

19700 SHEARWATER POINT DR

00109182

7/13/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County

Health Department

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

October 6, 1992

Mr. Erman J. Evans
1538 South Tryon Street
Charlotte, NC 28203

Dear Mr. Evans:

This letter is in reference to the irrigation system installed on your property located at 19700 Shearwater Point Drive, Davidson, North Carolina.

On September 25, 1992, while conducting an evaluation on the adjacent property, I observed workers in the process of installing an irrigation system on your property. I informed the installer and builder of the location of your sewage disposal system. I also requested that they inform you that irrigation systems for lawn watering;etc; located over the sewage disposal system nitrification lines are not recommended. This could result in saturation and subsequent failure of the sewage disposal system.

I hope this letter helps you to understand the operation of your system and the potentially serious reprevisions that could result from irrigating the soil over your sewage disposal system nitrification lines.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7880A
TC: 001-091-82
SERIAL: №0020048

CR#1282
$200.00
11/15/91
☑L ☑CRT

JOB LOCATION

① ADDRESS: 19700 (STREET NO.) SHEARWATER POINT (STREET) PRIVE ② FILE:
③ JURISDICTION: MECKLENBORO ④ TAX PARCEL NO.: 001-091-82
⑤ SUBDIVISION: SHEARWATER POINT ⑥ LOT: 27 ⑦ BLOCK:

OWNER

⑧ NAME: ERMAN (FIRST) JOSEPH (MIDDLE) EVANS (LAST)
⑨ MAILING ADDRESS: 1538 SOUTH TRYON STREET
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28203
⑬ PHONE: (WORK) 332-8213 ⑭ (HOME) 846-4185

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? FOUR ㉕ Type?
㉓ Maximum occupancy? FOUR 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: Christopher Wolcott
Date: November 15 1991

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 60 months from the date of issuance.

Lift station required / pressure conventional system

Thilo S. Walker 11/22/91
Environmentalist Date

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7880 A DATE: 6/11/92

TC: 001 091 82 ☐ L

SERIAL Nº 13743

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 Nov 15, 1991. All work shall be completed on or before 7/11/92, 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.

System to be installed in accord with approved plott plan. PSW

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length ~~558'~~ feet

Number of Lines 9 (62')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

PLOT OF SYSTEM

NAME OF OWNER Erman J Evans

LOCATION OF PROPERTY 19700 Shearwater Point Dr

Comments: Keep septic system >50 from existing neighbors well
9 lines x 62' long x 3' x 12" stone. Lift station 2" lateral lines

Division or Section Head

Philip S. Walker 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

Mecklenburg County
Health Department

February 21, 1992

Daniel J. Motuz, M.D.
9718 Pallisers Terrace
Charlotte, NC 28210

Dear Dr. Motuz:

This letter is sent to confirm our telephone conversation this morning, February 21, 1992 regarding your property located at 15236 Elena Drive, Charlotte, N.C.

On February 20, 1992, while conducting an evaluation on the adjacent property, I observed workers in the process of installing an irrigation system on your property. I informed the installer of the location of your Low-Pressure pipe sewage disposal system and requested they contact you immediately.

I had previously conducted an evaluation of your system in October, 1991 and knew you were a new owner and might not know specifics about your system; therefore, I felt the need to notify you by telephone as quickly as possible.

Since Low-Pressure pipe systems are installed at more shallow depths than conventional systems, irrigation systems for lawn watering, etc. located over the nitrification lines are not recommended. This could result in saturation and subsequent failure of the system.

After our telephone discussion this morning regarding your low-pressure pipe system, you should now understand the operation of your system and the potential impact of irrigating the soil over your sewage disposal system.

If You have any further questions concerning this matter, you may reach me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7880A DATE: 6/25/92

TC: 001 09182 ☐ L ☑ CRT

SERIAL Nº 14167

Name of Owner Erman J. Evans Juris.:

Address of Property 19700 Shearwater Point Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540'

Number of Lines @

Cover Depth

Water Supply Source com well

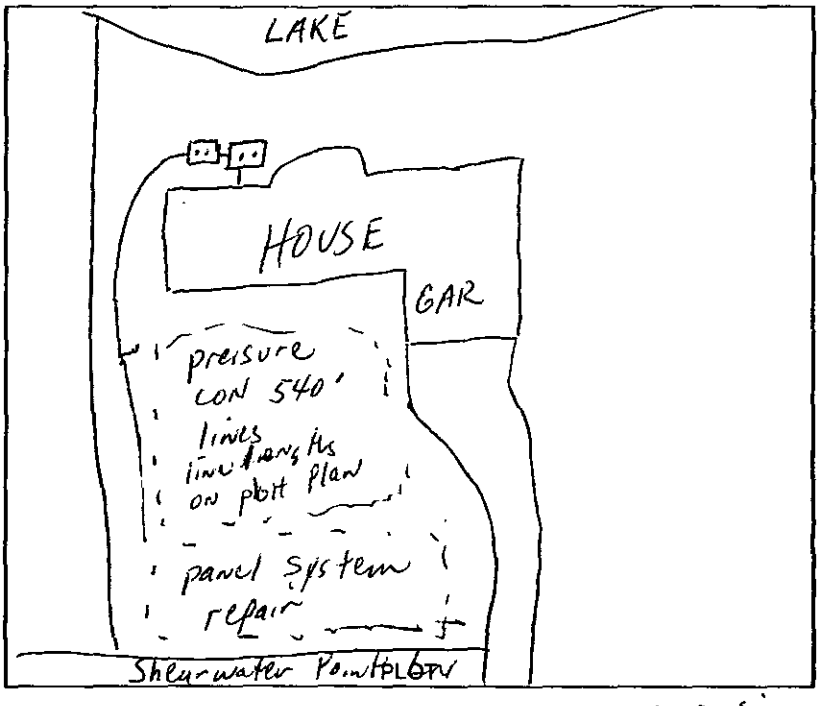
Distance to Water Source 750'

Excavation Inspected 6/25/92

Tank(s) Inspected 6/25/92

Wash Line Inspected -

High Water Alarm Inspected 6/25/92



Design: 1500ST, 1000PT, MOD. PI, 1620 SFT, 12" stone ceil CTR# W. Orbison

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: 270' panel system repair. System designed for 4 bedroom house.

SFW

Phil S. Walker R.S.
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 17 1987
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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) 7880 M
FILE: ~~2118A~~
TC: 001-091-92
SERIAL: Nº 13062
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 19700 Shearwater Point Drive (STREET NO. / STREET) ② FILE: 2118A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: Poool-091-50
⑤ SUBDIVISION: Shearwater Point ⑥ LOT: 27Lot 26 on soil analysis Referred to as ⑦ BLOCK:

OWNER

⑧ NAME: Erman (FIRST) Joseph (MIDDLE) Evans (LAST)
⑨ MAILING ADDRESS: 1538 S Tryon St.
⑩ CITY: Charlotte ⑪ STATE: N, C. ⑫ ZIP: 28203
⑬ PHONE: (WORK) (704) 332-8213 ⑭ (HOME) (704) 846-4185

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
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⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
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㉓ Maximum occupancy? Four 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Erman Evans
Date: 4-16-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Lift station required. Driveway must be over storm drain as shown on plot plan.

B. R. Ferguson 4-30-87
Environmentalist Date

4-30-87
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

DATE 10/15/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-091-82
PARCEL NUMBER

19700 Shearwater Point Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 27
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Shearwater Point
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED WRT 11-15-91	____NOT APPROVED
3. EROSION CONTROL REGULATIONS	____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: S.D Home & Patio FLOODWAY

ELEVATION CERTIFICATE REQUIRE

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

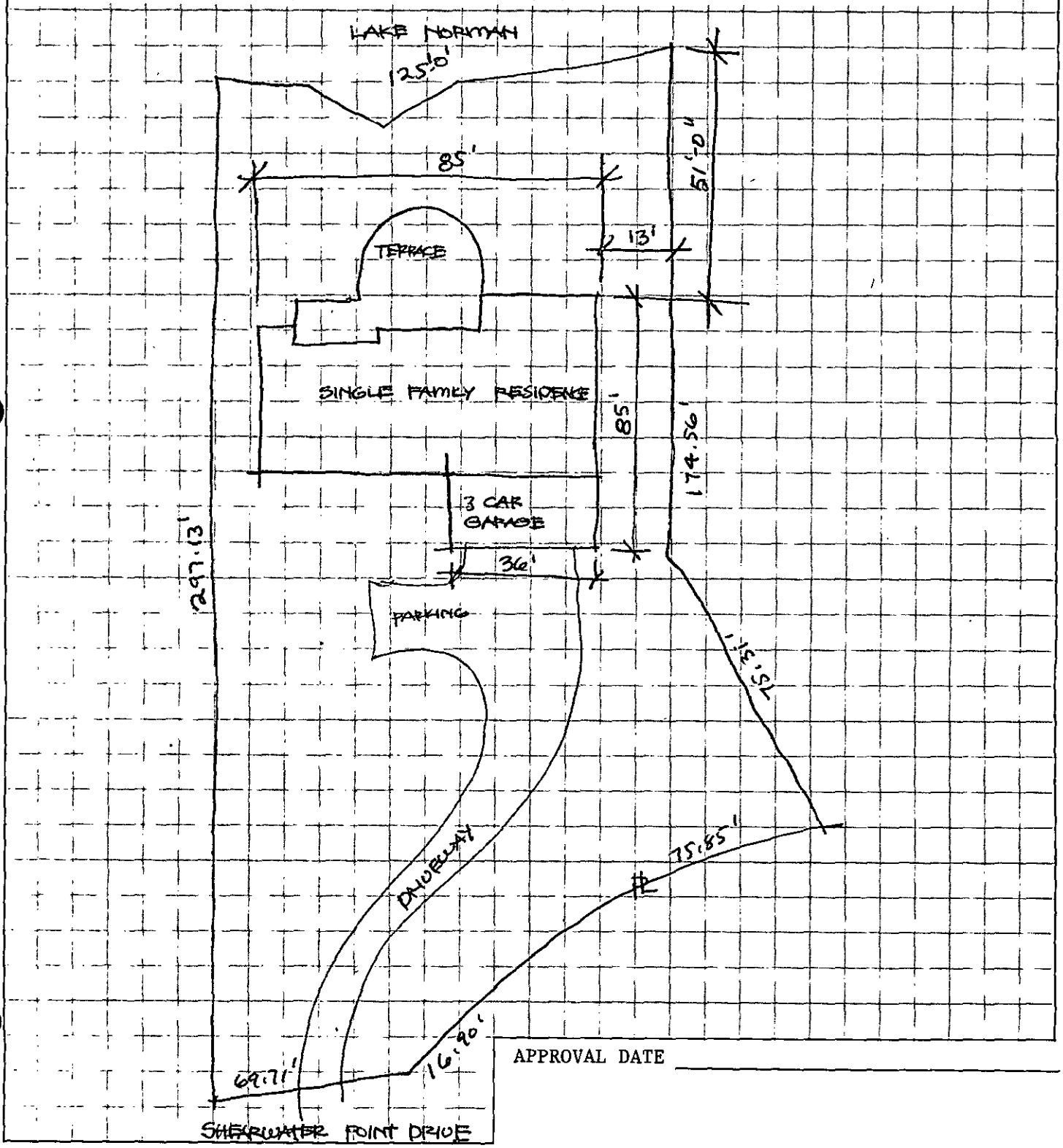
PROPOSED PLOT PLAN

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

FILE: 7880 A

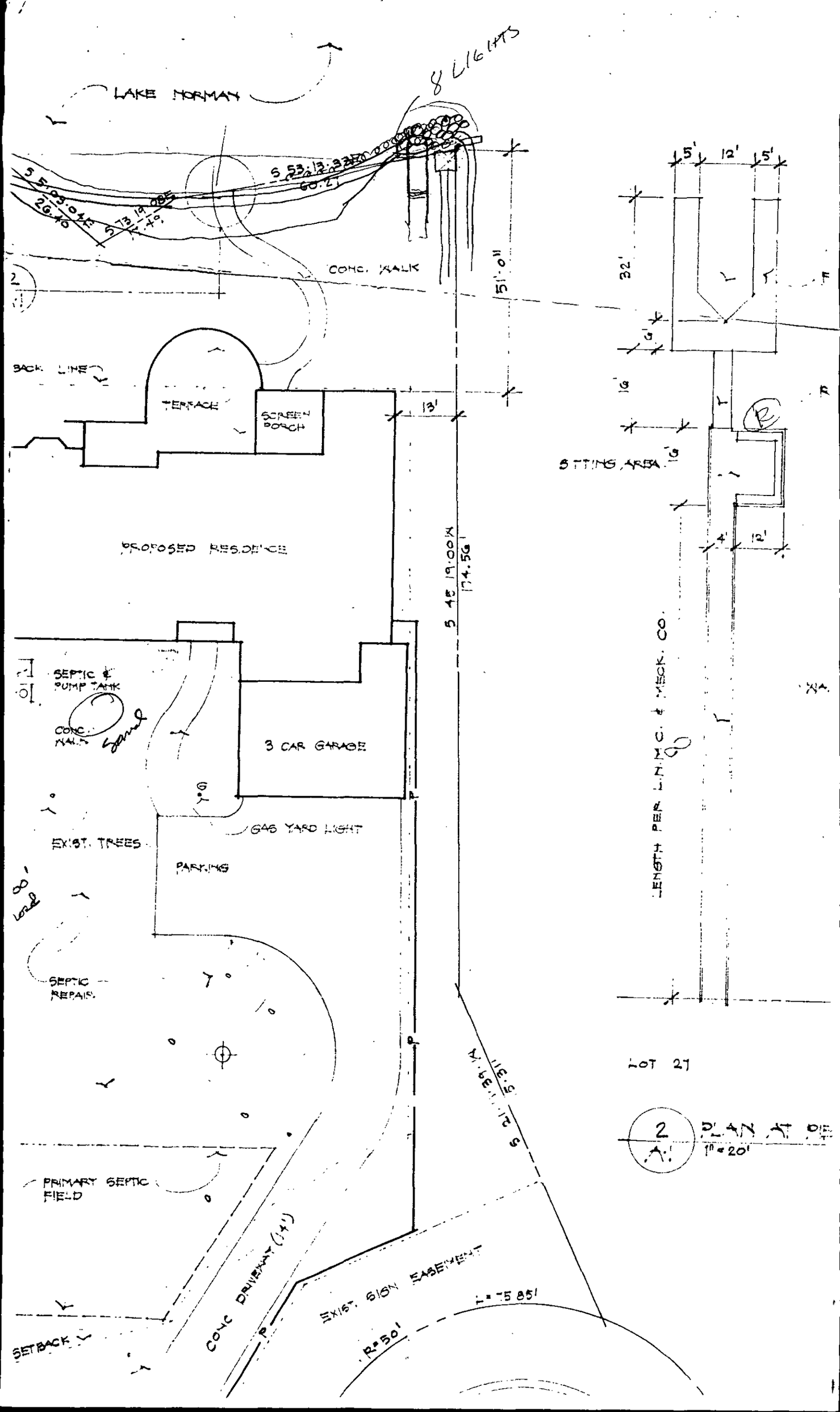
TC: 001-091-82

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 _____

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


LAKE NORMAN
8 LIGHTS
S 53-13-32E
60.21
S 55-03-04E
26.40
S 73-19-10E
CONC. WALK
51'-0"
BACK LINE
TERRACE
SCREEN PORCH
13'
PROPOSED RESIDENCE
S 45 19-00W
174.56'
SEPTIC & PUMP TANK
CONC. WALK
3 CAR GARAGE
GAS YARD LIGHT
EXIST. TREES
PARKING
SEPTIC REPAIR
PRIMARY SEPTIC FIELD
CONC DRIVEWAY (14')
EXIST. SIGN EASEMENT
R=50'
L=75.85'
SETBACK
5'
12'
5'
32'
6'
16'
SITTING AREA
4'
12'
LENGTH PER L.I.N.O. & MSCK. CO.
LOT 27
2
A1
PLAN AT
1"=20'