

14043 HACKAMORE DR

21513223

6/23/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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11517

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $50 6/28/95 ck. #1815

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: Meehan (last) William (first) R. (mi)

ADDRESS: P.O. Box 441 PHONE: 704 455-6110

CITY: Harrisburg STATE: NC ZIPCODE: 28075

Date: June 28, 1995

PROPERTY OWNER:

NAME: Smith (last) Mike (first) (mi)

ADDRESS: 14043 Hackamore Dr. PHONE: 704 847-7818

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-132-23

STREET ADDRESS: 14043 Hackamore Dr, Matthews, NC

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Windrow s/d

Township (check one):
- ☐ 0 Mecklenburg County
- ☐ 1 Charlotte
- ☐ 2 Davidson
- ☐ 3 Cornelius
- ☒ 5 Matthews
- ☐ 4 Pineville
- ☐ 6 Huntersville
- ☐ 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)
- ☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sunroom/Screened Deck
- ☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- ☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
- ☐ SINGLE MOBILE HOME (S)
- ☒ 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)
- ☐ Municipal (M)
- ☒ Private Well (P)
- ☐ Shared Well (S)
- ☐ Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- ☐ Swimming Pool
- ☐ Garage
- ☐ Jacuzzi
- ☐ Storage Building
- ☐ Stable/Barn
- ☐ Deck/Patio
- ☐ Workshop
- ☐ Bedrooms
- ☐ None
- ☐ 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: William R Meehan Date: June 28, 1995

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.

... Approval granted for sunroom, deck and screen porch addition

Use existing system

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

Thilo A. Walker R.S. 7/6/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122-91

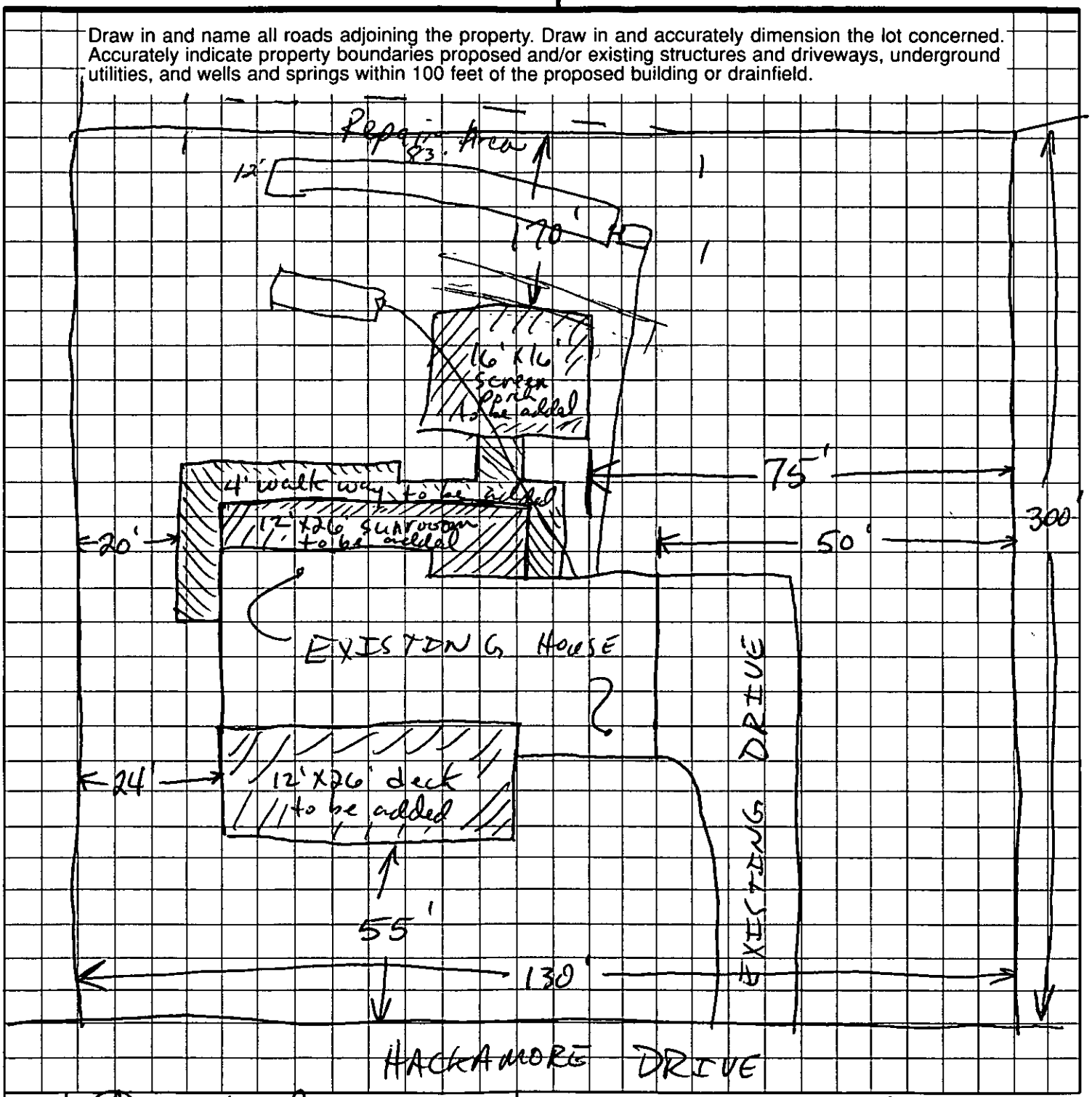
PROPOSED PLOT PLAN

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

FILE: 11517

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.



OWNER/AGENT SIGNATURE [signature]

DATE June 26, 1995

APPROVAL DATE PIW UES 7/6/95

washer line disconnected 12/1/94 (Invoice in file)
old washer line under proposed screen porch addition disconnected.

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

BUDGET PLUMBING CO.
MAIN OFFICE
147 Orchard Circle
CHARLOTTE, NORTH CAROLINA 28217
Phone 704-522-8884

INVOICE
8710

PLUMBING

CUSTOMER'S ORDER NO. _____ DATE 12-1- 19 94

NAME Smith

ADDRESS 14043 Hackmore Dr

Matt

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
Daniel							

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Labor & Materials to repipe washer lines		195 00
	PAID		

Post-it® Fax Note 7671 | Date | # of pages ▶

To Phil Walker	From
Co./Dept.	Co.
Phone #	Phone #
Fax #	Fax #

All work has been accepted and approved by customer.

TAX	
TOTAL	195 00

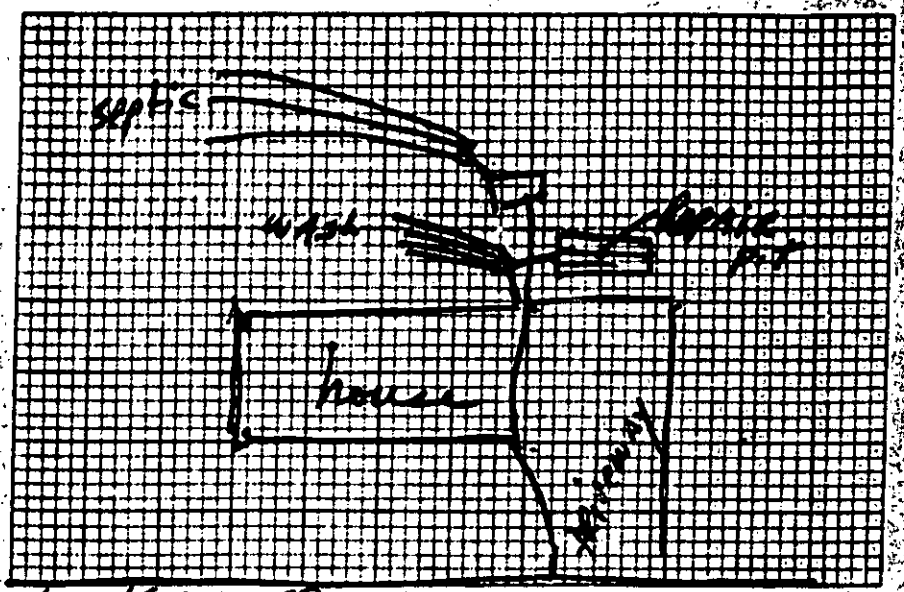
Date Issued 10-1-82 Serial No. 5762 ICAR (S) Permit No. 11517

T. C. No. 215-132-23

Map Date

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

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 application 11517 dated 9-27-82 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 Dec. 1, 1982 after which date this permit shall be null and void.



HACKAMORE · PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank

Tank Construction existing

Absorption and/or Nitrification Lines:

Total Line Length 100

Number of Lines 2

Distance from House 210'

Distance from Property Line 210'

Distance from Well 750'

NAME OF OWNER Smith, Michael Lyn

LOCATION OF PROPERTY 14043 Hackamore Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Wash Bed Failure - Tie in Repair pit 6' wide x 15' long

Comments: X 5' stone

Division or Section Head

Environmentalist R P Kelly

* 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.

EHD-8-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 1372

ICAR (S) Permit No. 11517

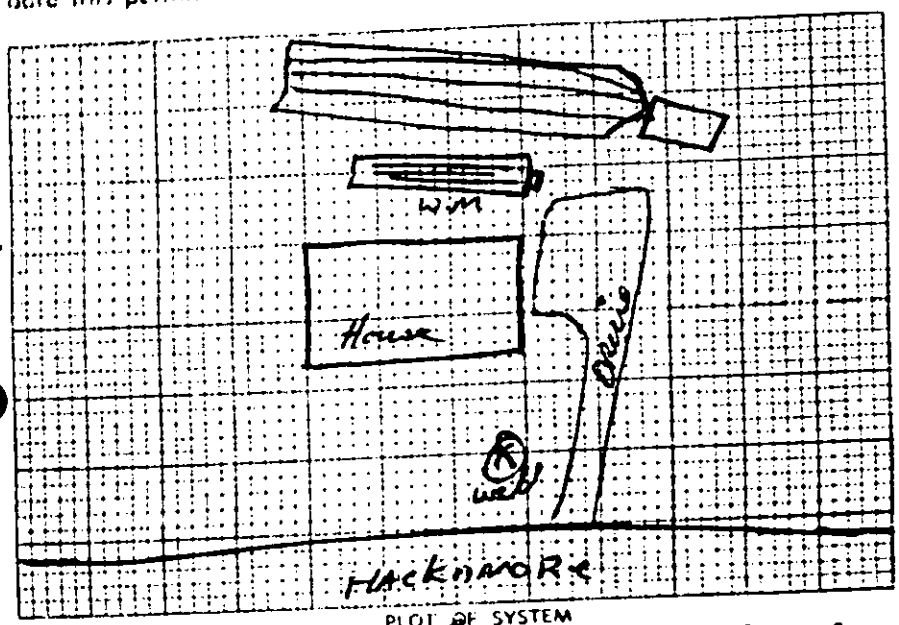
T C No. 215-131-01

Date Issued 26 Feb 77

Map Date

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

Permission is hereby granted to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-water 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 application 11517, dated 3/8/77 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 20 Mar, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1000 gal

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Length 330' & 125'

Number of Lines 4 & 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 90'

NAME OF OWNER Ralph Squires Construction Co. Inc.

LOCATION OF PROPERTY 14043 HACKAMORE DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments (12'x83'x17" Stone) ST. (9'x42'x17" Stone) W.M.

Stephen J. Ward
Environmentalist

Division or Section Head

* 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.

EHD-5-76

Environmental Health Department's Copy

Date Issued 20 Feb 78 Serial No. 1313 C of A (s) No. 11517

T. C. No. 215-131-d

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ralph Squires Construction Co. Inc
(LAST) (FIRST) (MIDDLE)

Location of Property 14043 Hackamore DR.

Application Number 11517 Permit Number 11517

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PreCast

Total Length of Drain Tile 330' & 125' Number of Lines 4 & 3 um

Depth of Filter Material 12" Cover Depth 18"-24"

Water Supply Source Well Distance from Water Source 90'

Excavation Inspected 20 Feb 78 (DATE) Tank Inspected 20 Feb 78 (DATE)

Nitrification Field Inspected 20 Feb 78 (DATE)

Washing Machine Line Inspected, If Applicable 20 Feb 78 (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: Installation permitted

Stephen J. Wood
(Environmentalist)

EHD-5-76

Environmental Health Department's Copy

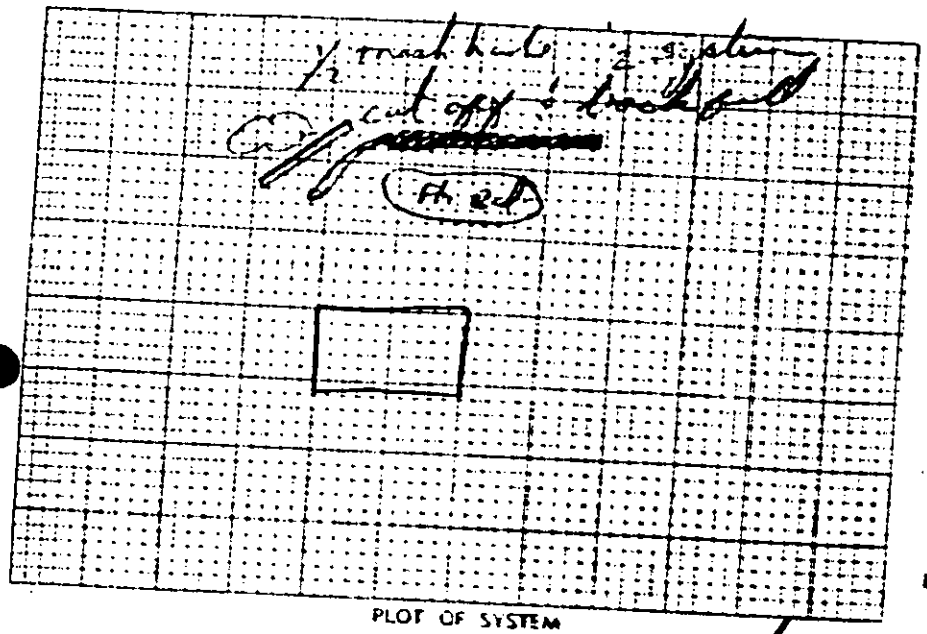
Date Issued 4 Jan 79 Serial No. 2809 ICAR(S) Permit No. 11513

T. C. No. 25-131

Map Date

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

Permission is hereby given to __ Install or Construct, __ Alter or (Repair) the individual septic tank waste water 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 application dated . 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 , after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate

Liquid Capacity of Tank

Type Construction

Absorption and/or Nitrification Lines:

Total Line Length 150'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Mrs. Smith

LOCATION OF PROPERTY 14043 Hackamore

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments:

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.

Division or Section Head

Environmentalist Steve Wood

* 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.

EHD-5-78

Environmental Health Department's Copy

C of A (s) No. 11517

Date Issued 14 June 79 Serial No. 2744

T C. No. 215-131-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Smith (LAST) (FIRST) (MIDDLE)

Location of Property 14043 Hackamore

Application Number _____ Permit Number 11517

Inspection Date:

Liquid Capacity of Tank —

Tank Material Repair

Total Length of Drain Tile 150'

Number of Lines 2 & 3

Depth of Filter Material 48"

Cover Depth 18"

Water Supply Source well

Distance from Water Source 100'

Excavation Inspected — (DATE)

Tank Inspected 14 June (DATE)

Nitrification Field Inspected 14 June (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 _____

Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy