

4525 OAKBERRY CT

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marliwr

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

FILE#: 20704.

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

June 13, 2005

Nadia Ghali
4525 Oakberry Court
Matthews, NC 28104

Dear Mrs. Ghali:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 4525 Oakberry Court on June 7, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for Total Coliform and E. COLI-PA bacteria.

It is recommended that you perform an annual bacteriological analysis for your private well. Please contact our office if you have questions or need assistance with your well in the future.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosure: (1)

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/10/2005 04:45 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-4525 4525 Oakberry Ct.
LOC ID: G-PME
SAMPLE DATE-TIME: 6/7/2005 16:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB38738
CHAIN OF CUSTODY #: 05060133

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB38738	E. COLI-PA	absent	P/A		SM 9223B	6/8/2005 9:25	KEK
AB38738	Total Coliform	absent	P/A		SM 9223B	6/8/2005 9:25	KEK

Comment:samples read outside 28hr hold time by 25 minutes

Laboratory Supervisor: W Kiel

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4525 Oakberry Ct. Matthews, NC 28104

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 0506-0133

Sampled By (Print Name): Trevor Thomason

A33738

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-4525	TCT	6/7/2005 16:30		N						X	100 ml		1						X	X												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		6-8-05	845
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

May 20, 2005

Nadia Ghali
4525 Oakberry Court
Matthews, NC 28104

Dear Mrs. Ghali:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 4525 Oakberry Court on May 16, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for resampling your well, one time, for total and fecal coliform bacteria.

A copy of the septic system inspection report is also being included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 5/19/2005 09:04 AM

LABORATORY SERVICES DIVISION

LOCATION: 4525 Oakberry Ct
LOC ID: G-GWS
SAMPLE DATE-TIME: 5/16/2005 15:50
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB36655
CHAIN OF CUSTODY #: 05050326

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB36655	E. COLI-PA	Absent	P/A		SM 9223B	5/17/2005 9:00	RDW
AB36655	Total Coliform	Present	P/A		SM 9223B	5/17/2005 9:00	RDW

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4525 Oakberry Ct., Matthews NC 28104

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 0805032-6

Sampled By (Print Name): Trevor Thomason

AB36655

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
20704	TCT	15:50	5/16/2005	N		13.9°C				X	100 ml		1						X		X												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	5/16/05	0845
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Ghali Residence **Name of Establishment**	20704 **Permit/Project No.**
4525 Oakberry Ct., Matthews 28104 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Wacyf & Nadia Ghali **Owner/Agent**	Same as location address **Address**	(704) 847-8777 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	May 2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☐	☒	☐	3.a. Riser not above grade.
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. See maintenance section.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured >4" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Alarm box in crawlspace.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Electrical wiring is not in weatherproof enclosure.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☐	☒	☐	6.b. Ponding in lower 2
c. Surface water being effectively diverted away?	☒	☐	☐	drain lines.
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☐	☒	☐	6.g. Evidenve of leakage around
h. Repair area properly reserved, maintained?	☒	☐	☐	distribution box.

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

System requires maintenance by a registered septic contractor.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump both tanks (septic & pump) to remove excess solids.
2. Inspect, clean, and level distribution box.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Recommend upgrading electrical wiring for system. Exposed wiring should be in conduit and a weatherproof junction box should be installed.
2. Extend pump tank riser above grade to allow for inspection & service.

DATE: 5/6/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/21/05	**Amount:**	85.00
Receipt #:	34109	**Tendered:**	85.00
Check / Auth #:	CHECK 2820	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: GHALI WACYF H
Attn:
Address: 4525 OAKBERRY COURT
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 20704/847-8777		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 20704 — Permit/Project No.

4525 Oakberry Court — Location | residence — Type of Establishment | 360 gpd — Design Flow

Nacy f Ghal:, 4625 Oakberry Court, Matthews, NC 28105 — Owner/Agent | Address | Phone

None - III b — Operator | Address | Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☑	- Riser is covered - could not check
Tanks and access manholes structurally sound, watertight?	☐	☐	contents of the pump tank.
Sanitary tee(s) in good working condition?	☐	☐	Strongly advise that you pump
Tanks pumped, cleaned out as needed?	☐	☑	out ~~both the septic and the~~
4. RAW SEWAGE LIFT STATION (if present):			pump tanks at this time -
Required pumps present, operating, and cycling properly?	☐	☐	do not allow the pumper to complete
High-water alarm present and operating properly?	☐	☐	recover the pump tank riser so
Floats/pipe/valves/disconnects in good working condition?	☐	☐	that we may have future access.
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☑	- Pump was running at the time
High-water alarm present and operating properly?	☐	☐	of the site visit! Pump was
Floats/pipe/valves/disconnects in good working condition?	☐	☐	plugged directly into power source
Control panel enclosure/components in good condition?	☐	☑	bypassing float switch plug!
Elapsed time readings: ____ ____ ____ ____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	- No control panel.
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	- ~~Could not check floats, valves,~~
6. GROUND ABSORPTION FIELDS:			disconnects with riser covered.
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	- Drainfield appears to be ok
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Riser should be uncovered	
Pump tank and Septic tank should be pumped out	

DATE: 5-4-00 SIGNED: J. B. Thompson, Jr. R.S. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: ~~Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of~~ on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

T11b

Microbiological Analyses

Owner, System or Establishment: Wacyf H. Ghali

Address: 4525 Oakberry Court

Matthews, NC Zip: 28105

Collected By: L. Thompson

Date Collected: 5-4-00 Time: 2:00 AM (PM)

Sample Source: well tap

Date Delvd. to Lab: 5-4-00 Time: 3:40 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☒ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

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

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

Analysis Requested: ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ___✓___ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 5/4/00 Date Reported: 5/5/00

Received By: MB Analyst: MB Lab #: 613

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

May 10, 2000

Wacyf F. and Nadia B. Ghali
4525 Oakberry Court
Matthews, NC 28105

Re: Water Sample Results/Septic Inspection

Dear Mr. and Mrs. Ghali:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on May 4, 2000 in addition to the subsurface wastewater system inspection results.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Your prompt attention to the suggested improvements to your septic system is appreciated. The recommendations that have been made are intended to protect your investment and minimize the possibility of a septic system malfunction.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Wacyf H. and Nadia B. Ghali
4525 Oakberry Court
Matthews, NC 28105

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!*

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wacyf H. and Nadia B. Ghali	4525 Oakberry Court	231-111-47	20704	IIIb

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2-1-00	3-3-00
	PAST DUE

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Wacyf H. and Nadia B. Ghali
4525 Oakberry Court
Matthews, NC 28105

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wacyf H. and Nadia Ghali	4525 Oakberry Court	231-111-47	20704	IIIb

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2-1-00	3-3-00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

February 1, 2000

Wacyf H. and Nadia B. Ghali
4525 Oakberry Court
Matthews, NC 28105

Dear Mr. and Mrs. Ghali:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

L. B. Thompson, Jr. R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

231-111-47

Wacyf A & Nadia B.
Ghali
4525 Oakberry Ct.
Matthews, NC
28105

400 ☑

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

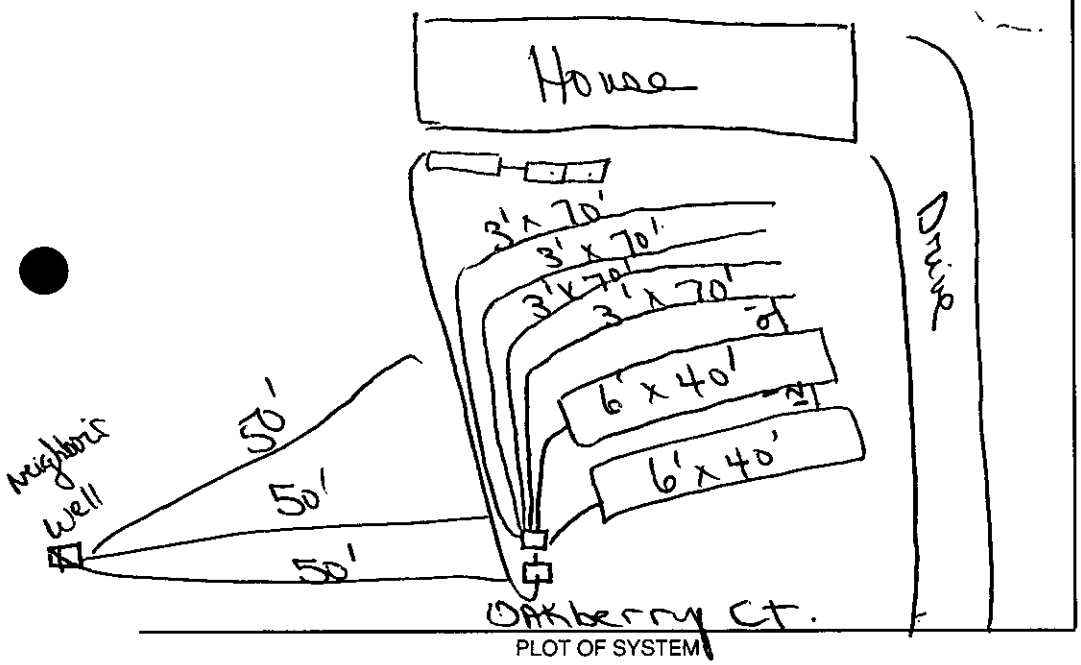
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20704 DATE: 9/27/94

TC: 231-111-47 ☐ L

SERIAL Nº 16164

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 8/27/94. All work shall be completed on or before 1/27/95, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

4 Trenches 3' x 70'

Trench Depth 2 Beds 6' x 40'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length Trenches = 840' Beds = 480 SFB feet

Number of Lines 6

Depth of Stone Trenches = 12" Beds = 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet Minimum

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

NAME OF OWNER Arnold & Molly Taylor

LOCATION OF PROPERTY 4525 OAK Berry Ct.

Comments: Install 3 trenches 3' x 70' x 12" Stone, 24" deep
Install 2 Beds 6' x 40' x 18" Stone 24" deep
Replacing low pressure system with pump to Conventional

D Newell for S Daniel Jilly J Kiser R.S.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D460

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

FILE: 20704 DATE: 12/29/94

TC: 281-111-47 ☐ L ☐ CRT

SERIAL № 14394

Name of Owner Arnold & Molly Taylor Juris.:

Address of Property 4525 Oakberry Court

Inspection Data:

Tank Material ~~280' IN Trenches~~

Total Length of Drainfield 504SF IN Beds

Number of Lines 4 Trenches X 70' / 1 Bed @ 6' x 40' / 1 Bed @ 8' x 33'

Cover Depth 24"

Water Supply Source Well

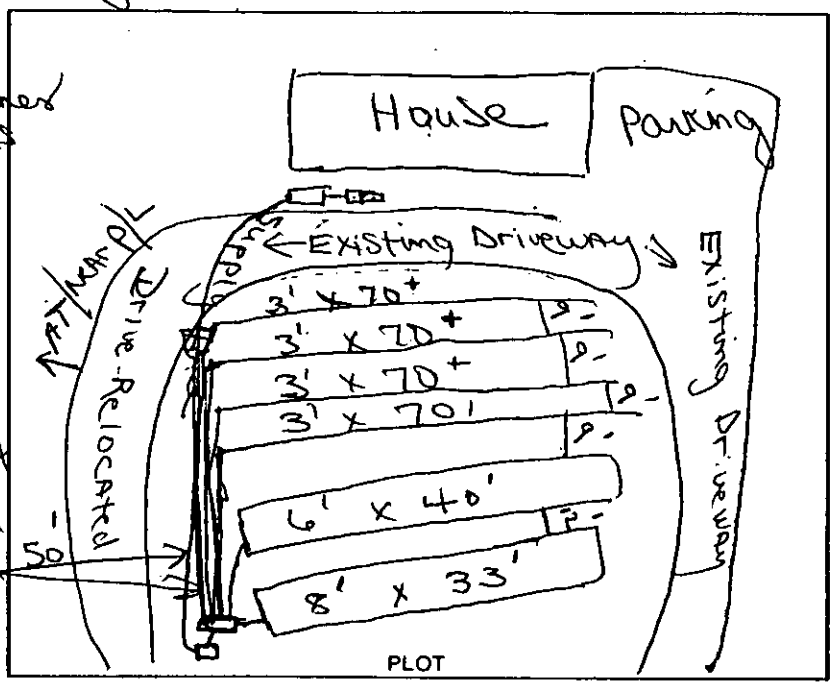
Distance to Water Source 50'

Excavation Inspected 12/28/94, 12/29/94

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 1994 Repair 1344SF CTR# 96

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: 1344 Total Square ~~Feet~~ in repair System. Repair Layout due to Existing Conditions on Site And limited Area - Supply Line Sleeved For ~~Water~~ Proposed relocation of Driveway, There is To be No driving or Parking Over Any portion of the Trenches, beds Etc. Driveway ~~Marked~~ To Indicate Approved Proposed relocation

Existing Pump is Gould 3/4HP 3/4HP.

Judy J. Kuhn RS
Environmentalist

Original System 1989

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

Newell, RS for S. Bishop

JK

8-5-94 Repair 1-800-632-4949

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

188 / 807A

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: TAYLOR (last) ARNOLD & MOLLY (first) (mi)
ADDRESS: 4525 OAKBERRY CT PHONE: (704) 846-1726
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-111-47
STREET ADDRESS: 4525 Oakberry CT.
ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 1 Charlotte [] 2 Davidson [] 3 Cornelius [] 4 Pineville [] 5 Matthews [] 6 Huntersville [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

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)
[] 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)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: 3

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: Arnold Taylor Date: 8/27/94

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.

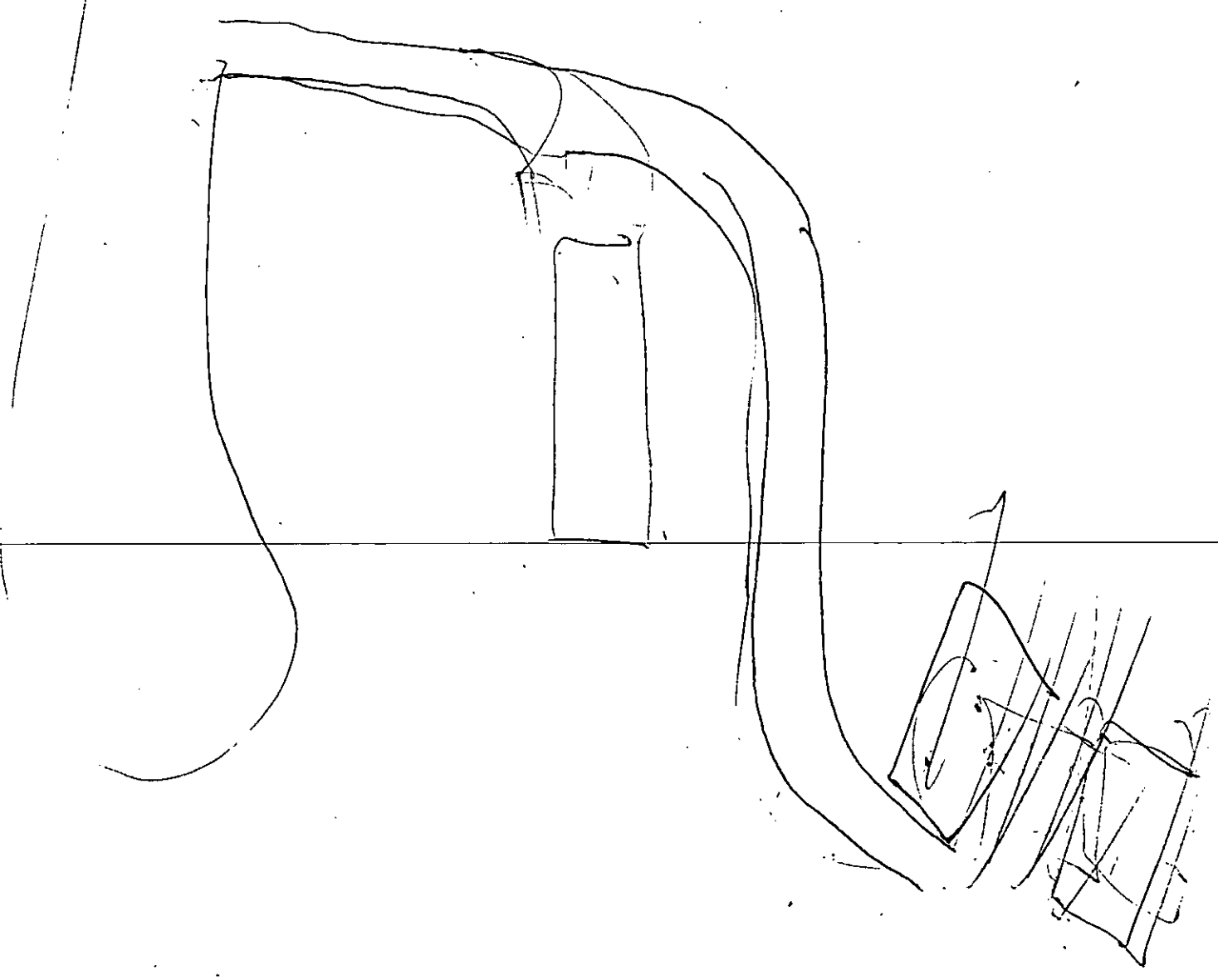
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

12 Site Visit w/ Mrs Taylor & Larry Wright - Duke Power Engineer. Power Line to An Outside Lamp & Cut the Supply Line & Some of the Lateral Of The Lpp System Asked her to Notify Duke Power

Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227



20704

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 200.00 4/6/95 CK

☐ 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

Date:

PERSON FILING APPLICATION:

NAME: TAYLOR (last) LINDSAY (first) A (mi)

ADDRESS: 4525 OAKBERRY CT PHONE: (704) 846-1726

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-111-47

STREET ADDRESS: 4525 OAKberry CT

ZONING:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR ~~MOBILE HOME PARK~~ NAME: Providence Woods

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 30 LOT SIZE (in acres): 1.53

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D) (to upgrade/alter system)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ 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)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ 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: Conventional

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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)
☒ 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: Lindsay A Taylor Date: April 6, 1995

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

...4-27-95 Soil and topography determined to be unsuitable for drainfield addition by Bill Harlin and myself. cf

5-1-95 Called Ms. Howie and reported results as well as informed her that $150.00 refund would be requested.

Larry Thompson, R.S.
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

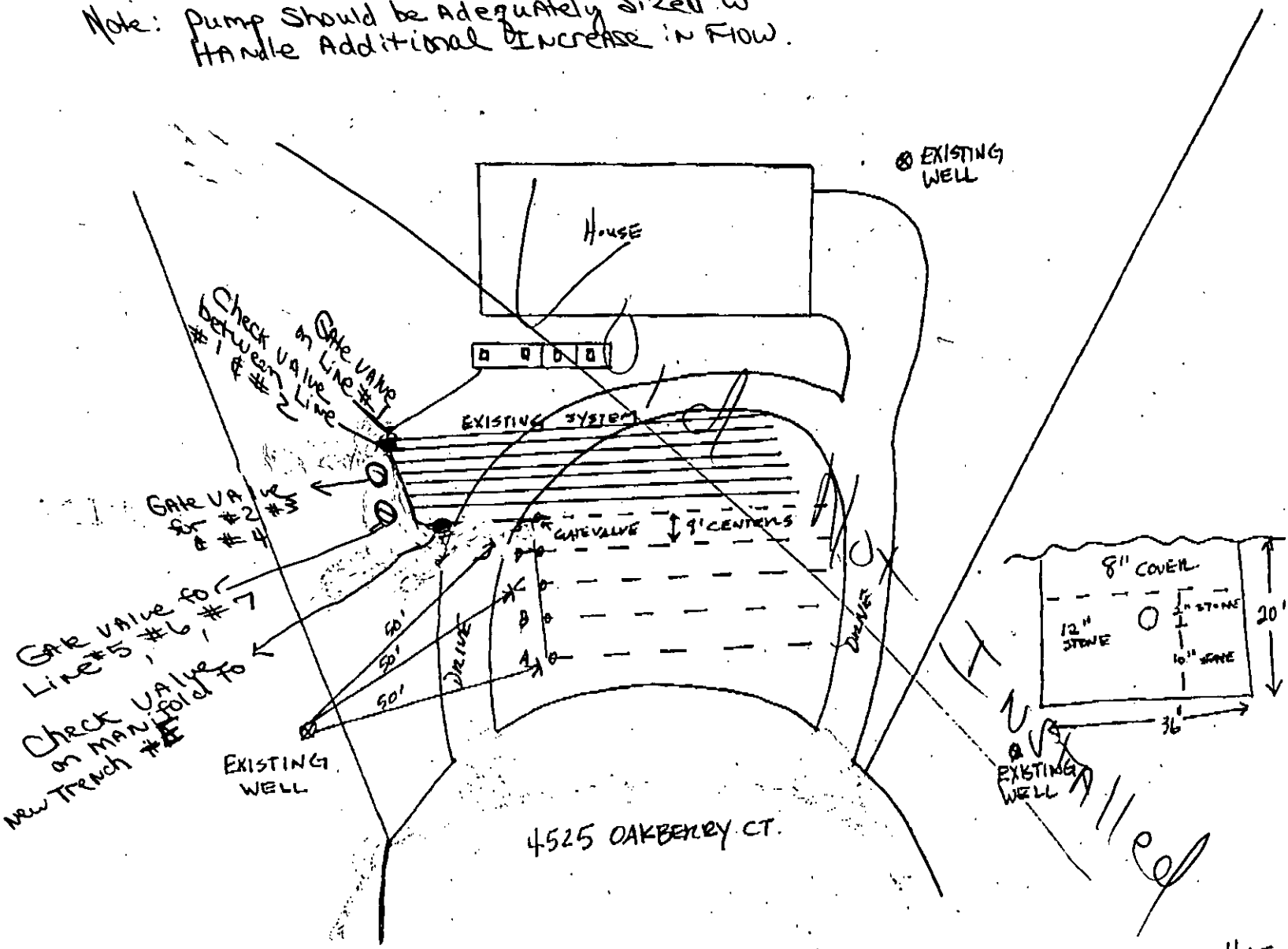
C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

ARNOLD & MOLLY TAYLOR
4525 OAKBERRY CT.
MATTHEWS, N.C.

Note: Pump Should be Adequately Sized To Handle Additional INCREASE IN FLOW.



LINE	FIRST HOLE	HOLE SPACING	# HOLES	FLOW/HOLE	FLOW/LINE	LINE LENGTH	HOLE SIZE
A	30"	5'6"	7	.50	3.5	38'	5/32"
B	↓	5'9"	8	.50	4.0	46'	↓
C		5'6"	10	.50	5.0	55'	
D		5'10"	11	.50	5.5	64'	
E		5'10"	12	.50	6.0	70'	
					24.0 gpm.		

Gowds 5114

½ HP → 110 power

pumps - 65 at 20 M Head.

File 20704

SERVICE REQUEST/WORK ORDER

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

Date: 4/10/97 Parcel: 231-111-47 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Nadia Ghali (Ghali) Phone 847-8777

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Same as above

Address 4525 Oakberry Ct City _____ Zip _____

SERVICE REQUESTED: malfunction

ASSIGNED TO: LMalik TAKEN BY: LMalik

DATE	ACTIVITY REPORT
4/10/97	OSR. Nadia Ghali (owner) & David Jordan, (registered septic tank contractor) present. Last/lowest line surfacing - draining across driveway. Unequal flow @ D-Box. Mr Jordan installed speed levelers in D-Box - cut flow to lower lines. Mr Jordan to fix leaking toilet. No repair approval/permit required. JBM (Note: new subdivision - sewerline under construction behind Ghali property. Municipal sewer may be future option should septem malfunction).

Retain as part of file

NOTIFICATION TO REQUESTING PERSON: ( ) Written (✓ Verbal ( ) Not Applicab

COMPLETED BY: Jiva B. Malik, RS 4/10/97

REVIEWED BY: _____

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S. for SD
Program Chief

Date: May 2, 1995

Ref: File #20704/4525 Oakberry Court

SUBJECT: Refund

(Mr./Mrs./Co.) Lindsay Taylor originally paid $200.00

for Imp Permit/change in septic system on April 7, 1995

check #1091.

A refund should be issued for $150.00 because

soil and topography is unsuitable for drainfield addition, therefore

use existing septic system fee applies.

Please make check payable to: Linday Taylor

4525 Oakberry Court

Matthews, North Carolina 28105

Permit for soil sample test to upgrade or alter septic system from a 3 bedroom to a 4obedroom.

Judy Kiser recommended to us that you and Mr. Larry Thompson come together for the test.

Thank you



BARBARA B. HOWIE
REALTOR

Allen Tate Company

OFFICE: 704/847-6400
HOME: 704/846-3633
VOICE MAIL: 704/841-5608
FAX: 704/845-1708

P.O. BOX 928
165 SOUTH TRADE STREET
MATTHEWS, N.C. 28106

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20704 DATE: 12/29/94

TC: 231-111-47 ☐ L ☐ CRT

SERIAL № 14394

Name of Owner Arnold & Molly Taylor Juris.:

Address of Property 4525 Oakberry Court

Inspection Data:

Tank Material ~~280' IN Trenches~~

Total Length of Drainfield 504SF IN Beds

Number of Lines 4 Trenches x 70' / 1 Bed @ 6x40' / 1 Bed 8x33'

Cover Depth 34"

Water Supply Source Well

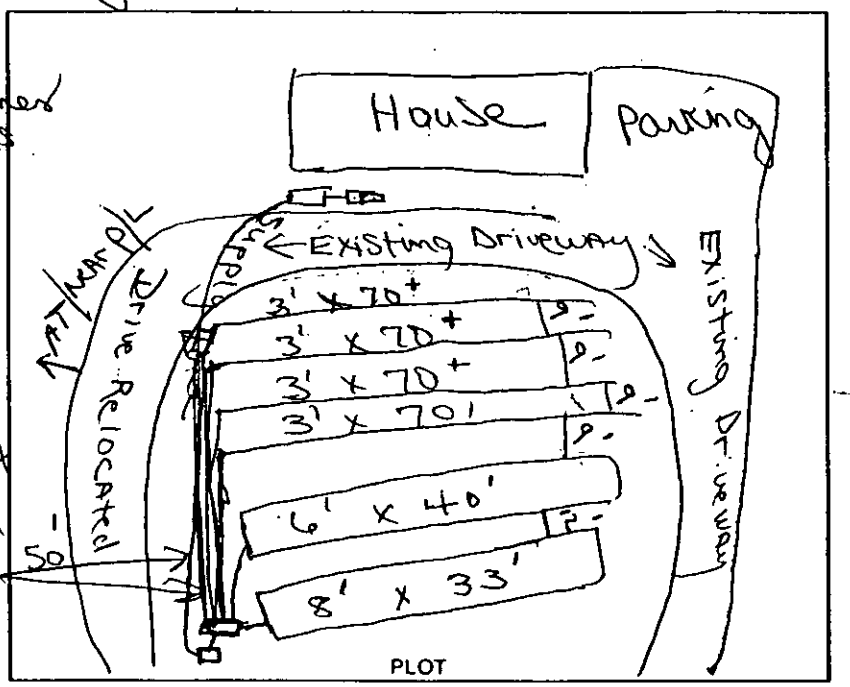
Distance to Water Source 50'

Excavation Inspected 12/28/94, 12/29/94

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: CTR# 96

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: 1344 Total Square ~~Feet~~ IN Repair System. Repair Layout due to Existing Conditions on Site And limited Area - Supply Line Sleeved ~~For~~ Proposed relocation of Driveway, There is To be No driving or Parking Over Any portion of The Trenches, Beds Etc. ~~Driveway is~~ Flagged To Indicate Approved Proposed relocation

Existing Pump is Gould 3112 3/4 Hp.

Judy J. Kiser RS
Environmentalist

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

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

DATE : DECEMBER 9, 1994

TO: JUDY KISER
ENVIRONMENTAL HEALTH

FROM: CATHY HUDSON

ONE PAGE TO FOLLOW

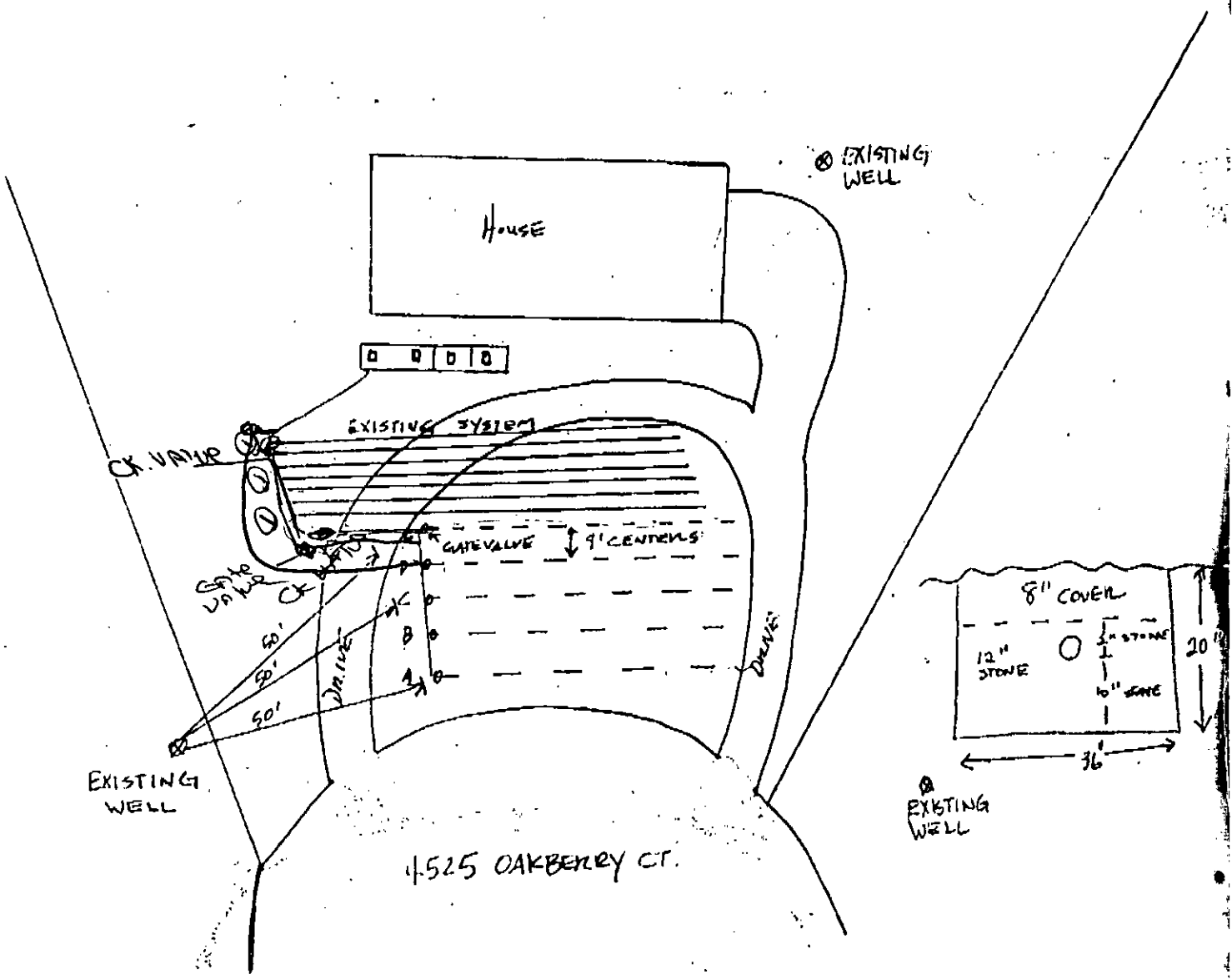
704 289 5560

R. C. S., Inc.

Septic Tank Installation & Service

ARNOLD & MOLLY TAYLOR
4525 OAKBERRY CT.
MATTHEWS, N. C.

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359



LINE	FIRST HOLE	HOLE SPACING	# HOLES	FLOW/HOLE	FLOW/LINE	LINE LENGTH	HOLE SIZE
A	30"	5'6"	7	.50	3.5	38'	5/32"
B	↓	5'9"	8	.50	4.0	46'	↓
C		5'6"	10	.50	5.0	55'	
D		5'10"	11	.50	5.5	64'	
E		5'10"	12	.50	6.0	70'	
					24.0 gpm		

JK

20704 Repair

1818 / 8071A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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: TAYLOR (last) ARNOLD & MOLLY (first) (mi)

ADDRESS: 4525 OAKBERRY CT PHONE: (704) 846-1726

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-111-47

STREET ADDRESS: 4525 Oakberry Ct.

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):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR REMODELING/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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

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)
☒ 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: Arnold Taylor Date: 8/27/94

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

9/2/94 Site visit w/Mrs Taylor & Larry Mowery - Duke Power installed a power line to a light at road. Cut new supply line & perhaps other lines - Reason may be to get power to Bas Lines nearby. I asked Mrs Taylor also about the discrepancy in the # of bedrooms - She said builder added bedroom/bath a yr ago - (Our records indicate Den was added)

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

57 400 ✓ Pd 25.00 CK#15806 2-25-92/WPG

~~207A/181B~~ 20704

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PC [X] [ ] 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: Roby (last) Andrew (first) (mi)

ADDRESS: P.O Box 221416 PHONE: (704) 334-5477

CITY: Charlotte STATE: NC ZIPCODE: 28222

Date: 2/25/92

PROPERTY OWNER:

NAME: Taylor (last) Arnold (first) (mi)

ADDRESS: 4525 OAKBERRY CT. PHONE: (704) 339-5222

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-111-47

STREET ADDRESS: 4525 OAKBERRY CT

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):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[●] 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) Den, Bathroom
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

[ ] SINGLE MOBILE HOME (S) [●] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 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)
[●] 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: Andrew Roby Date: 2/24/92

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 3-18-92 Date

Director or Authorized Section Head 3-17-92 Date

WWATER : 122791

PROPOSED PLOT PLAN

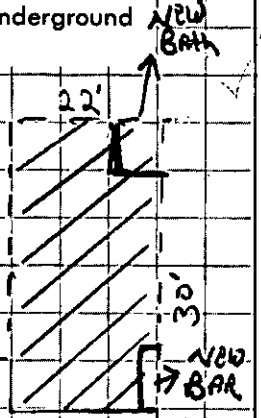
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

20204

FILE: ~~807A / 181B~~

TC: 231-111-47

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.



4525 OAKBERRY COURT

Signed: Donald W Harter

Date: 2/24/92

DATE 2/24/92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

231-111-47
PARCEL NUMBER

4525 Oakberry Ct
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Addition to exist Lot

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91