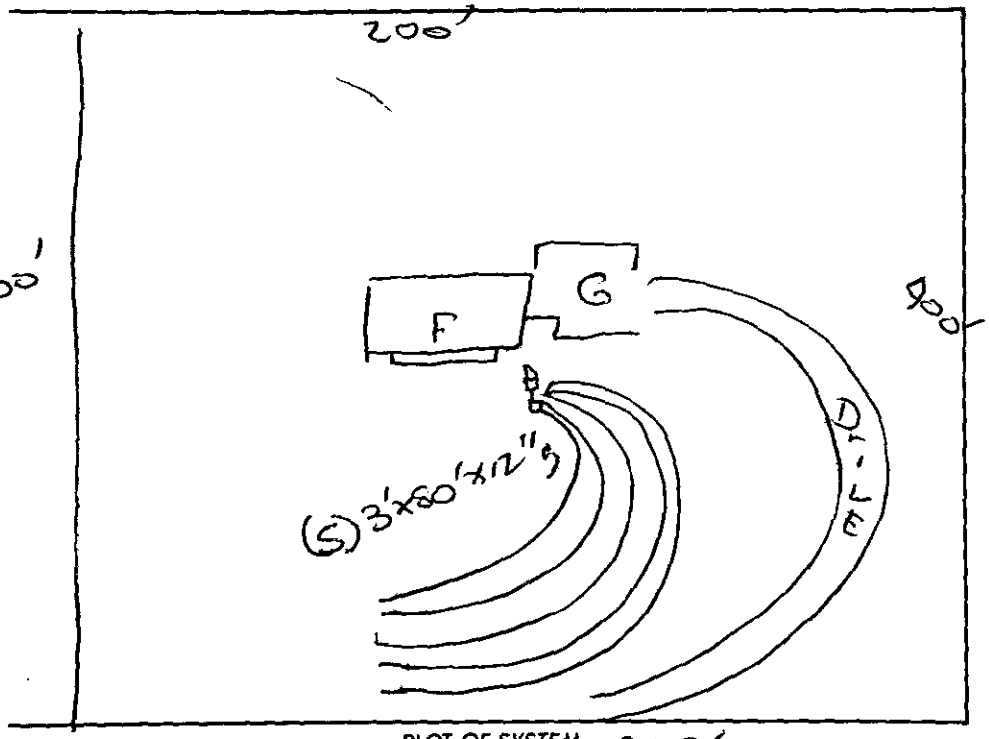
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6086A DATE: 9/12/90

TC: 011 19129 ✓L

SERIAL Nº 14666

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 4/20/90. All work shall be completed on or before 10/12/90, 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.



Liquid Capacity of Septic Tank 1,500 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 80's

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 350 feet

NAME OF OWNER Thomas Knox

LOCATION OF PROPERTY 9804 Hagers Rd.

Comments: 3 Bedrm. (5) 3'x80'x12" G, Straws.

Division or Section Head

Tim Whitaker, 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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

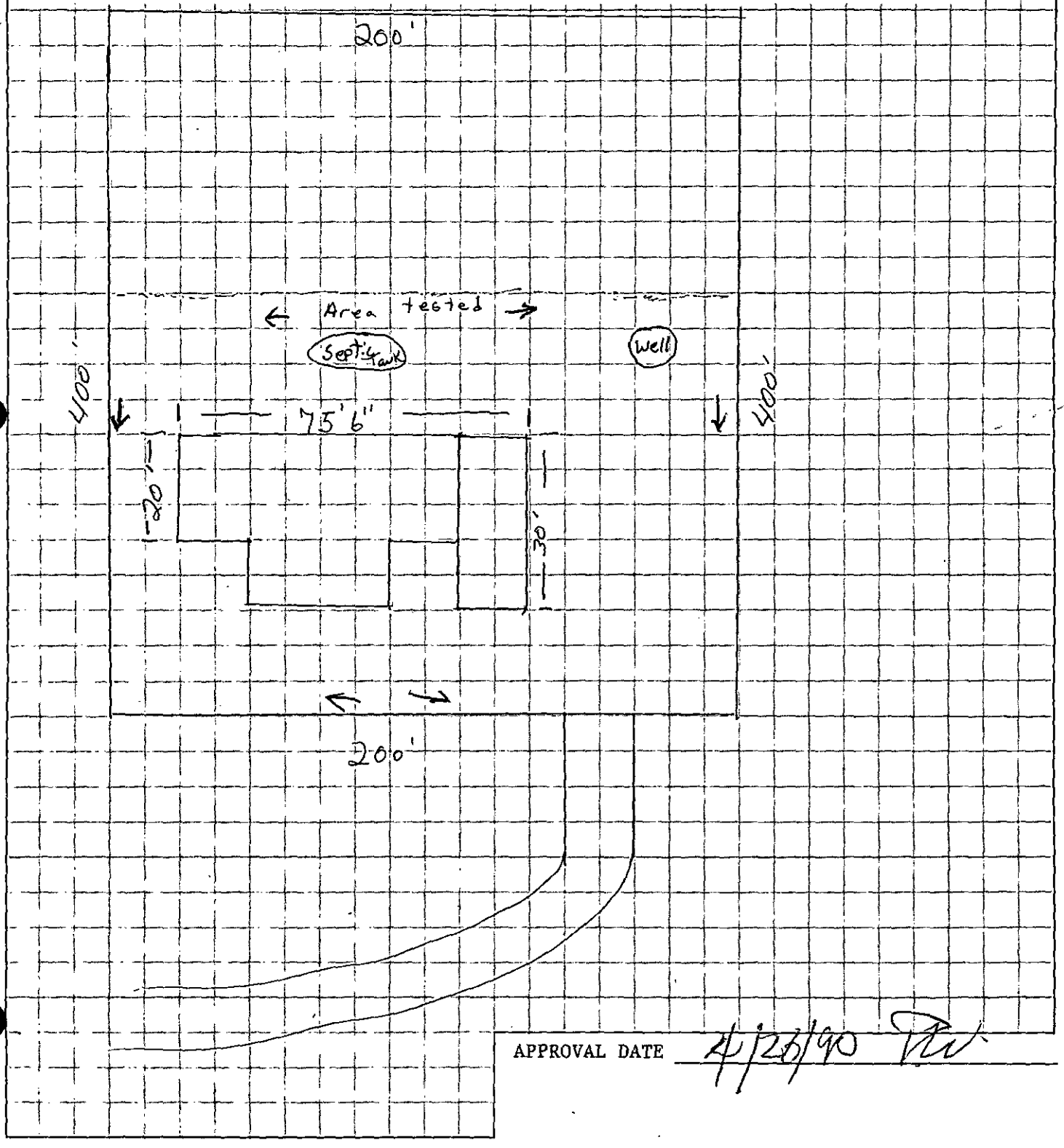
PROPOSED PLOT PLAN

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

FILE: 6086 A

TC: 011-191-29 op

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 4/26/90

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

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: 6086A
TC: 011-191-29 op
SERIAL: № 20725
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 9804 (STREET NO.) Hagers Rd (STREET) Huntersville N.C. ② FILE: 6086A
③ JURISDICTION: ____ ④ TAX PARCEL NO.: 011-191-29 op
⑤ SUBDIVISION: ____ ⑥ LOT: ____ ⑦ BLOCK: ____

OWNER

⑧ NAME: Thomas (FIRST) Andrew (MIDDLE) Knox (LAST)
⑨ MAILING ADDRESS: P.O. Box 834 Cornelius
⑩ CITY: Cornelius ⑪ STATE: N.C. ⑫ ZIP: 28031
⑬ PHONE: (WORK) 332-9001 ⑭ (HOME) 892-3286

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: Thomas A Knox
Date: 4/20/90

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.

Tim Whittaker, Environmentalist — Date: 4/26/90

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-20-90

Name/Company: Thomas Knox

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applicant Permit

Tank 6086A

MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID APR 20 1990

Fee: $ 200.00 ck # 2286 200.00

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

CVW

Completed by

CVW

Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 8/28/89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 011-191-29 p0

ASSIGNED ADDRESS 9804 Hagers 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: Sign

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

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

September 25th, 1989

Thomas Andrew Knox
P. O. Box 834
Cornelius, NC 28031

RE: Property located at Hagers Road
FILE: 6086A
PARCEL: 01119129 PO

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 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 16405) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16405

File: 6086A Action 1

Parcel: 01119129 PO ☐ PC

Location: Hagers Road

Subdivision:

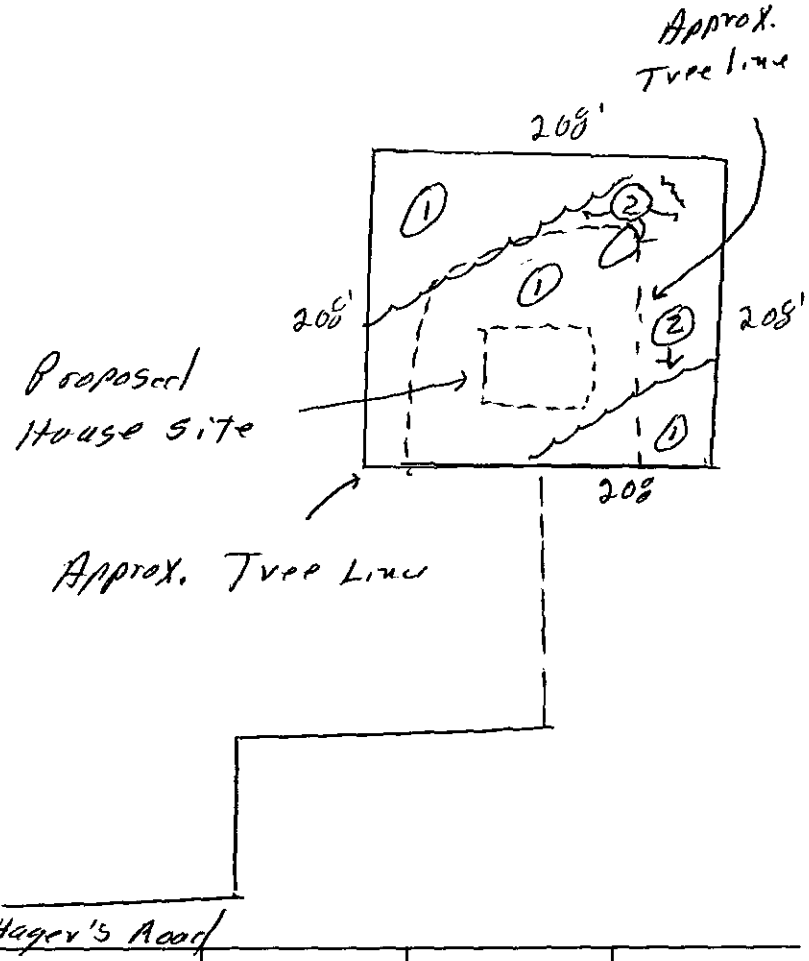
Lot: Block: Acres: Approx 1.0

Owner: Thomas Andrew Knox
Address: P. O. Box 834
Cornelius, NC 28031

Comments: System may need lift pump - 100% repair needed additional area available if needed

Described by: William R. Marsh

Date: 9-21-89



***** 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 6-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Somewhat limited	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	104 Cecil-Like	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

off McConnell Rd
End of Rd

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6086A

TC: _____

☐ PC ☐ REPT

#0 02

JOB LOCATION

① ADDRESS: 9804 Hagers Road Huntersville NC 28078

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

⑤ PARCEL REFERENCE: BOOK NO.: 011-191-29, 20 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 6012 PAGE NO.: 0367

OWNER

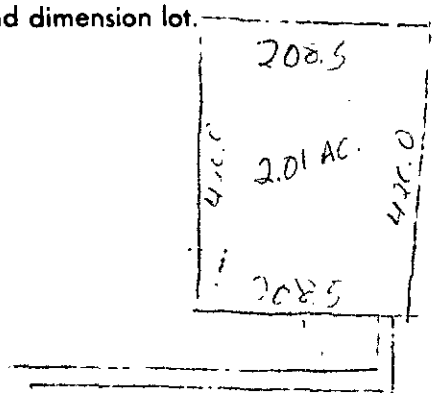
⑦ NAME: Thomas (FIRST) Andrews (MIDDLE) Knox (LAST)

⑧ MAILING ADDRESS: P.O. Box 834

⑨ CITY: Cornelius ⑩ STATE: N C ⑪ ZIP: 28031

⑫ PHONE: (WORK) (704) 332-9001 (HOME) (704) 892-3286

⑬ Accurately diagram and dimension lot.



house to be marked approx 200' back

Hagers Rd

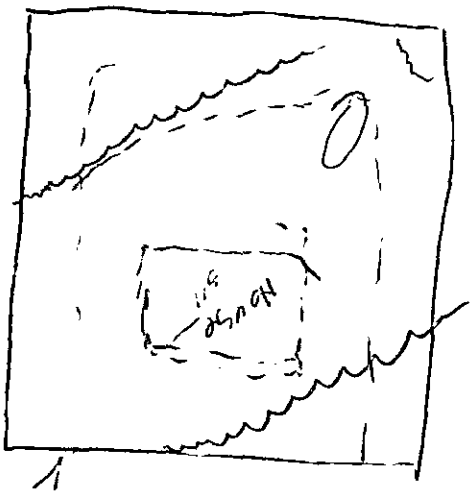
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Thomas A Knox Celia M Knox

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

Date: August 28, 1989

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY


old Terrace

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6086A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9804 Hagers Road Huntersville, NC 28078

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

⑤ PARCEL REFERENCE: BOOK NO.: 011-191-29 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 6012 PAGE NO.: 0367

OWNER

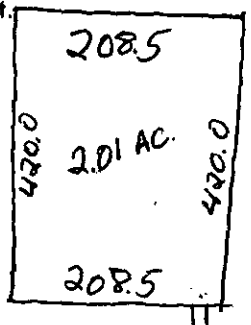
⑦ NAME: Thomas (FIRST) Andrew (MIDDLE) Knox (LAST)

⑧ MAILING ADDRESS: P.O. Box 834

⑨ CITY: Cornelius, ⑩ STATE: N C ⑪ ZIP: 28031

⑫ PHONE: (WORK) 704) 332-9001 (HOME) 704) 892-3286

⑬ Accurately diagram and dimension lot.



house to be marked approx 200' back

Hagers Rd

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Signed: Thomas A Knox Debra M Knox

Date: August 28, 1989

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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/28/89

Name/Company: Thomas A. Knox

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 28 1989

Sanitation _____

Vector Control _____

O.P.W.D. ✓

CR 1814

Service: Soil Test
6086A

Fee: $ 40 —

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

BILLING — WHITE [redacted]