#11562
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MECKLENBURG COUNTY HEALTH DEPARTMENT 3834

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Teco Homes, LLC
ADDRESS: 7204 Pear Tree Rd
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-201-0912
ALTERNATE PHONE: 704-398-1301
E-MAIL: jecohomes@att.net

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ken + Lisa Hawkins
ADDRESS: 16309 Terry Lane
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: Kenhawkins@carolina.rr.com

JOB LOCATION INFORMATION
TAX PARCEL #: 001-023-46
STREET ADDRESS: 16309 Terry Lane
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☒ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Darlene A. Kubrycht — Owner's/Agent's Signature
8-31-20 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

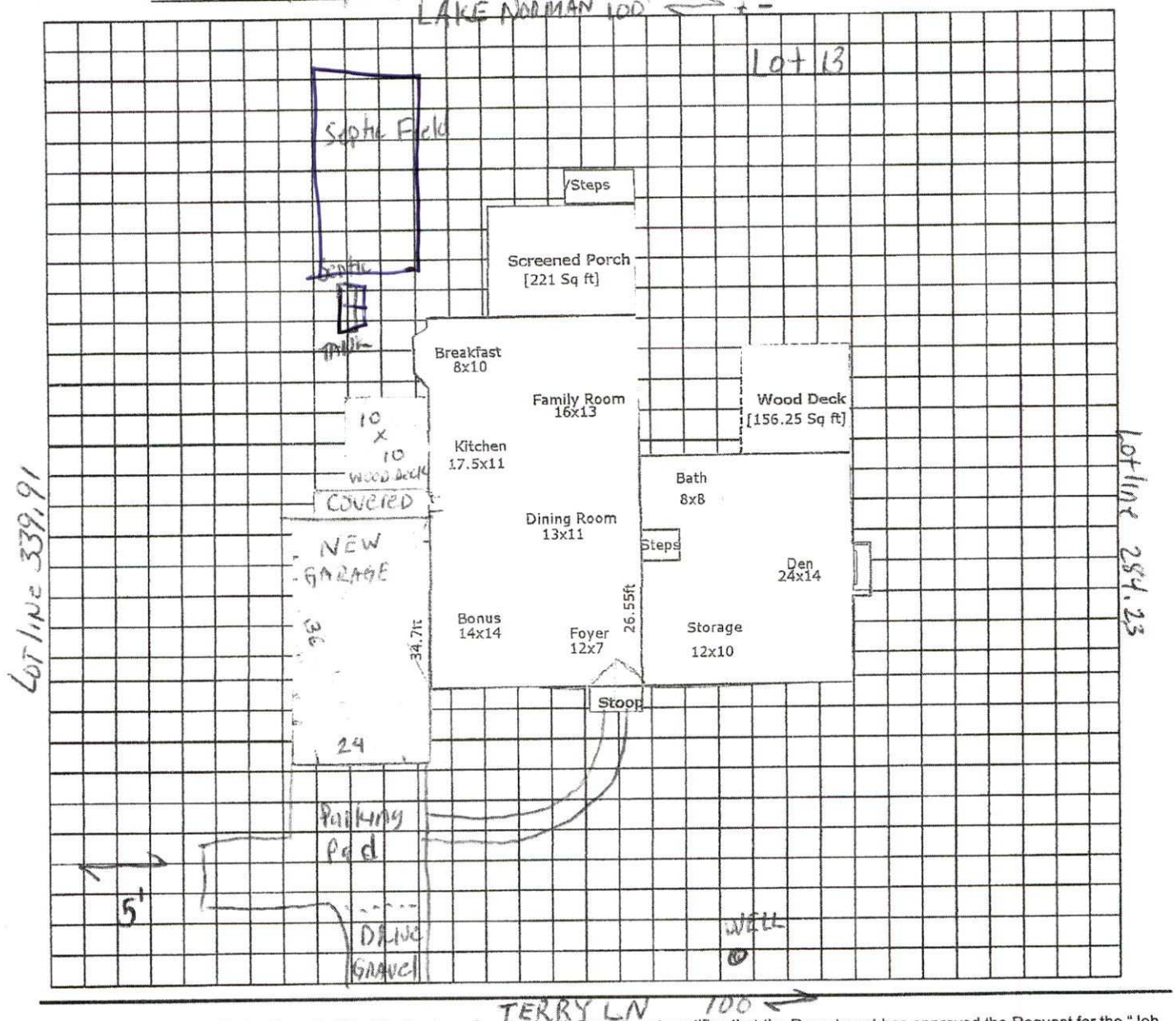
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 16309 Terry Lane Tax Parcel #: 001-023-46



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

OK to use for a garage & deck addition

REHS Signature _____ Date 9/10/20

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that DARLENE RUBRIGHT is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

16309 TERRY LANE HUNTERSVILLE
Number Street Town
(Or Parcel Number)

KENNETH HAWKINS
Property Owner (print name)

Property Owner (signature)

9/2/20
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/03/20
Receipt #: 123814
Check / Auth #: CHARGE
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

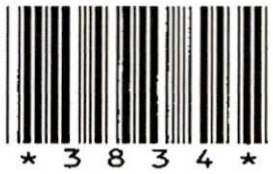
Account Information

Account #: X34982
Contractor: JECO HOMES LLC
Attn:
Address: 7204 PEAR TREE RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 16309 TERRY LANE		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.82					



16309 TERRY LN

00102346

5/22/08

marliwr

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

A400 ASRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES Cash 2629 #50.00 10/27/95 [] CRT

3834

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 DW

PERSON FILING APPLICATION:
NAME: Walch (last) Jan (first) W (mi)
ADDRESS: 16309 Terry Ln PHONE: (__) 875-8333
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 10/27/95

PROPERTY OWNER:
NAME: Walch (last) David + Janet (first) (mi)
ADDRESS: Same PHONE: (__)
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-023-46
STREET ADDRESS: 16309 Terry Ln Huntersville, NC 28078
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: 13 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) fam rm + sc. porch
[] 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: 3
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 [x] Other ~~fam rm + Sc. Porch~~

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: Janet W Walch Date: 10/27/95 DW

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
[x] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...11/1/95 OSR. Jan Walch present. 5' setbacks not met. Disapproved. See letter dated 11/6/95 on file

Anna B. Mialik, RS 2/28/96
Environmentalist Date

2/28/96 OSR. Jan Walch present. Additions approved. See 2/28/96 plot plan signed by Jan Walch. LWKS for kitchen extension, family room, + screened porch. JBM

for Daniel Hagan, Chief 3/6/96
Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

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

FILE: 3834

TC: _____

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.

"SEE Attached"

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

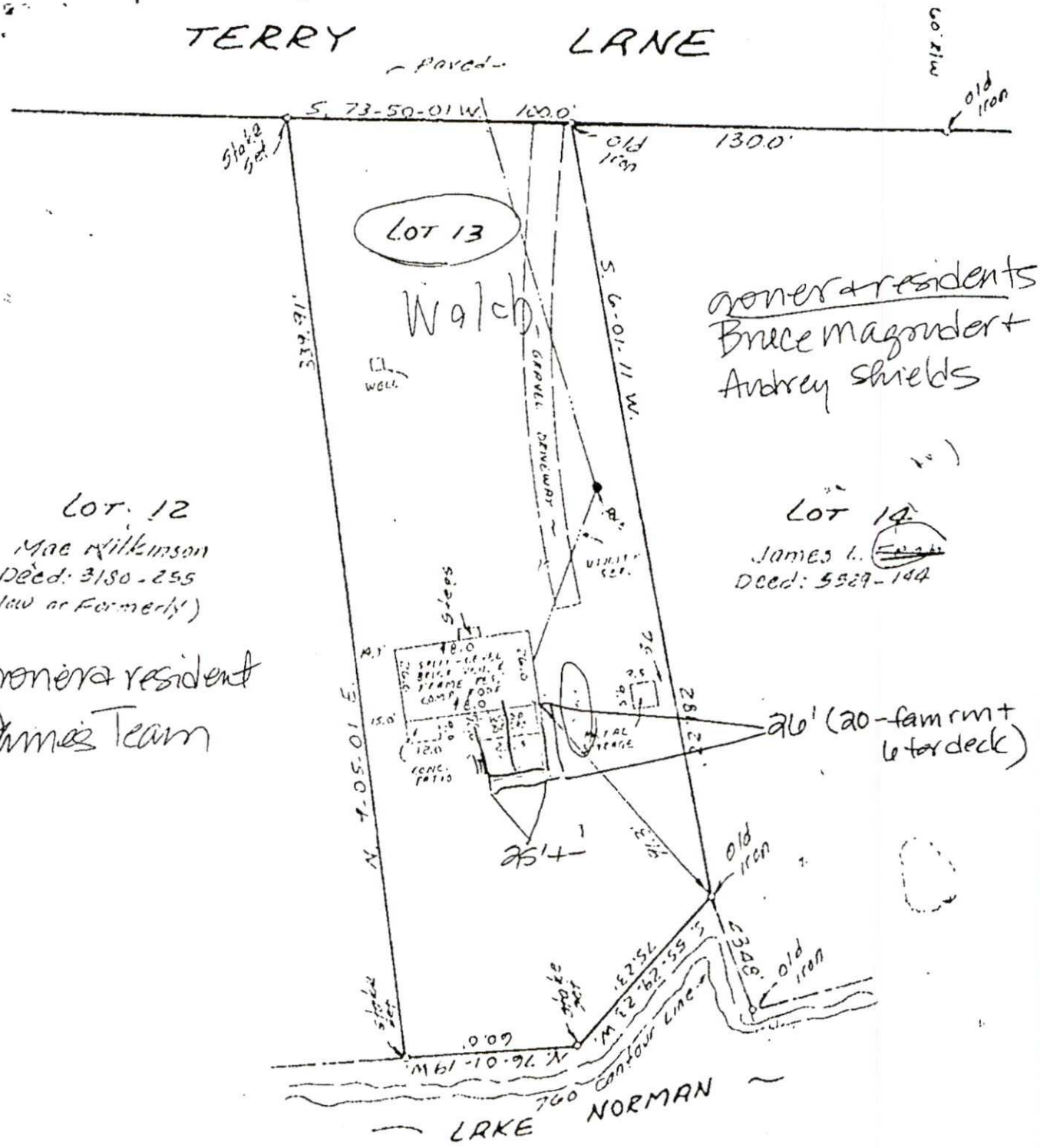
White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

3834

TERRY LANE



BOUNDARY & PHYSICAL SURVEY OF

LOT IN LEMLEY TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA, IN THE CITY OF _____ ON TERRY LANE HOUSE NO 16309 SHOWN AS LOT NO. 13 ←

IN BLOCK NO _____ ON MAP OF BROWN'S COVE MAP RECORDED IN BOOK 12 PAGE 31

DEED RECORDED IN BOOK _____ PAGE _____ OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG

COUNTY, N. C. THE PROPERTY OF _____

DAVID C. WALCH & WIFE, JANET W. WALCH

SCALE 1" = 50' FT. DATE 4-26 19 89 REECE McRORIE SURVEYOR CHARLOTTE, N. C.

DUNCAN-PARNELL, INC., CHARLOTTE 704-372-7760

address put on MIS List

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck# 2629 $50.00 10/27/95 [ ] CRT

3834

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 DW

COPY

PERSON FILING APPLICATION:
NAME: Walch (last) Jan (first) W (mi)
ADDRESS: 16309 Terry Ln PHONE: (__) 875-8333
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 10/30/95

PROPERTY OWNER:
NAME: Walch David + Janet (last) (first) (mi)
ADDRESS: same PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-093-46
STREET ADDRESS: 16309 Terry Ln Huntersville, NC 28078
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: 13 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 (kitchen + sc. porch)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS
[ ] 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: 3
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 [X] Other ~~Family Rm + Sc. Porch~~

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: Janet W Walch Date: 10/27/95

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 And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is su 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.

...10/30 VM from Mrs. Walch @ 12:06 PC to Mrs. Walch @ 2:15 PM. NC - VM to stake addition.

10/31 VM from Jan Walch.
11/1 PC w/ Jan Walch. JW
11/1 OSW. Jan Walch present 5' setbacks not met. JW

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

11/6

2/29/96 WXS for kitchen extension, family room + screened porch

Environmentalist D

Director or Authorized Section Head D

WXS for kit. ext. family room, sc. porch WATER

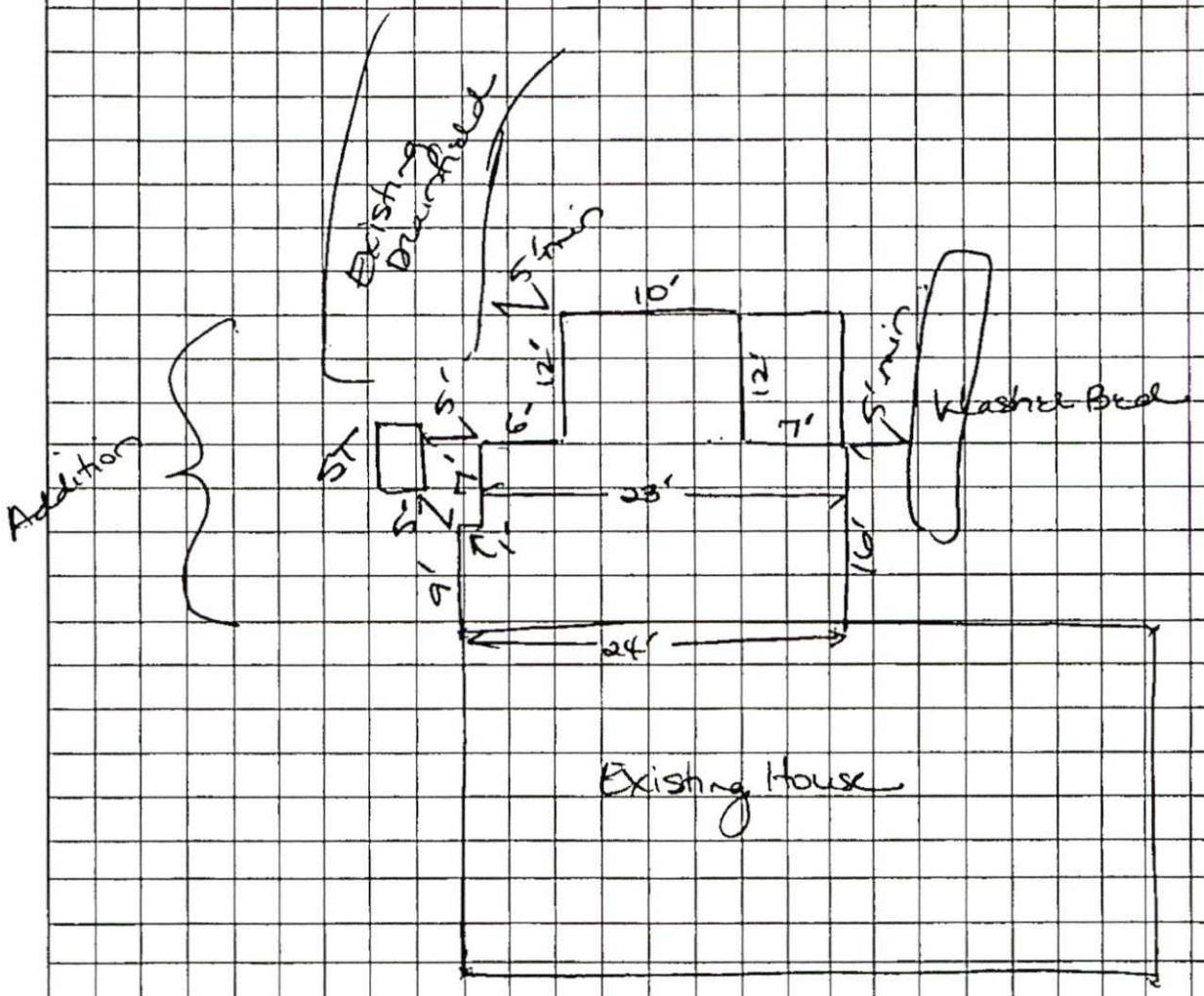
PROPOSED PLOT PLAN

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

FILE: 3934

TC: 201-023-46

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.



Use existing system
for kitchen extension, family room, & screened porch additions.
- No change in sewage flows.
Additions must be minimum of 5' from any part of the sewage disposal systems.

Janet W. Walsh
OWNER/AGENT SIGNATURE

DATE 2/28/96

APPROVAL DATE 2/28/96 Lisa B. Mialik, RS

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

Mecklenburg County
Health Department

November 6, 1995

David & Janet Walch
16309 Terry Lane
Huntersville, NC 28078

Re: 16309 Terry Lane
File: 3834
Parcel: 001-023-46

Dear Mr. & Mrs. Walch:,

Receipt of your application for a family room and screened porch/deck addition at the above referenced location is hereby acknowledged.

Upon receipt of the application, 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 Sewage Treatment and Disposal Systems."

It appears as though the septic tank and a portion of the septic tank system drainfield are within five feet of the proposed addition as staked. This was determined via probing the area. 15A NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from....any building foundation, 5 feet." Deck supports are considered to be "foundation".

For this reason, the request as submitted is disapproved. A smaller addition meeting the required setbacks could be approved if you so desire; This was discussed with Janet Walch during my on site visit made on November 1, 1995.

If you have any question, please feel free to contact me at 336-5573.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

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

Mecklenburg County
Health Department

November 6, 1995

David & Janet Walch
16309 Terry Lane
Huntersville, NC 28078

Re: 16309 Terry Lane
File: 3834
Parcel: 001-023-46

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Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems