

19512 SCHOONER DR

00140203

7/7/08

marliwr

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

Mecklenburg County
Health Department

August 14, 1996

Charles L. Murphy
19512 Schooner Drive
Cornelius, NC 28031

Re: 19512 Schooner Drive
File: 13086
Parcel: 001-402-03

Dear Mr. Murphy:

Receipt of your application for a proposed family room addition to be built at 19512 Schooner Drive, Cornelius, North Carolina is hereby acknowledged.

Upon receipt of the application, a review was made of the material on file and site evaluations were conducted on August 2, 1996 and August 6, 1996. The application was then reviewed in conjunction with the provisions of 15A NCAC 18A .1900 "Laws and Rules For Sewage Treatment and Disposal Systems." My comments are as follows:

The proposed family room as staked on site is located over a portion of the washing machine drainfield. This was determined by probing the system and by viewing the distribution box that you uncovered to this system. 15A NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from...any building foundation, 5 feet."

For this reason, the request as submitted is disapproved.

The following information is to confirm two options stated to you on site on August 6, 1996.

- One option may be to relocate the proposed family room addition as to comply with the setback requirements from the sewage disposal systems.
- Another option would be to relocate the washing machine system.

If you have any further questions, you may contact me at 336-5573. Please notify me if you decide to pursue one of the above mentioned options.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LM:gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

130 00 Chk # 1577 7/30/96 [ ] CRT

130860

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: Murphy (last) Charles (first) L (mi)
ADDRESS: 9512 Schooner Dr PHONE: 704 892 4578
CITY: Cornelius STATE: N.C. ZIPCODE: 28031

Date: 7/30/96

PROPERTY OWNER:
NAME: Murphy (last) Charles (first) L (mi)
ADDRESS: 9512 Schooner Dr PHONE: 704 892 4578
CITY: Cornelius STATE: N.C. ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001402 03
STREET ADDRESS: 9512 Schooner Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room

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: 2 NUMBER OCCUPANTS:
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)
[X] 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: C. L. Murphy Date: 7/30/96

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.

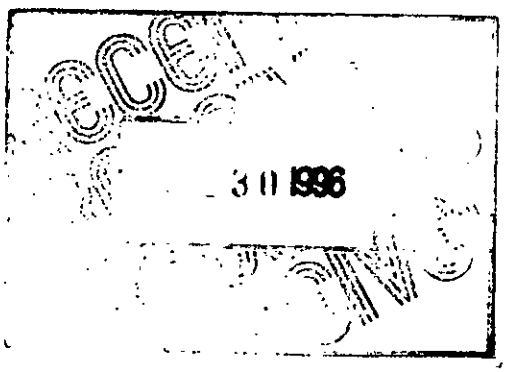
... 8/2/96 & 8/6/96 onsite visits. Charles Murphy present. Appro Request Denied. See Letter on file to Mr. Murphy dated 8/14/96 JSR

[ ] 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

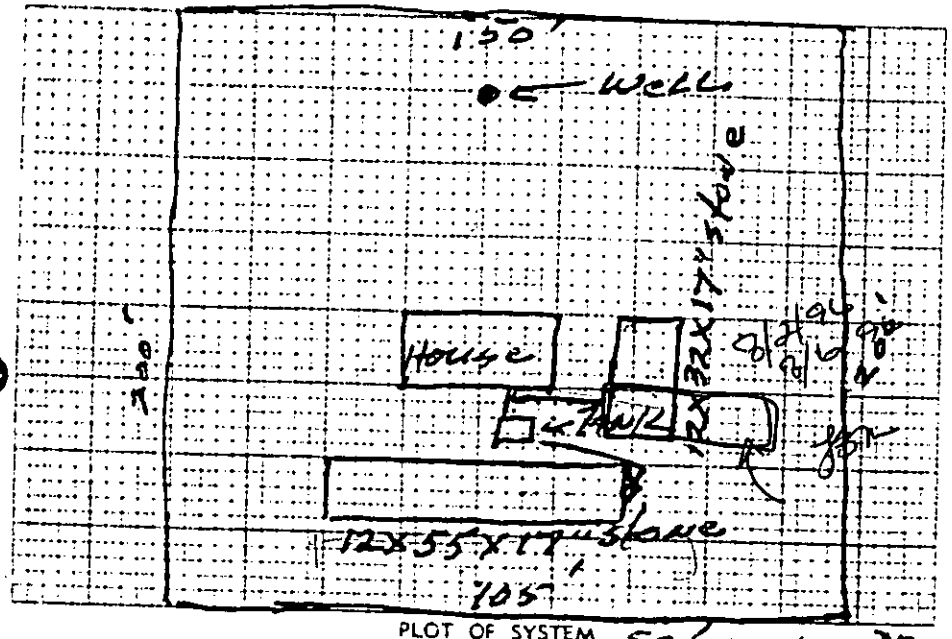

ACE
30 1996

Date issued 4-29-78 Serial No. 1900 CAR [illegible] 13084

[illegible] 001 - Sanitary

MECKLENBURG COUNTY 2 Bedroom
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 ___ Construct, ___ Alter or Repair an individual septic tank with water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application 13084 dated 3-8-78 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 9-29-78, after which date this permit shall be null and void.



PLOT OF SYSTEM Schooner Dr

Permeability Rate 9/5

Liquid Capacity of Tank 1000

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Line Length 220-125

Number of Lines 4-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER McGuire Const. Co.

LOCATION OF PROPERTY Schooner Dr. Lot 9 Block C

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, ocntrolling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments:

Division or Section Head

Environmentalist Marshall Edwards

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

EHS-5-76

Environmental Health Department's Copy

PROPOSED PLOT PLAN

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

FILE: 13086

TC: 001-402-03

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.

See Attached plans

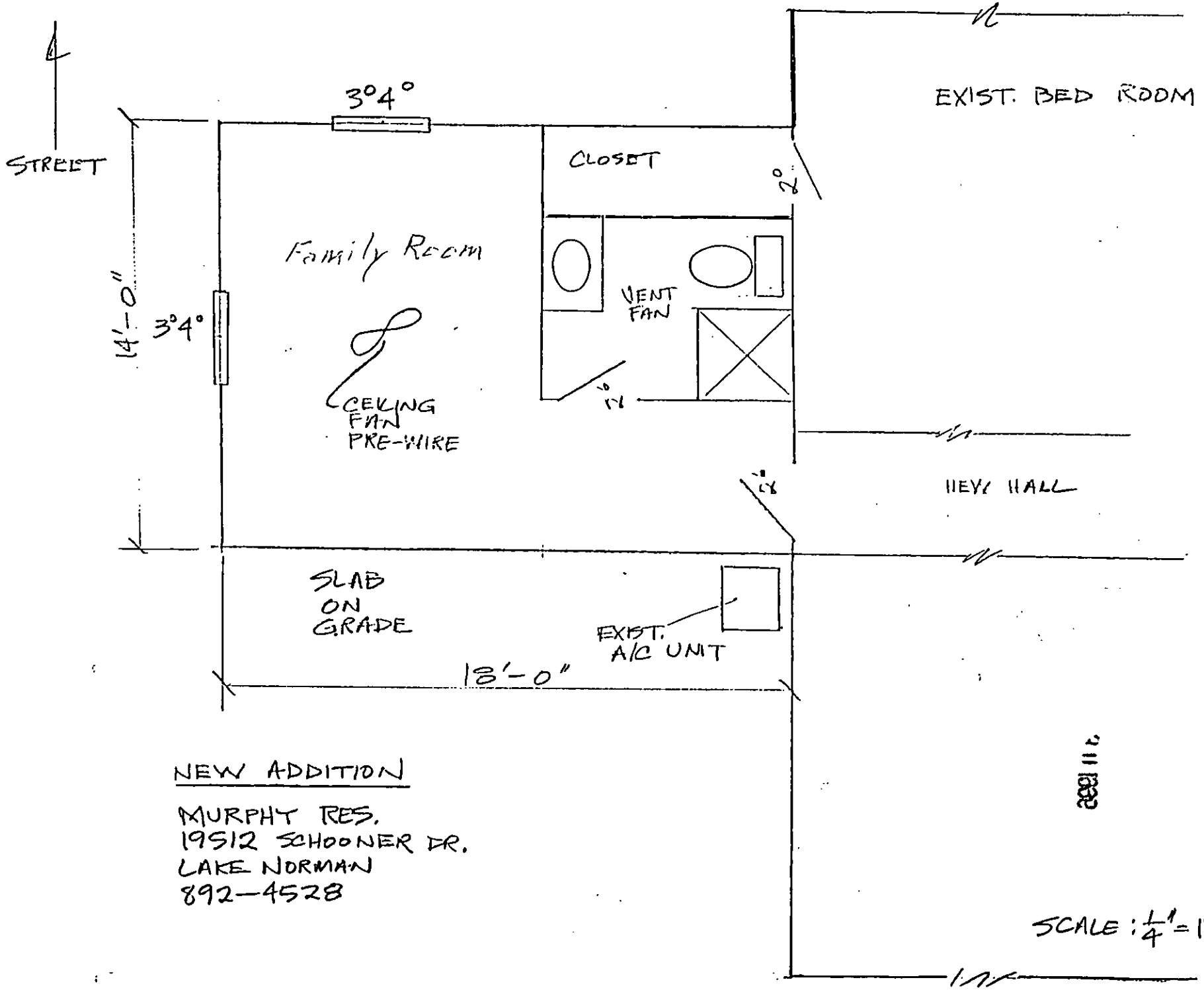
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

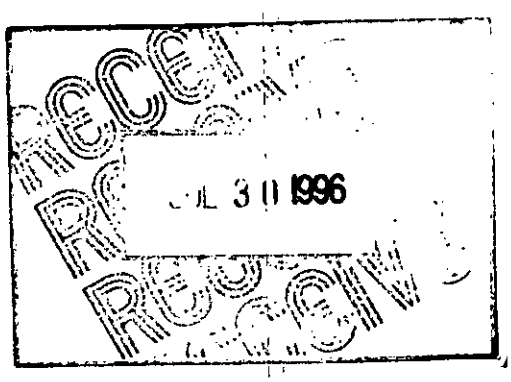
File 13086

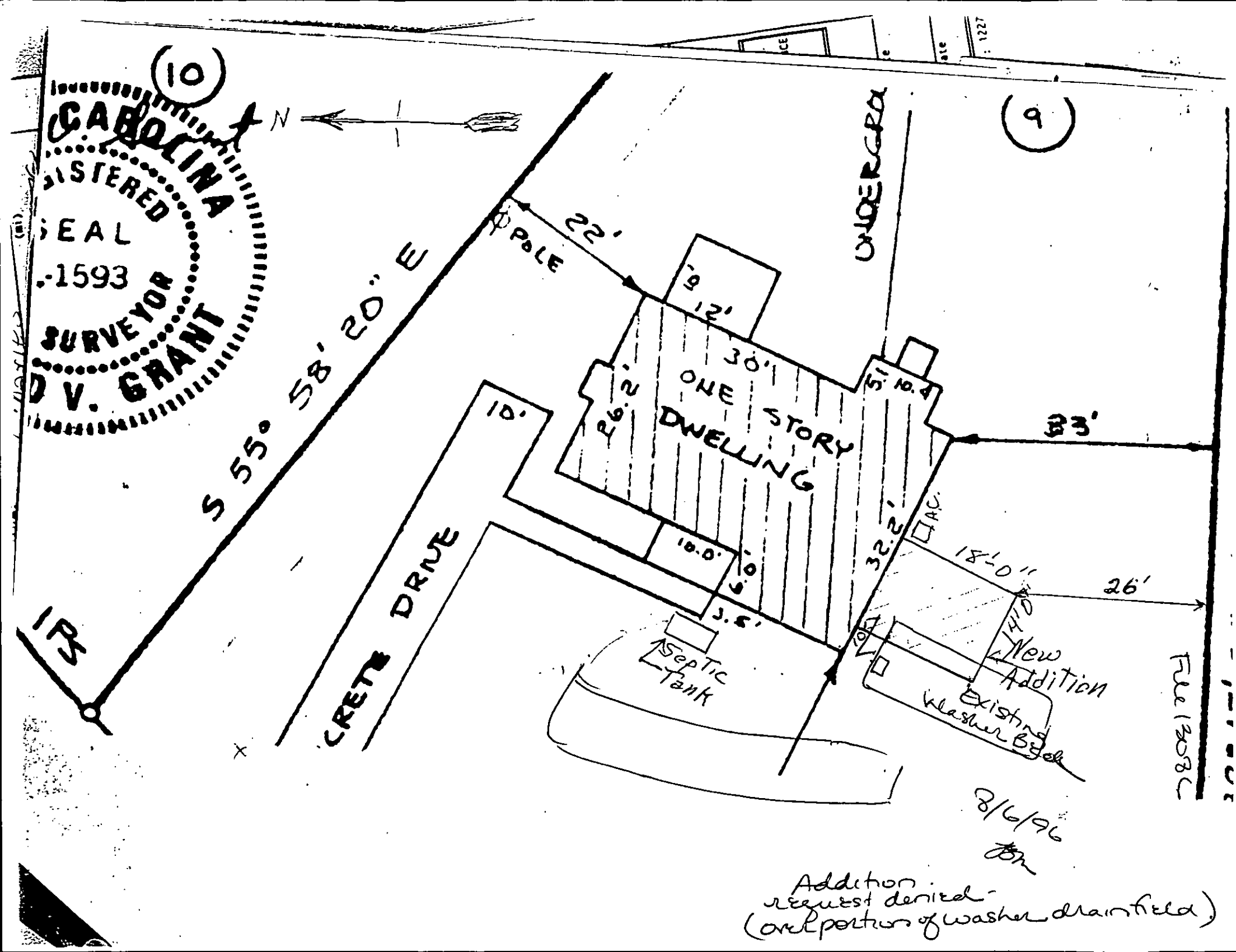


NEW ADDITION

MURPHY RES.
19512 SCHOONER DR.
LAKE NORMAN
892-4528

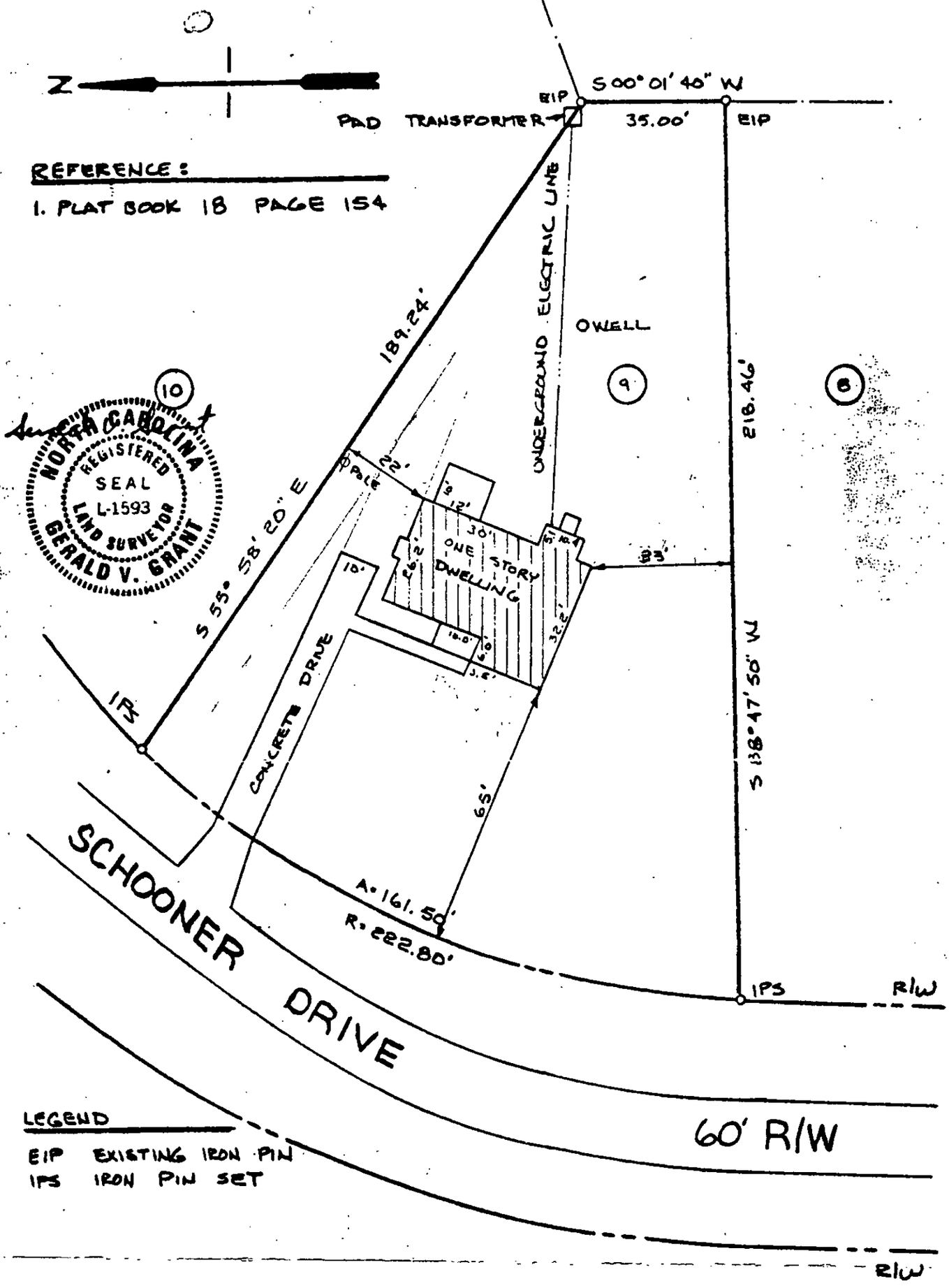
SCALE: 1/4" = 1'-0"


JUL 30 1996


(10)
CAROLINA
ISTERED
EAL
-1593
SURVEYOR
V. GRANT
N
S 55° 58' 20" E
POLE
22'
(9)
UNDERGRD
9.12'
30'
ONE STORY
DWELLING
26.2'
5'
10.4
33'
10'
10.0'
5.0'
3.5'
32.2'
A.C.
18'-0"
26'
14'0
New
Addition
Existing
Washer Bldg
Septic
Tank
CRETE DRIVE
IPS
File 1308C
8/6/96
Addition
request denied-
(only portion of washer drainfield)

File 13086

ROCKRIDGE SHORES



LEGEND

EIP EXISTING IRON PIN
IPS IRON PIN SET

PROPERTY OF

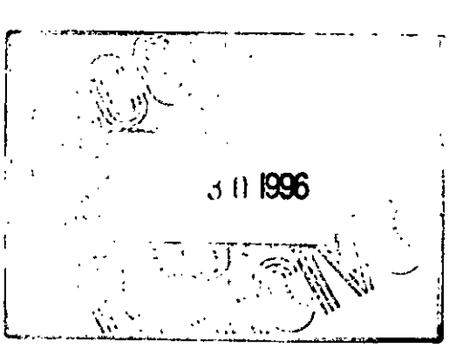
DONALD W. GALLIHER, JR.

LEMLEY TOWNSHIP | MECKLENBURG COUNTY | NORTH CAROLINA

SCALE: 1" = 30' | DRAWN BY: GVG | DATE: 10/6/78

DRAWING NO: 78145

GERALD V. GRANT
Engineer - Surveyor - Planner
P. O. Box 5485
STATESVILLE, N. C. 28677
Phone 704-872-3136


3 0 1996