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duponbj

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

Mecklenburg County
Health Department

October 25, 1995

Kerry L. & Linda M. Heagle
10221 Foxhall Drive
Charlotte, NC 28210

Re: 16223 Yellow Jacket Circle
File: 3747B
Parcel: 001-372-34

Dear Mr. & Mrs. Heagle:

Receipt of your application to extend a family room at the above referenced location is hereby acknowledged.

Upon receipt of the application, site evaluations were conducted and the request reviewed in conjunction with provisions of 15A NCAC 18A .1900 "Sewage Treatment and Disposal Systems." A portion of the septic system drainfield appears to lie under the proposed fifteen foot addition to the lake side end of the house. This was determined by probing the area and conducting a soil boring. 15A NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from... any building foundation, 5 feet."

For this reason, the request as submitted is disapproved.

In addition, please be advised that the inlet end of the septic tank is covered with pavement and therefore the pavement creates a deterrent to providing routine maintenance to the septic tank as required in 15A NCAC 18A .1961(2) "Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically to ensure proper operation of the system." The inlet portion of the septic tank is generally pumped to remove accumulated sludge and scum build up.

Linda Heagle stated in a voice mail message on October 16, 1995, that both of you have decided not to pursue the addition. A smaller addition meeting the required setbacks could be approved if you so desire.

If you have any questions, please feel free to contact me at 336-5573.

Sincerely,

Lisa B. Mialik, R.S.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LB:gf

3760

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 30.00 CK 1782 9/26/95 [ ] CRT

3747B

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: Heaght (last) Kerry (first) h. (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-34
STREET ADDRESS: 16223 Yellow Jacket Cir.
Mooresville N.C. 28115
ZONING:

PROPERTY OWNER:
NAME: Heaght (last) Kerry (first) h. (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

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):

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)
[X] 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) Extending Family Rm
[ ] 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: 4 NUMBER OCCUPANTS: 4
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: [signature] Date: Sept 26/95

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.

... Denied - 5' separation between proposed addition & drainfield NOT MET. See Letter.

[ ] 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

Redbrick?

Boggs - 895-0200

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 CK 1782 9/26/95 [ ] CRT

3747B

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: HEAGLE (last) KERRY (first) (mi)
ADDRESS: 10221 FOXHALL DR PHONE: (704) 544-0013
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28210

651-5808 mobile
553-8038 office
(M) 582-3923

PROPERTY OWNER:
NAME: HEAGLE (last) KERRY (first) L. (mi)
ADDRESS: 10221 FOXHALL DR PHONE: (704) 544-0013
CITY: CHARLOTTE STATE: N.C ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-34
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MOORESVILLE N.C. 28115
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE/OR RENOVATION/NO MAJOR CHANGES (X) Extending Fam Rm
[ ] 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: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] 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: K Heagle Date: Sept 26/95

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

...9/28/95 Rec PC from Mrs. Heagle - addition staked,

10/3/95 Excavation for addition already done. Unable to locate ST.

10/4/95 Per PC w/Mrs. Heagle - purchased property from the Boggs 895-0200. 9 years ago added 2 bedrooms => 4 bedrooms. ST partially under brick wall. Per Mr Boggs 1 "bedroom" has skylight as window - small children's closet. Advised we have no record of approvals.

10/4/95 OSV w/J. Fiser. Majority of tank appears to be under driveway. Drainfield appears to run flush w/footings.

Environmentalist Date

10/4/95 PC to Mrs Heagle @ 544-0013. 4:00 NC. LM on machine

Director or Authorized Section Head Date

10/4/95 PC from Mrs Heagle - advised of ST - uncovered, drainline & footing.

WWATER : 122791

Dwight Hartsell
builder who did expansion 9 yrs ago

10/6/95 OSV. Mrs. Heagle present

10/9/95 PC w/Mr Heagle: Advised on drainfield + required setbacks.

10/9/95 PC w/Mr Heagle. Scheduled OSV 10/10@1:00pm

10/10/95 OSV 12:45. Mr. Heagle present
134' from back of existing structure

10/10/95 OC w/S. Daniel; No approval yet
5:40

10/11/95 PC to Mr Heagle @ 553-0038
4:45 PC to Mrs Heagle - advised system
must be 5' from addition.

10/12/95 VM mess. from Lindy Heagle - want to proceed
w/addition - relocate portion of drainfield

10/13/95 PC w/ Lindy Heagle - advised - alteration not
as simple as may be perceived. will sch OSV today

10/13/95 PC w/Lindy Heagle.

10/16/95 VM mess. from Mrs. Heagle - close request.
will not pursue addition

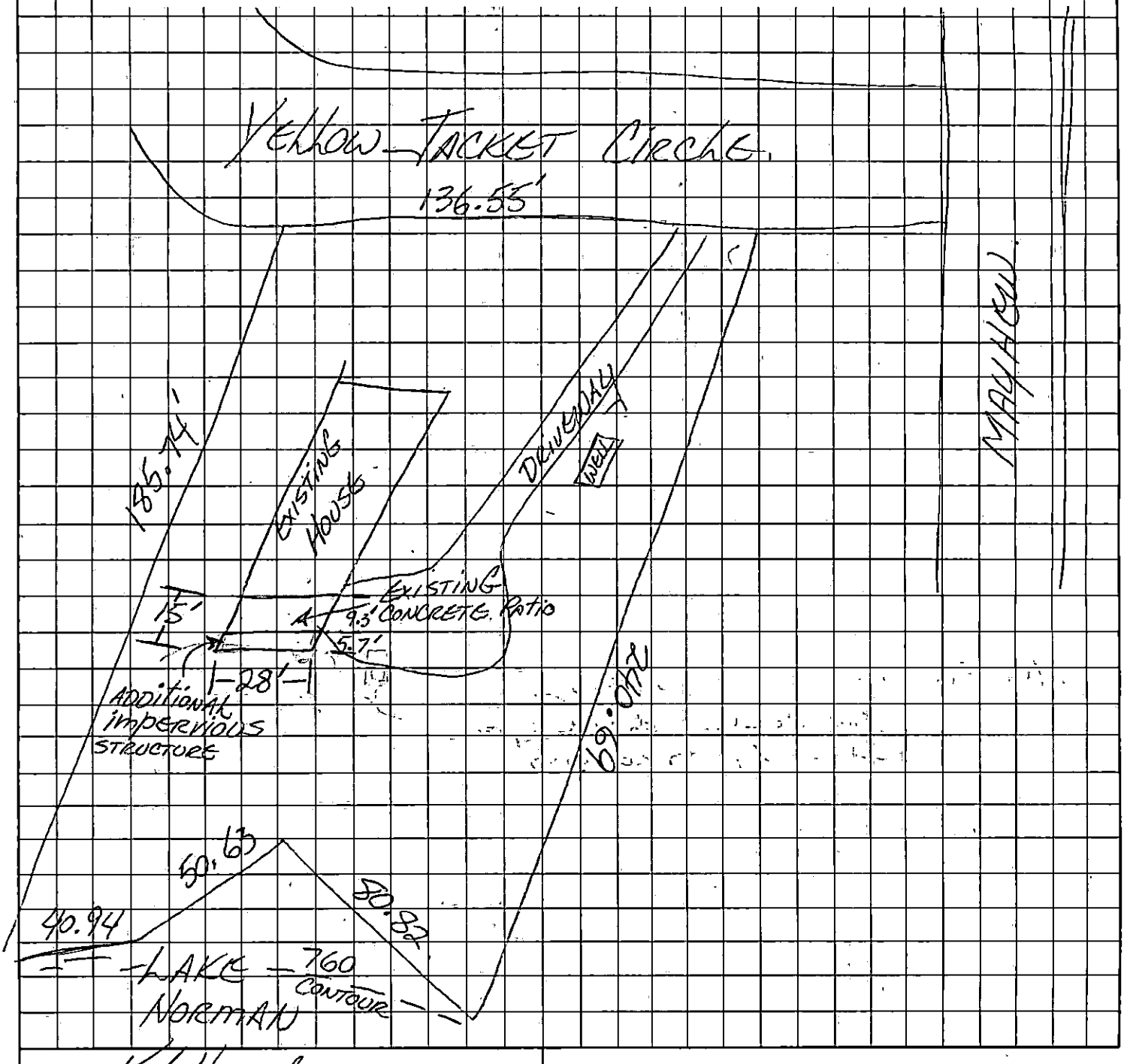
PROPOSED PLOT PLAN

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

FILE: 3747B

TC: 001-372-34

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.



OWNER/AGENT SIGNATURE K. Locke

DATE Sept 26/95.

APPROVAL DATE

Disapproved for

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