

SHERRILL ROAD

7/13/2007

duponbj

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

78447A 2831

Log No.: 1570 P Section: _____ Hazard? [ ] Yes [ ] No

Date: _____ Parcel: 005-062-01 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Bill Hardister Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name John Knox Home

Address 16931 Shercill Road City Huntersville Zip 28078

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Tim Whitaker TAKEN BY: Bowers / Lathan

DATE	ACTIVITY
2-14-92	Br...
2/18/92	LOST FILE - I tried + tried + couldn't find file! SD

can these not conflict the septic system or repair type of filtration will be used?

File
I've removed outstanding from INSP file & returned original to file
Thanks
SR

Refer to Lynn

NOTIFICATION TO REQUESTING PERSON: (X) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Tim Whittaker

REVIEWED BY: [signature] 12-19-92

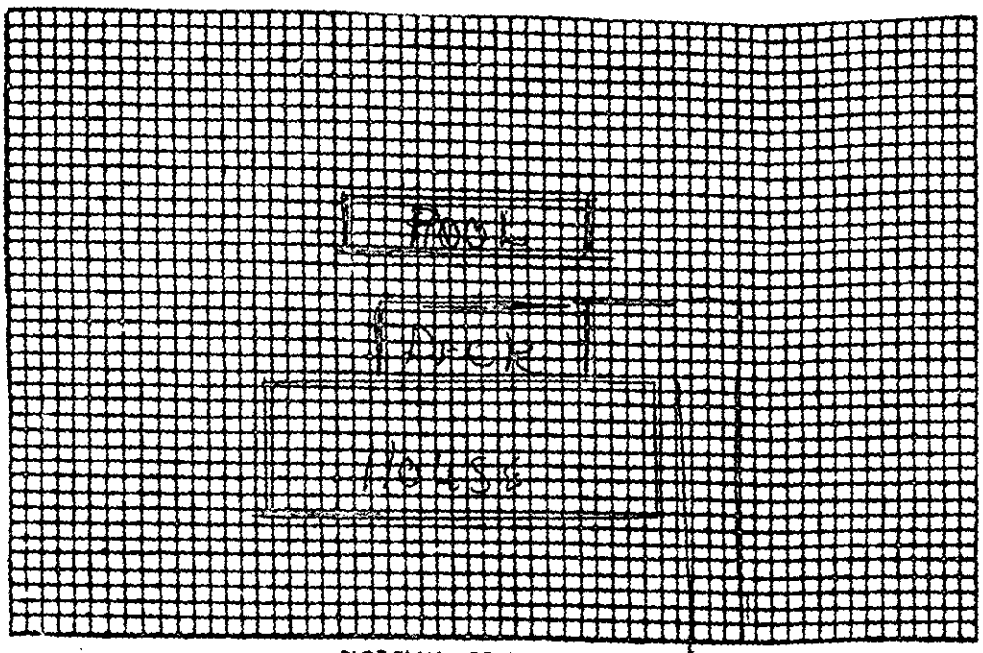
Received 2-13-91

Application No. 7090
T.C. No. 005-062-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Application to Construct, Install, Extend or Modify a Bathing Facility

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:
1) ___ Install or Construct 2) ___ Extend or Modify a Bathing Facility. ✓



PLOT PLAN (ACCURATELY DIMENSIONED)

3) Public ___ 4) Residential ___
5) Community Served:
___ Fitness/Athletic Club
✓ Single Family Homes
___ Institution
___ Swim Club
___ Apartments
___ Condominium
___ Hotel/Motel
6) Type of Pool:
✓ Swimming Pool
✓ Diving Pool
___ Spa (Whirlpool)
___ Wading (Baby) Pool
Other (Spec.) ___
7) Number of people served 25
8) Pool surface 2240 Ft²
Deck surface 384 Ft²
Average Depth 4 Ft.
9) Volume 28000 Gallons
10) Water: ✓ Municipal ___ Well
Other (Spec.) ___
11) Sanitary Sewerage:
___ Municipal sewer
Other (Spec.) Septic Tanks
12) Backwash wastewater:
✓ Sanitary sewer
___ Settling tanks
Other ___
13) Barrier: Type privacy chain link
Height of barrier 4 Ft.
14) ___ Self-closing Gates
15) Drawings provided:
___ Site layout
✓ Surface view of pool
✓ Cross-section of pool
___ Equipment room
___ Equipment schematic
___ Toilet/Restroom
___ Bathhouse

16) NAME OF OWNER John Kuaf
17) ADDRESS OF OWNER 16931 Sherrill Rd. Huntersville, N.C. 28078
18) PHONE: HOME ___ OFFICE 892-4803
19) FACILITY LOCATION 16931 Sherrill Rd. Hunt., NC. 28078 (street address)
20) NAME OF CONTRACTOR Hudson Pool and Spa
21) ADDRESS OF CONTRACTOR 2918 EAST Way Dr.
22) PHONE: HOME 535-8938 OFFICE 535-3455
23) SUBDIVISION ___ LOT NO. ___
24) NAME OF COMPLEX (PUBLIC) ___

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

2-13-91
date of application

OWNER [signature]

Rev 7/89

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7844-A DATE: 12/10/91

TC: 005-062-01 ☑ L ☒ CRT

SERIAL Nº 13982

Name of Owner John B. Knox Juris.:

Address of Property 16931 Sherril Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source >50'

Excavation Inspected ✓

Tank(s) Inspected ✓

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, CON. 1200 SFT, 12"g, Cecil like CTR# 74

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: NEW 1991, 3 bedrm. (4) 3'x100'x12"g. Stepdns. in each line.

Tim Whittaker, R.S.
Environmentalist

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12344

File: 7844A Action 1

Parcel: PO 005-062-01 ~~RPC~~

Location: 16931 Sherrill Rd

Subdivision:

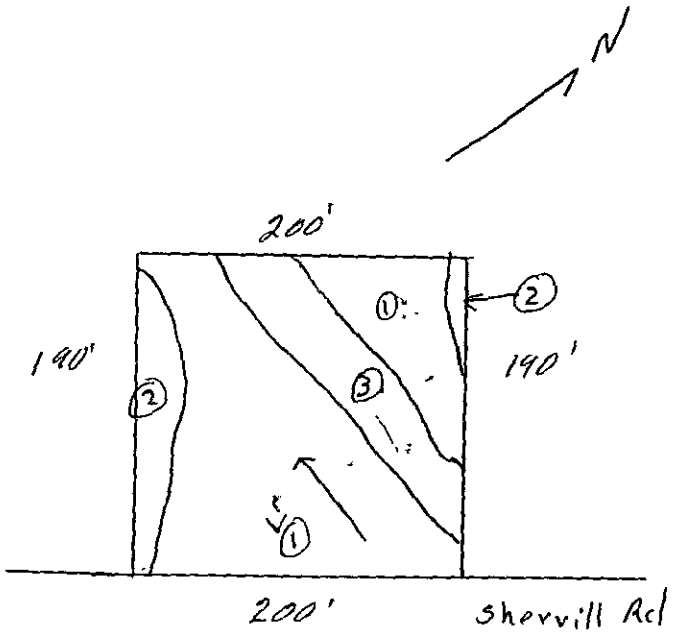
Lot: Block: Acres: .87

Owner: John Brevard Knox
Address: Rt. 9, Box 856
Mooresville, N.C. 28115

Comments: 100% Repair

Described by: William R. Martin

Date: 11-14-91



***** 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 2-8%	S PS (U) complex slopes	S PS (U) complex slopes/fill	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 40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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-Lloyd	Slopes (complex)	Complex slopes/fill			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

November 15th, 1991

John Brevard Knox
Rt. 9 Box 856
Mooresville, NC 28115

RE: Property located at 16931 Sherrill Road
FILE: 7844A
PARCEL: 005-062-01PO

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12344) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

TW

PROPOSED PLOT PLAN

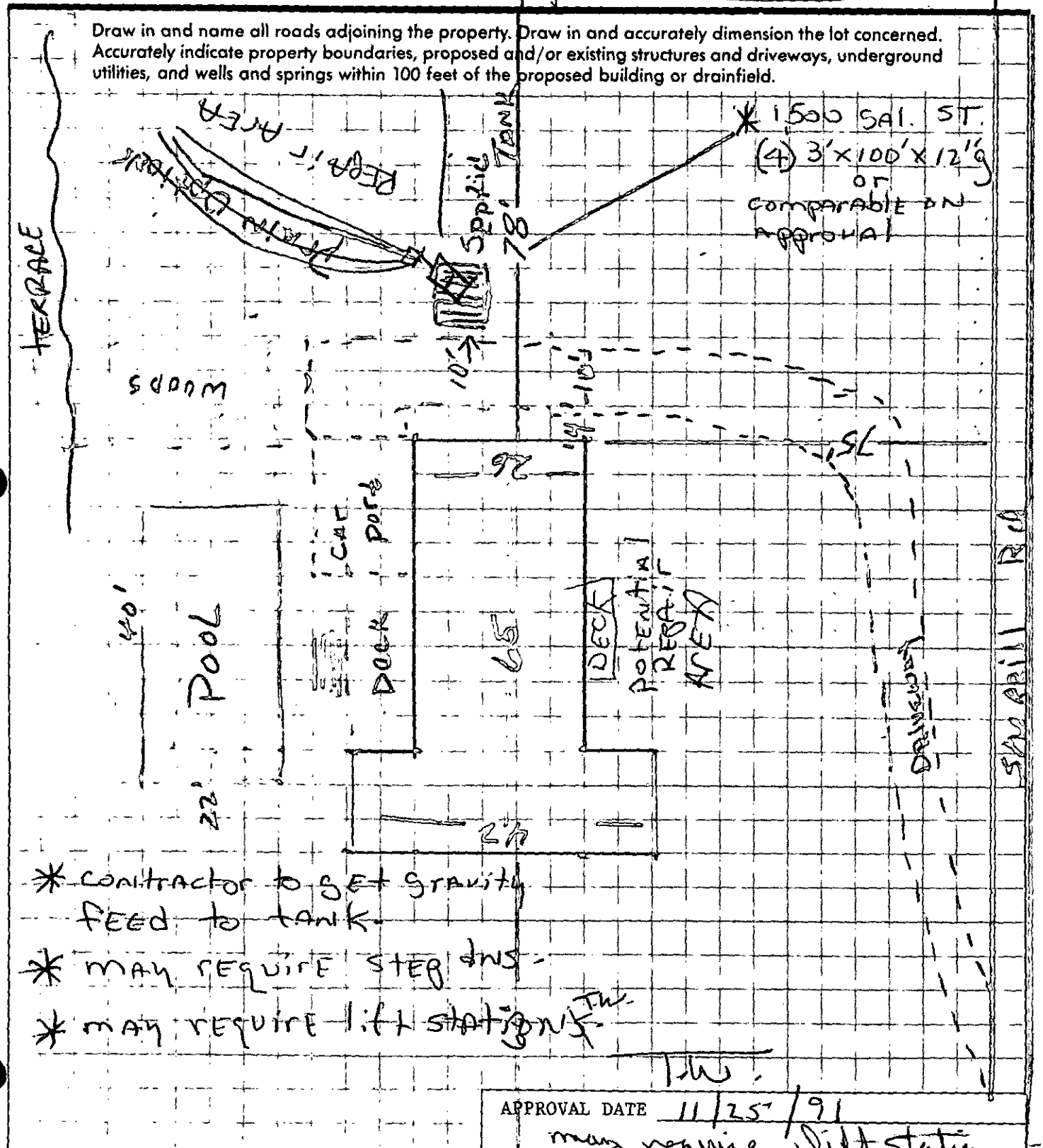
Pd 200.00
CK # 2442
11-15-91
NB

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

FILE: 7844A

TC: 005-062-01Po

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.



* contractor to get gravity feed to tank.
* may require step sys.
* may require lift station. TW.

APPROVAL DATE 11/25/91
may require lift station

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

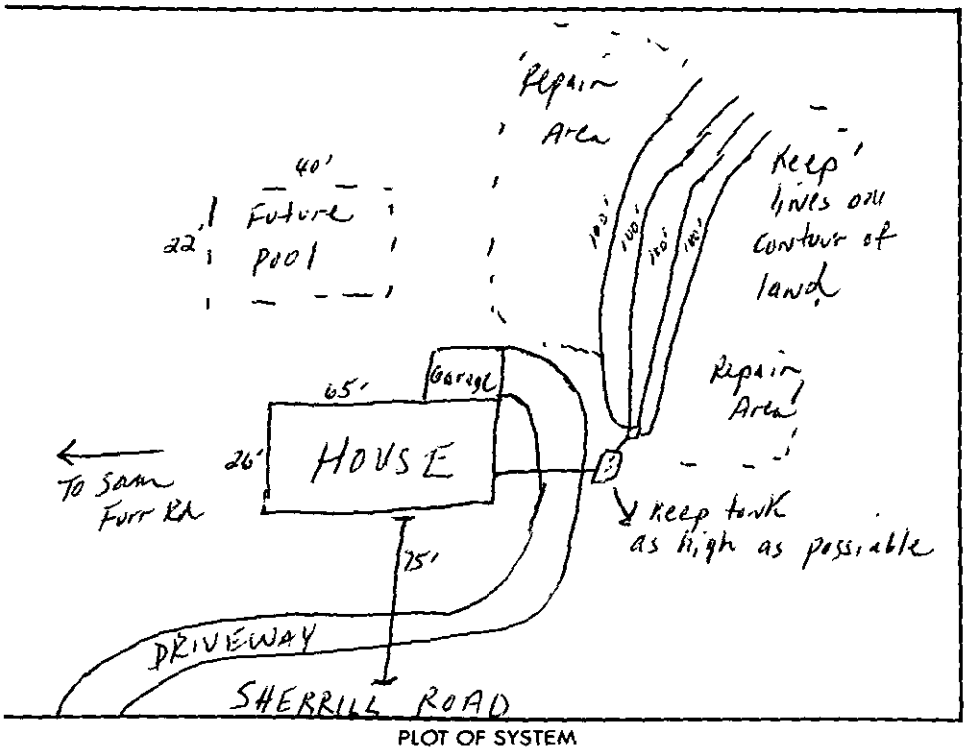
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7844A DATE: 12/5/91

TC: 005-062-01 PO ☑ L

SERIAL Nº 13731

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 11/15/91. All work shall be completed on or before 1/5/92, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER John B. Knox

LOCATION OF PROPERTY 16931 Sherrill Rd

Comments: 4 lines x 100' long x 3' wd x 12" stone | Keep tank as high as possible (use sleeve under driveway) | Keep lines on contour of land

Kelly Randall
Division or Section Head

Philo 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

TW

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
Ck# 2442
11-15-91
HB

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: 7844A
TC: 005-062-01PO
SERIAL: № 0020673
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 16931 (STREET NO.) Sharrill Rd (STREET) ② FILE: 7844A
③ JURISDICTION: Dawees ④ TAX PARCEL NO.: 005-062-01PO
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: John (FIRST) B (MIDDLE) Kwok (LAST)
⑨ MAILING ADDRESS: Rt 9 Box 856
⑩ CITY: Mooresville ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) 892 4071 ⑭ (HOME) 664-9115

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 4
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: [signature]
Date: 11/15/91

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. may require lift station.

Tim Whittaker, Environmentalist, 11/25/91 Date

[signature], Director or Authorized Section Head, 11-26-91 Date

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

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Ck # 2417
10-31-91
HB

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

(OFFICE USE ONLY)

FILE: 7844A

TC: 005-062-01PO

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16931 Sharrill Rd

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

⑤ PARCEL REFERENCE: BOOK NO.: 005 PAGE NO.: 062 PARCEL NO.: 01PO

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

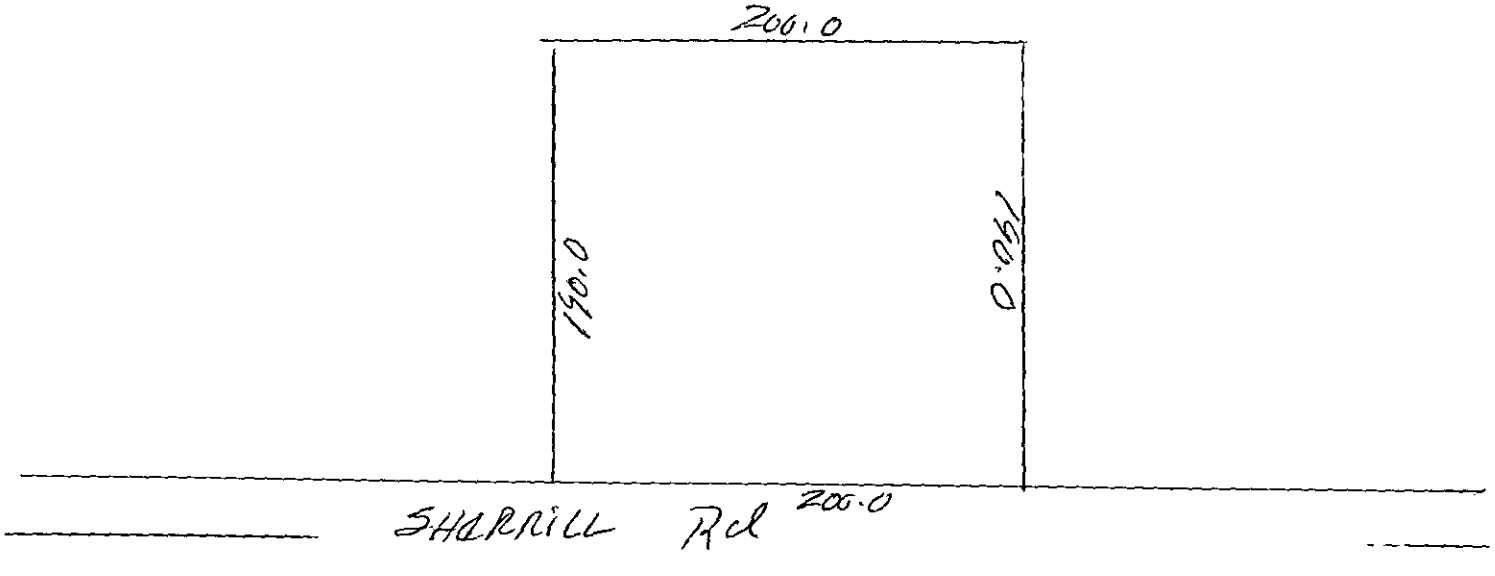
⑦ NAME: John (FIRST) BRIVARD (MIDDLE) KNOX (LAST)

⑧ MAILING ADDRESS: Rt 9 Box 856

⑨ CITY: Mooresville ⑩ STATE: NC ⑪ ZIP: 28115

⑫ PHONE: (WORK) 892 4803 (HOME) 664 9115

⑬ Accurately diagram and dimension 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John Knox

Date: 10-31-91

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