

14240 E ROCKY RIVER RD

00727101

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

EHS 05

1103 A County Permit Review Worksheet

Reviewer KS

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(3)	Mineralogy Recorded?										
.1939 (a)(4)	Soil Wetness Condition Recorded?										
	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
.1939(d), .1955, .1956, .1957	Were sufficient auger borings made?										
	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 ATTACHED PERMIT

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St,, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

ALTERATION PERMIT

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1103A Permit #: 2156 Tax Parcel #: 007-271-01

Property Owner: RODNEY KNOX

Job Location Address: 14740 E ROCKY RIVER ROAD

City: DAVIDSON State: NC Zip Code: 28036

Installation Approval Issuance Date: 4/11/07

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 1 Construction, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: Existing gallons

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: ——— gallons

Drainfield Design ☐ N/A

Trench Depth: 30" inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 133' feet

# of Lines: 1 @ 133' feet

Depth of Media: 12 inches (Type) STONE

Distribution Device: D-BOX

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

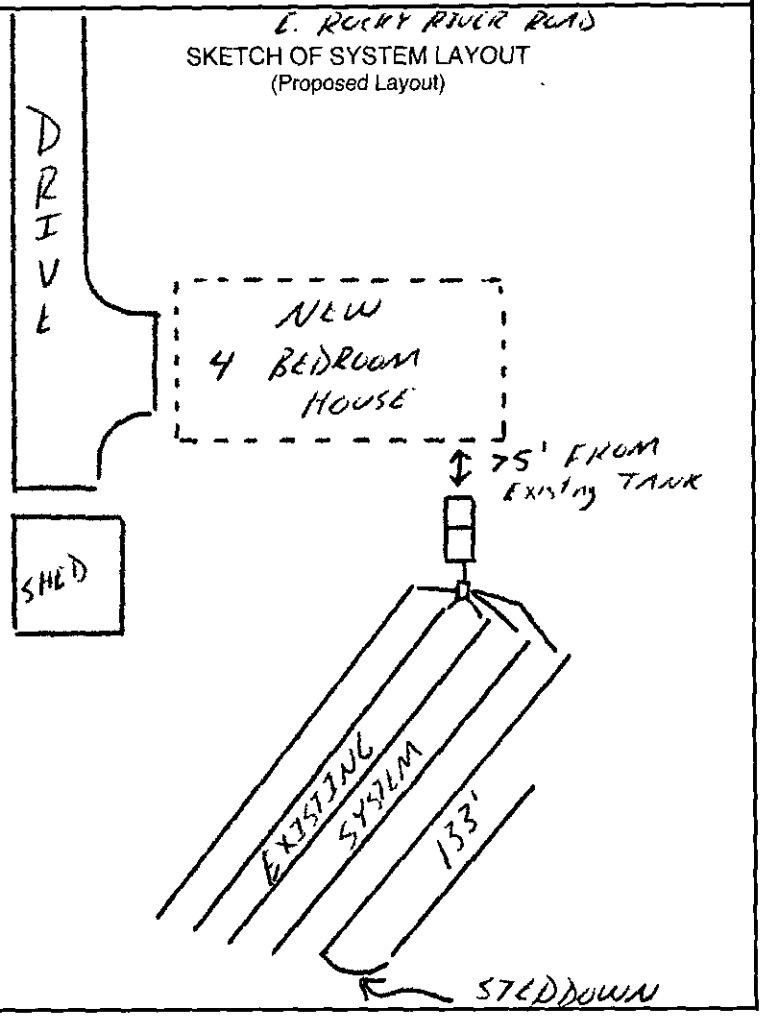
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet



Comments: System Classification & Type: II Conventional System

1 line x 133' x 3' x 12" stone

DENR Authorized Agent: Tony M. Mac KS Signature: Tony Mack RS

Mecklenburg County Groundwater & Wastewater Services
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ALTERATION PERMIT

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1103A Permit #: 2136 Tax Parcel #: 007-271-01

Property Owner: RODNEY KNOX

Job Location Address: 14240 E. ROCKY RIVER ROAD

City: DAVIDSON State: NC Zip Code: 28036

Installation Approval Issuance Date: 4/11/07

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before Construction, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: Existing gallons

Site LTAR: 0.5 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: ____ gallons

Drainfield Design ☐ N/A

Trench Depth: 30" inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 133' feet

# of Lines: 1 @ 133' feet

Depth of Media: 12 inches (Type) STONE

Distribution Device: D-BOX

Bed Design (For Repair Installations ONLY.) ☒ N/A

Bed Depth: ____ inches

Bed Width: ____ feet

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Distribution Device: ____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

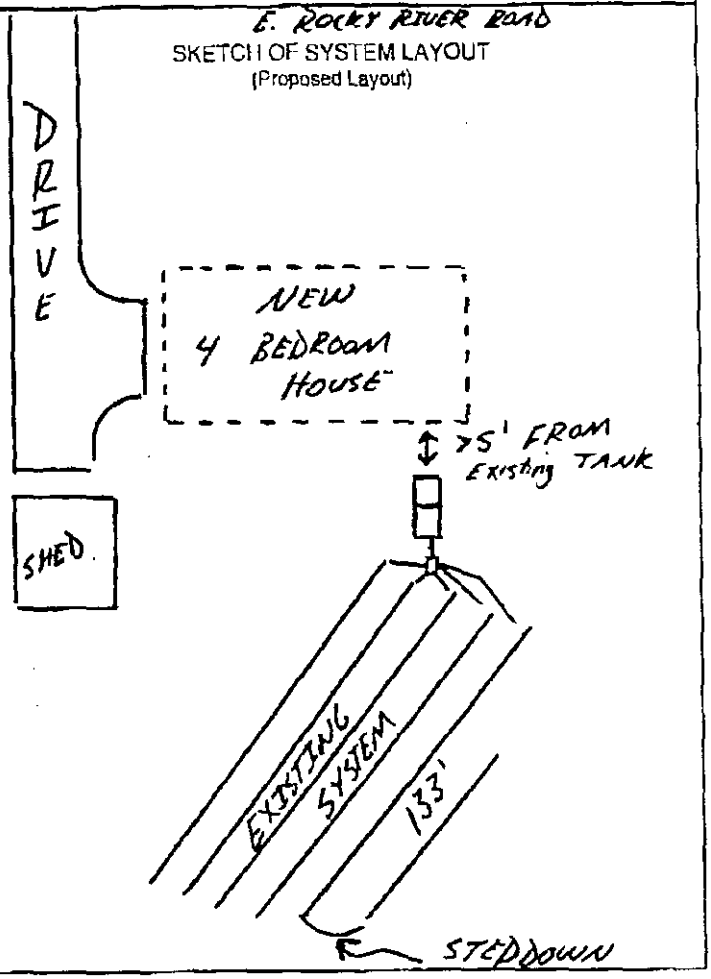
☐ Other ____

Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet



Comments: System Classification & Type: II Conventional System

1 line x 133' x 3' x 12" STONE

DENR Authorized Agent: Jeremy Mickley, R.S. Signature: Jeremy Mickley, R.S.

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 1103A

Tax Number: 00727101

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1600 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	exis Gallon septic tank	133 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	12 Depth of media (in)	

Any surface water present. NO Type: Minimum separation distance (ft):

Additional conditions: **Install 1 x 133' x 3' x 12" stone to existing system**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1600 Absorption Area (ft^2) 533 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Tracy Mackey P.S. 4/11/07
DENR Authorized Agent Date

Owner/Agent Signature 4/11/07
Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

TOTAL P.03

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 1103A Tax Number: 00727101

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

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Serviced by private well: ☒ Yes ☐ No	exis Gallon septic tank	133 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain *between trench bottom and* unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	12 Depth of media (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: **Install 1 x 133' x 3' x 12" stone to existing system**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1600 *Absorption Area* (ft^2) 533 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

Jerry Marlow, L.S. 4/11/07

DENR Authorized Agent *Date*

Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

chk # $200 -100 2730 2842

FILE NUMBER: 1103A

Revised On: January 3, 2007

APPLICATION NUMBER: 2136

SEPTIC FEE: 300.00
DATE: 2/14/07 gjc

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN JPM

2. **WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 007-271-01
STREET ADDRESS: 14240 Rocky River Rd.
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres):
TOWNSHIP:

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. **RANK:** 1

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO

10. **PROPERTY OWNER:**

NAME: Rodney Knox
ADDRESS: 222 Ingram Rd
CITY: Statesville
STATE: NC ZIP: 28625
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 807 8174 FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Bob Knox
ADDRESS: PO Box 40
CITY: Davidson NC
STATE: ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 577 4130 FAX: 704 892 4021

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

X William Rodney Knox 2/14/07
Property Owner's or Owner's Legal Representative Signature Date

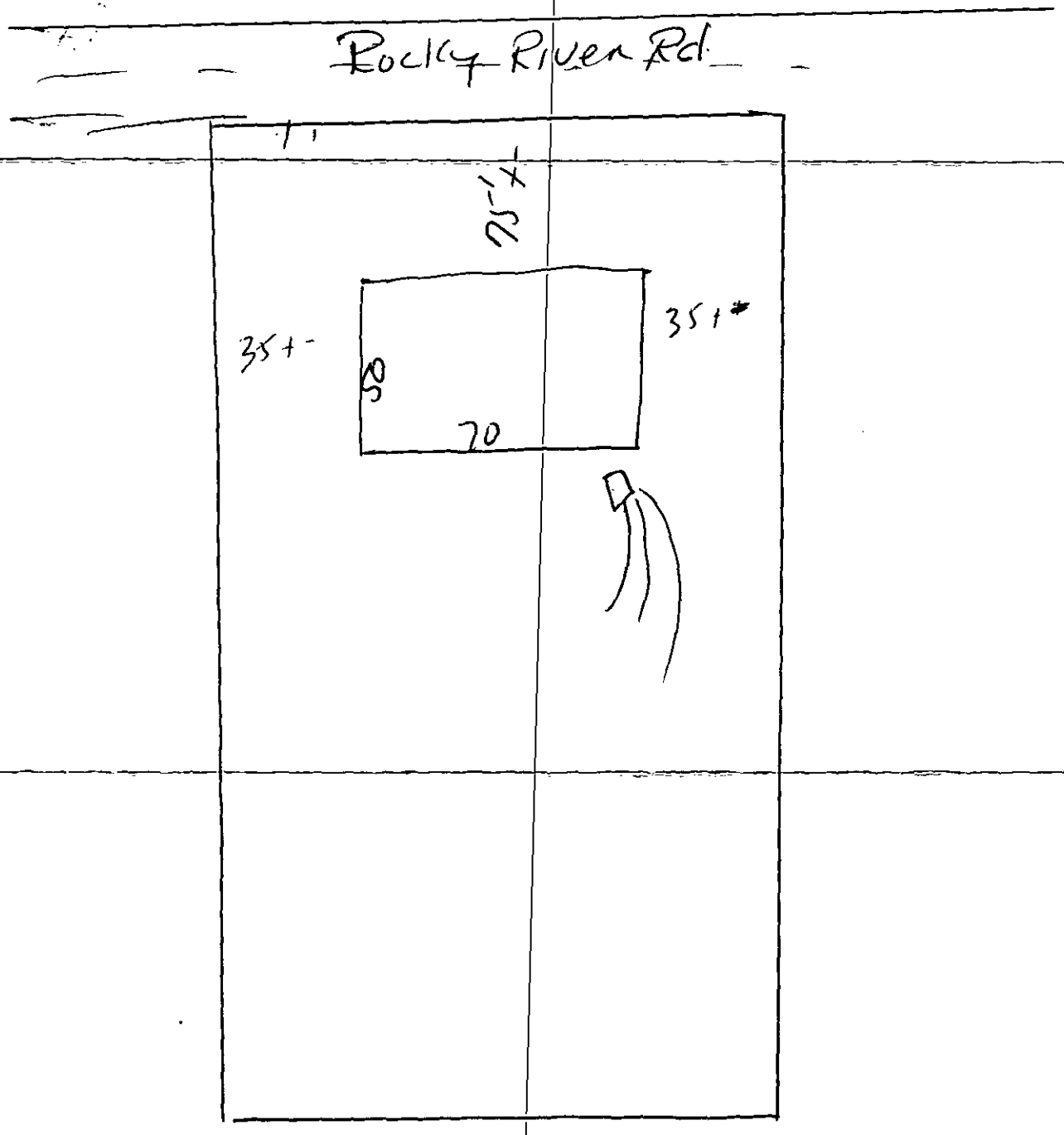
15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☑ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

0706



50 X 70

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/04/07
Receipt #: 50008
Check / Auth #: CHECK 2730,
Received By: CRAIGGY

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RD DRYWALL INC
Attn:
Address: P O BOX 3282
Address:
City/State/Zip: HUNTERSVILLE, NC 28070

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 14240 ROCKY RIVER RD		1	300.00	300.00

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

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

1103A

~~1907~~

10514

chk's #200 2730 $100 2842

FILE NUMBER: 1103A

SEPTIC FEE: 300.00
DATE: 1/14/07 gc

Revised On: January 3, 2007

COPY

APPLICATION NUMBER: 2136

WELL FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN JPM

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 007-271-01
STREET ADDRESS: 14240 Rocky River Rd.
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ___ ___ ___ ___ ___

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO

10. PROPERTY OWNER:

NAME: Rodney Knox
ADDRESS: 222 Ingram Rd
CITY: Statesville
STATE: NC ZIP: 28625
HOME PHONE: WORK PHONE:
MOBILE PHONE: 7048078174 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Bob Knox
ADDRESS: PO Box 40
CITY: Davidson NC 574-1309
STATE: ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 7045941305 FAX: 7048924021

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. *I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.*

X William Rodney Knox 2/14/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. *I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.*

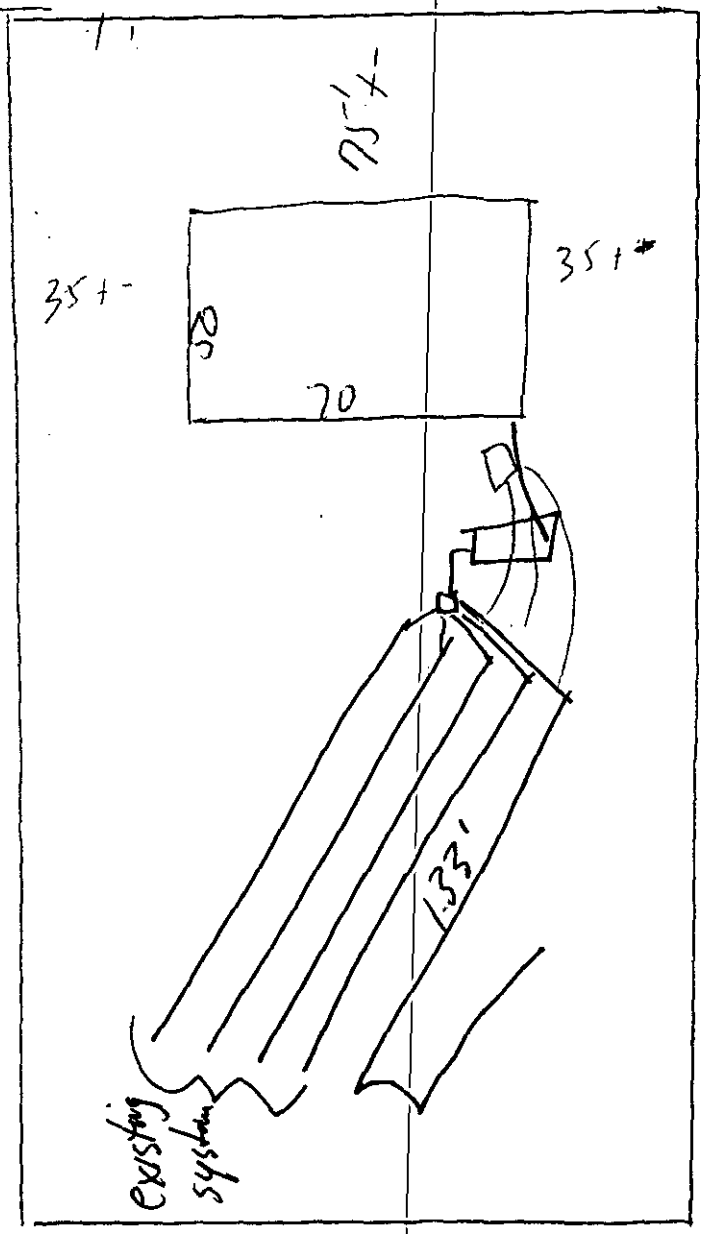
_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☑ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

1706

Rocky River Rd



133' Conventional

100' 25% Reduction

50X70

C of A (s) No. 1103-A

Date Issued 12-18-85 **Serial** 8124 T. C. No. 007-271-01 L ORT

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 MC GINN (LAST) DENNIS (FIRST) (MIDDLE)

Location of Property 14228 E. ROCKY RIVER RD

Application Number 1103-A Permit Number 1103-A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400 Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source shared well Distance from Water Source 50'

Excavation Inspected 12-18-85 (DATE) Tank Inspected 12-18-85 (DATE)

Nitrification Field Inspected 12-18-85 (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 1985, 1500 ST, CON, 1200 SFT, 12 G, CELIC
SYSTEM INSTALLED WITHOUT PERMIT

Environmentalist

EHD-5-76

Environmental Health Department's Copy

SIR No. 1103A

Serial No. 9111

Date Issued 11-25-85

T. C. No. 007-271-01

Map Date L (K' (

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER McGinn, (LAST) Dennis (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 5933 Old Plank Rd., Charlotte, NC ZIP 28216

LOCATION OF LOT 14228 E. Rocky River Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 1103A. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Sanitarian

Environmental Health Director, or Authorized Section Head

EHD-5-74

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: 1103 A

TC: 007-271-01

MECK COUNTY DEPARTMENT
RECEIVED
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 14228 E. Rocky River Rd Davidson N.C. 28036
(STREET NO.) (STREET)
BT 1 Box 1741 Davidson N.C. 28036

② FILE: 1103 A

③ CITY: Davidson N C 28036

④ TAX PARCEL NO.: 007-271-01

⑤ SUBDIVISION: _____

⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Dennis (FIRST) Eugene (MIDDLE) McGinn (LAST)

⑨ MAILING ADDRESS: 5933 Old Plank Rd.

⑩ CITY: Charlotte

⑪ STATE: N C. ⑫ ZIP: 28216

⑬ PHONE: (~~WORK~~) Home 399-0644

⑭ (~~HOME~~) work 399-2430

REQUEST

This request is for a(n):

⑮ ☑ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☑ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

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? 2

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____

E Rocky River Rd

↓45'

Mobile Home

Septic Tank Field

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: Dennis E. McGinn

Date: 11-22-85

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

Serial No. 6653

SIR No. 1103A

T. C. No. 007-271-01

Date Issued 11-19-85

Map Date /

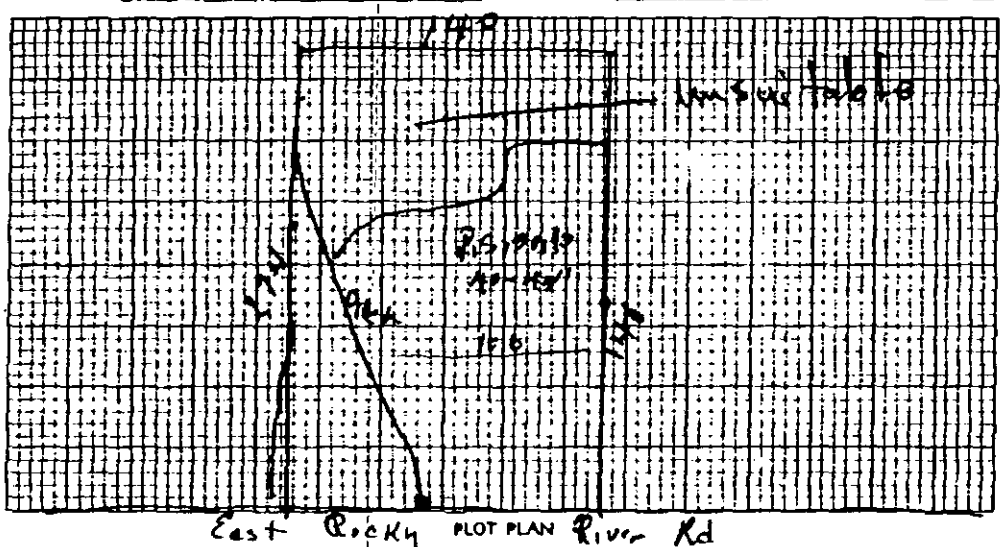
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER McGinn, Dennis E
LAST FIRST MIDDLE

ADDRESS OF OWNER 5933 Old Plank Rd., Charlotte, NC ZIP 28216

LOCATION OF PROPERTY 14228 E. Rocky River Road
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE
The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Kenney
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 1103A

T.C. NO: 007-221-01

(Ground Absorption Sewage Disposal)

OWNER: Dennis Eugene McGinn PLAT NO: _____
ADDRESS: 5933 old Plank Rd LOT SIZE: 1A
Charlotte 28216
LOCATION OF SITE: 14228 East Rocky River Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-8 U	S PS comply slopes U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 40-46 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVa			
9. SITE CLASSIFICATION	P, Suitable	Unsuitable		
10. SOIL SERIES	(Suitable)			

S - Suitable PS - Provisionally Suitable U - Unsuitable

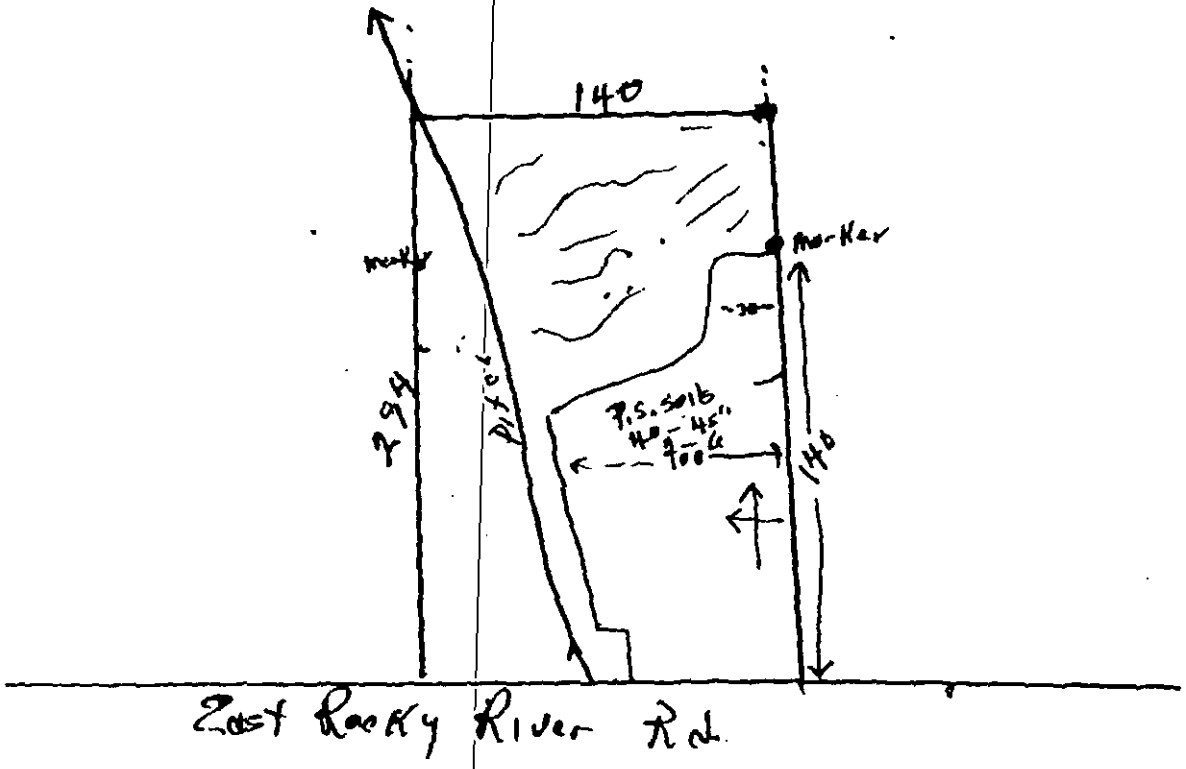
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: W. B. Kenney
Title: Sanitarian

Date: 11-18-85

Lot 4 Two way slope on This Lot, What Ever is put on it will Require Correct Placement of Forced System.



DATE 10/5/88

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
DEPARTMENT PERMIT ISSUING SECTION

FROM: COUNTY ENGINEERING DEPARTMENT

Mock
JURISIDICTION

007-271-01P0
PARCEL NUMBER

14223 East Rocky River Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

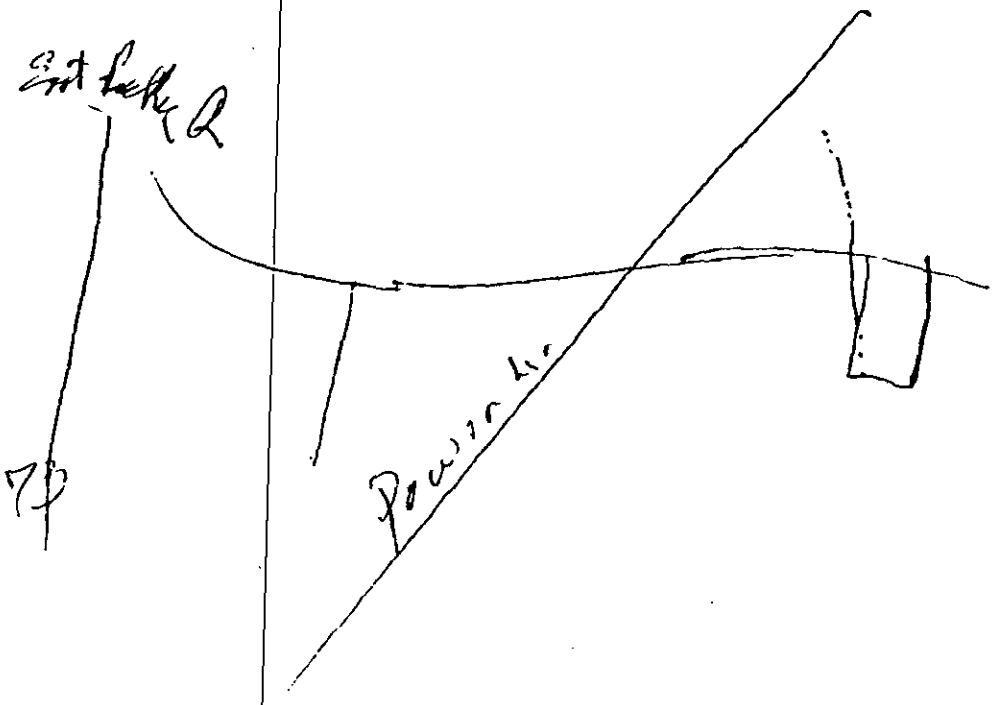
	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐
2. FLOODWAY REGULATIONS	☐	☐
3. EROSION CONTROL REGULATIONS	☐	☐
4. COMMERCIAL DRAINAGE PLAN	☐	☐
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ YES	☐ NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ YES	☐ NO
7. DRIVEWAY PERMIT REQUIRED	☐	☐

REMARKS: _____

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).

04-05-84
ALL OTHER FORMS OBSOLETE

SIGNED: _____


Entrance
Power

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 1193A

TC: 007-271-01

RECEIVED
OCT 1 1985
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 14228 EAST Rocky River Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: [redacted] PAGE NO.: _____ PARCEL NO.: 007-271-01

⑥ DEED REFERENCE: BOOK NO.: 4028 PC PAGE NO.: 626

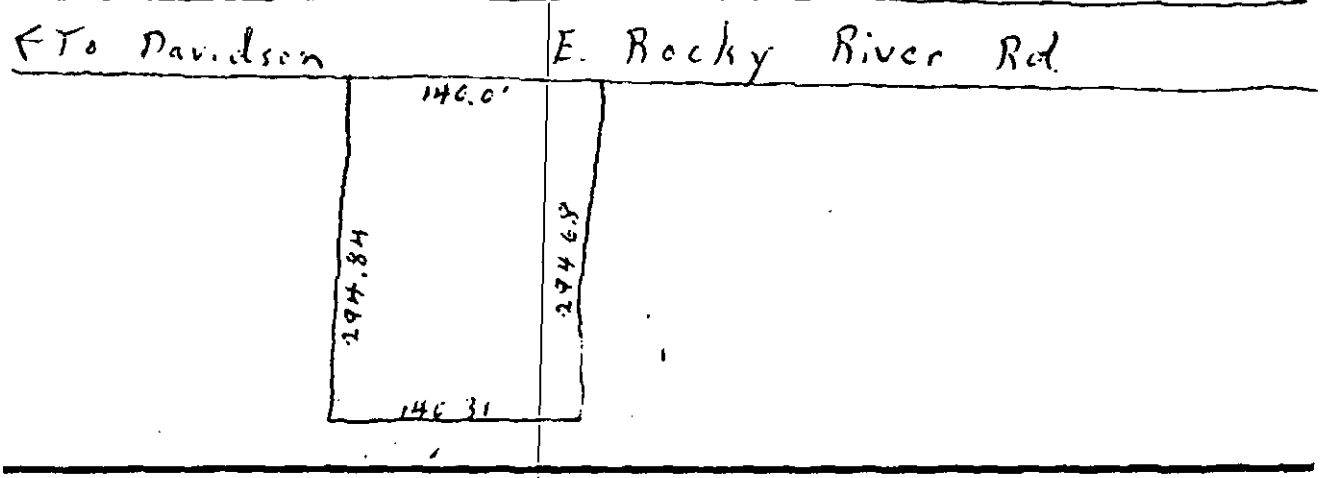
⑦ NAME: Dennis (FIRST) Eugene (MIDDLE) McGann (LAST)

⑧ MAILING ADDRESS: 5933 Old Plank Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28216

⑫ PHONE: (WORK) 377-2430 (HOME) 377-0644

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: Dennis E McGann

Date: 10-14-85

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

1103A
007-271-01

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

Subject: Environmental Dept

Dear

The parcel of land located at 14228 East Rocky River Rd
and further identified by tax parcel number 007-271-01 (Part of)
is zoned R4, (RURAL URBAN).

Mobil Homes are permitted on individual lots in the R4 Zoning district.

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

Sincerely,

Zoning Inspector

Form B-150 MS
10/84 59/b

Mecklenburg County, NC
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 4/9/2007 9:30:21 AM

***Parcel ID #:* 00727101 *GIS ID #:* 00727101**

Owner Name:	WILLIAM RODNEY KNOX
Mailing Address:	222 INGRAM RD STATESVILLE, NC 28625

Property Characteristics

Legal Desc.:	L1 M31-83
Land Area:	0.948AC
Fire District:	06-DAVIDSON / NORTH STAR
Special District:	FIRE SERVICE C
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	VACANT

Deed Reference(s) and Sales Price

15176-566 (4/17/2003) $42,000.00
05039-842 (6/26/1985) $10,000.00

Situs Addresses Tied to This Parcel

14240 E ROCKY RIVER RD

Site Location Information

Zoning Boundaries:	Contact Appropriate Planning Department

ETJ Area: DAVIDSON

Charlotte Historic Districts: NO

Within Charlotte 6/30/2007 Annexation Area: NO

Census Tract #: 64.01

Parcel Falls Inside SWIM Buffer?: NO

FEMA Flood Information

FEMA Panel #:	370503028E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004

Community Flood Information

Community Flood Zone:	OUT

Regulated Watershed Information

Watershed Name:	ROCKY RIVER
Watershed Class:	

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
00727101	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
KNOX WILLIAM RODNEY	222 INGRAM RD	STATESVILLE NC 28625

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L1 M31-83	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE C	DAVIDSON / NORTH STAR	0.948

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
0	45000	1100	46100				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Apr 17 2003	42000	84.0000		IMP	15176 - 566	WARRANTY D	15176-566	MCGINN,DENNIS E
Jun 26 1985	10000			VAC	05039 - 842	DEED STAMPS	05039-842	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	1	LT	A701	45000

Building Information

Bldg	Description	Type	Year Built	Property Location
				14240 E ROCKY RIVER RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths

Sub Areas

Bldg	Description	Size

Depreciation

Bldg	Physical	Functional	Economic	Special	Override

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1900	STORAGE	1	10X20	800
1	1900	PATIO	1	10X20	300

Value Changes

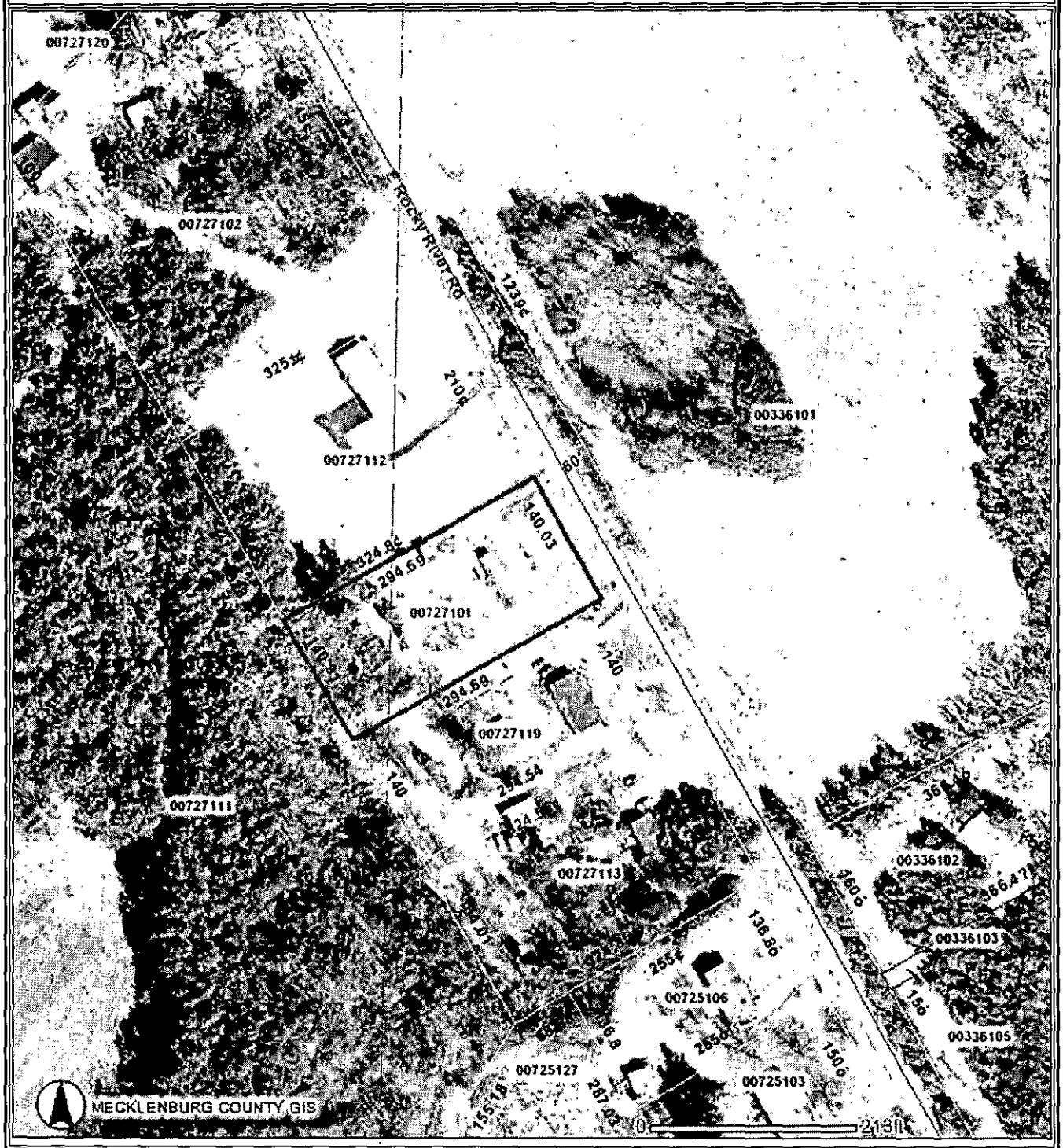
Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	46100	0
Apr 27 2000	2000	Division of Real Estate and/or New Parce	19020	
Jan 5 1998	1998	Countywide Revaluation	37990	
Jan 2 1991	1991	Countywide Revaluation	20630	

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Apr 9 08:20:13 EST 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.