


19432 KISTLER FARM RD

00725105

8/13/08

marliwr

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

CK# 1377 $50.00 5-5-97 ew 17226 [ ] CRC

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

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: Harris (last) Elizabeth (first) (mi)
ADDRESS: 19432 Kistler Farm PHONE: 704) 892-4553
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 5-5-97

PROPERTY OWNER: above SAME
NAME: (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-251-05
STREET ADDRESS: 19432 Kistler Farm Rd
ZONING:

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):

[ ] 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)
Pool House
(cl No Plumbing)

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: 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)
[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: Elizabeth Harris Date: 5-5-97

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.

... Use existing System

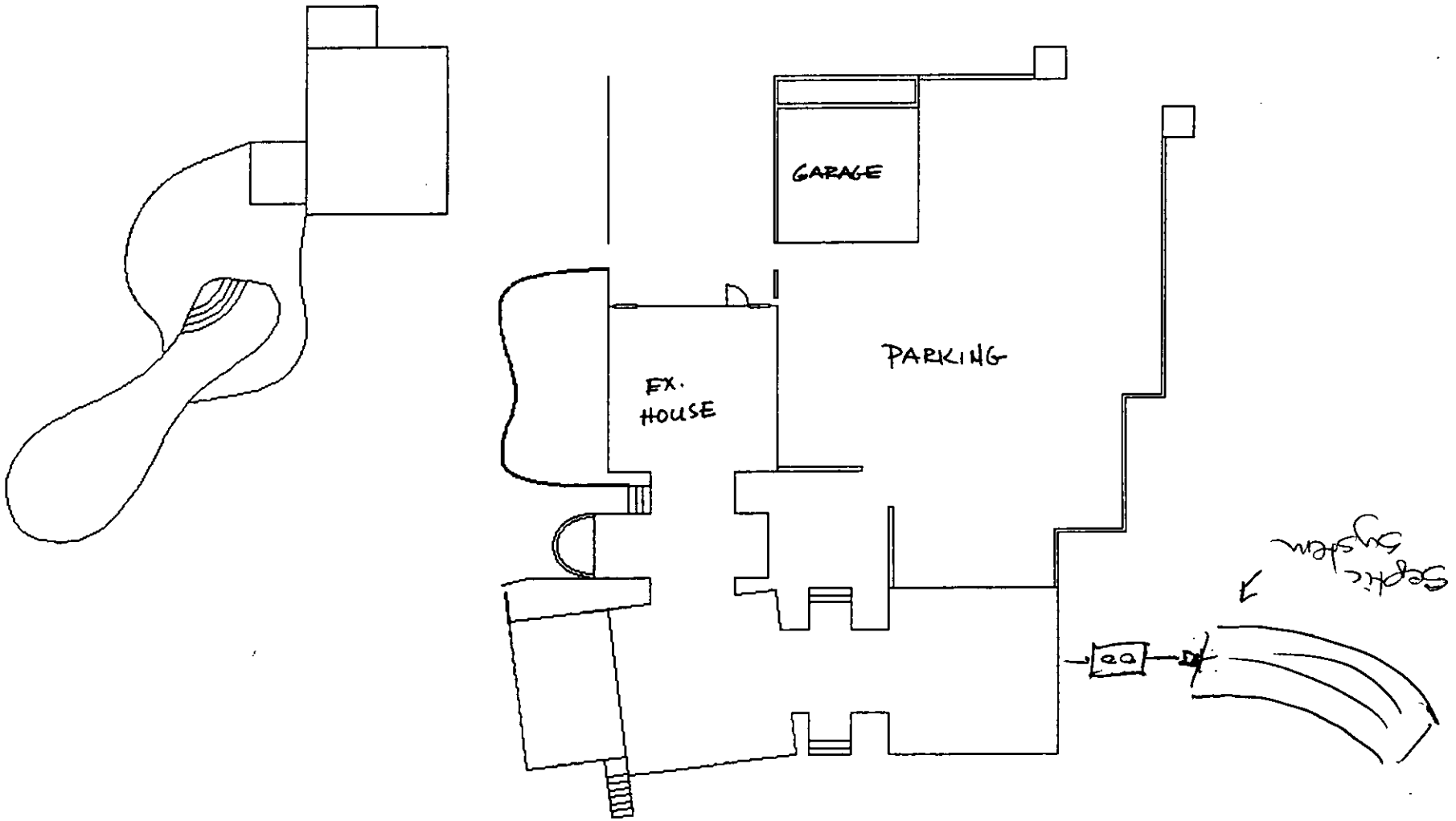
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Thompson J.R.S. 5-7-97
Environmentalist Date

WATER : 122791

POOL COMPANY : CABARRUS POOL 704-786-7665 (DYKAN ONDAL)
CONTRACTOR: Gerald Hinson 013006893
ELECTRICIAN: JR Ritchie 14627-L
HEATING: (above)
Value of Improvement $9,800

HARRIS
1:20



# PROPOSED PLOT PLAN

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

FILE: 17226

TC: 007-351-05

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.

See Attached

Elizabeth Harris
OWNER/AGENT SIGNATURE

DATE 5-5-97

APPROVAL DATE _____

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

17226

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# APPLICATION FOR SERVICES

CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

**PERSON FILING APPLICATION:**

NAME: Harris (last) Elizabeth (first) T. (mi)

ADDRESS: 19432 Kistler Farm PHONE: (704) 892-4553

CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 10-7-96

**PROPERTY OWNER:**

NAME: Harris (last) Edwin & Elizabeth (first) (mi)

ADDRESS: same PHONE: (__) _____

CITY: STATE: ZIPCODE:

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

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Township (check one):
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LOT NUMBER: LOT SIZE (in acres):

**TYPE APPLICATION (check one):**

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
Change in Use - Bed & Breakfast
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

**RESIDENTIAL PROPERTY (Type Building, check one):**

[X] SINGLE MOBILE HOME (S) [X] 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 Bed + Breakfast # Employees 2 Per Shift 2-4 guests
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type Temporary

**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

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...This permit is not transferable.

...10/16/96 OSV. No one @ home. No visible malfunction. Collected water sample.
10/17/96 Phone consultation with Ed Harris stated in response to my question that filter on line from holding tank (shell is to remove sediment/debris). Recommended & advised to sanitize filter for their irrigation system with bleach solution upon cleaning. Copy of house floor plans to be faxed to my office. 10/18/96 PCW/Elizabeth Harris LWKS for Bed & Breakfast.

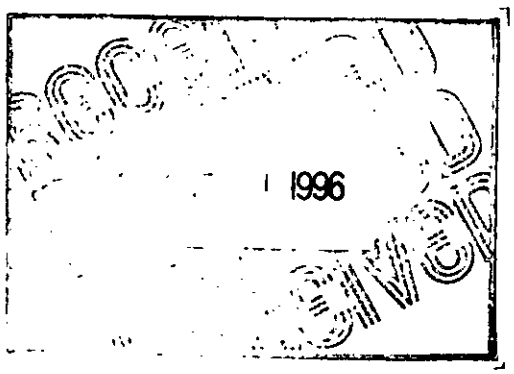
LWKS for Bed & Breakfast
total max. occupancy - 8 people.

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

Lisa B. Mialik, RS 10/18/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

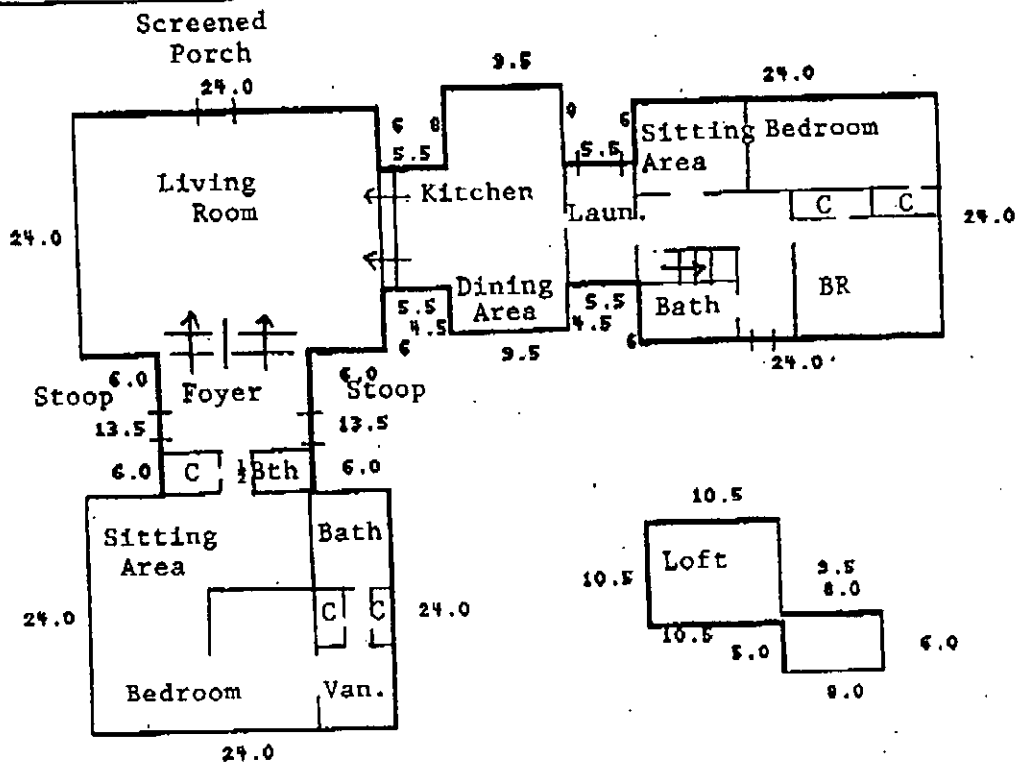

1996

File 17226

FROM : Business Services of NM PHONE NO. : 704 892 7118 Oct. 17 1996 05:19PM P1

Post-It™ brand fax transmittal memo 7671 | # of pages ▸ 1

| | |
|---|---|
| To LISA MAILICK | From ED HARRIS |
| Co. ENV. HEALTH SEPTIC | Co. |
| Dept. 336-4573 | Phone # 892-8200 |
| Fax # 336-6894 | Fax # 892-7118 |




NOT TO SCALE

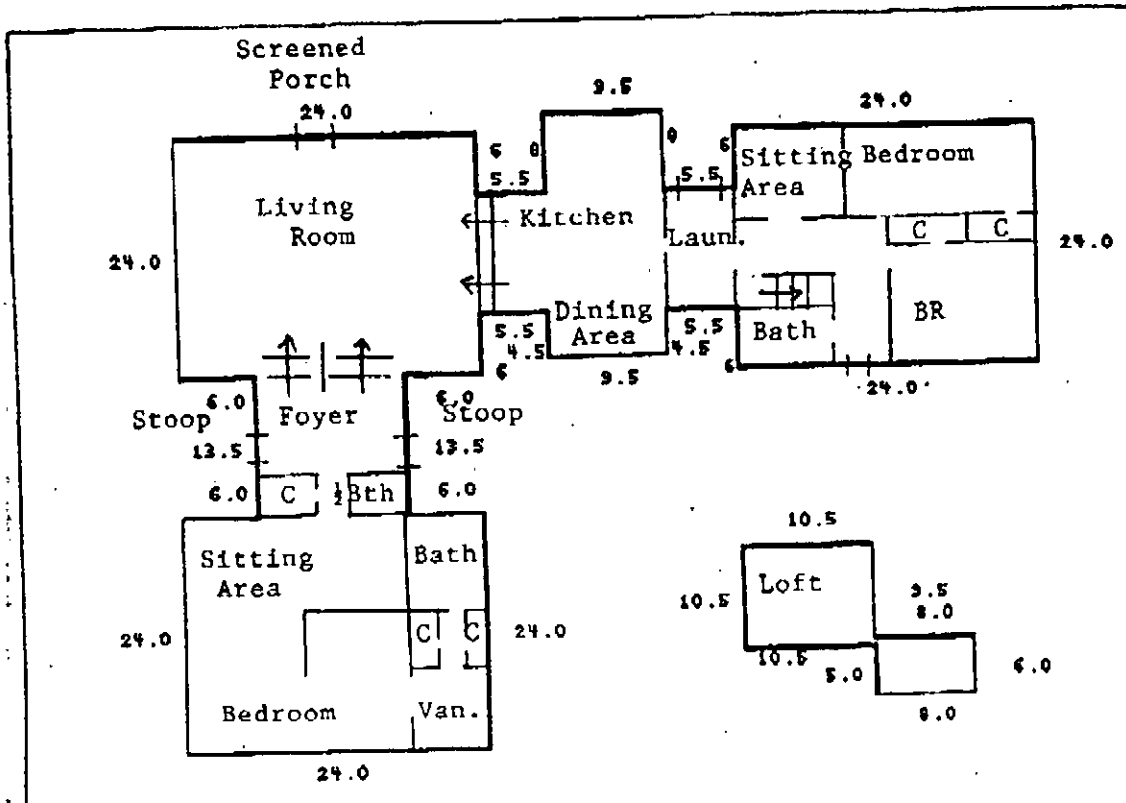
| | |
|---|---|
| MAIN LEVEL | 2251.1 Square Feet |
| UPPER LEVEL | 158.2 Square Feet |
| TOTAL LIVING AREA | 2409.4 Square Feet |

File 17226



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 1

| | |
|---|---|
| To LISA MAILICK | From ED HARRIS |
| Co. ENV. HEALTH SEPTIC | Co. |
| Dept. 336-5573 | Phone # 892-8200 |
| Fax # 336-6894 | Fax # 892-7118 |




NOT TO SCALE

| | |
|---|---|
| MAIN LEVEL | 2251.1 Square Feet |
| UPPER LEVEL | 158.2 Square Feet |
| TOTAL LIVING AREA | 2409.4 Square Feet |

File 17226

B&B Breakfast
Sample collected at the request of Susan Cole

# Mecklenburg County Public Health Laboratory

## *Environmental Health Section*

249 Billingsley Road • Charlotte, North Carolina 28211

### Microbiological Analyses

Owner, System or Establishment: Elizabeth Harris

Address: 19432 Kistler Farm Road

Davidson NC Zip 28036

Collected By: L Mialik

Date Collected: 10/16/96 Time: 10:30 (AM) PM

Sample Source: outside tap

Date Delvd. to Lab: 10/16/96 Time: 4:25 AM (PM)

Delivered By: L. Mialik

**Type of Sample**

***Potable Water***

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify) _____

***Treatment:*** ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☑ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Food (specify):

***Analysis Requested:*** ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep

- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify) _____
- ☐ Foodborne Investigation (specify) _____

Comments: _____

### Laboratory Analysis Report

***Method:*** _____ Membrane Filter ✓ Colilert

Total Coliform Absent /100 ml.

Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml.

Coliform Count _____ /gm. or ml.

**Laboratory Comments:**

Date Received: 10/16/96

Date Reported: 10/17/96

Received By: MW

Analyst: JTW/SW Lab #: 801

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY