

11376 MCCOY RD

01527122

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Need corrected application - No fee

Paid 10/15/96
chk # 2152 $50.00 jpm

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Kal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Richards (last) Curtis (first) W (mi)
ADDRESS: 1878 Cassyhan cir PHONE: (407) 292-7052
CITY: Ocoee STATE: Fl ZIPCODE: 34761

Date: 11-11-96

PROPERTY OWNER:
NAME: Kerns (last) Henry (first) W (mi)
ADDRESS: 6501 Hazeltain DR PHONE: 704) 553-8752
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-222-29
STREET ADDRESS: 11376 McCoy Rd
ZONING:

Township (check one):
[X] 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):

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

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

NUMBER BEDROOMS: 2 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) [X] 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: 11-11-96

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.

...

[ ] 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

WATER : 122791

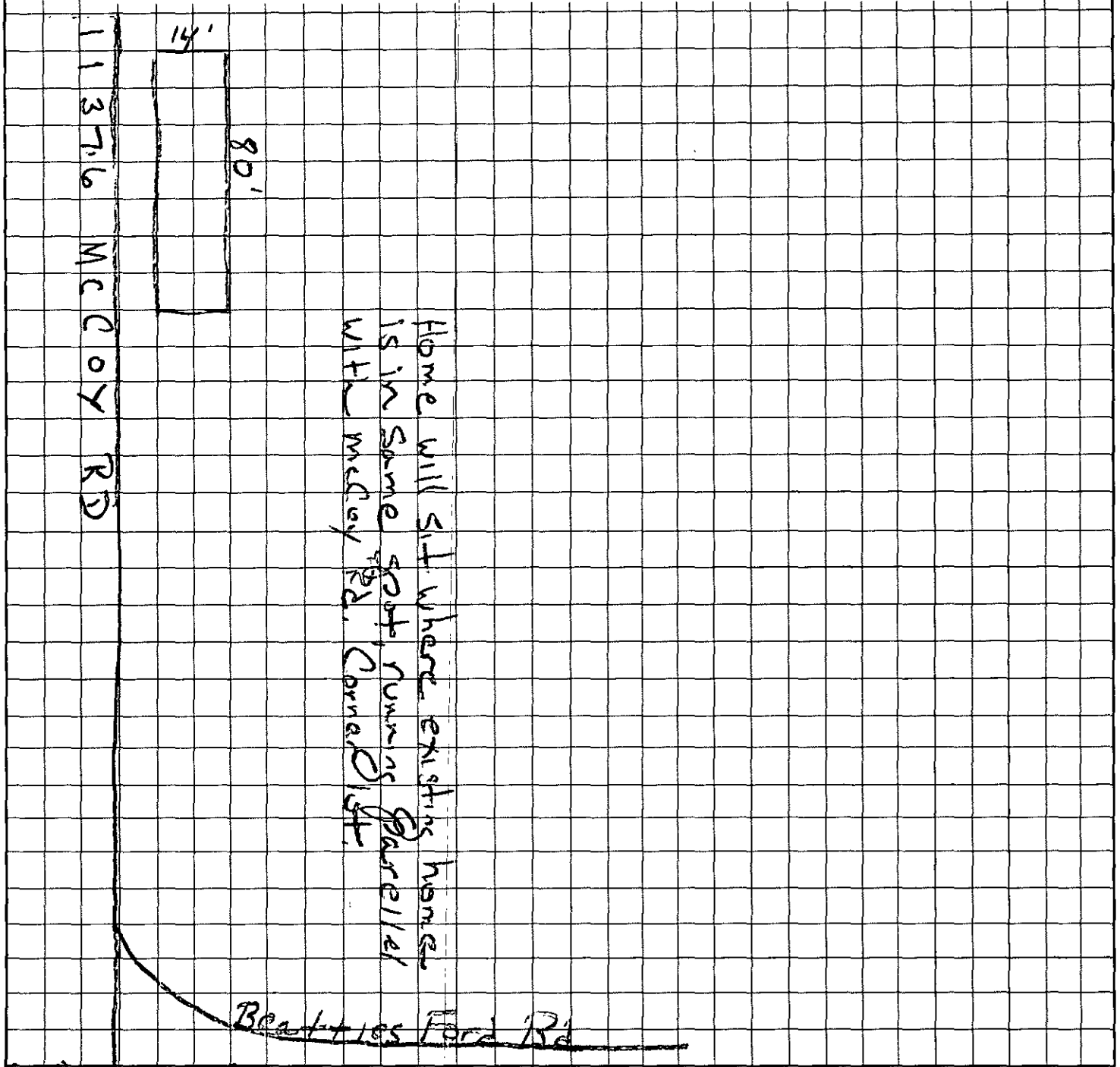
PROPOSED PLOT PLAN

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

FILE: 1288A

TC: 015-222-29

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.



Cindy W. Rucker

OWNER/AGENT SIGNATURE

DATE 11/14/96

APPROVAL DATE _____

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

4/60R

10-15-96
CK #2152 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1288A

[ ] 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

PERSON FILING APPLICATION:
NAME: Richards, Curt (last) (first) (mi)
ADDRESS: 11376 McCoy Rd PHONE: (__) _____
CITY: Chrty STATE: NC ZIPCODE:

Date:

PROPERTY OWNER:
NAME: Kerns, Henry W. (last) (first) (mi)
ADDRESS: 6501 Hazelton A PHONE: 704-553-8732
CITY: Char STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-222-29
STREET ADDRESS: 11376 McCoy Road

ZONING:

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):

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] 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) [X] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
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Signed: Date:

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

...10/16/96 Phone consult. w/Mr. Kerns - requested that he have applicant (Curt Richards) contact me - approval for 2 Bedroom mobile home ONLY. System designed for 2 bedroom. problem w/ system 4/96 - D-Box adjusted. SEE FILE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

* 407-292-9052 Orlando, Fla.

PROPOSED PLOT PLAN

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

FILE: 1288A

TC: 015-222-29

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.



McCoy Rd

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

SERVICE REQUEST/WORK ORDER

File 1288A

Log No.: _____ Section: DNWS Hazard? [ ] Yes [ ] No

Date: 3/28/96 Parcel: 015-222-29 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Owner Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Henry Kerns 553-8732

Address 11376 McCoy Rd City Hnt Zip 28078

SERVICE REQUESTED: Atlanta Strongly Ug. Sewage.

ASSIGNED TO: LM TAKEN BY: JC

DATE	ACTIVITY REPORT
4/2/96	OSV. Occupant/tenant (man) present. 2 outfall lines closest to s.t. failing horribly - need to cut off flow to lines - add additional lines Advised owner would be notified of malfunction
	OSV. Occupant/tenant (woman) present. observed malf. towards end of 1st line closest to n.t. ⇒ D-Box appears to need adjusting per pulsing of lines. Advised tenant that property owner would be notified.
4/8/96	Tax records indicate: Owner: Henry W. Kerns & wf Mildred C. 501 Hazelton Dr Charlotte, NC 28210
	015-222-29
	Prop Loc. 11376 McCoy Rd
4/8/96	PC w/ Henry Kerns @ 553-8732. Advised repair approval needed through this office. NOV to be sent.
4/8/96	NOV; Due 4/8/96
4/22/96	OSV. Brevard Kidd & Henry Kerns present. 1st line saturated, however, not surfacing this as much as 4/2 visit. Mr. Kidd to install speed levelers in D-Box to adjust flow - to contact me when D-Box uncovered.
5/1/96	OSV. Brevard Kidd, Henry Kerns & tenant present. 1st line

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Mielke, RS 6/3/96

REVIEWED BY: S Brinkman for S Bonnie, Program Chief 6-11-96

SERVICE REQUEST/WORK ORDER

File 1289A

Date: 3/28/96 Log No.:

DATE	ACTIVITY REPORT
	receiving most of effluent / toilet leak. Brevard Kidd to install speed levelers on all; m.h. owner Robin, to have toilet fixed. 11:00 a.m. 5/2 appt. w/Mr Kidd (S.T. pumped sometime after 4/8)
5/2/96	OSV: Brevard Kidd Henry Kerns + tenant (Robin) present. Per Robin, plumber needs part to fix toilet, will be done. D-Box accommodated w/speed levelers. 4 lines; 1st line closest to house feeding last, remaining 3 ~~etc.~~ feeding even. Mr. Kerns to notify when toilet leak fixed.
5/6/96 8:30	PC from Mr. Kerns stated toilet still leaking. jsm
5/6/96 12:45	OSV. No answer @ door. Left card w/note to contact me when toilet fixed. (Toilet still leaking per D-Box inspection) jsm
5/13/96	OSV. Robin (tenant) present; stated plumber fixed leaking toilet & checked other fixtures; Water still flowing into D-Box when plumb. fixtures not in use. Advised Robin to consult w/plumber again. jsm
5/17/96	PC w/Mr. Kerns advised that as far as I could tell by D-Box inspection, plumbing problem still exists.
6/3/96	OSV. No answer @ door. Per D-Box inspection, ~~plumb.~~ no apparent plumb. leaks. No visible malfunction of drainfield
6/3/96	PC w/ Henry Kerns; stated he checked box a couple of days ago - no apparent plumb. leaks. Advised of my 6/3/96 OSV. ② to cover D-Box to prevent infiltration ① Closing S.R. jsm

C of A (s) No. 1288-A

Date Issued 4-10-86 Serial 8421 T. C. No. 015-222-21

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner KERNS (LAST) HENRY (FIRST) (MIDDLE)

Location of Property 11376 McCOY RD

Application Number 1288-A Permit Number 1288-A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2-1'

Water Supply Source comm well Distance from Water Source 50'

Excavation Inspected 4-10-86 (DATE) Tank Inspected 4-10-86 (DATE)

Nitrification Field Inspected 4-10-86 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1986, 1500ST, CON, 810SFT, 12G, COLUVIUM

Kelly Caudill
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 1288A

TC: 015-222-21 80

L

JOB LOCATION

① ADDRESS: Box 11376 (STREET NO.) McCoy Road (STREET) Route 3 ② FILE:

③ CITY: Huntersville, N.C. ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: 10 ⑦ BLOCK:

OWNER

⑧ NAME: Henry (FIRST) Wilson (MIDDLE) Kerns (LAST)

⑨ MAILING ADDRESS: 1420 Montford Drive

⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28209

⑬ PHONE: (WORK) ⑭ (HOME) 573-3786

REQUEST

This request is for a(n):

⑮ ☑ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

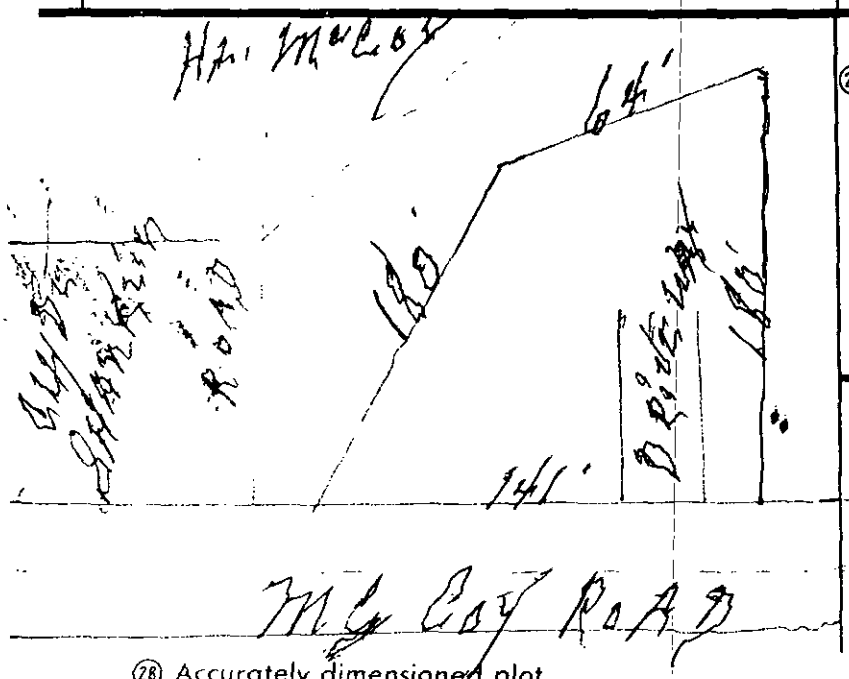
System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Henry Kerns

Date: 7.1.86

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

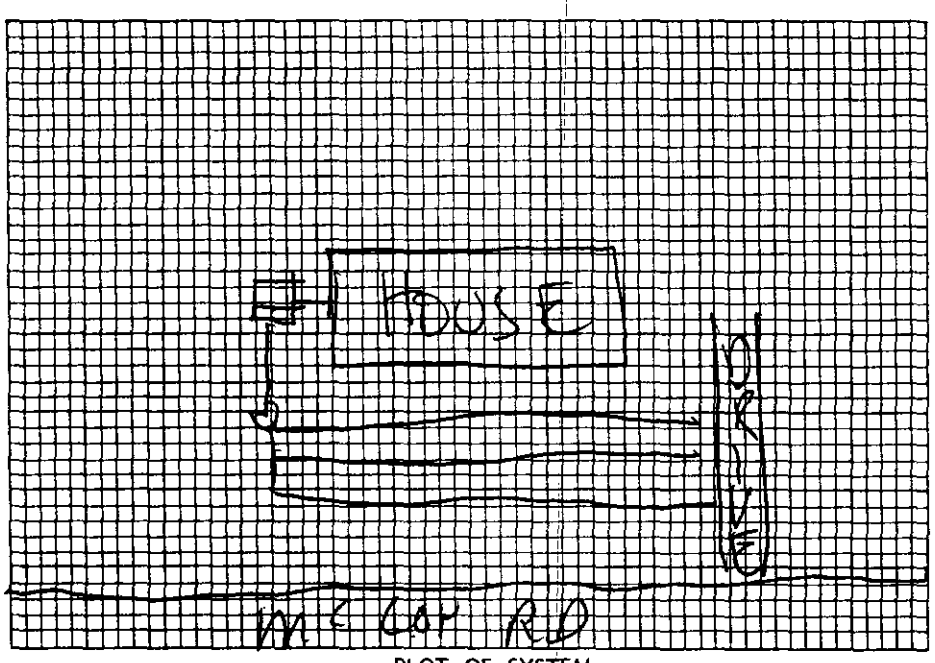
Date Issued 3-27-86 Serial No. 09123 ICAR (S) Permit No. 1288-A

T. C. No. 015-222-21

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 1288-A, dated 1-10-86 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-27-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines 3 x 90

Distance from House 5 ft

Distance from Property Line 10 ft

Distance from Well 50 ft

NAME OF OWNER KERNS HENRY

LOCATION OF PROPERTY 11376 McCOY RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

3 line x 90' long x 3' wide x 12" rock

Comments: _____

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
Department of Environmental Health

January 7th, 1986

Henry Kerns
1420 Montford Drive
Charlotte, NC 28209

RE: Property located at McCoy Road L10
FILE: 1288A
PARCEL: 01522221PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 10177) deliniating the soil types and there respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Bill D. Hardister

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10177

File: 1288A Action 4H

Parcel: 015-222-21 PO ☐ PC

Location: McCoy Road

Subdivision:

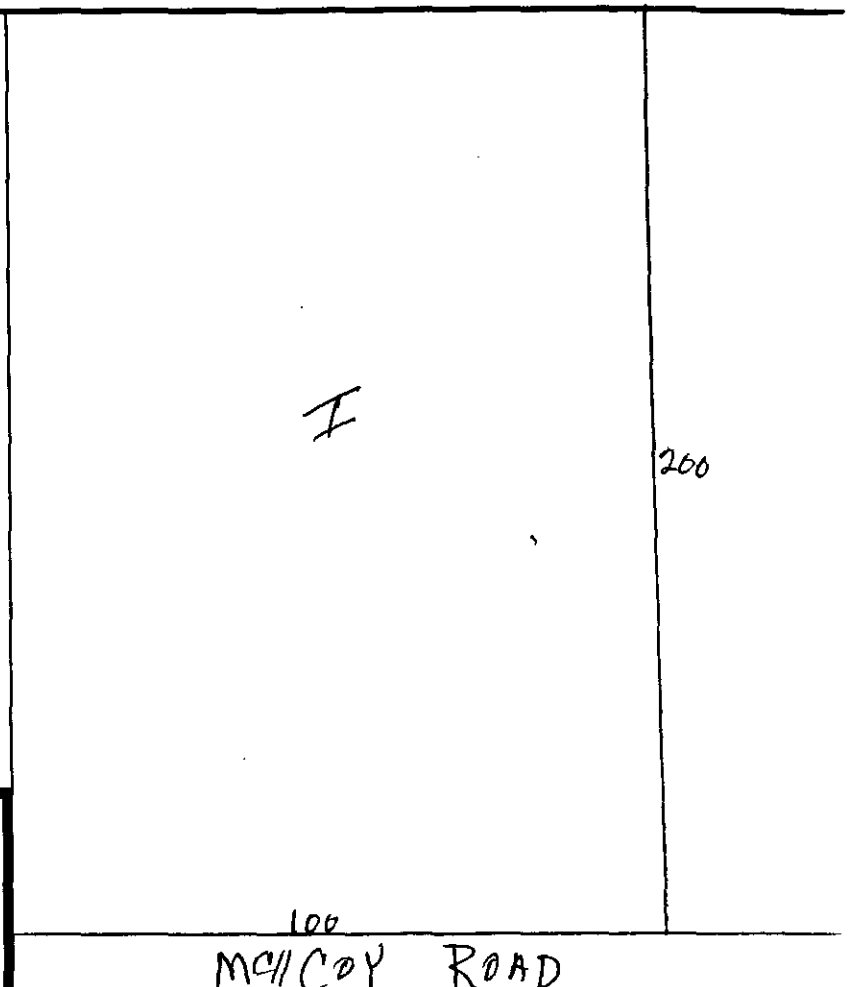
Lot: 10 Block: Acres: .47

Owner: Henry Kerns
Address: 1420 Montford Drive
Charlotte, N. C. 28209

Comments: Elevation Problem

Described by: W. B. Ramsey

Date: 1-6-86



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa colluvium MATERIAL					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 1288 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-222-29

STREET ADDRESS: 11376 McCoy Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 11376

TYPE OF BUILDING (CHECK ONE):

- X SINGLE MOBILE HOME(S)
- __ DOUBLE WIDE (D)
- __ HOUSE (H)
- __ MODULAR HOME (M)
- __ MULTIPLE FAMILY (U)
- __ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 700

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT ON SLAB
- X CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

6/3/96
See complaint narrative on file. (D-Box adjusted-flow, add. soil cover brought in to improve topography & surface water runoff.

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- X SHARED WELL (S)
- __ MUNICIPAL (M)
- __ OTHER 'SPRINGS' (O)
- __ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES X NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:

NAME: (LAST) Kerns (FIRST) Henry (MI) W.

ADDRESS: 6501 Hazelton Drive

CITY: Charlotte STATE: N. C. ZIP: 28210

DAYTIME PHONE: (704 553-8732

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1988

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Henry W. Kerns DATE: 4-12-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

1288A

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   015 - 222 - 29

2) Provide the name of the original property owner.
   HENRY W. KERNS

3) Do you have visible sewage on the surface of the ground?
   NO

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   NO

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   NO

6) Has your septic tank ever been pumped out? If so, approximately when?
   NO

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   NO

8) Approximately what year was your septic system installed?
   1989

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   NO

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

File 1288A

OWNER Henry W. & Mildred C. Kerns

MAILING ADDRESS 6501 Hazelton Drive, Charlotte, NC 28210

OCCUPANT tenant

LOCATION 11376 McCoy Road, Huntersville, NC 28078

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 015-222-29

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

(704) 336-5573.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 8, 1996, appropriate legal action will be taken.

Notice Issued April 8, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Division of Environmental Health) Agent

Compliance 6/3/96 (Date) Signed Lisa B. Mialik, RS (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)