

16433 LANCASTER HWY

6/14/2007

duponbj

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

55

400 ☑

CASH #B
1-16-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#6335A

PC ☑

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: McCARVER (last) MASON (first) A (mi)

ADDRESS: 16433 LANCASTER HWY P.O. BOX 902 PHONE: (704) 542-0725

CITY: PINEVILLE STATE: N.C ZIPCODE: MAIL-28134

Date: 1-16-92

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: SAME PHONE: (__) SAME

CITY: SAME STATE: ZIPCODE: SAME

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-081-12

STREET ADDRESS: 16433 Lancaster Hwy

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 2

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
MINI BARN STORAGE SHED
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
☒ 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: Marvin A McCarver Date: 1-16-92

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.

... USE EXISTING SYSTEM

[] 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 1/27/92 Date

Director or Authorized Section Head 1-27-92 Date

WWATER : 122791

JS

LX CRT

UPDATE COMPLETE

Applicant MCCARVER MASON A Appl.Date 01/16/92 Updated 01/16/92
Mail Addr P. O. BOX 902 Phone 704 542-0725
City PINEVILLE State NC Zipcode 28134
Prop Ownr MCCARVER MASON A
Mail Addr P. O. BOX 902 Phone 704 542-0725
City PINEVILLE State NC Zipcode 28134 Township 0
Tax Map No. 22308112 Road 16433 LANCASTER HWY Zoning
Sub/Mobil Sec Lot No. Lot Size 2
Type App X Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 3 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions: MINI BARN STORAGE SHED

Date Appl. Recd. 01/16/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 6335A Operat. Permit (Y/N)
1/16/92 11:03:34
01-03 SA MW KS IM II S1 S1037498 KB

Approved 1/22/92 MB

6335A

SERVICE REQUEST/WORK ORDER

Parcel: _____ Emergency? Y N

Date: 4/25/91 Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: Mason McCarver (homeowner) Phone (H) 542-0725 (W) 551-5291

Address 16433 Lancaster Hwy City Charlotte Zip _____

PROPERTY CONCERNED: Facility Name same

Address same City same Zip same

SERVICE REQUESTED: SEPTIC FAILURE

ASSIGNED TO: P. Walker TAKEN BY: P. Walker

DATE	ACTIVITY REPORT
4/24/91	Danny Haney called on possible court case regarding repair installation for Mr. McCarver. Mr. McCarver had called earlier for me to come and re-evabate his septic system.
4/25/91	met on lot 4/25/91 Gene Vaughn (EHS supervisor) Mason McCarver (home owner) Lowest area in old drainfield area was failing. Mr. McCarver stated that system worked fine from Aug 1990 to December 1990. The problems started after he turned the valve (diversion valve) when the float switch malfunctioned.
4/25/91	The lift station lid was removed. A continuous flow of water was heard coming into the septic tank. Several suggestions were made from observation of the system: 1) check plumbing for leaks 2) Have diversion valve repaired or replaced 3) Adjust manhole cover to avoid surface water. 4) Add about 4 more inches cover over D-Box Back

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

COMPLETED BY: Philip S. Walker, 5/1/91

REVIEWED BY: _____ /

Mr McCarver stated he would like to wait until after his pending court case before repairing system.

4/26/91 Violation letter sent.
4/30/91 Received subpoena from Union County courthouse
5/1/91 Appeared in court in Union Co. Produced evidence of certificate of approval and testified that system was approved under state guidelines. Plain Mason McCarver was awarded $200.00 to replace diversion valve on septic system because of contract agreement between he and Danny Lowey.

Closed 5/1/91

STATE OF NORTH CAROLINA

File No. 91C 00636

UNION County

In The General Court Of Justice

☒ District ☐ Superior Court Division

MASON A. McCARVER

VERSUS

DANNY LANEY

SUBPOENA

G.S. 1A-1, Rule 45

Party Requesting Subpoena:
☐ State/Plaintiff ☒ Defendant ☐ Other (specify)

TO

Name Of Person Subpoenaed: PHILO WALKER

Name Of Second Person Subpoenaed:

Name Of Third Person Subpoenaed:

Address: Health Dept., Environmental Health Dvn. 1200 Blythe Blvd.

City, State, Zip: Charlotte, NC 28203

Telephone No.: 376-4603

(Note: *A single subpoena may be used for as many as three persons if all have the same address. If documents are subpoenaed, only one person may be named.*)

Alternate Address:

City, State, Zip:

Telephone No.:

YOU ARE COMMANDED TO:

(check all that apply)

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.

☒ produce for the court the following items, at the place, date and time indicated below.

Produce any and all records pertaining to septic tank system installed on Mason A. McCarver property at 5535 Kuykendall

Name And Location Of Court: The Old Union Co. Courthouse, 300 N. Main St., Monroe, NC 28110

Date To Appear/Produce: April 30, 1991

Time To Appear/Produce: 9:30 ☒ AM ☐ PM

Name And Address Of Applicant's Attorney: Sanford L. Steelman, Jr., P.O. Box 1034, Monroe, NC 28111

Date: April 25, 1991

Signature: S L Steelman

Telephone No.: (704) 283-1590

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court
☒ Magistrate ☐ Attorney ☐ Party

AOC-G-100
Rev. 7/89

(Please See Reverse Side)

RETURN OF SERVICE

I certify that this Subpoena was received and served as follows:

Date Received

For First Person Named On Front:

- ☐ by delivering a copy of this Subpoena to the first person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons:
- ☐ by telephone communication with the first person named on the front (use only with subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the first person named on the front.

Service Fee		*Date Served*	*Signature Of Authorized Server*
$	☐ *Paid* ☐ *Due*		

For The Second Person Named on Front:

- ☐ by delivering a copy of this Subpoena to the second person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons:
- ☐ by telephone communication with the second person named on the front (use only with subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the second person named on the front.

Service Fee		*Date Served*	*Signature Of Authorized Server*
$	☐ *Paid* ☐ *Due*		

For The Third Person Named On Front:

- ☐ by delivering a copy of this Subpoena to the third person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons:
- ☐ by telephone communication with the third person named on the front (use only with subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the third person named on the front.

rvice Fee		*Date Served*	*Signature Of Authorized Server*
	☐ *Paid* ☐ *Due*		

INFORMATION FOR WITNESS

The Subpoena

The subpoena is a court order requiring you to appear in court on the day and at the time stated. You have been called (subpoenaed) to court to be a witness in a case.

Duties Of A Witness

- Unless you are a custodian of medical or public records, you must attend court on the day and at the time stated in the subpoena.
- Unless otherwise directed by the presiding judge, you must answer all questions asked when you are on the stand giving testimony.
- Your answers to questions must be truthful.
- If you are commanded to produce any items, you must bring them with you to court.

If you have any questions about being subpoenaed as a witness, you should contact the attorney or official who had the subpoena issued. The name of that person is on the other side of this Subpoena form.

Understand The Question And Speak Out

When you are on the witness stand, listen carefully to any question, and make sure that you understand the question before you try to answer it. If necessary, ask that the question be repeated.

In answering questions, speak out clearly and loudly enough to be heard. If you are testifying before a jury, speak out so that all of the jurors can hear you.

Bribing Or Threatening A Witness

It is a violation of state law for anyone to attempt to bribe, threaten, harass, or intimidate a witness. If anyone attempts to do any of these things concerning your involvement as a witness in a case, you should promptly report that to the district attorney or the presiding judge.

Witness Fee

A witness is entitled to a small daily fee, and to travel expense reimbursement if it is necessary to travel from outside the county in order to testify. (The fee for an "expert witness" will be set by the presiding judge.) After you have been discharged as a witness, if you desire to collect the statutory fee, you should immediately contact the clerk's office and certify to your attendance as a witness so that you will be paid any amount due you.

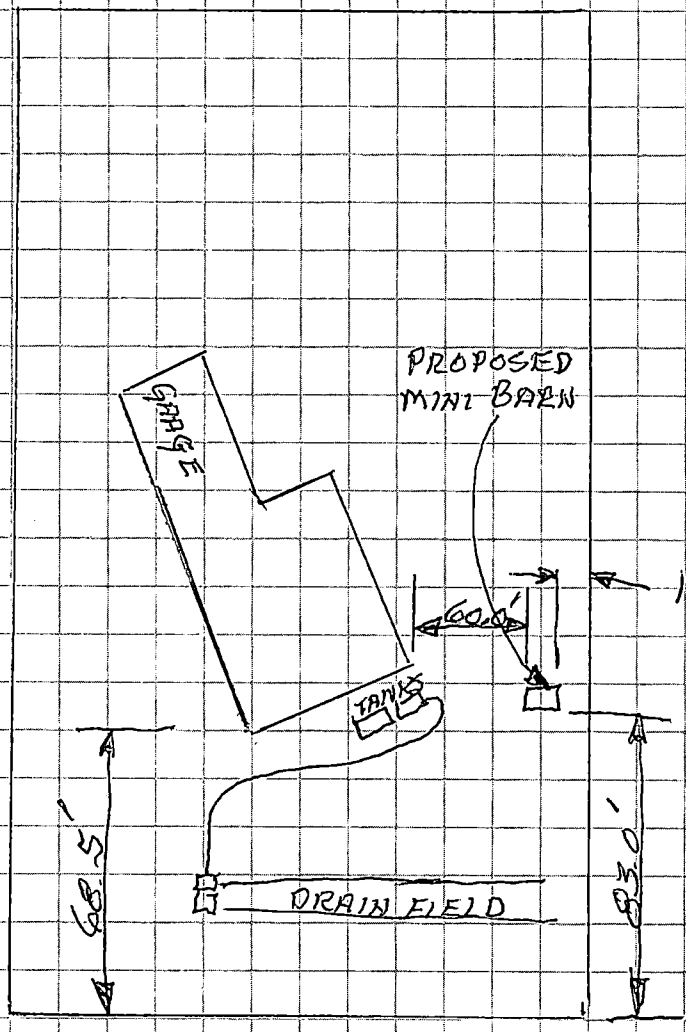
PROPOSED PLOT PLAN

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

FILE: 6335A

TC: 223-091-12

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.



Signed: Mason McCarver

Date: 1-16-91

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6335-A DATE: 8/7/90

TC: 223 081 12 ☐ L ☐ CRT

SERIAL Nº 13235

Name of Owner Mason Mc Carver Juris.:

Address of Property 16433 Lancaster Hwy

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 2 @ 100

Cover Depth 12"

Water Supply Source well

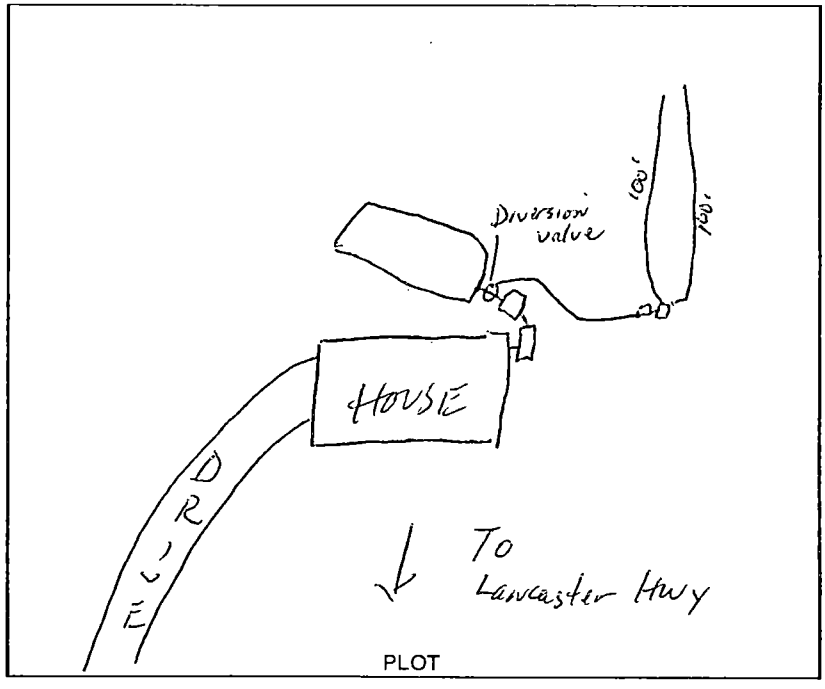
Distance to Water Source >50

Excavation Inspected 8/7/90

Tank(s) Inspected 8/7/90

Wash Line Inspected NA

High Water Alarm Inspected 8/7/90



PLOT

Design: 1990 Repair CTR#

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: Pump tank set, diversion set to utilize both drainfields. 2 D Boxes set

Philip S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

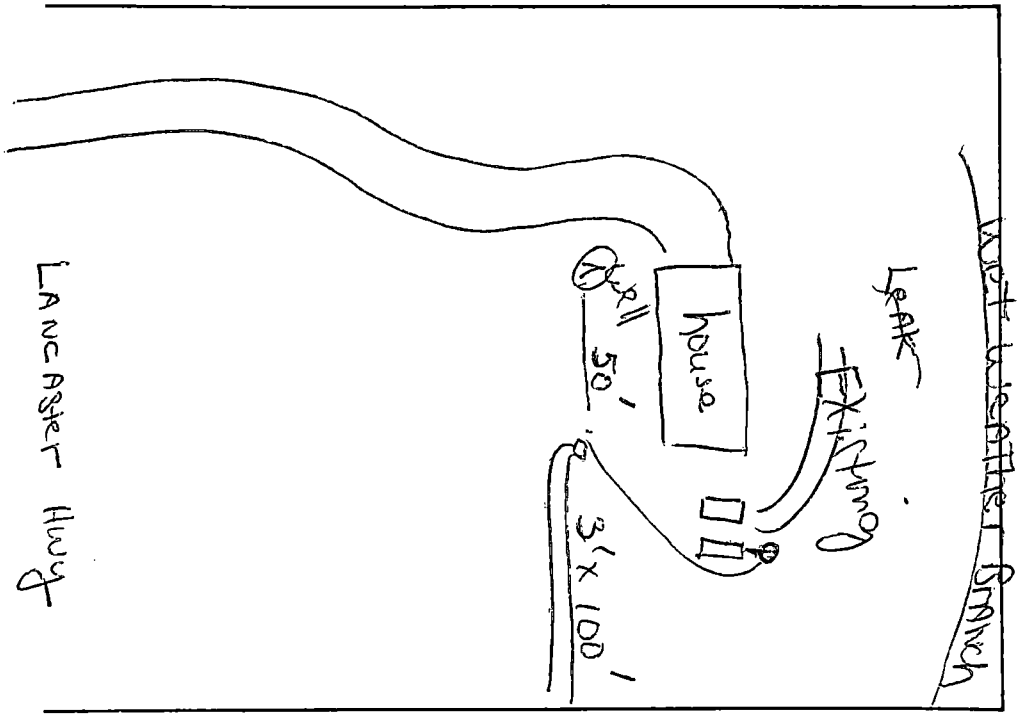
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6335A/146 DATE: 1/31/90

TC: 203-081-12 L

SERIAL Nº 14557

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 11/19/89. All work shall be completed on or before 5/3/90, 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 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~~ 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER McCarver Mason

LOCATION OF PROPERTY 16433 Lancaster Highway

Comments: Install PumpTank, Diversion Valve, 2 trenches 3' X 100', 12" Stone, Straw Cover.

Division or Section Head

Judy J. Kissi 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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6335A

TC: _____

SERIAL: № 19498 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16433 (STREET NO.) LANCASTER HWY. (STREET) ② FILE: 6335A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 203-081-12

⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: MASON (FIRST) A (MIDDLE) McCARVER (LAST)

⑨ MAILING ADDRESS: P.O. BOX 902

⑩ CITY: PINEVILLE ⑪ STATE: N.C. ⑫ ZIP: 28134

⑬ PHONE: (WORK) 551-5291 ⑭ (HOME) 542-0725

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? 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 t[illegible] the contents of same are true, and authorizes agents of the [illegible]KLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mason A McCarver

Date: 11-19-89

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.