

10508 KNOX AV

23104117

7/18/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15121 DATE: 2/24/06
TC: 23104117 ☐ L ☒ CRT
SERIAL 19942

Name of Owner Mr & Mrs H. G. L. Rea Juris.: _____
Address of Property 10508 Knox Rd

Inspection Data:

Tank Material Existing
Total Length of Drainfield 70'
Number of Lines 1 @ 70'
Cover Depth 12"
Water Supply Source well
Distance to Water Source > 100'
Excavation Inspected 2/24/06
Tank(s) Inspected NA
Wash Line Inspected NA
High Water Alarm Inspected NA

see alteration approval

PLOT

Design 2006, Alteration, Innovative, 70' E Z Flow, Tee replaced CTR# WT Norwood

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Alteration to existing system for sunroom addition
Type IIIg alteration installation

Phil J. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL

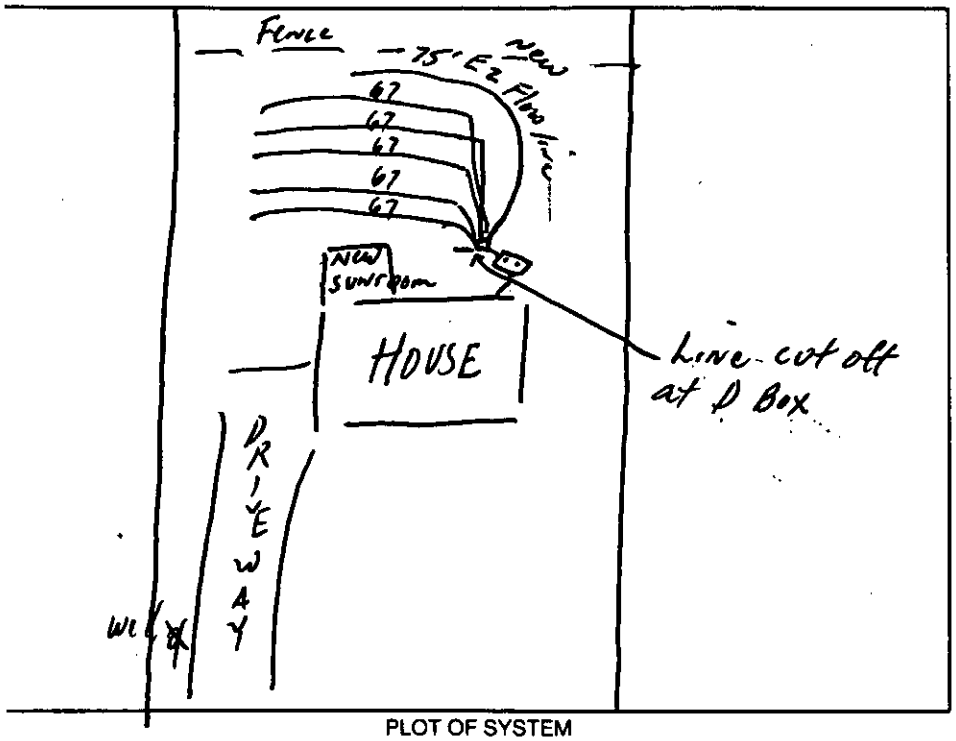
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 15121 DATE: 2/24/06

TC: 231 041 17 ☑ WLSP

SERIAL Nº 20078

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 2/14/06. All work shall be completed on or before 3/24/06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 70' feet

Number of Lines 1

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Mr & Mrs H. G. L. Rea

LOCATION OF PROPERTY 10508 Knox Rd

Comments: Alteration, Install 1 line @ 70' long @ 3' wd Innovative drainfield line / cut off 1st existing drainfield line

Phil S. Walker RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

321

Acc.# B50830

SEPTIC FEE: 200.00
DATE: 2/14/06
CRT: 1
B50830

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

GWS – RES. APP 07/05

WELL FEE:
DATE:
CRT:

FILE # 15121

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 231-041-17
STREET ADDRESS: 10508 Knox Rd.
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MO[illegible] HOME (M)
☐ DOUBLE WIDE (D) ☐ [illegible]MILY (U)
☒ HOUSE (H) ☐ [illegible]
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: Add Sun Room
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO

PROPERTY OWNER:

NAME: Mr. & Mrs. H.G.L. Rea
ADDRESS: 11417 Providence Rd.
CITY: Charlotte
STATE: NC. ZIP: 28277-9627
HOME PHONE: 704-846-1957 WORK PHONE:
MOBILE PHONE: FAX:

Contact

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Martha Rea Calkins
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE: 704-534-4058
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Martha Rea Calkins 2-14-06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX. 704-336 6894

Fax 704-336-6894

Final Complete

FEE: 100 ~~00~~
DATE: 2/9/06
CRT I 1 B50830 JKA

Philo #315

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 15121

TYPE APPLCATION: HD 166236

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

PERSON FILING APPLICATION:
NAME: Martha Rea Calkins
ADDRESS: 3820 Miriam Dr.
CITY: Charlotte NC.
STATE: NC ZIP: 28205
PHONE: 704-342-1963
ALTERNATE PHONE: 704-534-4039

PROPERTY OWNER:
NAME: H.G. L. Rea
ADDRESS: 10508 Knox Rd.
CITY: ~~Chas~~ Matthews
STATE: NC. ZIP: 28105
PHONE: 704-846-1963
ALTERNATE PHONE: NONE

JOB LOCATION INFORMATION
TAX/PARCEL #: 231-041-07
STREET ADDRESS: 10508 Knox Rd.
CITY: ~~Chas~~ Matthews NC.
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☒ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

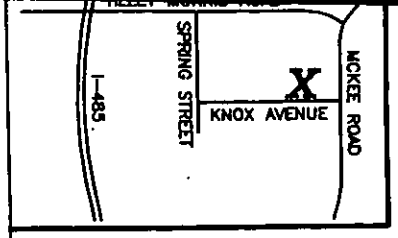
Martha Rea Calkins — Owner's/Agent's Signature
2-9-06 — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approval granted for sunroom addition
Use existing system
Philo Walker RS 2/24/06
EHS Signature — Date



THIS IS TO CERTIFY THAT ON THE DATE SHOWN BELOW, I SURVEYED THIS PROPERTY AND THAT IMPROVEMENTS, IF ANY, ARE SHOWN HEREON. THIS PLAT IS NOT INTENDED TO MEET GS 47-30. ERROR OF CLOSURE IS 1:10,000 PLUS. THIS PLAT IS CERTIFIED ONLY TO THE PARTIES SHOWN.

MB 6-837 (1953)

LOT 9

N 43d38'56" W – 100.07'

I.PIN found

Iron Stob found

wood screen fence

wood screen fence in

~LOT 11~

45' Rear yard

6' Sideyard

Area = 0.459 ~~acres~~
(by coordinates)

NW'ly Flow line

6' Sideyard

LOT 12

LOT 10

S 48d0'22" W – 200.13'

N 48d5'52" E – 199.99'

NEW SUN PORCH

cut off

a/c

54.2'

9.8'

pond

wood fence

10.1'

1.5'

16.2'

1-story
brick & frame

No. 10508

28.2'

wood screen fence

23.0'

16.8'

7.5'

8.7'

7.1'

8.7'

11.8'

12.1'

21.2'

concrete parking

30.4'

30' Setback

well house

GRAVEL DRIVEWAY

I.PIN set

I.PIN found

S 43d44'0" E – 99.75'

99.93' to an I.Pin found -->
McKee Road R/W

file #

Tax Parcel: 231-041-17

KNOX AVENUE

50' R/W

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

15121

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: Hile (last) Jason (first) M (mi)
ADDRESS: 10508 Knox Ave PHONE: 704 846-0102
CITY: Mathews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-141-17
STREET ADDRESS: 10508 Knox Ave Mathews NC, 28105
ZONING:

PROPERTY OWNER:
NAME: Hile (last) Jason (first) M (mi)
ADDRESS: 10508 Knox Ave PHONE: 704 846-0102
CITY: Mathews STATE: NC ZIPCODE: 28105

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
Ba Storage 6/41

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:
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: Jason Hile Date: 10-18-96

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.

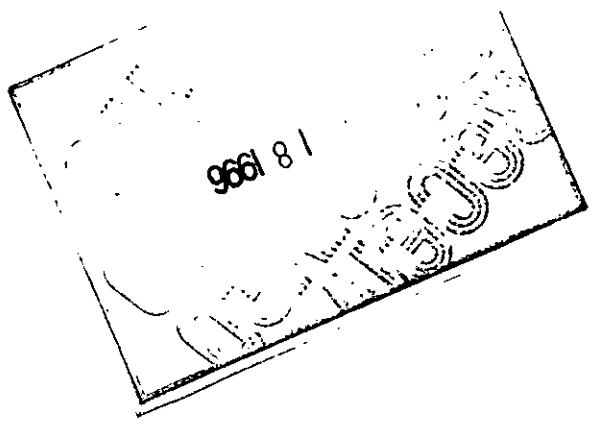
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...10-22-96 could NOT approve - Storage Building site is over drainfield area - owner could not decide where he could place building in order to meet all set back requirements. I told him that he'd contact us with new location & he could find one that fits.

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791


9661 8 1

PROPOSED PLOT PLAN

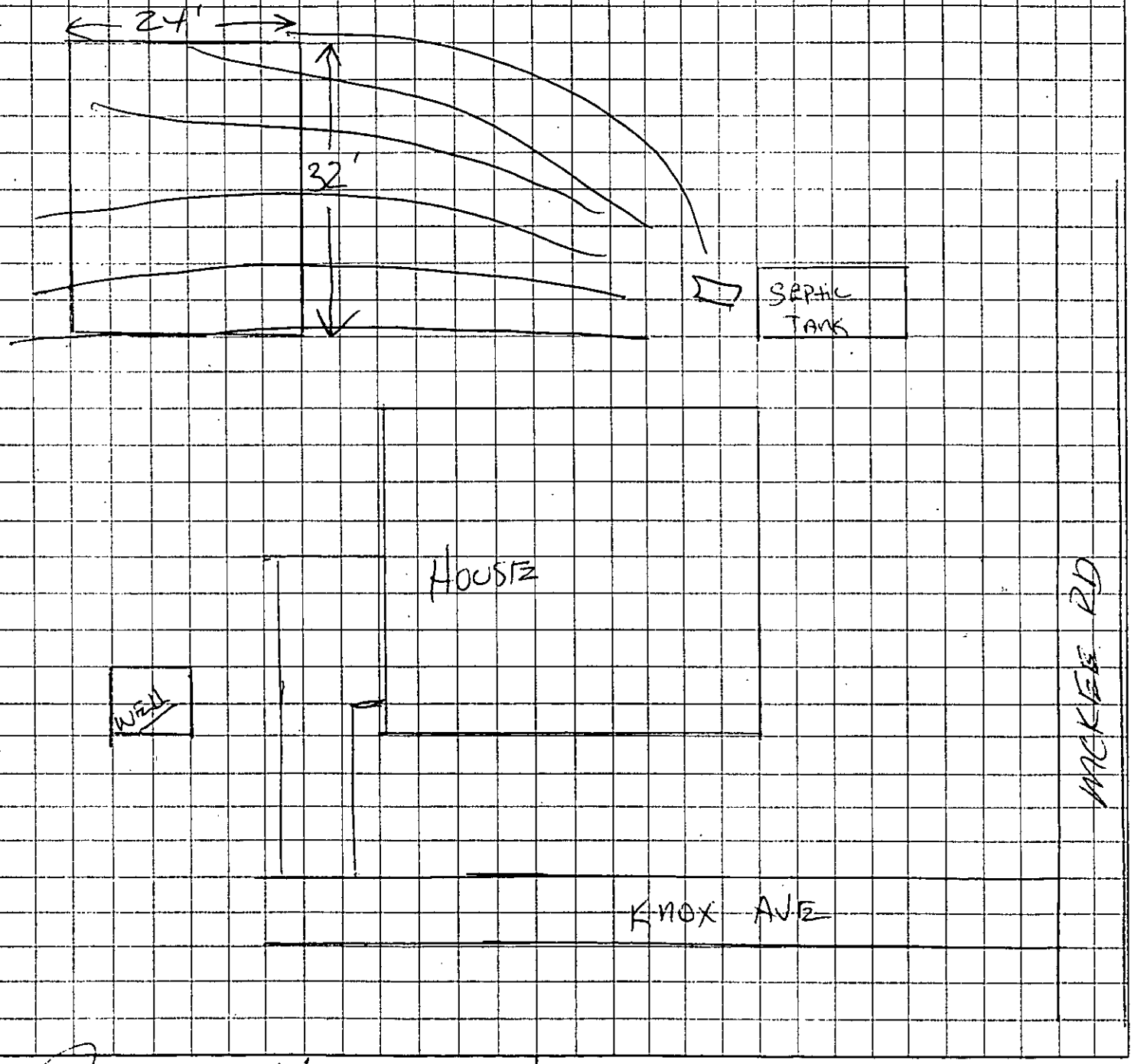
COPY

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

FILE: 15121

TC: 231-041-17

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.



Dan M Hile
OWNER/AGENT SIGNATURE

DATE 10-18-96

APPROVAL DATE _____

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