

20626 TUSKARORA TRAIL
PID: 001-391-50

5/21/08

thomatc

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

Now part of
Dadell County

D40

1625

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd. #50 5/18/95 Jr. # 2087

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:

PERSON FILING APPLICATION:

NAME: CLARK (last) MICHAEL (first) A. (mi)

ADDRESS: P.O. Box 2173 PHONE: (704) 896-7043

CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY OWNER:

NAME: HOWELL (last) BILLY (first) S (mi), JR.

ADDRESS: 18716 NAUTICAL DR PHONE: (704) 892-6806

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-391-50

STREET ADDRESS: 20626 Tustarora

ZONING: IL

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
- [ ] SOIL TEST - INDIVIDUAL LOT (S)
- [ ] 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)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [x] REPAIR TO SYSTEM (R)

UX3 Replace MH with House

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [x] 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: Michael A. Clark Date: 5/17/95

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.

...See improvement permit dated 2/12/91 by Tim Whitaker - still valid. minor change in plot plan required on-site visit.

- [ ] 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

Joe B. Mialik 8/8/95
Environmentalist Date

Director or Authorized Section Head 8/8/95 Date

Joe B. Mialik
7/21/95

WATER : 2291

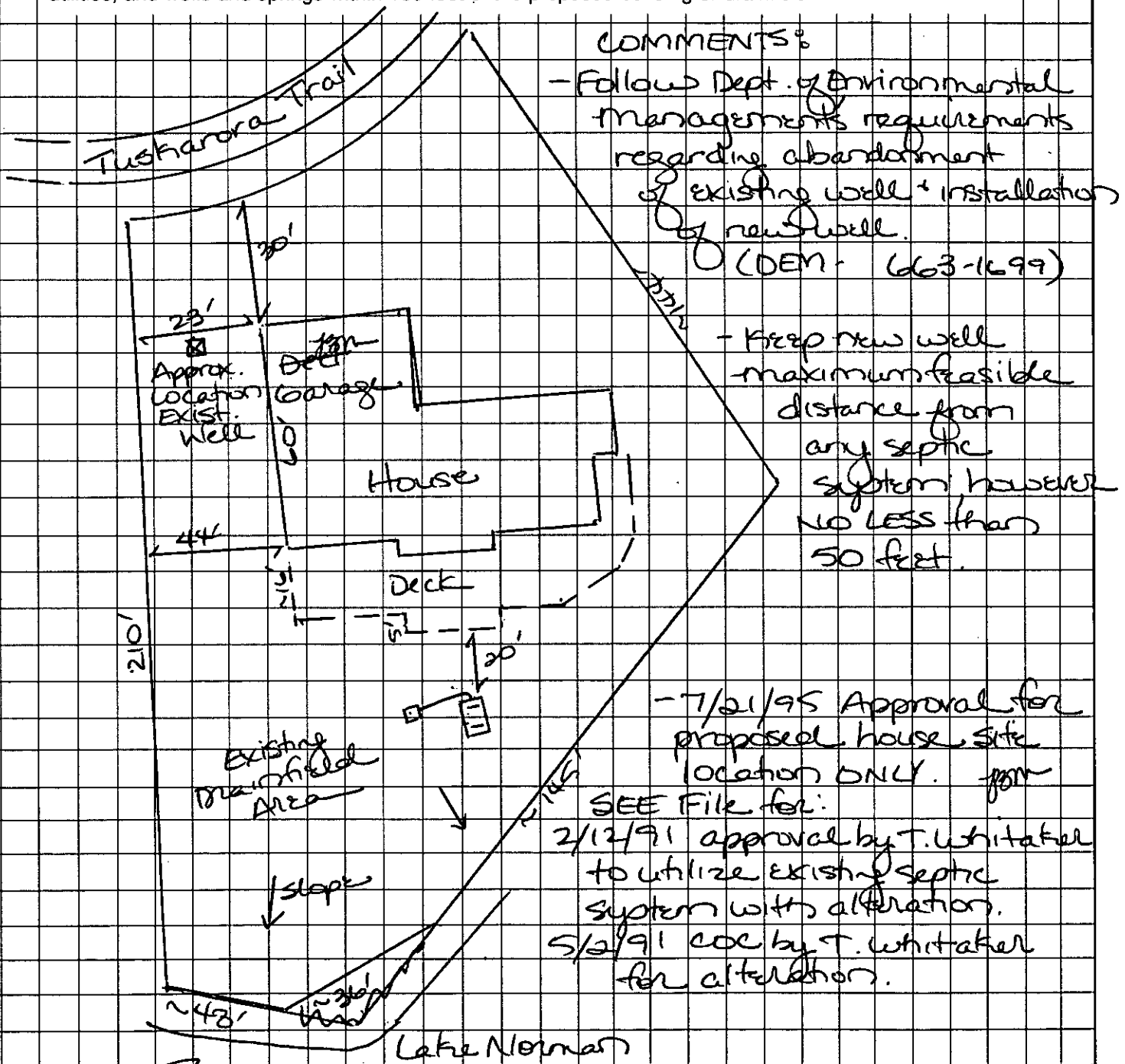
PROPOSED PLOT PLAN

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

FILE: 1625

TC: 001-391-50

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.



COMMENTS:

- Follow Dept. of Environmental Management requirements regarding abandonment of existing well & installation of new well. (DEM - 663-1699)
- Keep new well maximum feasible distance from any septic system, however NO LESS than 50 feet.
- 7/21/95 Approval for proposed house site location ONLY. per SEE File for: 2/12/91 approval by T. Whitaker to utilize existing septic system with alteration. 5/2/91 coc by T. Whitaker for alteration.

OWNER/AGENT SIGNATURE

DATE 7-24-95

APPROVAL DATE

signed by Jeff Pelchat of Prestige Construction Co.

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

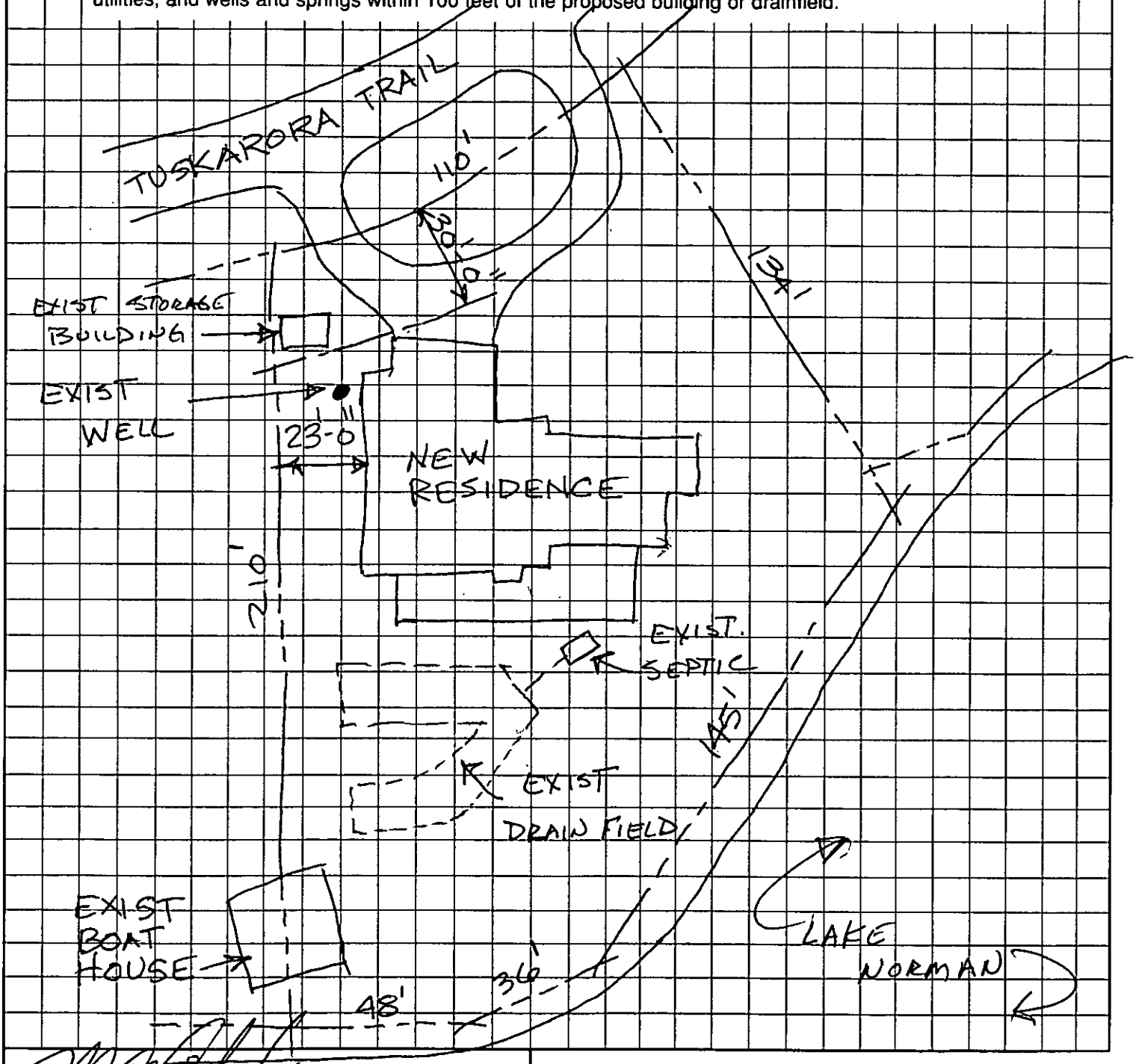
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1625

TC: 001-39-50

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OWNER/AGENT SIGNATURE

DATE 5/17/95

APPROVAL DATE _____

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

1625

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 5/18/95 Ck # 2087

☐ 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:

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TAX/PARCEL NUMBER: 001-391-50
STREET ADDRESS: 20626 TUSKAROA
ZONING: TL

Township (check one):
☒ 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):
☐ SOIL TEST - INDIVIDUAL LOT (D) WXS Replace MH with House
☐ 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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ 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: 2

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: [signature] Date: 5/17/95

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

Retain with file #1625

Environmentalist Date

Director or Authorized Section Head Date

WATER - 2279

5/25 OSR w/S. Bateman. House Staked. Unable to locate tank + beds.
5/26 PC - Beverly (896-7043) w/S. Bateman. Bateman advised backhoe/bobcat needed to uncover tank + assist in location of drainfields. BM (Call to meet)

5/30/95 OSV. Jeff Pelchat of Prestige Construc. Co. (Partner of Michael Clark) located tank, D-Box, + 2 portions? of old bed(s)? Septic tank 13' from house. Site as staked - deck not included. Per Mr. Pelchat may possibly be located upslope / closer to road. Advised deck must be staked along w/house. Per Mr. Pelchat new well to be constructed since existing will be to close (or in) house

6/1/95 OSV w/ S. Bateman + J. Kisiel. Assessed approx location of new bed. House must be relocated back 12' at least to accommodate deck + give clearance for drainfields as indicated on Cert. of completion issued by T. Whitaker 5/2/91.

OSV @ 2063C Tuscarora (property to ⓛ of 2062C) for purpose of ST system location determination No one present. Left card.

4:25 PC w/ Michael Clark of Prestige Construc. Advised pm that ① house must be relocated (12') towards road ② house + deck must be staked ③ Referred to DEM for well abandonment procedure ④ location of septic system on property to ⓛ unknown at this time - may impact new well location @ 2063C

Rec. PC from Walter Jones of 2063C Tuscarora Dr. Advised ~~system~~ me that system extends to ⓡ of house - will mark ST location. Received permission for OSV for purpose of septic system location jbm

6/7/95 Rec. PC from Jeff Pelchat - trying to relocate house
9:15 (variance) ~20' from road. Advised house + deck must be relocated back ~12' minimum - restake house + deck + notify me. Referred to DEM + discussed possibility of septic system @ property to ⓛ may extend jbm towards proposed area for new well @ 2062C.

7/19/95 PC w/ Jeff Pelchat - house to be staked 7/17

7/20/95 PC w/ Jeff Pelchat - sch. appt. for 7/19 @ 12:00

7/21/95 OSV. Mr. Pelchat present. Rear house decking 20' from ST. House O.K. Use of existing system w/alter. approved by T. Whitaker 2/11/95. COC for alter by T. Whitaker 5/2/91. jbm

CERTIFICATE OF COMPLETION/OPERATION PERMIT Alteration

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

FILE: 1625 DATE: 5/2/91

TC: 001 281 014 ☐ L ☒ CRT

SERIAL № 13092

Name of Owner Billy S. Howell, JR. Juris.:

Address of Property 20626 Tuskarora Trail

Inspection Data:

Tank Material PCC

Total Length of Drainfield 165'

Number of Lines 3 @ 55'

Cover Depth 12" +

Water Supply Source P/well

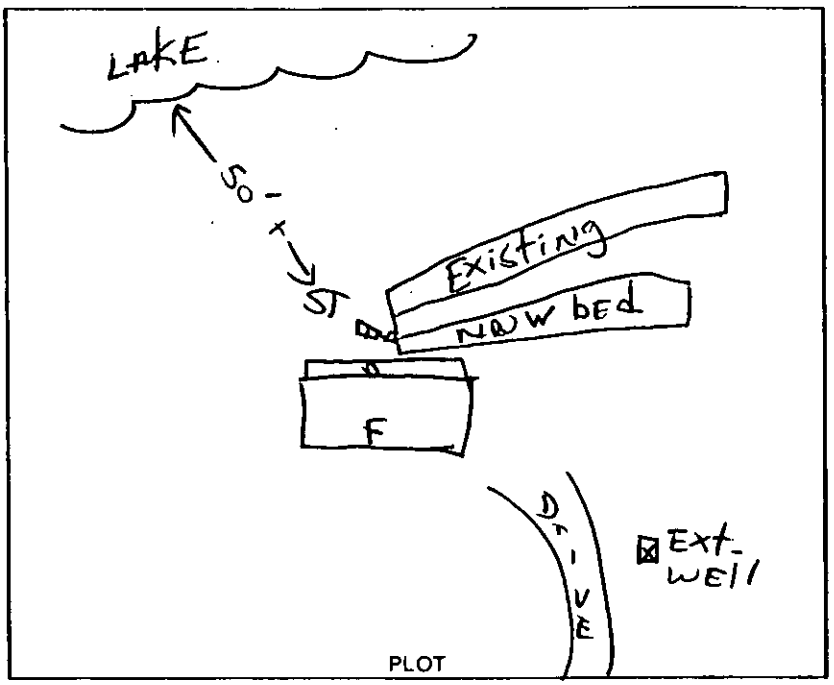
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected \

High Water Alarm Inspected \



Design: 1,500 ST, CON/BED 495 SFB, 18"g, Ceci l CTR# 3

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: Tank placement shifted towards center of deck, Existing sys. & new bed (1) 9'x 55'x 18"g tied together, new D-bx.

Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

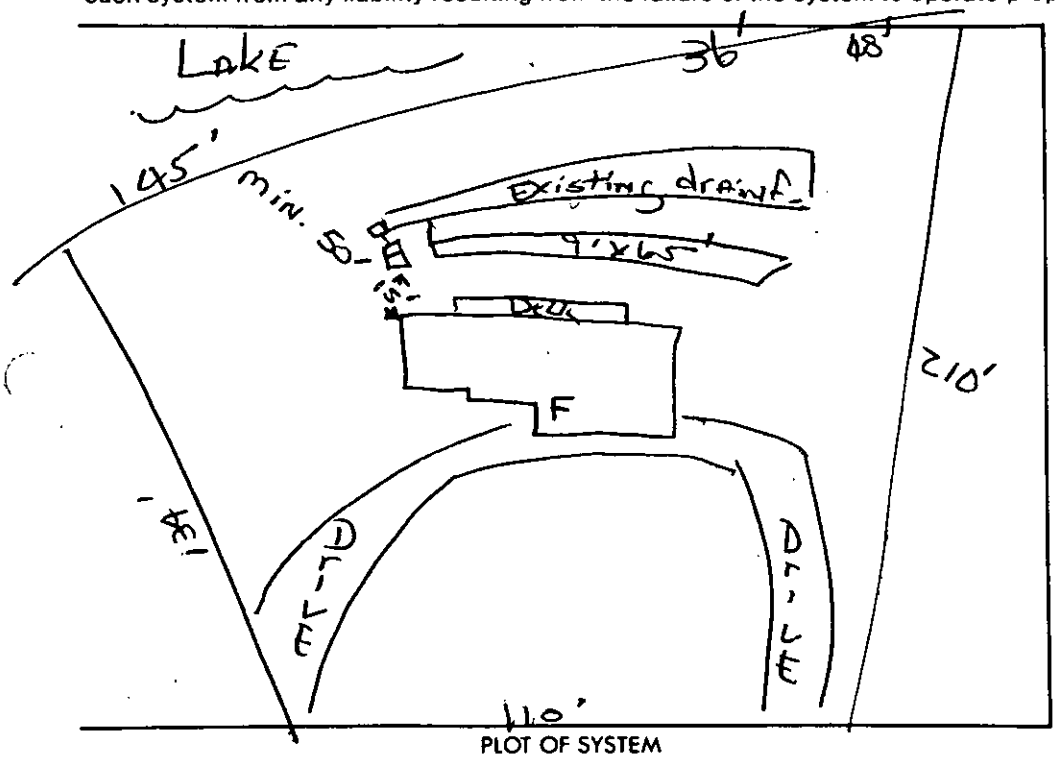
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1625 DATE: 4/26/91

TC: 001 281 014 ☐ L

SERIAL Nº 14938

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 2/8/91. All work shall be completed on or before 5/26/91 UD, 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 1,500 gallons

Liquid Capacity of Dosing Tank \ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 6' to 9' feet

Total Line Length 150'-200' feet

Number of Lines 2 or 3

Depth of Stone 18" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Billy S. Howell, Jr.

LOCATION OF PROPERTY 20626 Tuskarora Trail

Comments: Alter S&S -- Pump & remove or fill existing septic tank, add to existing drainfield (1) 9'x65'x18"g. May have to remove trees.

_____ Tim Whittaker, R.S.

Division or Section Head — 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

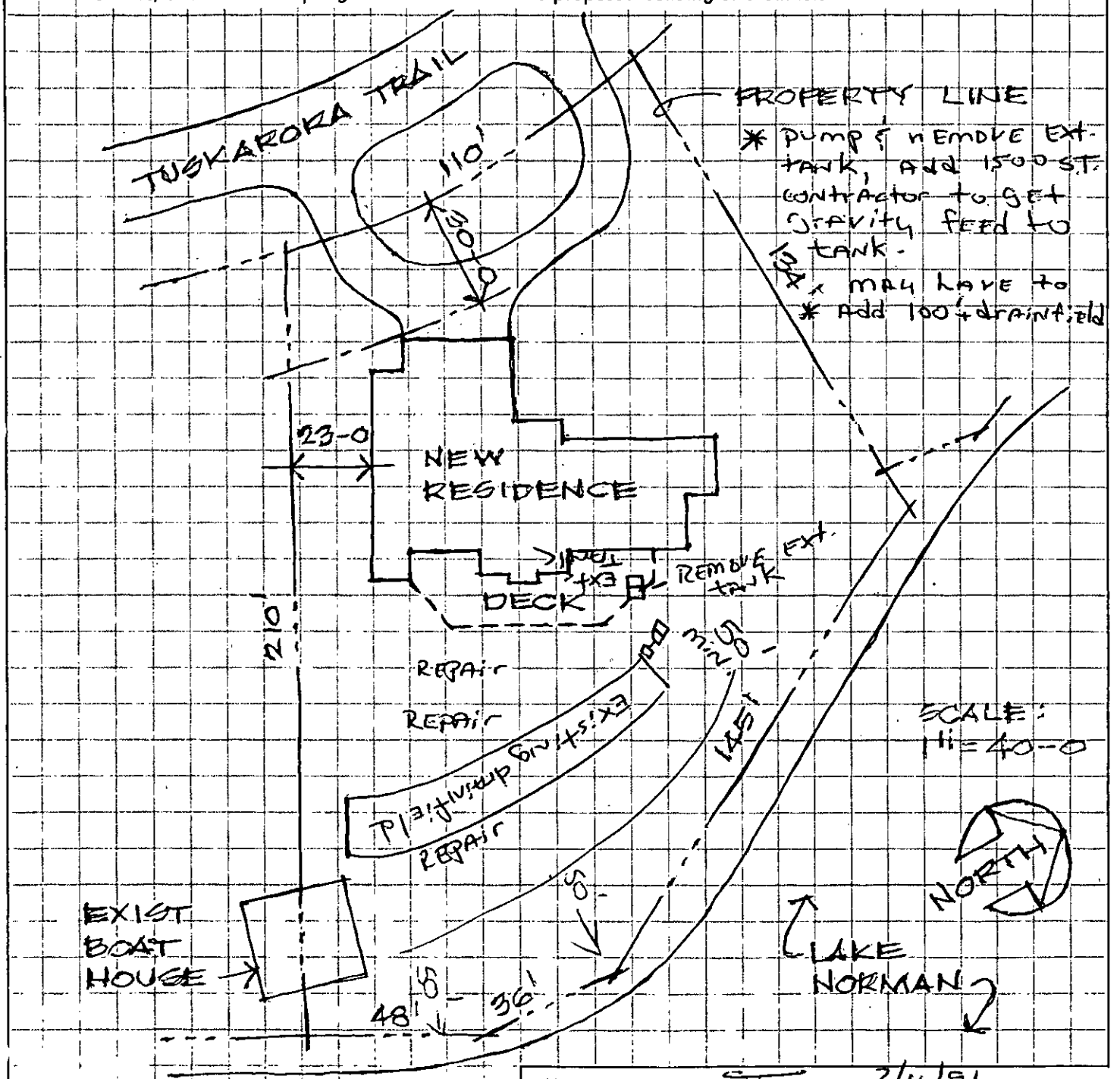
PROPOSED PLOT PLAN

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

FILE: 1625

TC: 001-281-01A

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 J.W. 2/11/91

use existing system; alter septic tank by replacement.

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner'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: 1625 ✓
TC: _____
SERIAL: ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 20626 TUSKAROKA TRAIL (STREET NO. / STREET) ② FILE: 1625
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-281-01A
⑤ SUBDIVISION: LAKE NORMAN ⑥ LOT: 317 ⑦ BLOCK: 6

OWNER

⑧ NAME: BILLY (FIRST) S. (MIDDLE) HOWELL, JR. (LAST)
⑨ MAILING ADDRESS: 250 CHEROKEE Rd
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28207
⑬ PHONE: (WORK) 392-1848 ⑭ (HOME) 334-4260

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? 7 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: Ewers, AIA
FOR BILLY S. HOWELL, JR
Date: 08 FEB 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 36 ~~12~~ months from the date of issuance.

use existing system, alter septic tank by replacement + add. field

Tim Whittaker, 2/12/91
Environmentalist Date

[signature], 4-30-9
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.

File 1625

DATE 5/17/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mock

001-391-52
PARCEL NUMBER

20626 Tuskarora Tr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: S. Tribble & Duke

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Price

REVISED 1/91