

8208 KNOLLWOOD CR

04926120

12/17/07

duponbj

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

Mecklenburg County
Health Department

January 17, 1992

Gary Calloway
8208 Knollwood Circle
Charlotte, NC 28213

Dear Mr. Calloway:

Regarding your application for a family room addition and office room at your property located at 8208 Knollwood Circle, Charlotte, North Carolina.

The inspection of the septic system revealed that the septic tank is located under a portion of the deck and it also appears that part of the septic drain field is located under the above ground swimming pool.

Based on Rule 15A NCAC 18A .1950 (a) (10), (16), which states that placing a deck directly over a tank does not meet the 5 foot horizontal distance requirement and 15 feet horizontal distance from a swimming pool from any part of the septic system.

The application for a permit is denied based on those condition.

If you have further questions on this subject please call me at 336-5568 between 4-4:45 pm.

Sincerely,

B. R. Ferguson

B. R. Ferguson, R.S.
Individual Water and Wastewater Systems

BRF/hb

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

BF
7940A/51B

UPDATE COMPLETE

Applicant HOFMANN RAYMOND E Appl.Date 01/03/92 Updated 01/08/92
Mail Addr 1406 CHADMORE LANE Phone 704 784-3326
City CONCORD State NC Zipcode 28027
Prop Ownr CALLOWAY GARY
Mail Addr 8208 KNOLLWOOD CIRCLE Phone 704 000-0000
City CHARLOTTE State NC Zipcode 28213 Township 1
Tax Map No. 04926120 Road 8208 KNOLLWOOD CIRCLE Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App A 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 17031
Directions: INCREASE FAMILY ROOM & ADD OFFICE ROOM

Date Appl. Recd. 01/03/92 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. 00051B Operat. Permit (Y/N)
1/08/92 10:47:32
01-03 SA MW KS IM II S1 S1037498 KB

see letter of denial dated 1-17

1024

BF

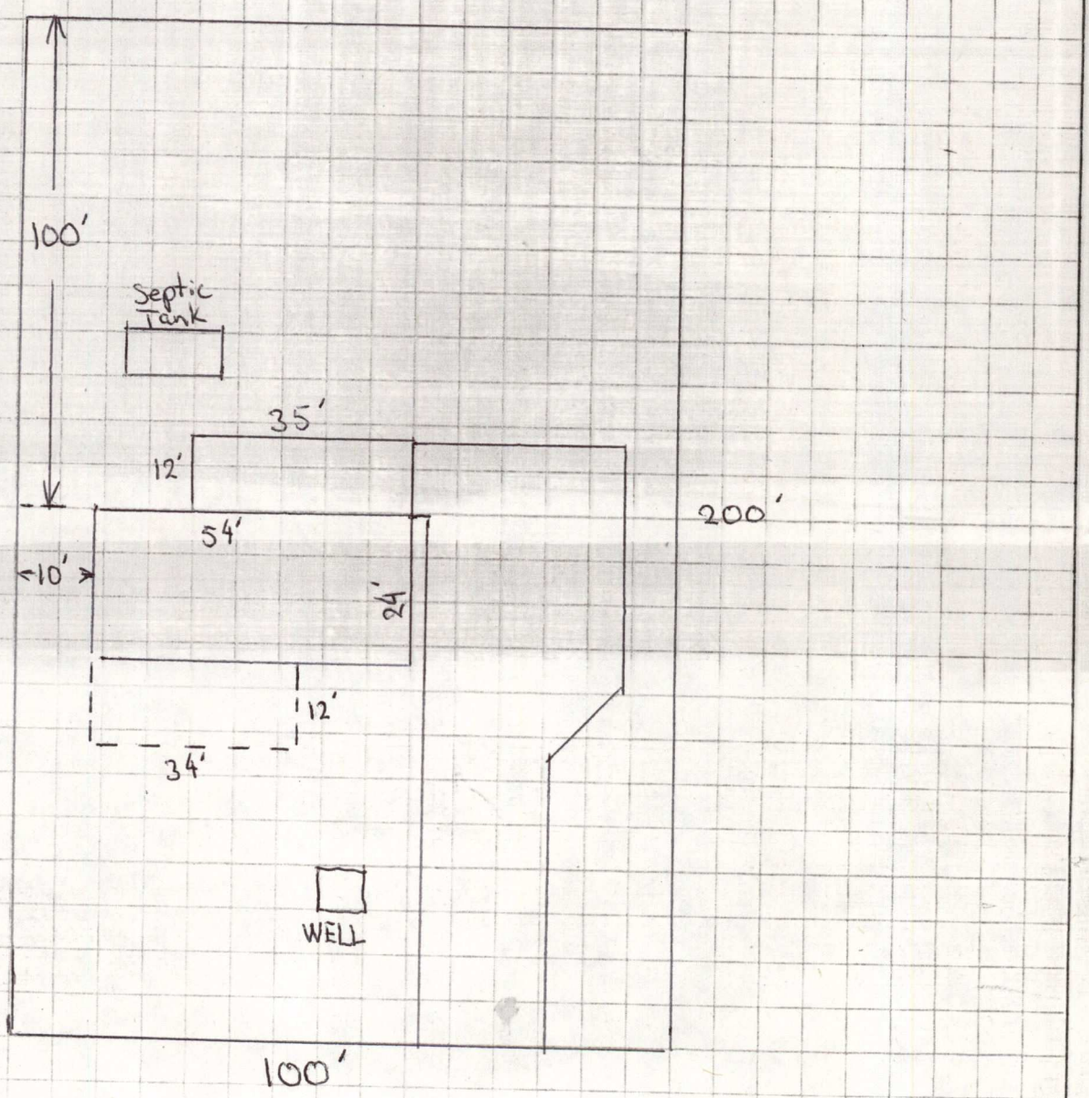
PROPOSED PLOT PLAN

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

FILE: 7940A/51B

TC: 049-261-20

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

BF

400 [X]

Pd. 25.00
CK #3751 NB
1-3-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7940A/51B

#1 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

Date: 1-6-92

PERSON FILING APPLICATION:

NAME: Hofmann (last) Raymond (first) E. Jr. (mi)

ADDRESS: 1406 Chadmore ln. PHONE: (704) 784-3326

CITY: Concord STATE: N.C. ZIPCODE: 28027

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 049-261-20

STREET ADDRESS: 8208 Knollwood Circle

ZONING:

PROPERTY OWNER:

NAME: Garry Beryl Calloway (last) (first) (mi)

ADDRESS: 8208 Knollwood Cir PHONE: (__) _____

CITY: Charlotte STATE: N.C. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 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 (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Increase family room, add office room
[] 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: 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: _____ Date: 1-6-92

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.

...

[] 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