

9404 JOHN HAWKS RD

00514312

4/14/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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5460

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6/6/96

10.12A

CK# 4696 $50.00 CBT

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: Reid (last) Jane (first) (mi)

ADDRESS: 9404 John Hawks PHONE: (704) 892-1900

CITY: Cornelius STATE: NC ZIPCODE: 28031

Date:

PROPERTY OWNER:

NAME: same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 005-143-12

STREET ADDRESS: 9404 John Hawks Road

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 2 BDRMS - 2 BTHS

[redacted]

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: 5

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: Jane Reid Date: 6-6-96

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 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.

...6/13/96 OSR. Mrs. Reid present as marked. Proposed addition meets required setbacks off septic system.

6/14/96 PC w/ V. Johnson @ CMUD; confirmed that extension will be made.

Lots for additional additions without alteration - tap on fee paid for extension. See file for copy of CMUD receipt.

[] 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

Lisa B. Mialik, RS 6/14/96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

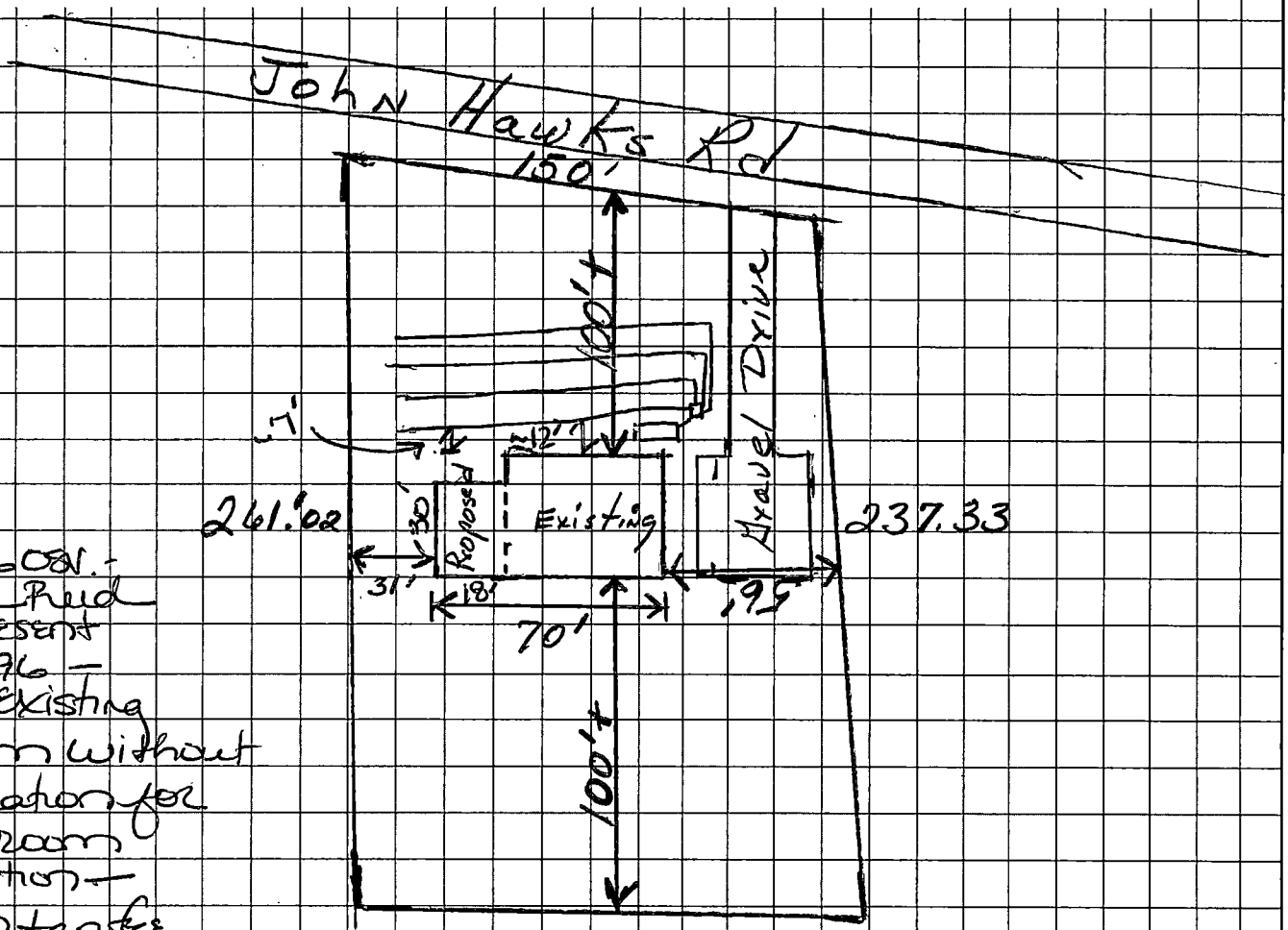
PROPOSED PLOT PLAN

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

FILE: 10 12A

TC: 005-143-12

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.



6/13/96 OSR - Jane Reid present
6/14/96 - Use existing system without alteration for 2 Bedroom addition - CMUD tap fee paid for sewer extension - Per phone consultation with V. Johnson @ CMUD on 6/14/96 - confirmed that sewer extension can be done & service provided. Property owner advised to notify this office once residence tapped onto CMUD Sewer line - approval based upon connection to CMUD Sewer line. TBP
See file for tap on fee receipt copy!

OWNER/AGENT SIGNATURE

DATE 6-13-96

APPROVAL DATE 6/14/96 Joan B. Mialik

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

File 102A

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 6-6-96

№ 38058

RECEIVED FROM: Jane Reid

One thousand six hundred ten — $1610.00

FOR: 411 SS
9404 John Hawks Rd

Ginger Jarvis
RECEIVED BY:

CASH ☐

CHECK ☑ 4695

C of A (s) No. 1012-A

Date Issued 4-29-96 **Serial** 8519 T. C. No. 005-143-05 & CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

9404 John Hawks Rd

CERTIFICATE OF COMPLETION

new PI# 005-143-12

CERTIFICATE OF APPROVAL

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

Name of Owner REID (LAST) TERRY (FIRST) (MIDDLE)

Location of Property 9528 JOHN HAWKS RD

Application Number 1012-A Permit Number 1012-A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2-1'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 4-29-96 (DATE) Tank Inspected 4-29-96 (DATE)

Nitrification Field Inspected 4-29-96 (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: 1986, 1500 ST, CON, 1200 SFT, .2G, CECCC

Environmentalist

EHD-5-76

Environmental Health Department's Copy

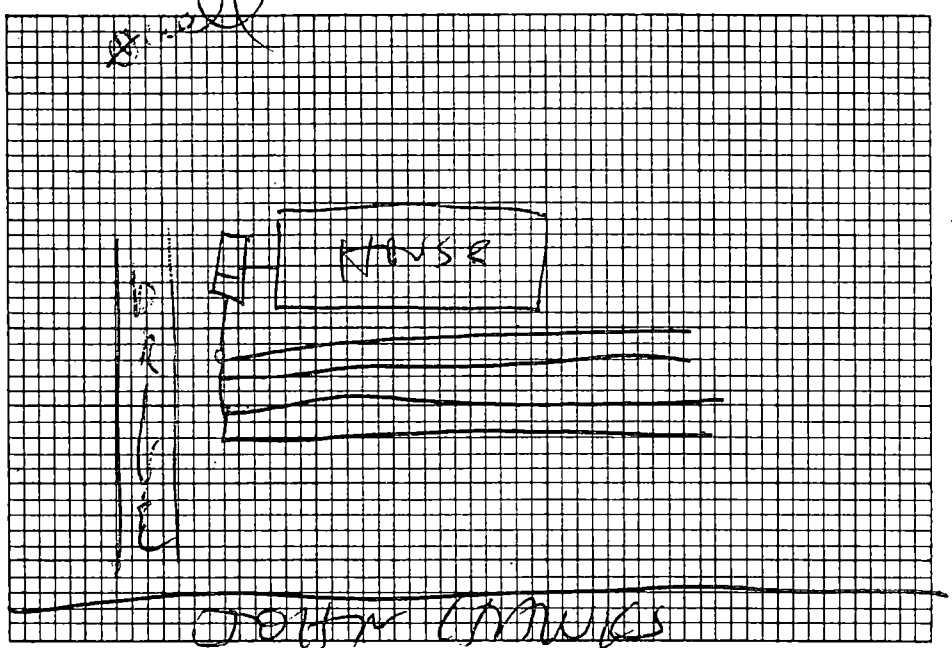
Date Issued 3-19-86 Serial No. 09044 ICAR(S) Permit No. 1012-A

T. C. No. 005-143-05

Map Date C

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 1012-A dated 1-15-86 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 4-19-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4 x 100

Distance from House 5'+

Distance from Property Line 60'+

Distance from Well 50'+

NAME OF OWNER REID, TERRY

LOCATION OF PROPERTY 9528 JOHN CANNON RD

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.

4 line x 100 long x 3 wide x 12" rock

Comments:

Jim Ericson
Division or Section Head

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 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 Received _____

ICAR(S) Application No. 1012A

T. C. No. 00514305

Map Date L

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 17 1986
ENVIRONMENTAL HEALTH

File 1012 A

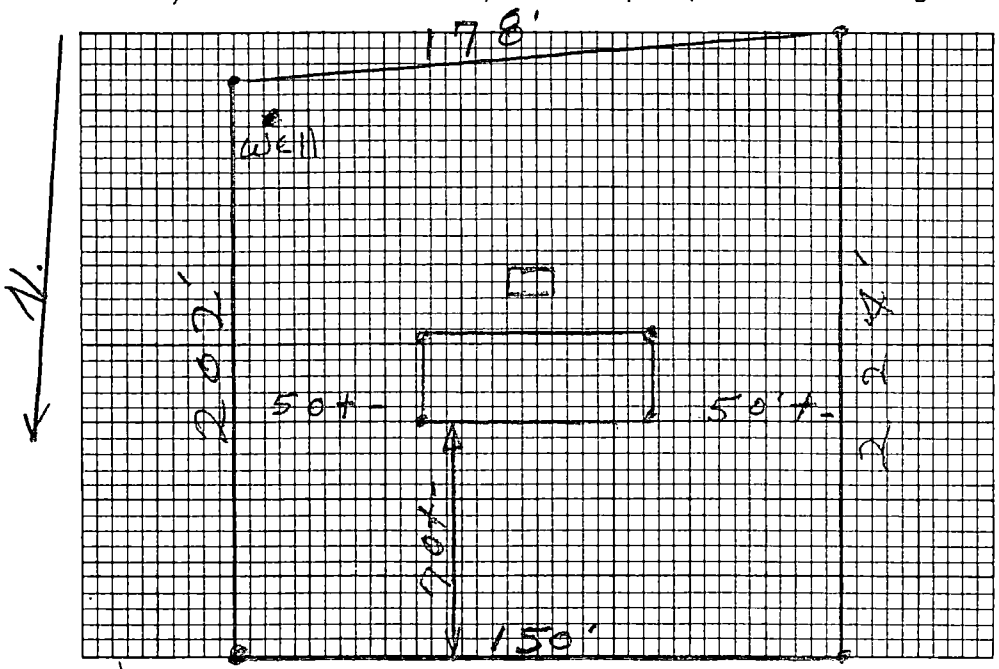
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

John Hawks Rd.

4) No. of Bedrooms 3

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 ✓
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___

10) Sewage System:
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ✓No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Reid (LAST) Wayne (FIRST) O. (MIDDLE)

14) ADDRESS OF OWNER Box 729 Cornelius N.C. 28031

15) PHONE NO. Home 1-663-7864 Office 892 6750

16) LOCATION OF SYSTEM 9528 John Hawks Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 5098 AT PAGE 0985

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 9-30-85

20) PTR NUMBER (See Instructions) 00514305

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1-15-86
DATE OF APPLICATION

Wayne Reid
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 1012 A

P.O. 005-143-05 ✓

MECK COUNTY DEPARTMENT OF
RECEIVED
SEP 17 1985
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 005-143-05

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

⑤ PARCEL REFERENCE: BOOK NO.: 005 PAGE NO.: 143 PARCEL NO.: 05 Part o

⑥ DEED REFERENCE: BOOK NO.: 3454 PAGE NO.: 155

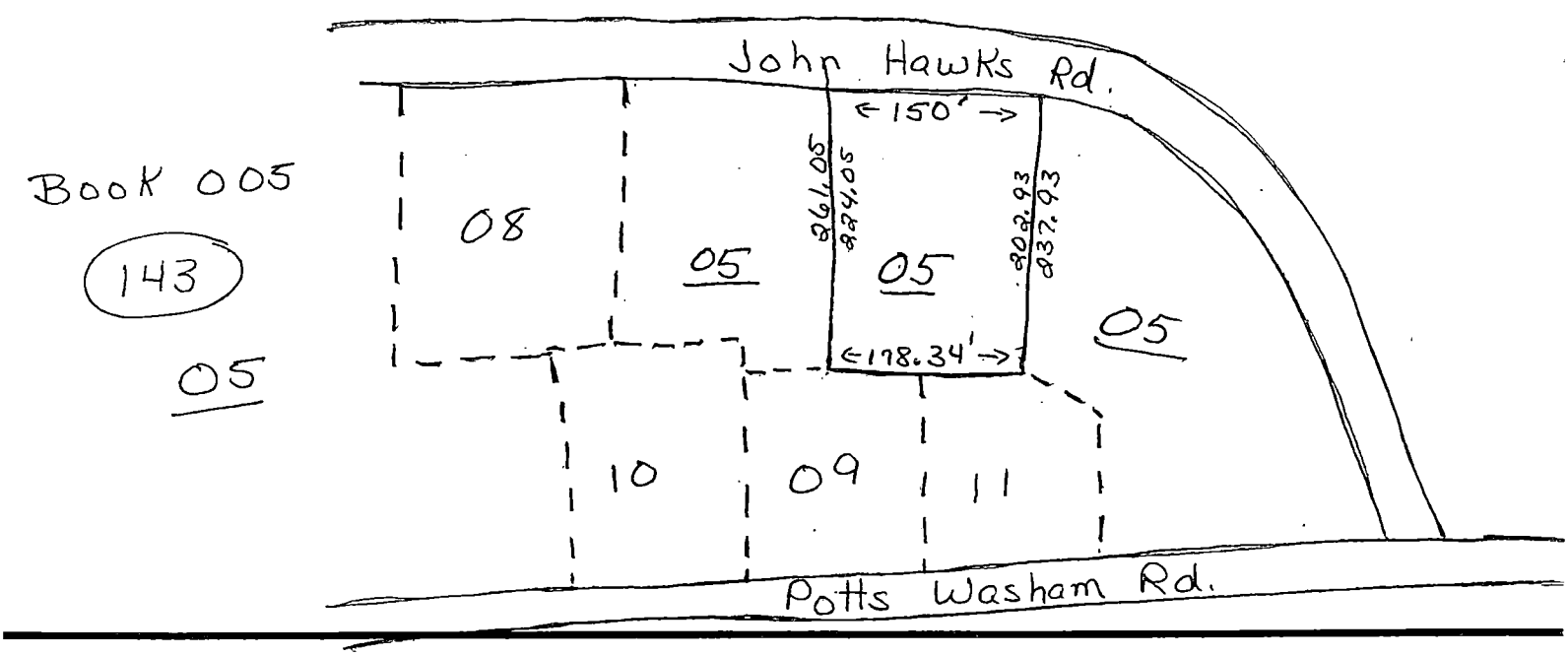
⑦ NAME: Annie (FIRST) P (MIDDLE) Washam et al (LAST)

⑧ MAILING ADDRESS: RFD 1

⑨ CITY: Huntersville Call Wayne Reid ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892-6750 (HOME) 663-7864 Mooresville

⑬ Accurately diagram and dimension lot.



Book 005
143
05

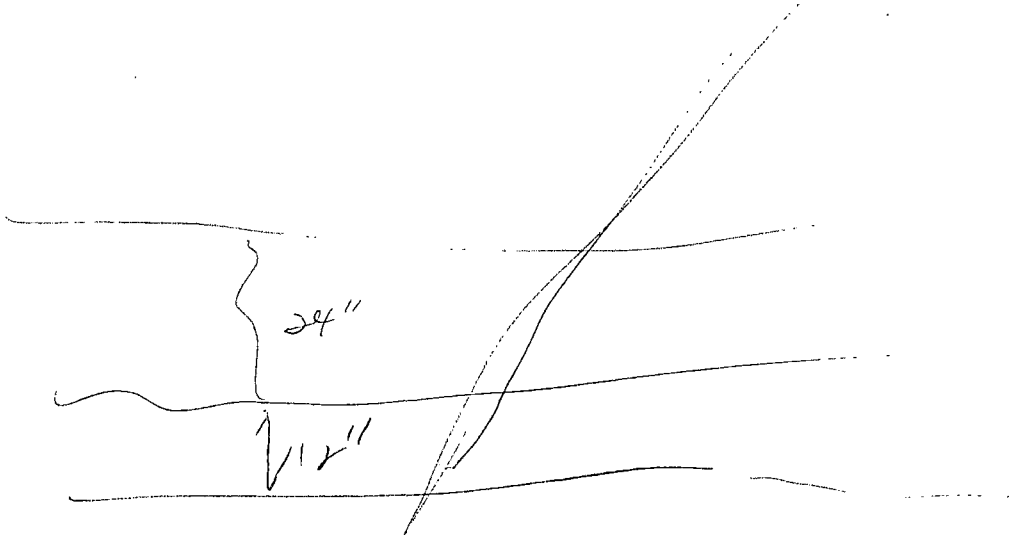
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing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

Signed: Annie Potts Washam

Date: 9-15-85

O. Wayne Reid

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


24"
12"