

11100 EASTFIELD RD

02761106

9/4/08

marliwr

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

Mecklenburg County
Health Department

June 5, 1996

Thomas B. McLeod, II
11100 Eastfield Road
Huntersville, NC 28078

Re: 11100 Eastfield Road
File: 21089
Parcel: 027-171-24

Dear Mr. McLeod:

Receipt of your application to build an attached garage to the residence at the above referenced location is hereby acknowledged.

Upon receipt of the application a review was made of the material on file and a site evaluation was conducted on May 24, 1996. The application for the attached garage was then reviewed and approved in conjunction with the provisions of 15A NCAC 18A .1900 "Laws and Rules For Sewage Treatment and Disposal Systems".

During my on-site visit it was observed that the existing rear deck attached to your house appears to have been constructed over a large portion of the septic tank serving your sewage disposal system. Please be advised that 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." Deck supports are considered to be "foundation". Furthermore, 15A NCAC 18A .1961(a)(2) states: "Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the tank removed, periodically to ensure proper operation of the system." The deck appears to prohibit access to the septic tank for this maintenance.

A brochure regarding this matter is enclosed for your information. Please feel free to contact me at 336-5573 if you have any questions.

Sincerely,

Lisa B. Mialik, RS

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

LM:gc

LM - DXP DCK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

21089

Pd 50.00 cash 5/21/96 [ ] 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:
X NAME: Mouse (last) harry (first) K (mi)
ADDRESS: P.O Box 292 PHONE: (__) 896-0829
CITY: Cornelius STATE: NC ZIPCODE: 28031

Date:

PROPERTY OWNER:
X NAME: Mcleod (last) T. (first) (mi)
ADDRESS: 11100 Eastfield PHONE: (__) 875-2793
CITY: Huntersville STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
X TAX/PARCEL NUMBER: 027-171-24
STREET ADDRESS: 11100 Eastfield
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):

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Attached

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: 3 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)
[] 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
[] 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: X Larry Mouse Date: X 5/21/96

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.

[] 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
Attached Garage

...5/24/96 OSV w/Judy Kiser. No answer @ door. Proposed attached garage as ~~attached~~ staked approved, however, real deck on house appears to have been built over large portion of S.T.

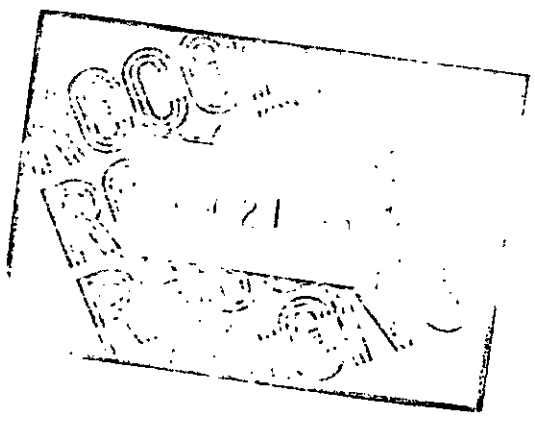
Lora B. Mialik, RS 5/24/96
Environmentalist Date

Statement for Director or Authorized Section Head Environmental Program Chief 6-6-96
Director or Authorized Section Head Date

5/24/96 PC to T. McLeod. NC. Left mess. of release, however, appears to be problem w/access to S.T.
6/5 See Letter on file to Mr McLeod. jsm

WATER : 122791

Approval to use existing system for attached garage.



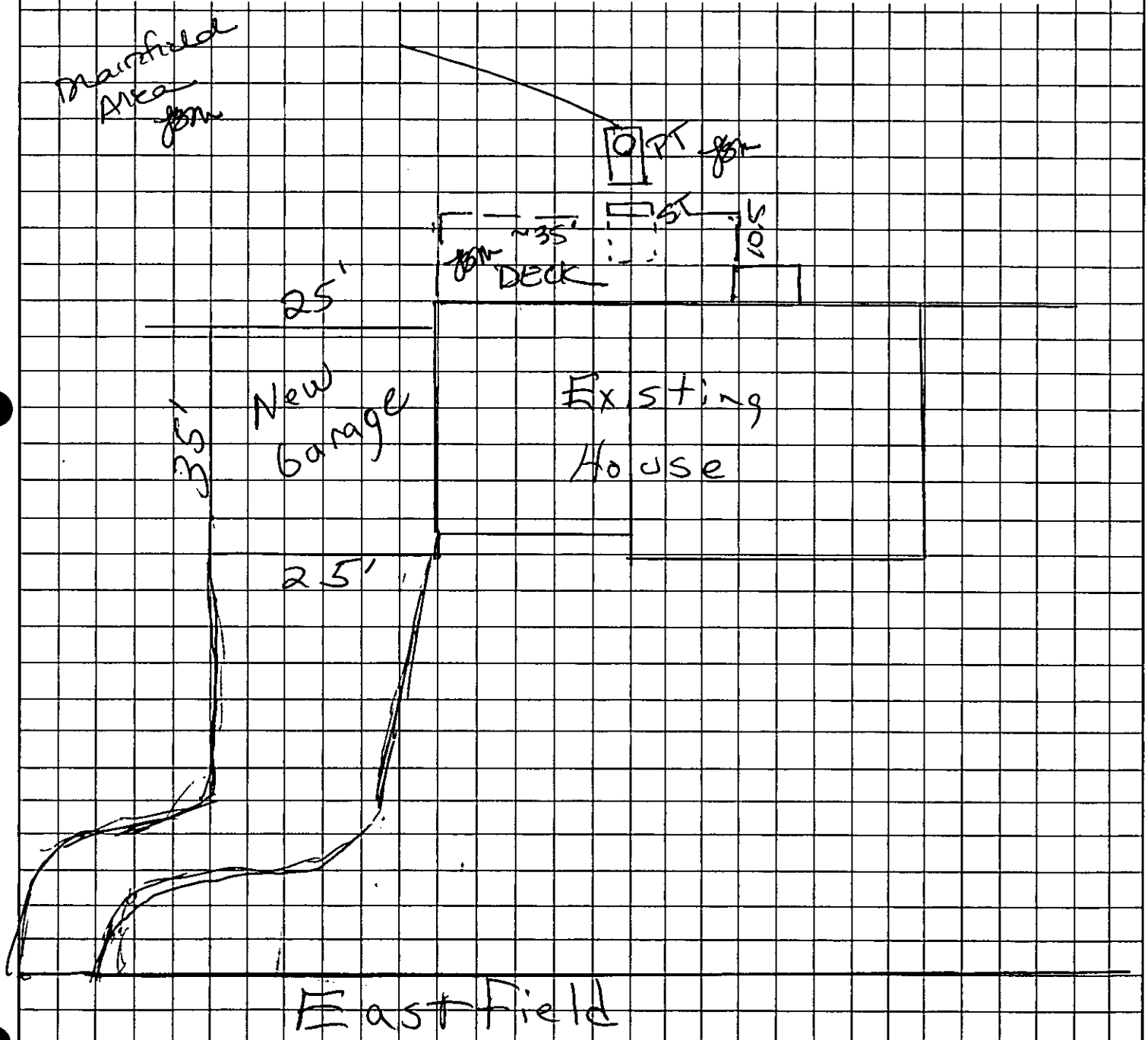
PROPOSED PLOT PLAN

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

FILE: 21089

TC: 02-17-24

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.



Larry Moore
OWNER/AGENT SIGNATURE

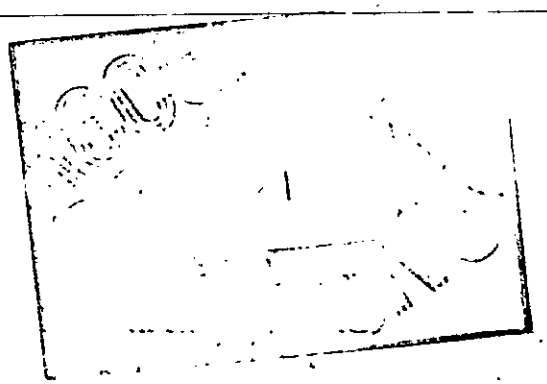
DATE 5/21/96

APPROVAL DATE 5/24/96 Joan B. Mialik
See Letter on file.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



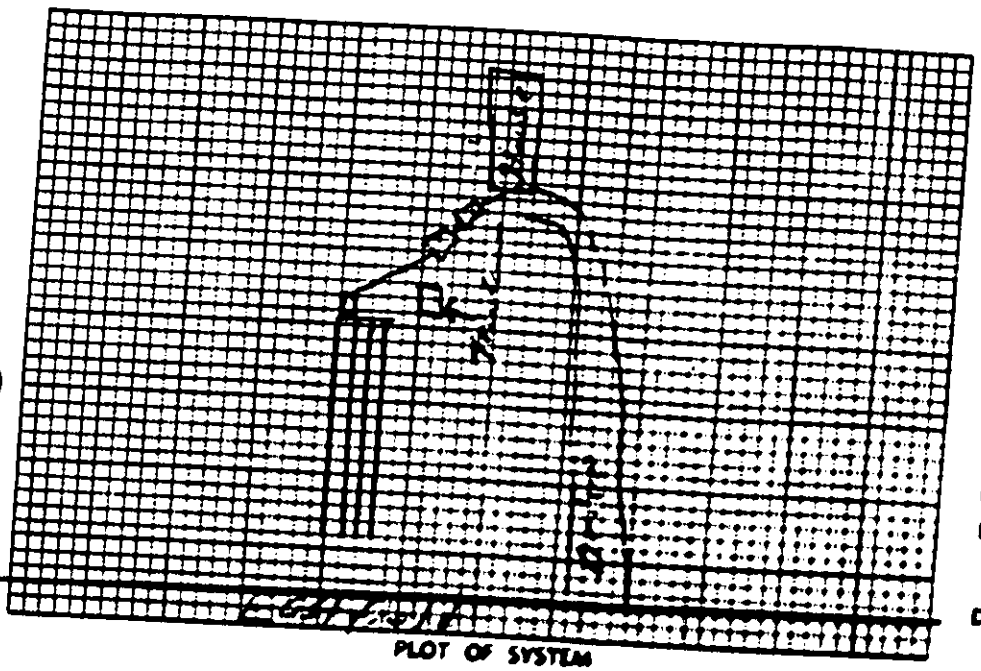
Date Issued 11-8-84 Serial No. 07718 ICAR(S) Permit No. 21

T. C. No. 037

Map Date L

MECKLENBURG COUNTY
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 or Construct, ____ Alter or Repair the individual septic tan water treatment system with subsurface, soil absorption, effluent discharge as specified herein at scribed location. This permit is granted based upon the information supplied in application 210 dated 5-22-84 and this permit shall be void and of no effect if the information provided in plication is not true or is erroneous. All work shall be completed on or before 12-8-84, afte date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV+

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 250'

NAME OF OWNER McLeod, Margaret

LOCATION OF PROPERTY 11100 Eastfield Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbu County Health Commission which are in effect on the date of the granting of this permit. A certificate of a proval must be issued by the Environmental Health Director before any system can be covered up or otherwi rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that th system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properly.

Four Trenches 100' X 3' x 12" Stone, 1" to 2½"

Comments:

B Hendricks
Division or Section Head

Jim Emery
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or s section head of the Department of Environmental Health in order to be valid. Only the signature of the En vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department, Mecklenburg