

16324 HARBOR VIEW RD

21718120

5/10/2007

duponbj

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 10/27/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 217-181-20

ASSIGNED ADDRESS 16324 Harbor View Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	____/____	_____*
2. FLOODWAY REGULATIONS	____/____	_____*
3. EROSION CONTROL REGULATIONS	____/____	_____*
4. PUBLIC UTILITY EASEMENT	____/____	_____*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	_____*	____/____
6. PROPERTY FRONTS ON THOROUGHFARE	_____*	____/____
7. DRIVEWAY PERMIT REQUIRED	_____*	____/____

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Move off

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

MEMORANDUM

TO: FILE 3879A

FROM: Toni Newell, R.S. Newell

RE: Clarification of Rule .1962(a) Applicability

Based on the interpretation to Rule .1962(a) Applicability, by Joe Lynn, our Regional Soil Scientist, a denial letter was issued to Mr. Jarvis Warren. Mr. Lynn stated that since this system had been repaired in 1990, that this would exempt the Warren's from using the existing system at 16324 Harbor View Road.

A clarification was requested from Mr. Steve Steinbeck, Division of Environment, Health & Natural Resources. Mr. Steinbeck responded via voice mail that based on sewage flow that these residents could use the Applicability Rule as long as the system was functioning and there was no change in sewage flow.

Based on that clarification, an addition/renovation approval was issued on October 27, 1994.

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

Mecklenburg County
Health Department

October 13, 1994

Mr. Jarvis Warren
311 Burleigh Street
Charlotte, NC 28211

Re: 16324 Harbor View Road
Parcel: 217-121-20
File No.: 3897A

Dear Mr. Warren:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property for a three (3) bedroom residence is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal." Our comments are listed below:

- A search of our files indicate a record of a valid repair permit issued and installed on November 5, 1990. This repair consists of a septic tank with 140' of drainfield. There are no other records of any additional drainfield. The following rules apply specifically to your request for approval:

- .1962 Applicability

"The provisions of this section shall not apply to properly functioning sewage collection, treatment, and disposal systems in use or for which a valid permit to install a system has been issued prior to July 1, 1977. This provision is applicable only where the sewage flow and sewage characteristics are unchanged." Since this system has been repaired in 1990, this excludes you from this exemption.

- .1945 Available Space

(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon square footage of nitrification field required for the application rate determined in accordance with these rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this section.

- Our files indicate that the lot lines have been moved which would change the recorded deed since January 1, 1983. These lot line alterations now require you to adhere to .1945 Available Space (a) & (b).

As indicated in the Application for an Improvement Permit, you wish to utilize the existing septic system for a new three bedroom residence. Since the existing system does not meet current standards and has been repaired in 1990, an approval to use this system to accommodate a three bedroom house can not be granted at this time.

In summary, it also appears that there would be an additional 260' of drainfield required to be added to the system and 100% repair area. Unfortunately, there does not appear to be enough available space on site for a conventional drainfield and designated conventional repair area.

You may wish to exercise your right of appeal concerning the interpretation and enforcement of these rules; you may do so in accordance with G.S. 150B-23.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit, with an ACCURATELY dimensioned plot plan, detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

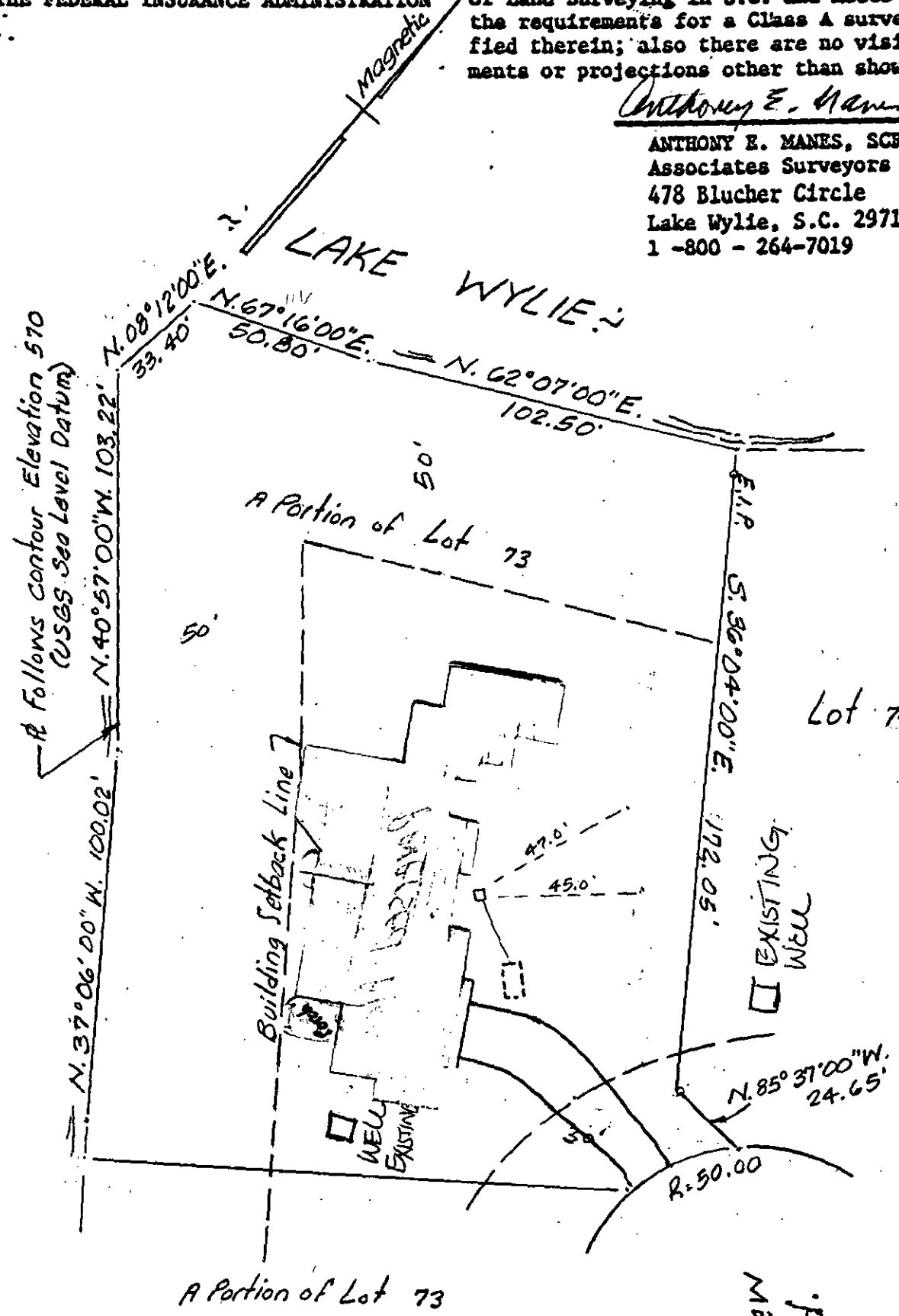
TN:gf

THE PROPERTY HEREON IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE FEDERAL INSURANCE ADMINISTRATION

I, hereby state that to the best of my knowledge, information and belief, the survey shown hereon was made in accordance with the requirements of the Minimum Standers Manual for the Practice of Land Surveying in S.C. and meets or exceeds the requirements for a Class A survey as specified therein; also there are no visible encroachments or projections other than shown.

Anthony E. Manes

ANTHONY E. MANES, SCRLS # 12245
Associates Surveyors & Planners
478 Blucher Circle
Lake Wylie, S.C. 29710 831-7019
1 -800 - 264-7019



Mecklenburg County
Health Department

MEMORANDUM

TO: John Barkley
Assistant Attorney General

FROM: Sylvia D. Daniel, R.S., Program Chief
Individual Water and Wastewater Systems Program

DATE: October 12, 1994

SUBJECT: Rule Interpretation NCAC .1962 relative to reuse

Recently Joe Lynn, Regional Soil Scientist, informed my staff that the above rule prohibits replacement of a house with the same sewage flow characteristics with subsequent connection to an existing sewage disposal system when the system has been repaired. The system currently in question is functioning properly.

This is a new interpretation for us as we allow structural additions after repairs are made to the system as necessary, etc. Of course, we are aware that additions of decks, etc. do not require an Improvement Permit, however, through our building permit process, corrections to the system can be made before the Building Standards Department issues any permits for jobs.

This case is similar to the Graham scenario if there were records on file that indicated that the system had been repaired. The only difference being that the structures are not the same. The question to you is would we have denied the permit for the mobile home exchange on private property, not a mobile home park, under rule .1962 if legal repairs had been made to the system but the system was funtioning properly?

Please respond to this as soon as possible because we are in the process of written denial of a permit which will surely result in formal appeal by the applicant.

Thank you.

cc: Toni Newell
Joe Lynn

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20475

File: 3879-A 3800 Action 2

Parcel: 217-181-20 ☐ PC

Location: 16324 Harbor View Rd

Subdivision:

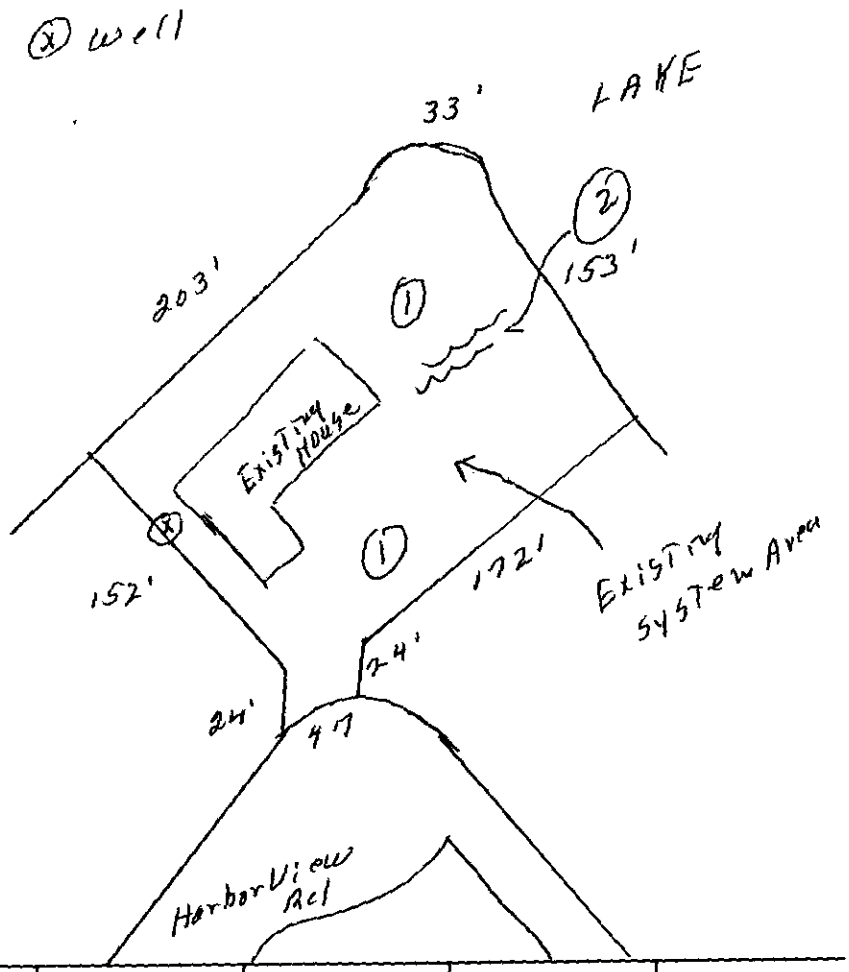
Lot: 73 Block: Acres: Approx. .65

Owner: Jarvis A. Warren
Address: 311 Burleigh Rd.
Charlotte, N.C. 28211

Comments: 100% Repair, .3 gal/fit/day LTAR, recommend subsurface interception drain above drainfield

Described by: William R. Marsh

Date: 8-22-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) Complex Slope	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To soil water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >46"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >49"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil Like	Complex Slope				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

1-3879-19

~~$20.00~~

8/18/94 ck#668 $125.00 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Transfer fee of $25.00 from 2/22/93 ck#20775)

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: Wilson, Candy Warren
(last) (first) (mi)
ADDRESS: 16324 HarborView PHONE: (704) 588-2630
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: Warren, Jarvis Allen
(last) (first) (mi)
ADDRESS: 311 Burleigh St. PHONE: (704) 366-1530
CITY: Charlotte STATE: NC ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-181-20
STREET ADDRESS: 16324 Harbor View Rd. Charlotte NC
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: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

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):
[X] 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: Candy W. Wilson Date: August 17, 1994

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.

...May use existing System Per NCAC 18A 1961, 1962 No change in Sewage Flow. Additional Area Located for Repair System - 100% in Appr. System - Plan on File

[ ] 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

Judy J. Kuss R.S. 10/27/94
Environmentalist Date

Donald Gaskins 10/31/94
Director or Authorized Section Head Date

WATER : 122791

Rep. Fee #380 A & 3721 A — Condition Fee #25.00 — 2-22-93 $25.00

3879A — CL# 01175

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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: Wilson (last) Candace (first) W. (mi)
ADDRESS: 16324 Harbor View PHONE: (704) 588-2630
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 219-181-20
STREET ADDRESS: 16324 HARBORVIEW Rd
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

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

TYPE APPLICATION (check one):

LOT NUMBER: #73 LOT SIZE (in acres):

[] 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)
[] COMMERCIAL OR INDUSTRIAL (M)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: 2
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
[X] Garage [] Storage Building [X] Deck/Patio [X] 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: Candace Wilson Date: February 22, 1993

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3879-A DATE: 5-16-90

TC: 217-181-20 ☑ L ☐ CRT

SERIAL Nº 13270

Name of Owner Jarvis Warren Juris.:

Address of Property 16324 Harborview Rd.

Inspection Data:

Tank Material repair

Total Length of Drainfield 140'

Number of Lines 4 @35'

Cover Depth 18"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 5-16-90

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 septic repair CTR# 103

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:

B.A. Ferguson
Environmentalist

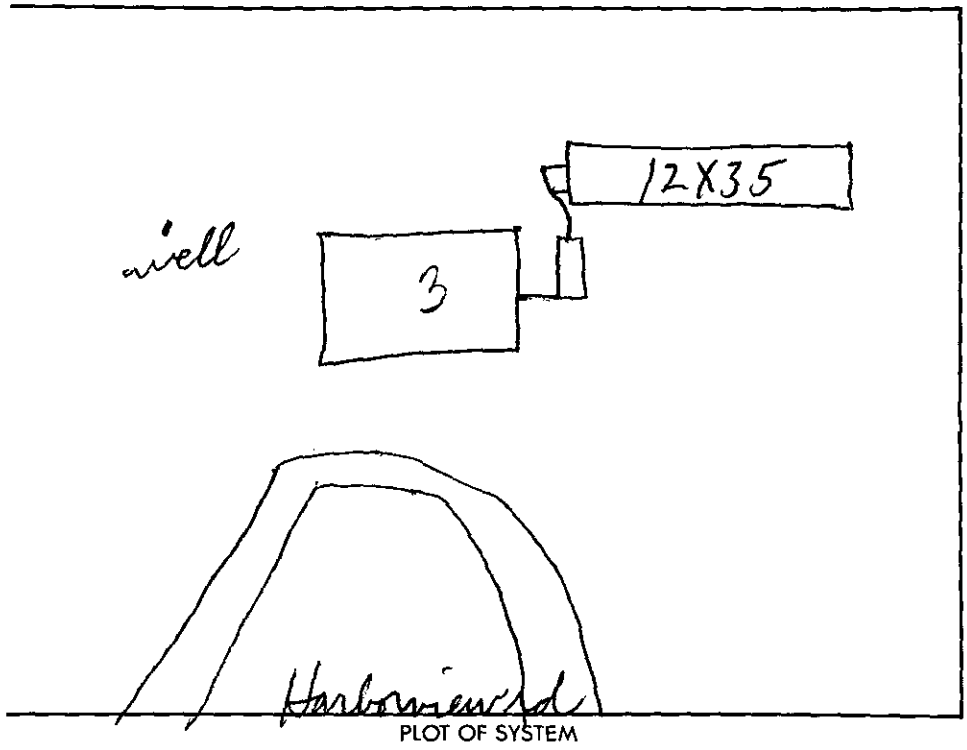
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3879-A DATE: 5-11-90
TC: 217-181-20 ☑ L
SERIAL № 11714

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 5-7-90. All work shall be completed on or before 6-11-90, 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 Department of Environmental Health 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank repair gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction ____

Absorption and/or Nitrification Lines:
Trench Width 12' feet
Total Line Length 140' feet
Number of Lines 4
Depth of Stone 18 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 50 feet

NAME OF OWNER Jarvis Warren
LOCATION OF PROPERTY 16324 Harborview Rd
Comments: 1 bed 12'X35'X18" stone
Install tee & D-box if necessary.

Division or Section Head

B. K. Ferguson
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.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 9 1990
ENVIRONMENTAL HEALTH DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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)
FILE: ~~2879~~ 3879A
TC: 217-181-20
SERIAL: Nº 20979 ☐ I ☐ CRI

JOB LOCATION

① ADDRESS: 16324 Harborview Rd. (Lake Wylie) (STREET NO. / STREET) ② FILE: 3879A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 217-181-20

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jarvis (FIRST) A. (MIDDLE) Warren (LAST)

⑨ MAILING ADDRESS: P.O. Box ~~220732~~ 220099

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) (704) 366-5763 ⑭ (HOME) (704) 366-1530

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? _____

㉕ Type? _____

㉓ Maximum occupancy? _____

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: J. A. Warren

Date: 5-7-90

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 36 months from the date of issuance.

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.

DATE: 12/14/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 217-181-20 + 19 pd

ASSIGNED ADDRESS 16324 Harbor View Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☑	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ * YES	☑ NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ * YES	☐ NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 02/86

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
DEC 1 ...

12/14/87 pd 5000
Ck# 12635 JH

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)

FILE: _____

TC: _____

SERIAL: Nº 13822

ENVIRONMENTAL HEALTH DIVISION

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16324 (STREET NO.) HARBORVIEW DRIVE (STREET) ② FILE: 387A 388OA

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 21718120PO & 21718119PO

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JARVIS (FIRST) ALLEN (MIDDLE) WARREN (LAST)

⑨ MAILING ADDRESS: P.O. Box 220099

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28222

⑬ PHONE: (WORK) CANDY - DAUGHTER'S WORK # Tucker 376-9881 366-5763 ⑭ (HOME) _____

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? 5

㉓ Maximum occupancy? 4

㉔ Basement? ☐ yes ☑ no

㉕ Type? _____

㉖ Maximum number of employees? _____

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: Jarvis Allen Warren (cf)

Date: December 11, 1987

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.

_____ / _____
Environmentalist Date

_____ / _____
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.

MECKLENBURG COUNTY
Department of Environmental Health

September 9th, 1987

Jarvis Allen Warren
P. O. Box 220099
Charlotte, NC 28222

RE: Property located at Harborview Drive 73
FILE: 3879A
PARCEL: 21718120 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 14582) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

CKLENBURG COUNTY ENVIRONMENTAL HEALTH
E EVALUATION REPORT
RIAL NUMBER 14582

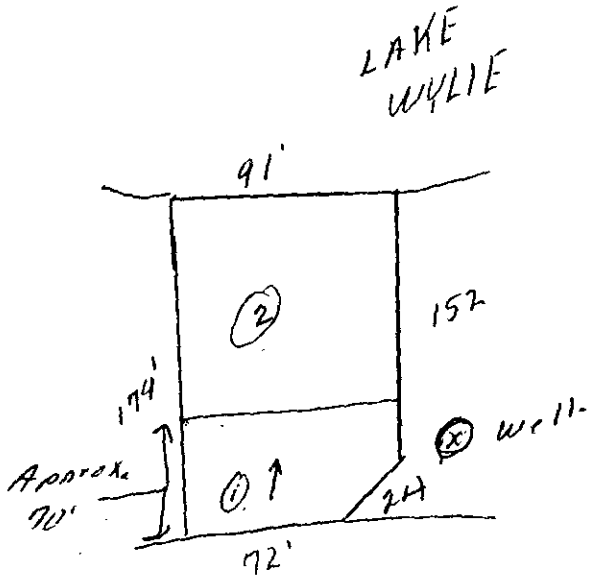
File: 3879A
Parcel: 21718120 PO
Action 2
PC

cation: Harborview Drive
ubdivision:
ot: 73 Block: Acres: .34

Owner:
Address: Jarvis Allen Warren
P. O. Box 220099
Charlotte, NC 28222

Comments: This File Combined with Lot 72, File 3880A to make 1 Lot - See File # ~~3880A~~ 5727A

Described by: William R. Medlin
Date: 9-9-87



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	10A Cecil-Lloyd	complex slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 3879A

TC: 217-181-2040

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 26 1987

JOB LOCATION

① ADDRESS: 16336 Harbourview Pineville, NC

② SUBDIVISION: _____ ③ LOT: 73 ④ BLOCK: 43

⑤ PARCEL REFERENCE: BOOK NO.: 17 PAGE NO.: 514 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3146 PAGE NO.: 165

OWNER

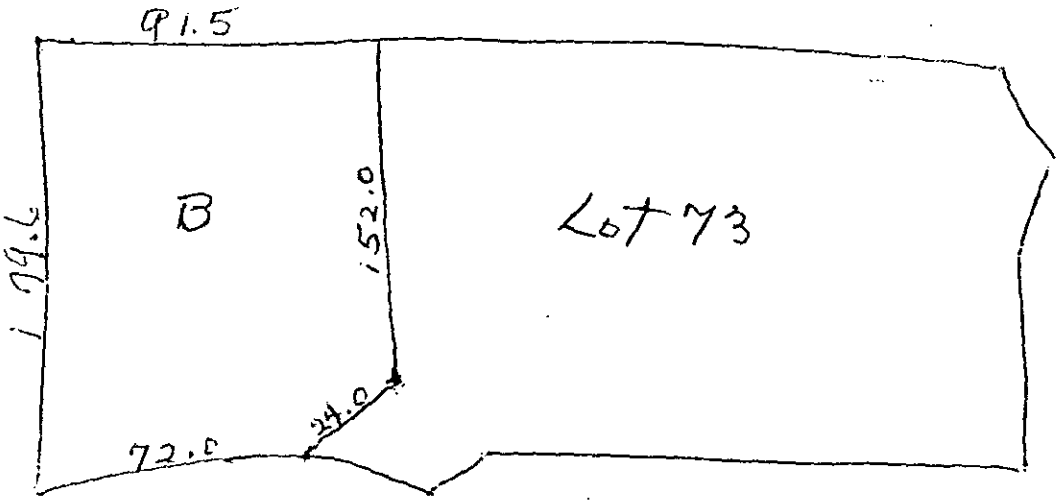
⑦ NAME: Jarvis (FIRST) Allen (MIDDLE) Warren (LAST)

⑧ MAILING ADDRESS: P.O. Box 220099

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28222

⑫ PHONE: (WORK) 366 5763 (HOME) 366 1530

⑬ Accurately diagram and dimension lot.



Lot 73

Note: Lot A & B will-join to form one lot.

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: Jarvis A Warren

Date: Aug 24, 1987

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

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

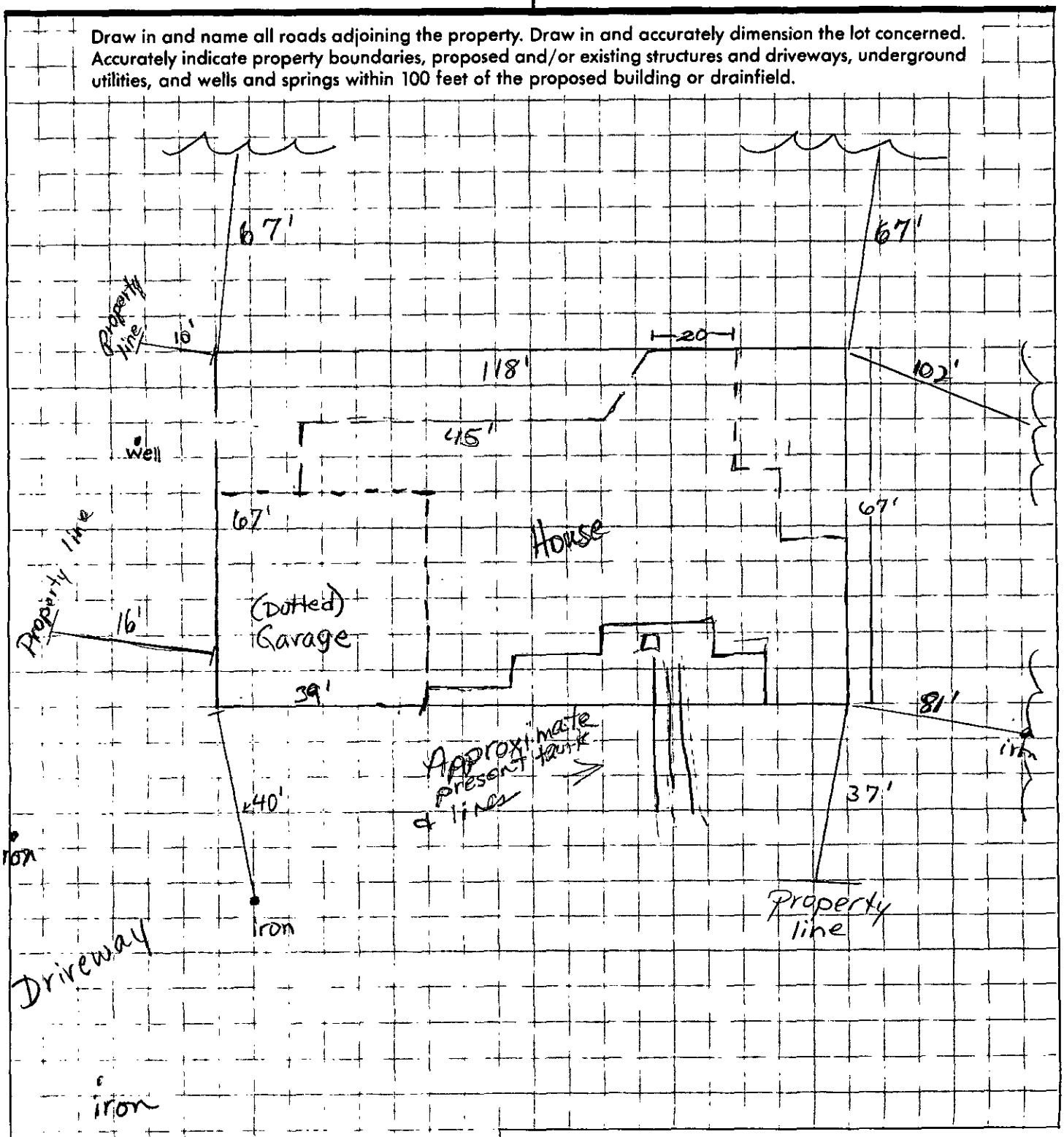
PROPOSED PLOT PLAN

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

FILE: 3879-A

TC: 217-181-20

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

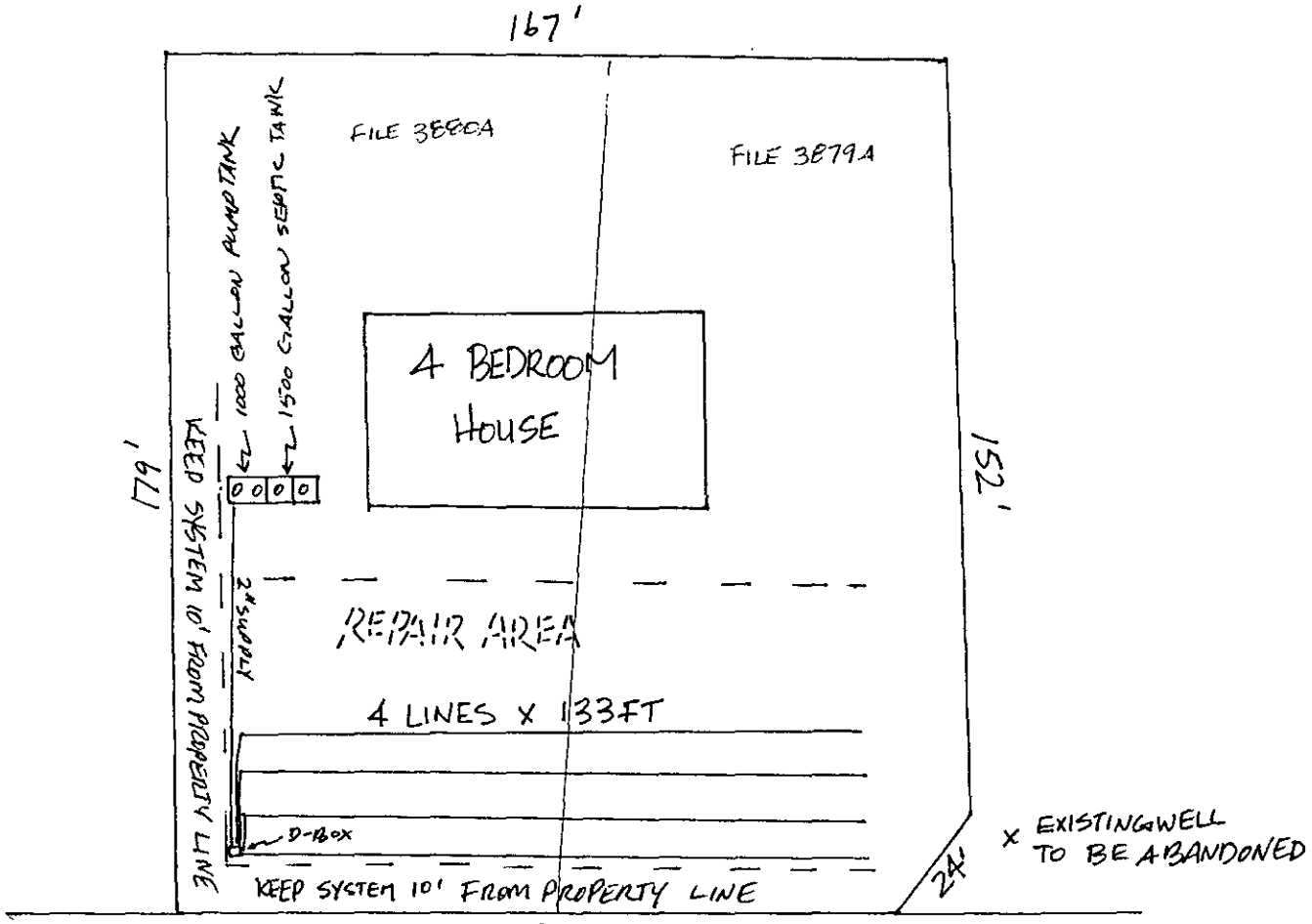
R. C. S., Inc.

Septic Tank Installation & Service

JARVIS ALLEN WARREN
FILES 3879A & 3880A

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

This INFORMATION is A copy for record only - PART OF LOT 73 WAS combined with 72 (LOT) to Form New #72
JKiser
File # for 72 IS: ~~3879~~ 5727A JKiser



16324 HARBORVIEW

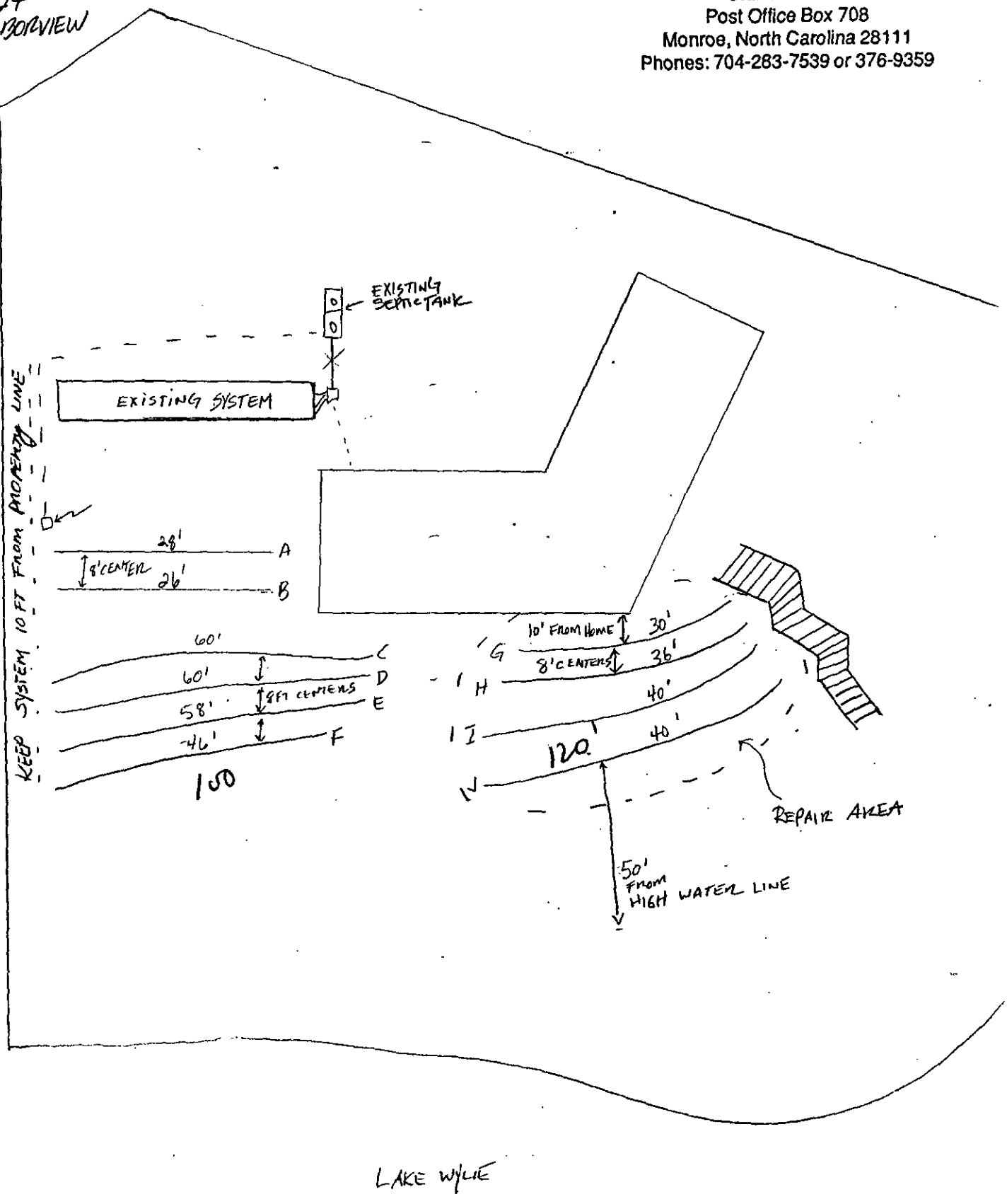
R. C. S., Inc.

3879A

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

16324
HARBORVIEW



LAKE WYLIE

R. C. S., Inc.

Septic Tank Installation & Service

CANDY WILSON
16324 HARBORVIEW

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

LINE	LINE LENGTH	# OF PANELS
A	28'	6
B	26'	6
C	60'	14
D	60'	14
E	58'	13
F	46'	10
G	30'	6
H	36'	8
I	40'	9
J	40'	9

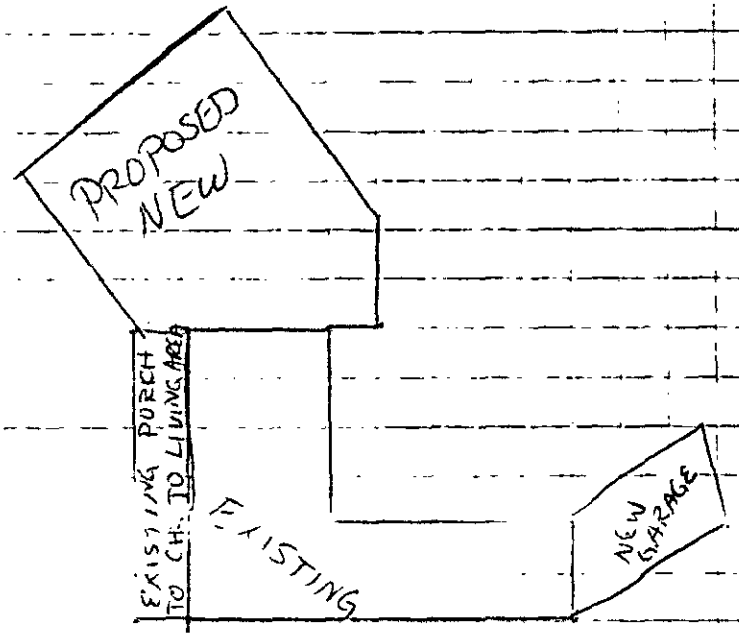
PROPOSED PLOT PLAN

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

FILE: 3879A

TC: 217-181-20

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 _____