

6413 NECK RD

01301410

5/28/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 ck # 1118 11/11/94 CRT

5403

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: Marshall B. Nicholson (last) (first) (mi)
ADDRESS: 11224 Kingfisher PHONE: DOH 542-2260
CITY: Charlotte STATE: N.C. ZIPCODE: 28226

Date:

PROPERTY OWNER:
NAME: Alfonza Henderson (last) (first) (mi)
ADDRESS: 6413 Neck Rd. PHONE: (704) 875-9816
CITY: Huntersville, N.C. STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 013-014-10
STREET ADDRESS: 6413 Neck Rd. Huntersville, N.C. 28078
ZONING: R-4

Township (check one):
[ ] 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: 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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Enclosed Porch & Repaired
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) No change in No. Bed
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R) 8-1-95 EH

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: 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)
[ ] 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: Marshall B. Nicholson Date: 11-11-94

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.

... Repair permit issued for repairing malfunctioning septic system. Denied 11-29-94 request for upgrade to System (SR)

Repair completed 6/9/95 - see C.O.C. in file

No change in total # of bedrooms for house! See plot plan dated 8-1-95 (9825H) for enclosing carport & adding porch. (SR)

Repair permit issued. (SR)
[ ] 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
8/1/95 Approved.

Susan Gatewood 8-1-95
Environmentalist Date

for S. Daniel Pregon Chief 8-1-95
Director or Authorized Section Head Date

WATER : 122

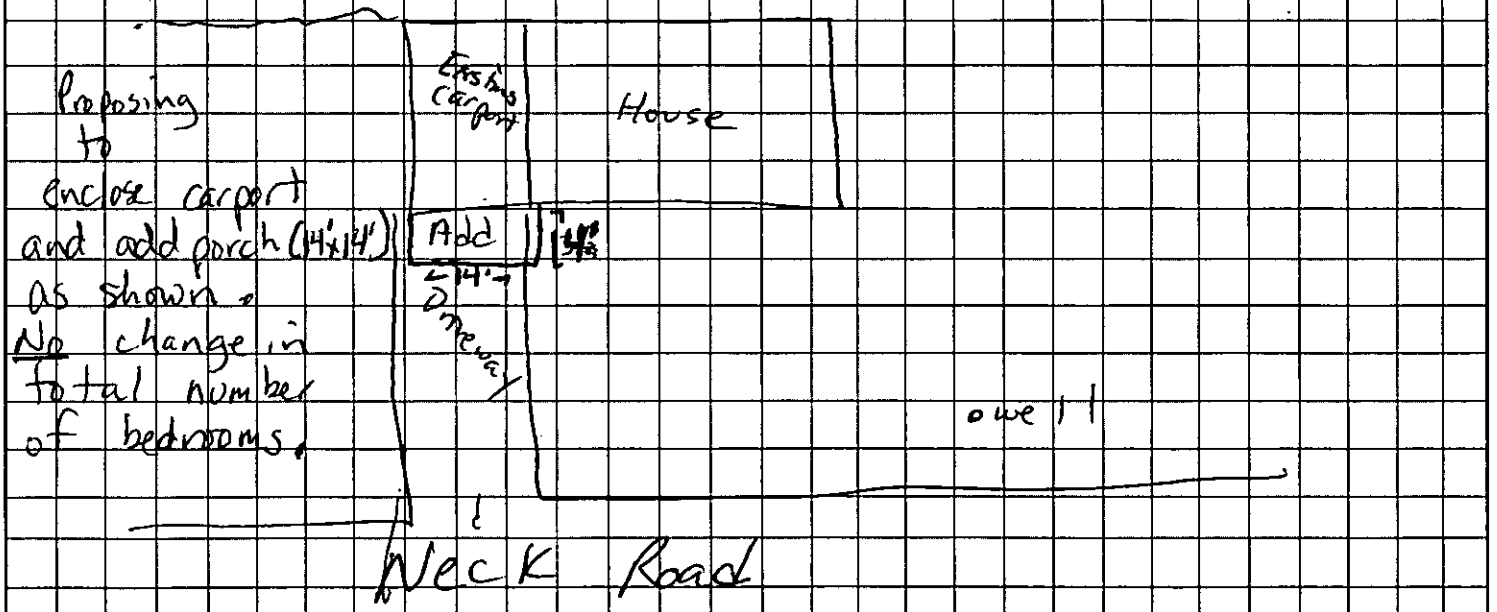
PROPOSED PLOT PLAN

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

FILE: 5403

TC: 013-014-10

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.



Elnora Henderson
OWNER/AGENT SIGNATURE

DATE 8-1-95

APPROVAL DATE 8-1-95 S Bateman

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5403 DATE: 6/9/95

TC: 013-014-10 ☐ L ☐ CRT

SERIAL Nº 16239

Name of Owner Alfonzo Henderson Juris.: _____

Address of Property 6413 Neck Road

Inspection Data:

Tank Material /

Total Length of Drainfield 20'x20' Bed

Number of Lines 3 @ ~20'

Cover Depth 12"-28"

Water Supply Source Existing Well

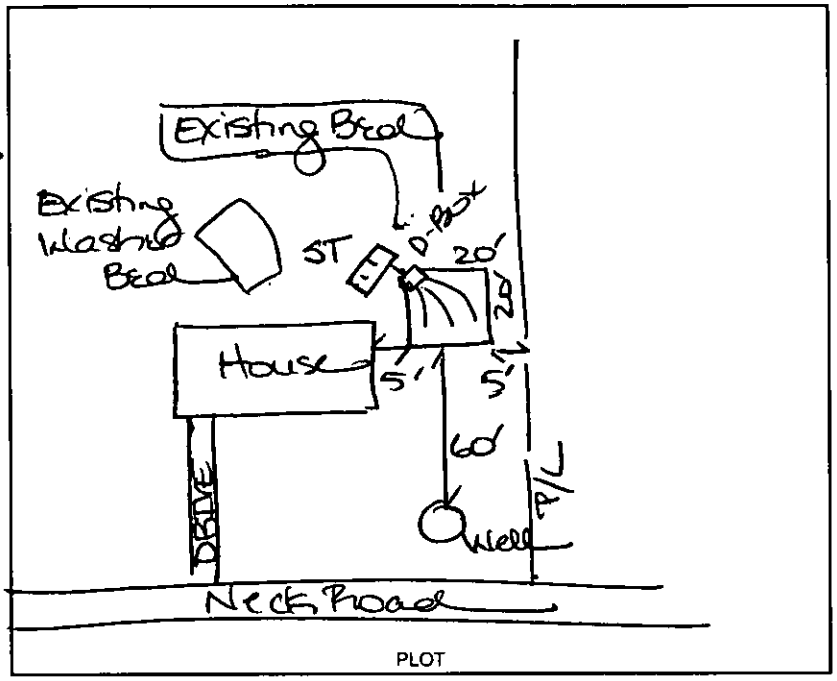
Distance to Water Source ~60'

Excavation Inspected 6/9/95

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1995 Repair, ~400ft², ~6"S, ~20"G CTR# 80

Claudius Henderson

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: ① Repair design altered due to severe effluent saturation of existing bed ② Property line indicated by owner, Mrs. Alfonzo Henderson ③ Recommended that septic tank be pumped out as soon as possible ④ Discussed water conservation measures, recommended water conservation plumbing fixtures. ⑤ New tee installed in septic tank to feed repair bed; overflow ha old tee to existing bed.

Joan B. Miatik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
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PHONE (704) 336-5102

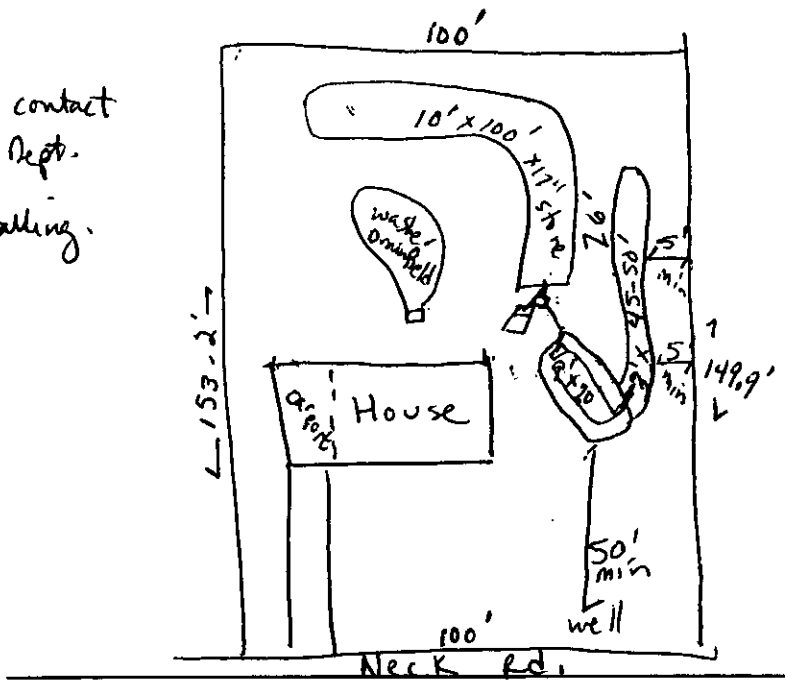
FILE: 5403 DATE: 11-29-94

TC: 013-614-10 ☐ L

SERIAL Nº 16122

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 11-11-94. All work shall be completed on or before 12-29-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.

* Please contact Health Dept. before installing.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Exist gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction RCC

Trench Depth ≈36"

Absorption and/or Nitrification Lines:

Trench Width 9'x20'; 3'x45'50' feet

Trench Walls Scored and Porous yes

Total Line Length 20'+70' feet

Number of Lines 2; 1

Depth of Stone 17"; 6" sand inches

Distance from House 5' min feet

Distance from Property Line * 5' min feet

Distance from Well 50' min feet

(*lot older than 1977 exempt from min 10' from P/L)

* NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Alfonzo Henderson

LOCATION OF PROPERTY 6413 Neck Rd.

Comments: Maintain min 6' separation between new + old fields. Install 17" stone w/ 6" sand beneath

* Strongly recommend strict water conservation measures be taken including any water conservation fixtures that can replace existing fixtures.

* Divert downspouts from roof gutters past septic tank systems

Limited repair area.

Susan Patterson
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

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CITY: Charlotte STATE: N.C. ZIPCODE: 28226

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☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) BEDROOM
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☐ REPAIR TO SYSTEM (R) repaired

RESIDENTIAL PROPERTY (Type Building, check one):

☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
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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)
☐ 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

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Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

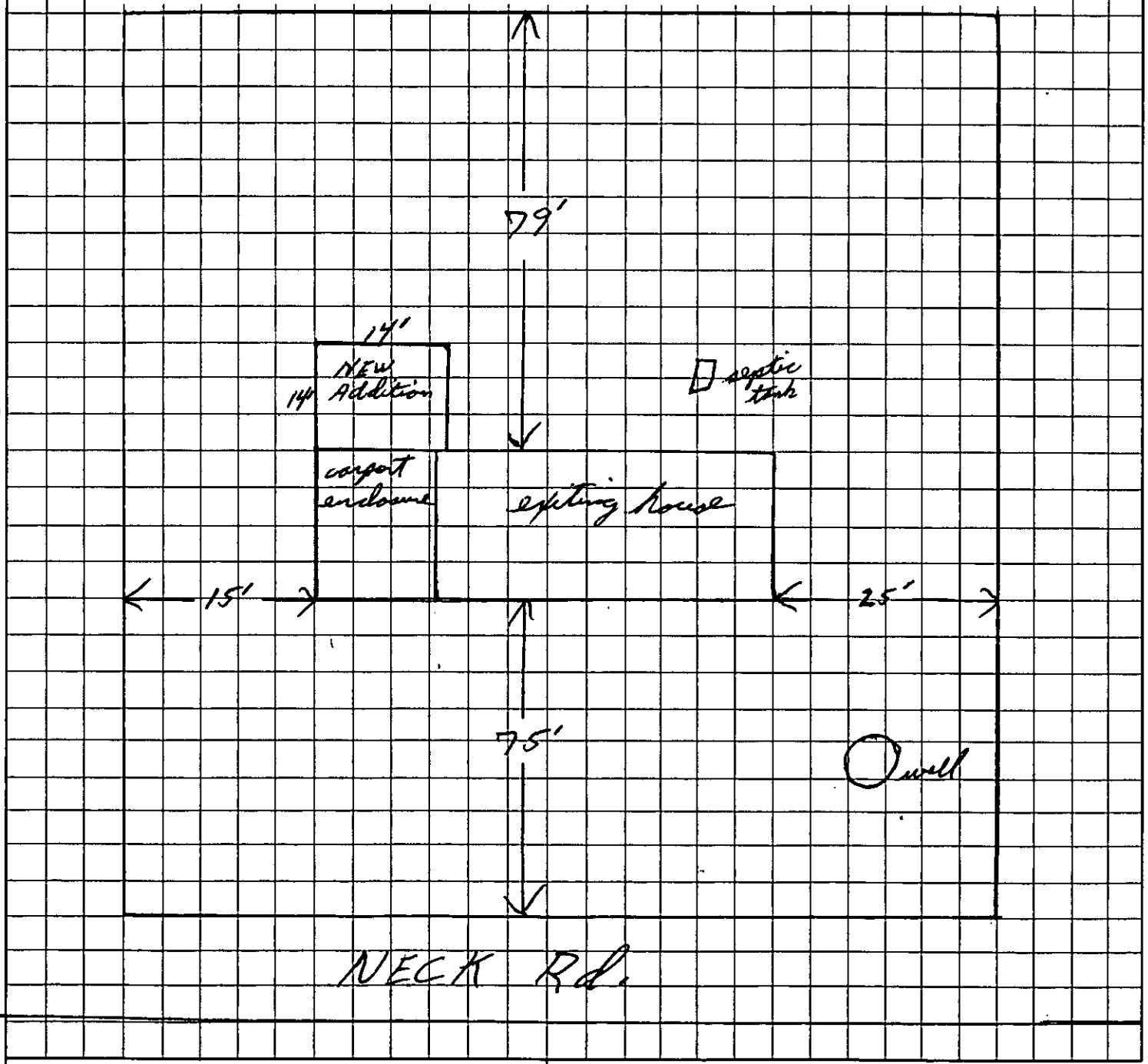
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PHONE (704) 336-5102

FILE: 5403

TC: 013-014-10

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Marshall B. Nicholson (contractor)
OWNER/AGENT SIGNATURE

DATE 11-11-94

APPROVAL DATE _____

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

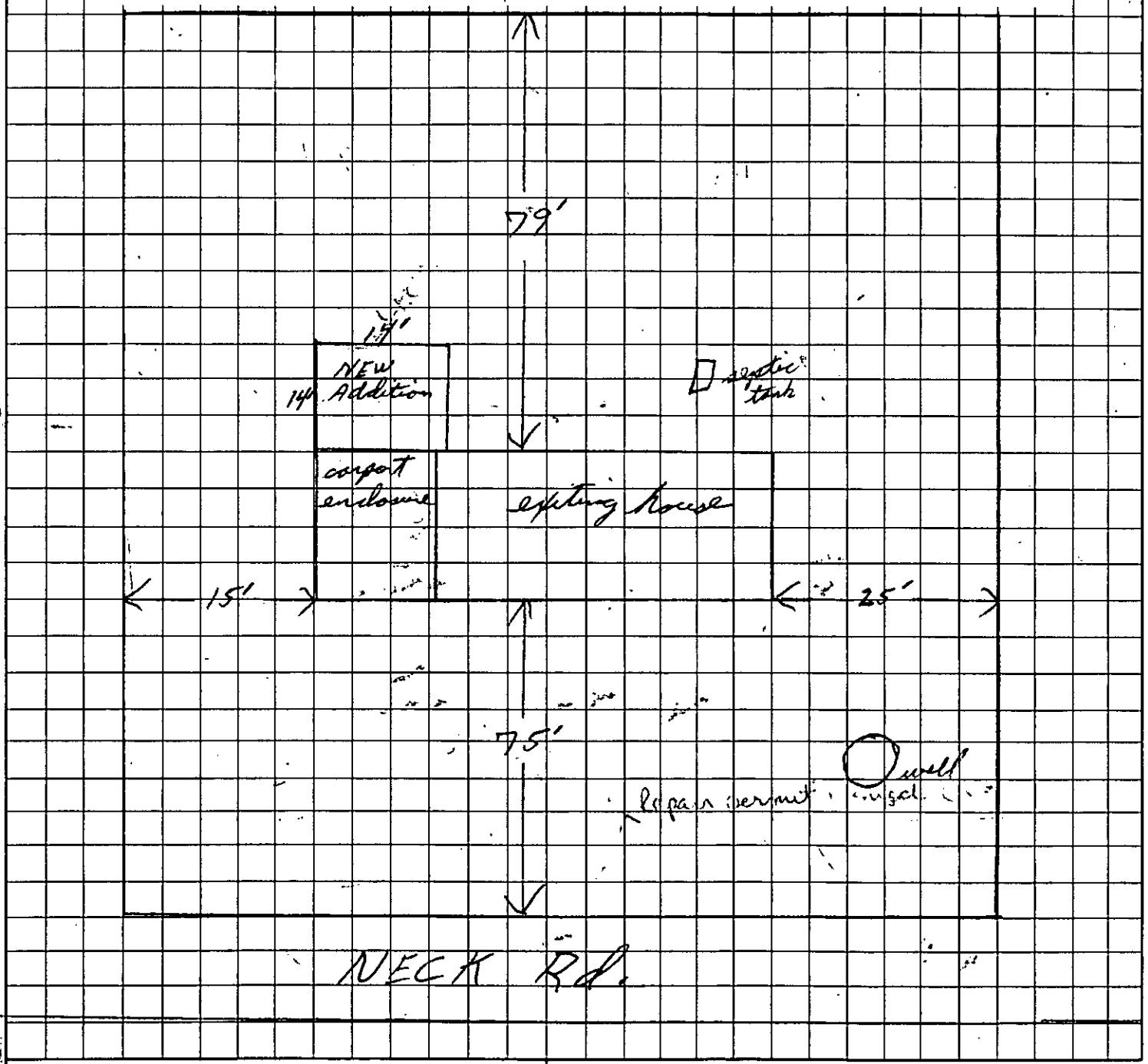
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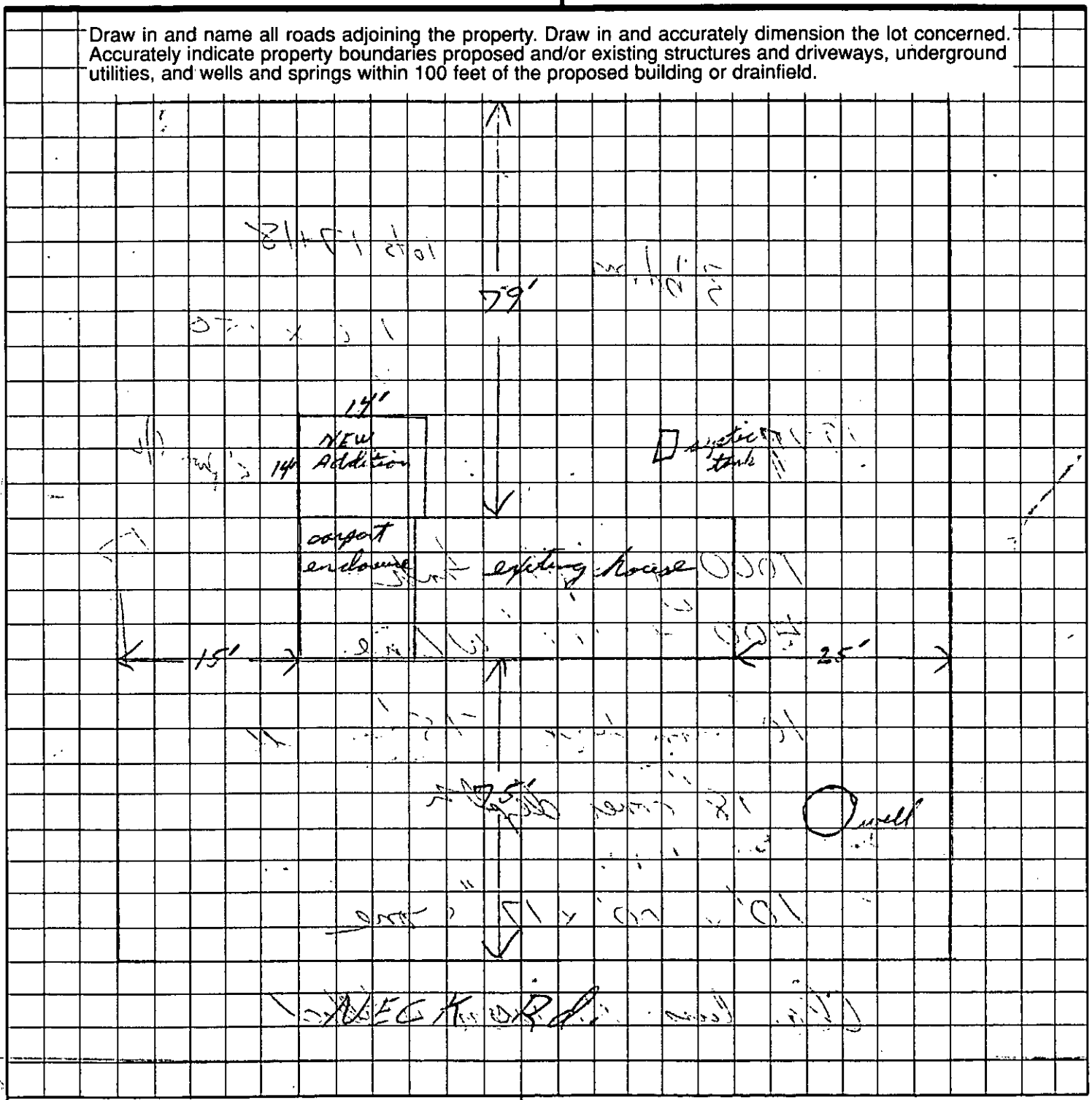
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DATE 11-11-94

APPROVAL DATE _____

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

3 bdrm

lots 17+18

100 x 150

1977

5' from P/L



1000 g septic tank
400' + 100' W Line

10' from house 75' to well
18" cover depth

10' x 100' x 17" stone

Claudius Morrison installed

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: January 6, 1995

Ref: File #5403/6413 Neck Road

SUBJECT: Refund

(Mr./Mrs./Co.) Marshall B. Nicholson originally paid $200.00 for Imp/Permit/with up-grade to septic system on November 11, 1994 check #1118.

A refund should be issued for $150.00 because the Environmental Specialist determined that an up-grade was not needed therefore the fee of $50.00 applies in lieu of $200.00.

Please make check payable to: Marshall B. Nicholson
11224 Kingfisher Court
Charlotte, North Carolina 28226

file 3403

DATE 11-11-94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

013-014-10
PARCEL NUMBER

6413 Neck Rd
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. WATERSHED PROTECTION	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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: addition, carport enclosure

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

PG. 07

PG. 02

013-014-10

PAMELA ST.

ROBERT

FLATBUSH DR.

BRONX DR.

CANAL DR.

FOLKSTON DR.

NEW BOND ST.

EDNA ST.

BEATTIES FORD RD.

UNNAMED ST.

NECK RD.

2'STRIP CODED: 013-012-48

2128

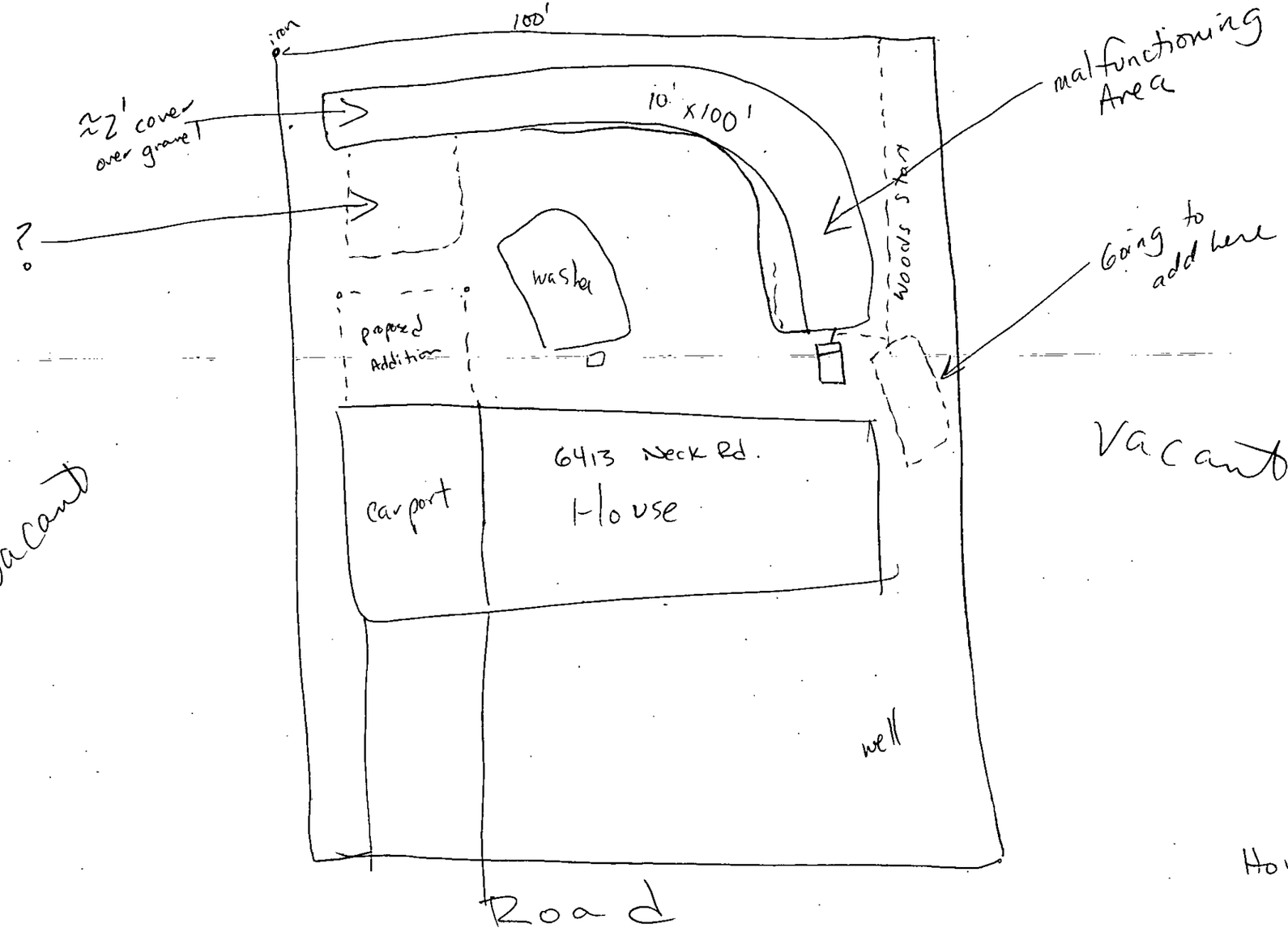
2074

BK. 15

BK. 23

TAX LINE MAP	BOOK 13 PAGE 01
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED JUN 1 6 1989	SCALE 1" = 200'

FOR TAX PURPOSES ONLY



Vacant

Vacant

They need to get downspouts diverted - I've already told him that.

House built in 1973