

4715 MT OLIVE CHURCH RD

11338129

5/23/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Ck #9232 $25.00 10/21/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 4795A
TC: 113-164-47
SERIAL: № 0020630
☐ CT ☑ CRT

JOB LOCATION

① ADDRESS: 4715 Mt Olive Ch Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-164-47
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: NANCY (FIRST) E. (MIDDLE) Moffitt (LAST)
⑨ MAILING ADDRESS: 4715 Mt. Olive Ch Rd
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28208
⑬ PHONE: (WORK) ⑭ (HOME) 399-3383

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Sun Room on front -

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? 5
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: Nancy Moffitt
Date: 10-22-91

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 60 months from the date of issuance. May use existing system.

Judy J. Klein RS. 10/24/91
Environmentalist Date

Director or Authorized Section Head 10-25-91 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

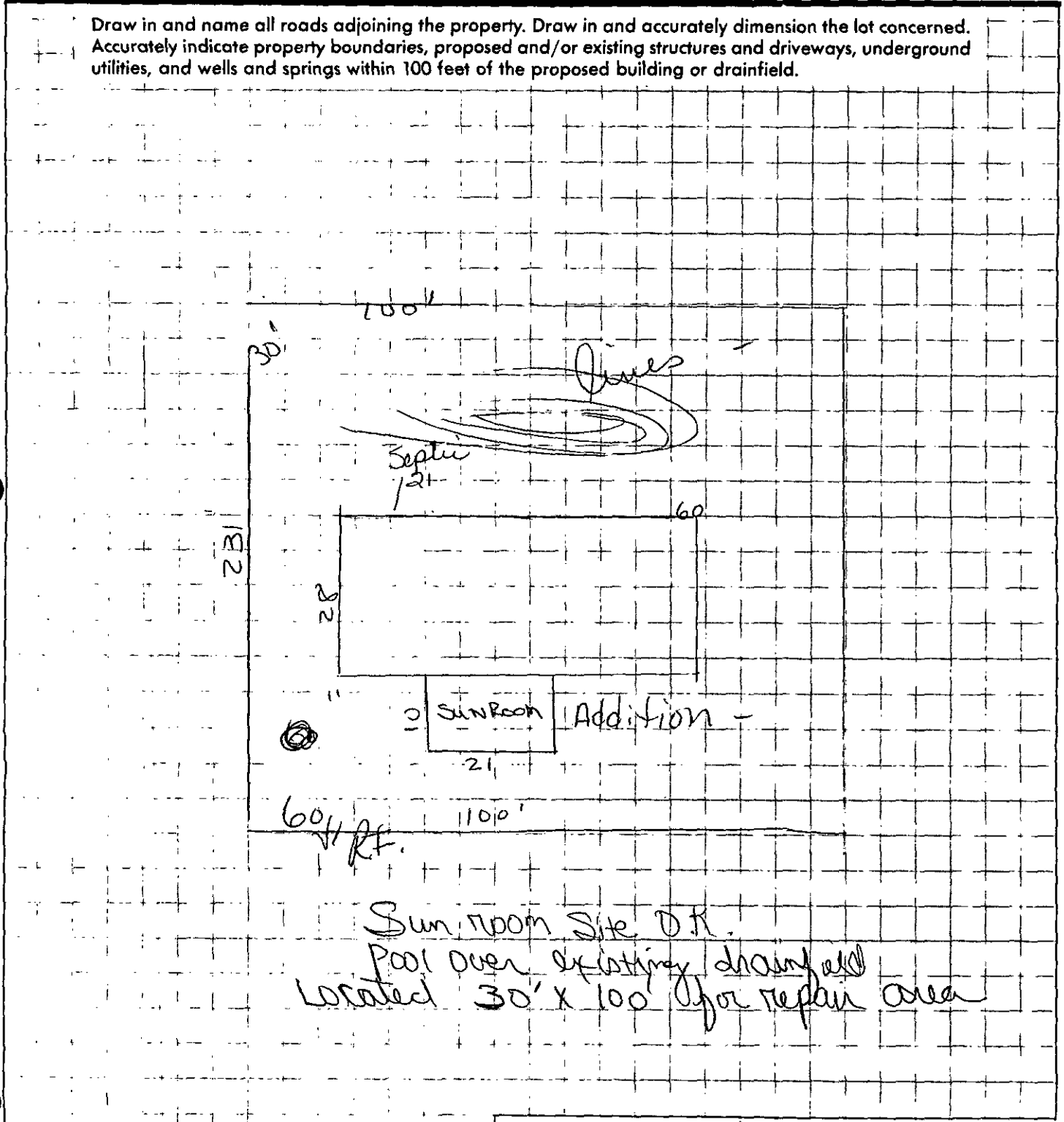
PROPOSED PLOT PLAN

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

FILE: 4795A

TC: 113-164.47

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 10-21-91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

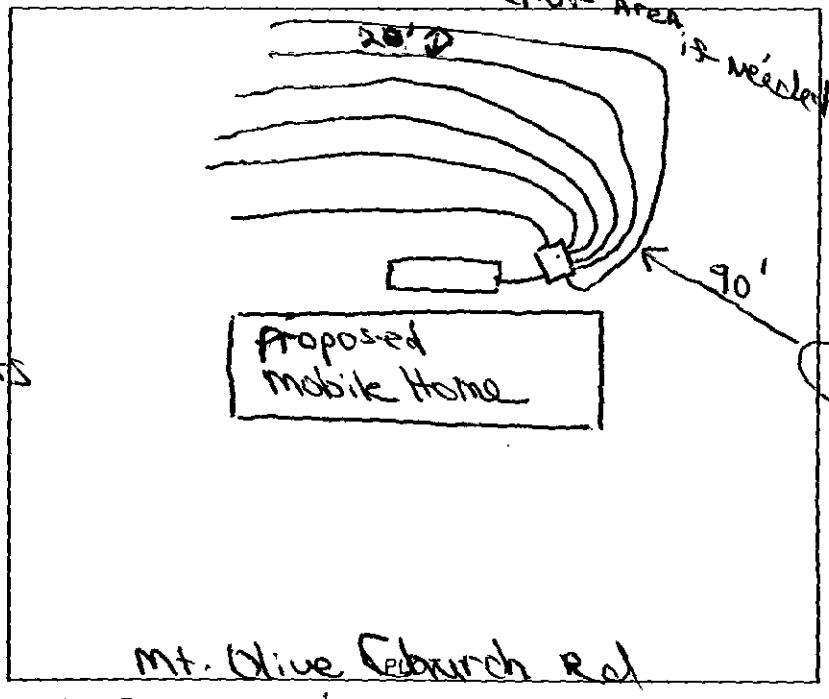
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4795A DATE: 11/16/88
PO
TD 13-164-13 ☐ L ☑ CRT
SERIAL 11494

Name of Owner Moffitt Sam J Juris.:
Address of Property 4715 Mt. Olive Church Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 402
Number of Lines 6 @ 67'
Cover Depth 18"
Water Supply Source Well
Distance to Water Source > 90 -- Neighbors Well
Excavation Inspected 11/16/88
Tank(s) Inspected 11/16/88
Wash Line Inspected —
High Water Alarm Inspected



Design: 1988 1500 St on 1200 SFT 12" Stone, Rock CTR# 5

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: Installed Per plan - plot is to show last trench is 20' below 5th trench. Water is to be supplied from same owners lot next door.

Judy A Kiser R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

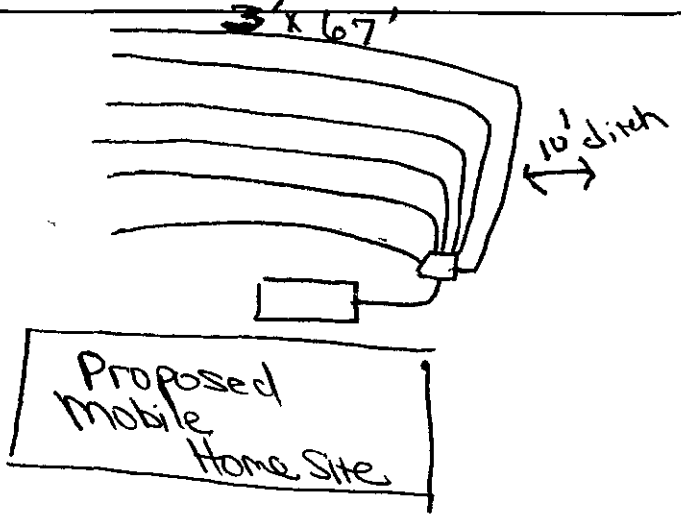
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4795A DATE: 10/24/88

PO
TC: 113-164-13 ☐ L

SERIAL Nº 12286

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 10/6/88. All work shall be completed on or before 11/24/88, 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 Department of Environmental Health 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.



4715 Mt. Olive Church Rd.
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 402 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5' (Next door) feet

Distance from Well 250' feet

NAME OF OWNER Moffitt Sam J.

LOCATION OF PROPERTY 4715 Mt. Olive Church Rd

Comments: Install 6 Trenches 3' x 67', 12" Stone Straw Cover.

Division or Section Head

Environmentalist Judy J. Kerr R.S.

* 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.

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

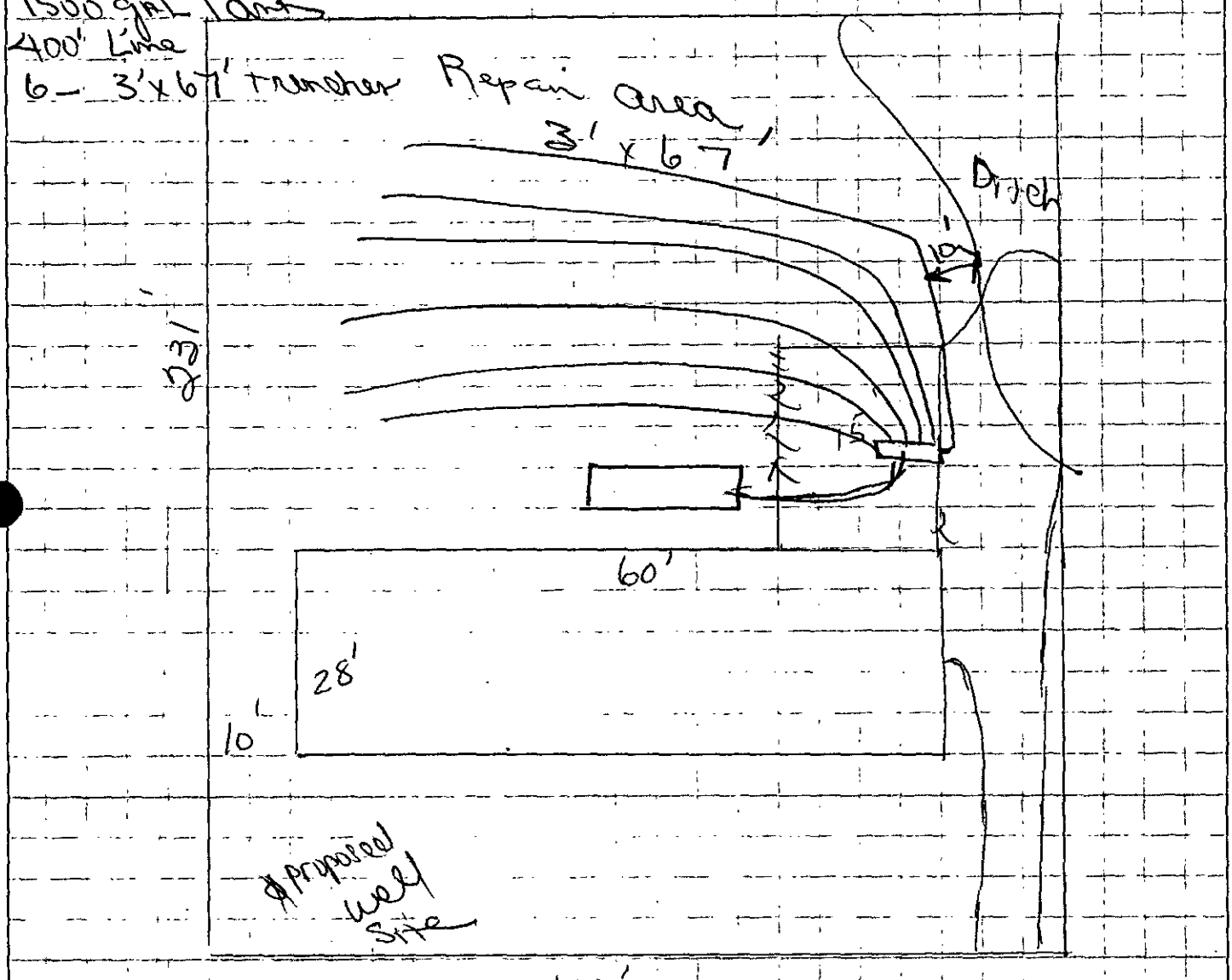
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1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4795A

TC: 113-164-13 PO

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.



Signed: Nancy Myatt

Date: 9-6-88

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: 4795A
TC: 113-164-13
SERIAL: № 16727
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 4715 Mt. Olive Church Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-164-13 PO
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Sam (FIRST) Moffitt (MIDDLE) - Jr (LAST)
⑨ MAILING ADDRESS: 4709 Mt. Olive Church Rd
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28208
⑬ PHONE: (WORK) 399-3383 ⑭ (HOME) 399-3383

REQUEST

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⑮ ☑ New permit
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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: Nancy Moffitt
Date: 9-6-88

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 months from the date of issuance.

Judy J. Kuzia R.S. 10/24/88
Environmentalist Date

Director or Authorized Section Head RS 10/29/88 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/6/88

Name/Company Nancy Moffitt

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Well
4795A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 6 1988

CK # 740
150.00
P. Karres

Fee: $ 150 —

J Rinehardt
Completed by

P. Karres
Collected by

DATE: 8/15/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-164-13p0

ASSIGNED ADDRESS 4715 Mount Olive Church Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	✓	*
2. FLOODWAY REGULATIONS		✓ *
3. EROSION CONTROL REGULATIONS	✓	*
4. COMMERCIAL DRAINAGE PLAN	✓	*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	* YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	* YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Double Wide Mobile Home

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

SIGNED: Sigi

OPWEAR 02/86

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

Subject: Zoning Verification

Dear

The parcel of land located at _____

and further identified by tax parcel number 113-164-13

is zoned R-R, (resort residential).

permitted uses include: Mobile home, principle building on a lot under section 3082.11, and subject to 3085.1 in the Mecklenburg County Zoning Ordinance.

If this office can be of any further assistance, please contact us.

Sincerely,

Joel W. Hyde

Zoning ~~Inspector~~ Technician

Form B-150 NS
10/84 | 59/b

700 North Tryon Street • P.O. Box 31097 • Charlotte, North Carolina 28231-1097 • (704) 336-2831

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

August 12, 1988

Sam Moffitt, Jr.
Rt. 1, Box 276
Garland, N.C. 28441

RE: Property located at Mt. Olive Church Rd.
FILE: 4795A
PARCEL: 113 164 13 PO

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. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report (Serial No. 15418) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15418

File: 4795A Action 1

Parcel: 11316413 PO ☐ PC

Location: Mt. Olive Church Road

Subdivision:

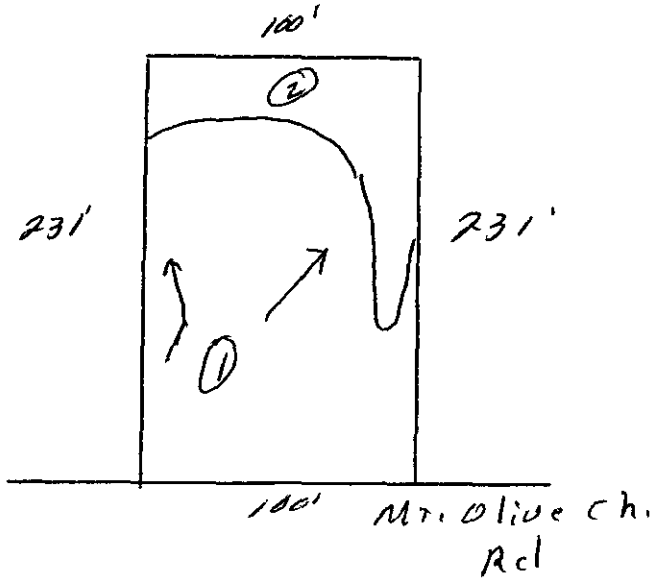
Lot: Block: Acres: .53

Owner: Sam Moffitt, Jr.
Address: Rt. 1, Box 276
Garland, NC 28441

Comments: _____

Described by: _____

Date: 8-12-88



***** 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 2-10%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36"+ to 36" wet	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IVA Enon/Lilac	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 22 1988
PO 0RH 692.00
$30.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 4795A

TC: 113-164-13

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mt Olive Church Rd.

② SUBDIVISION: — ③ LOT: — ④ BLOCK: —

⑤ PARCEL REFERENCE: BOOK NO.: PD 2259 PAGE NO.: 329 PARCEL NO.: —

⑥ DEED REFERENCE: BOOK NO.: 2259 PAGE NO.: 329

OWNER

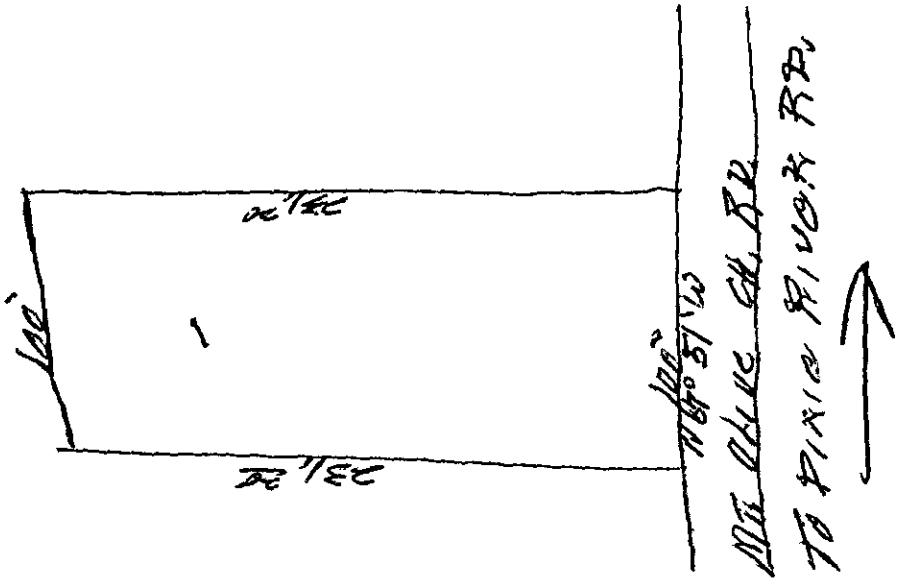
⑦ NAME: SAM (FIRST) MOFFITT, (MIDDLE) SR (LAST)

⑧ MAILING ADDRESS: Box 276

⑨ CITY: Belmont ⑩ STATE: N. C. ⑪ ZIP: 28012

⑫ PHONE: (WORK) 919-522-4544 (HOME) 919-827-2901

⑬ Accurately diagram and dimension lot.



⑭ 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.

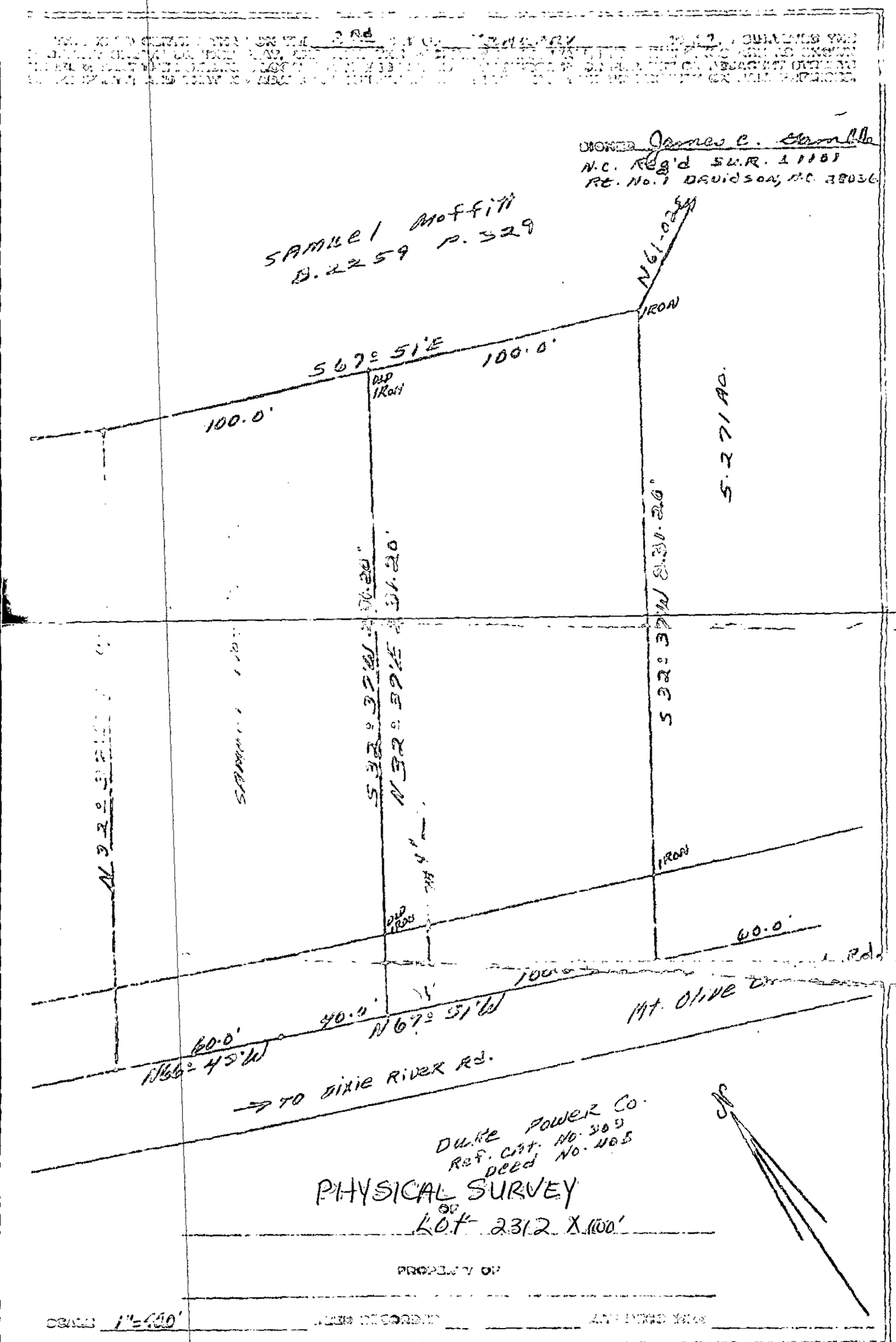
Signed: Sam Moffitt Sr.

Date: 6-13-88

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

4795 A


Samuel Moffitt
D. 2259 P. 329
N61-02W
IRON
S67° 51'E
100.0'
100.0'
OLD IRON
S. 27 1/2 RD.
S 32° 37' W 634.20'
N 32° 37' E 634.20'
N 32° 37' E
S 32° 37' W
IRON
OLD IRON
60.0'
40.0'
N 67° 51' W
N66° 43' W
60.0'
Mt. Olive Church Rd.
→ TO DIXIE RIVER RD.
DUKE POWER CO.
Ref. Cert. No. 309
Deed No. 1105
PHYSICAL SURVEY
OF
LOT 2312 X 1100'
PROPERTY OF
SCALE 1"=400'