

4704 OAKDALE RD

03328103

5/21/2007

duponbj

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

Mecklenburg County
Health Department

June 21, 2001

Mark V. O'Keefe
171 Perrin Drive
Mooresville, NC 28115

Re: Application for improvement permit for
Property Site: 4704 Oakdale Road
Health Department file no. 4623A

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 7, 2001 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a 3-bedroom residence, with a design wastewater flow of ___360___gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is ***UNSUITABLE*** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

____X____Unsuitable soil topography and/or landscape position (Rule .1940)
____X____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
____X____Unsuitable soil wetness condition (Rule .1942)
____X____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
____X____Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 21, 2001, Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Authorized Agent - DENR

Encl: (2)

FEE: _____
DATE: 4/20/01

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

A C3

1 1 CRT 1

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

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

FILE #: ~~46665~~ 4623A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-28-103

STREET ADDRESS: 4704 Oakdale Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1955

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,178

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

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

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: O'Keefe (LAST) Mark (FIRST) V. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 171 Perrin Dr.	DAYTIME PHONE: ( ) -
CITY: Mooresville STATE: NC ZIP: 28115	
DAYTIME PHONE: (704) 799-7727	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/2/88

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Julie Taylor DATE: 4/20/01

FEE: _____
DATE: 4/20/01

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

A CJ

1 OF 1 CRT

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

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

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__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,178

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) X PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) O'Keefe (FIRST) Mark (MI) V.

ADDRESS: 171 Perrin Dr.

CITY: Mooresville STATE: NC ZIP: 28115

DAYTIME PHONE: (704) 799-7727

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/2/88

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SIGNED: Julie Taylor DATE: 4/20/01

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

AG #3

Sheet: _____
Property ID: 033-281-03
Lot #: _____
File #: 4623A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mark V. O'Keefe APPLICANT: DOT
ADDRESS: 171 Perrin Drive, DATE EVALUATED: 6-7-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .25 ac
LOCATION OF SITE: 4704 Oakdale Road PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	5104 2-8% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/sgr	FR/SEXP/SS/SP	7 21" TO soil wetness	21"	N/A	None	US
		2-21"	sBK/c	vfi/Mixed/ US/US					
2	LS	0-3"	gr/sgr	FR/SEXP/SS/SP	7 12" TO soil wetness	12"	N/A	None	US
		3-12"	sBK/sc	vfi/Mixed/ US/US					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin LSS 6-8-01
OTHER(S) PRESENT: P. Walker

FILE # 46237

COMMENTS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

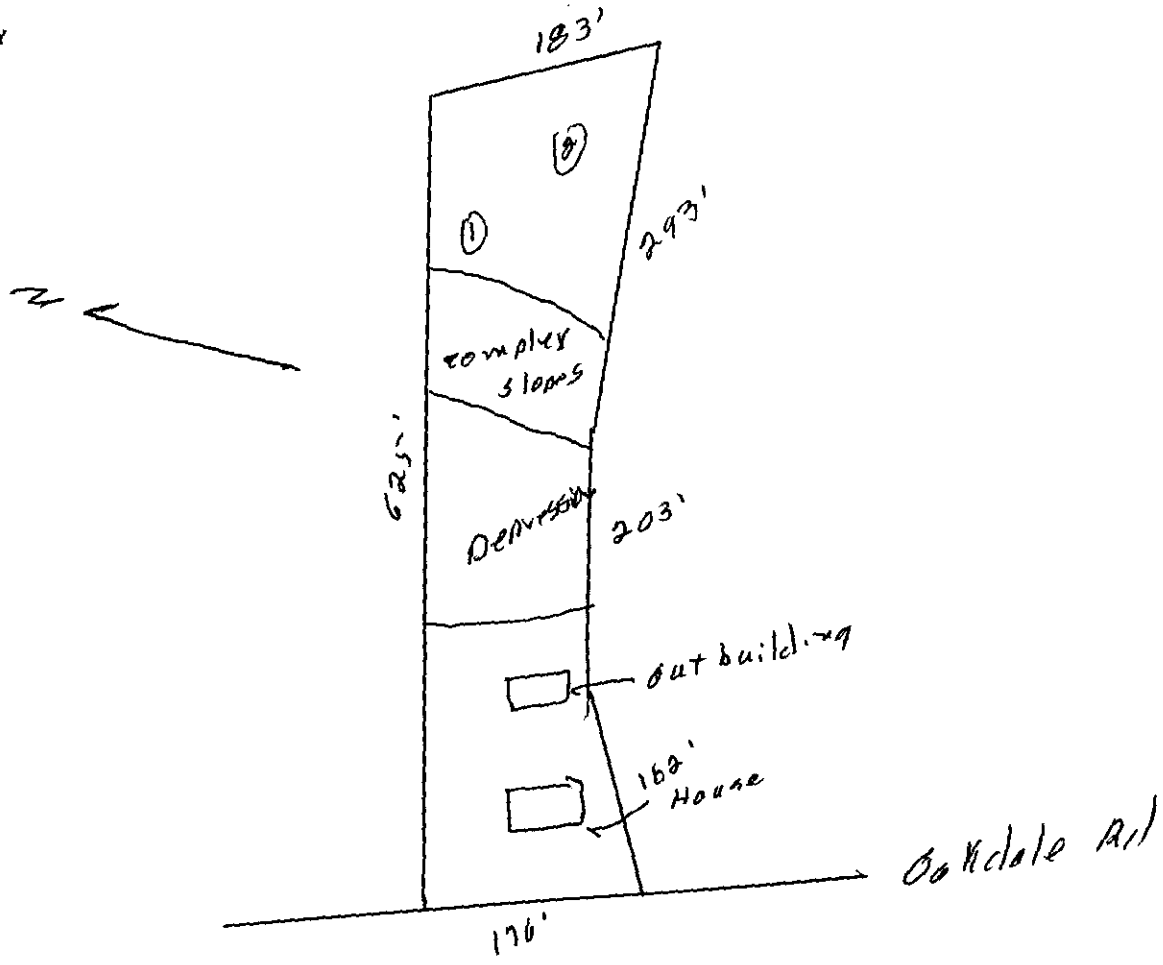
STRUCTURE

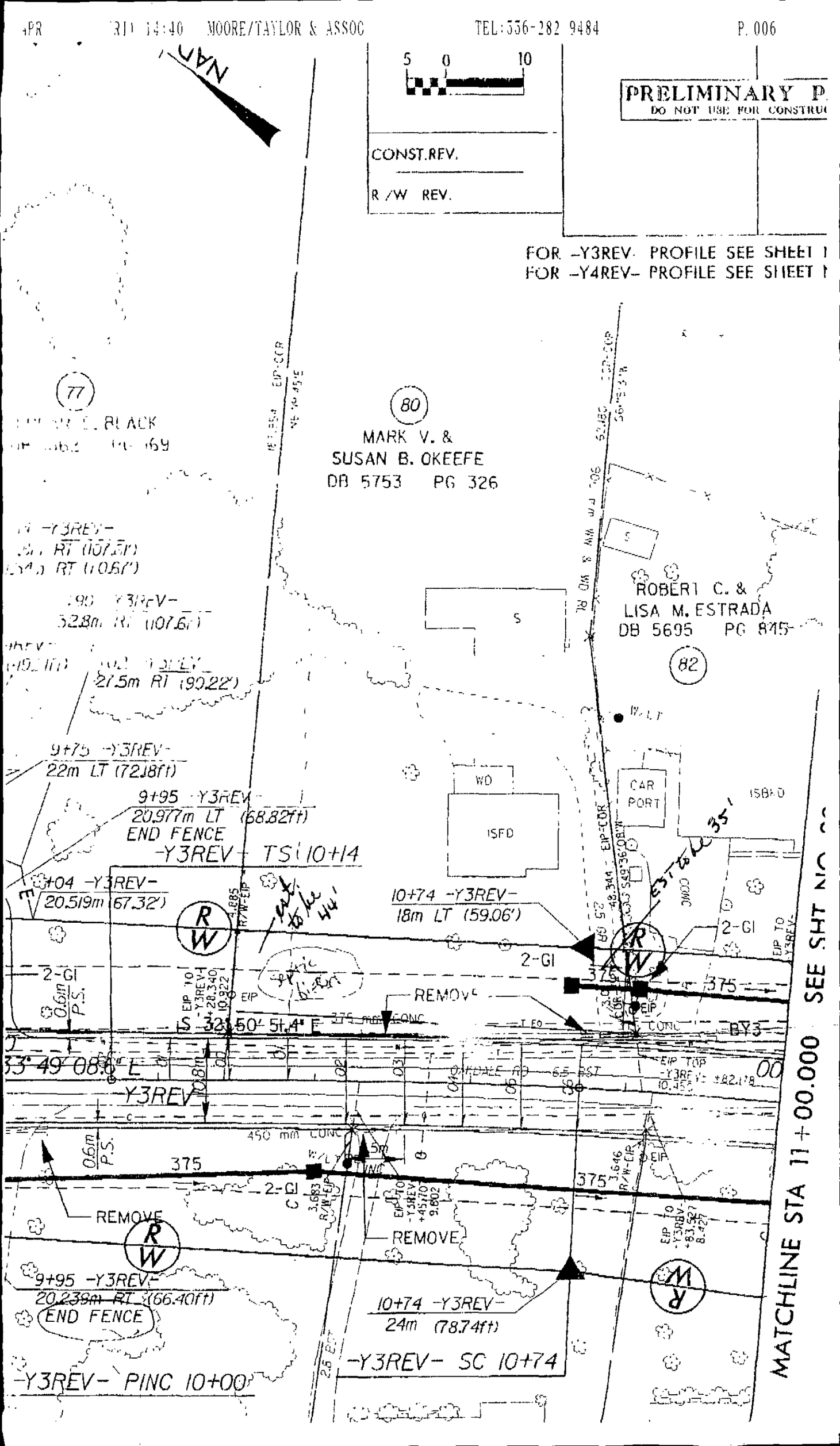
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

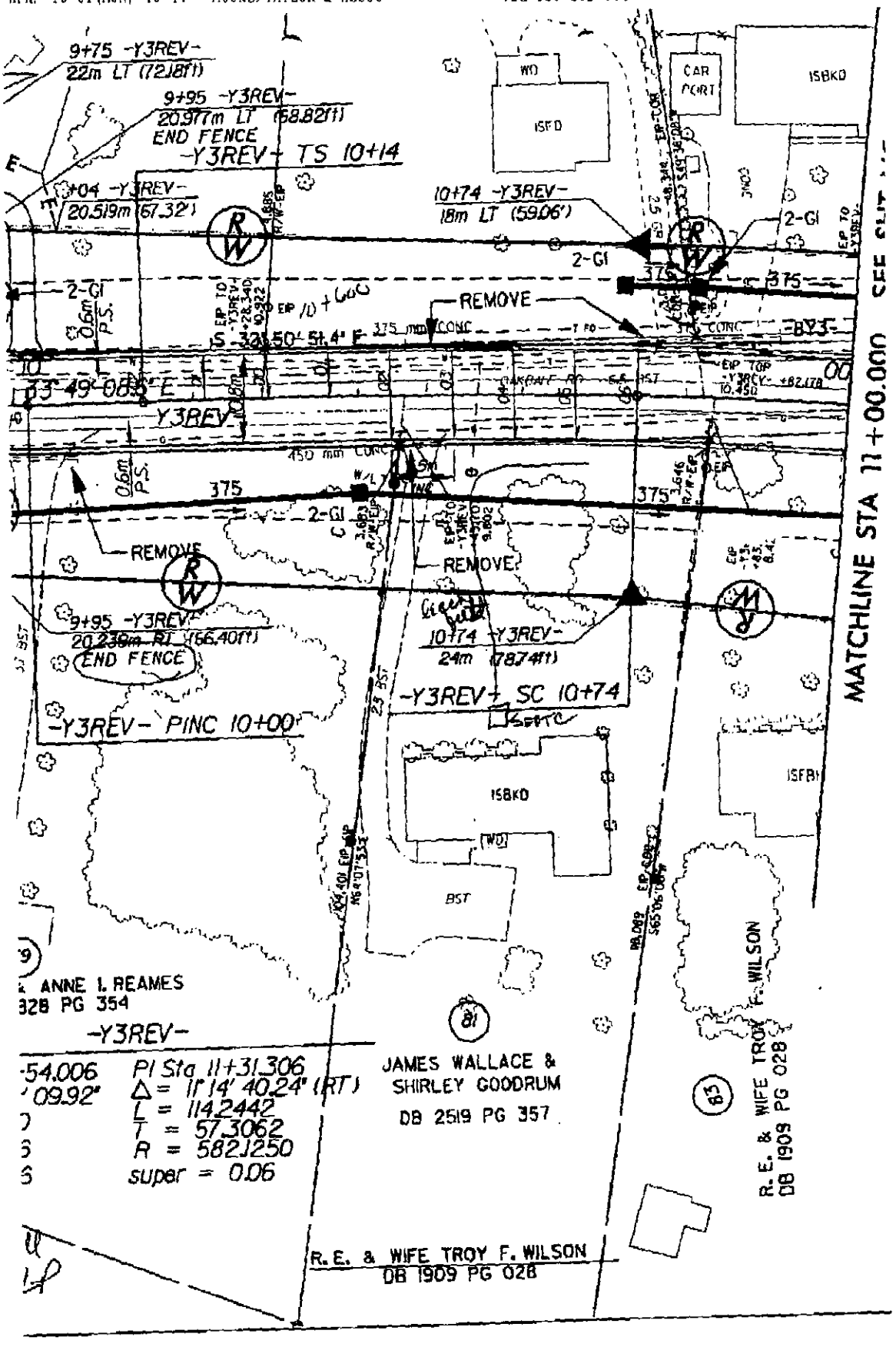
MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




5 0 10
PRELIMINARY P
DO NOT USE FOR CONSTRUC
CONST.REV.
R/W REV.
FOR -Y3REV- PROFILE SEE SHEET
FOR -Y4REV- PROFILE SEE SHEET
77
80
MARK V. &
SUSAN B. OKEEFE
DB 5753 PG 326
82
ROBERT C. &
LISA M. ESTRADA
DB 5695 PG 845
-Y3REV-
RT (107.6')
RT (110.6')
27.5m RT (90.22')
9+75 -Y3REV-
22m LT (72.18ft)
9+95 -Y3REV-
20.977m LT (68.82ft)
END FENCE
-Y3REV- TS 10+14
10+04 -Y3REV-
20.519m (67.32')
10+74 -Y3REV-
18m LT (59.06')
WD
ISFD
CAR PORT
2-GI
REMOVE
375
450 mm CONC
0.6m P.S.
S 32° 50' 51.4" E
33° 49' 08.6" E
-Y3REV-
9+95 -Y3REV-
20.238m RT (66.40ft)
END FENCE
10+74 -Y3REV-
24m (78.74ft)
-Y3REV- SC 10+74
-Y3REV- PINC 10+00
MATCHLINE STA 11+00.000 SEE SHT NO


9+75 -Y3REV-
22m LT (72.18ft)
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ISBKD
ISFD
CAR PORT
WD
BST
MATCHLINE STA 11+00.000
ANNE I. REAMES
328 PG 354
-Y3REV-
-54.006
09.92"
PI Sta 11+31.306
Δ = 11° 14' 40.24" (RT)
L = 114.2442
T = 57.3062
R = 582.1250
super = 0.06
JAMES WALLACE &
SHIRLEY GOODRUM
DB 2519 PG 357
R. E. & WIFE TROY F. WILSON
DB 1909 PG 028
R. E. & WIFE TROY F. WILSON
DB 1909 PG 028

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4623 A DATE: 7-10-97

TC: 033-112-12 ☒ L ☐ CRT

SERIAL Nº 16964

Name of Owner Mark O'Keefe Juris.:

Address of Property 4704 Oakdale Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 333'

Number of Lines 2 @ 50'

Cover Depth 12-14"

Water Supply Source priv well

Distance to Water Source >50'

Excavation Inspected 7-10

Tank(s) Inspected 7-8 kl

Wash Line Inspected N/A

High Water Alarm Inspected 7-10

PLOT

Design 1997 repair, IIIb, 1000GT, P1, 999SF, B, 126,365 CTR# 140

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type IIIb repair 3 bedrooms

(2) 10'w x 50'L x 3' sand x 12" stone

Larry B. Thompson, Jr. R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

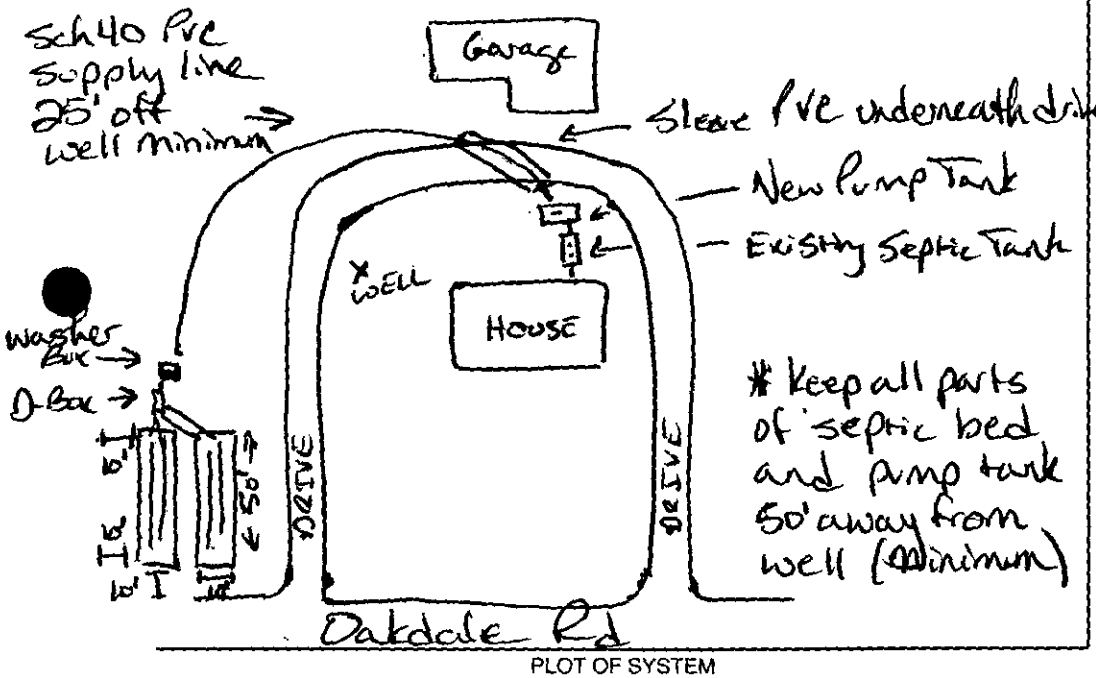
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: ~~4632A~~ 4623A DATE: 5-1-97

TC: 033-112-12 ☐L

SERIAL Nº 17265

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 9-6-96. All work shall be completed on or before 6-1-97, 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 existing gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ≤ 5'

Absorption and/or Nitrification Lines:

Trench Width 10 feet

Trench Walls Scored and Porous Yes

Total Line Length 333 feet

Number of Lines 2 beds / 2 lines in each

Depth of Stone 12" stone / 3' sand inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Mark & O'keefe

LOCATION OF PROPERTY 4704 Oakdale Road

Comments: Type IIIb "repair" 3 bedrooms

(2) 10'w x 50'L x 12" stone & 3' sand

* Alarm set-up must be installed according to current State regulations

Tammy B. Thompson, R.S.
Environmental Health Specialist

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

Permit Number: ~~4632A~~ 4623A

Tax Number: 033-112-12

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	
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Repair - pump to (2) 10'w x 50'L x 5' deep beds - each bed to have 3' sand in the bottom & 1' stone on top of the sand				
Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1000 Absorption Area (Sq ft) 3333 Total Trench Length (Ft)	12" Depth of Stone Trench 3' sand underneath	N/A Trench spacing (min. on centers)	5' Maximum Trench Depth	
For existing system, enter the year originally installed: 730 years				

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 Sewage, 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 Improvement permit is transferable.

Larry B. Thompson Jr. R.S. 5-1-97
DEHNR Authorized Agent Date

Owner/Agent Signature Date May-1-97

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

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

FEE: N/A
DATE:

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 5-1-97

PERMIT NO: ~~4632~~ A 4623A
PARCEL NO: 033-112-12

JOB LOCATION ADDRESS: 4704 Oakdale Road
PROPERTY OWNER: Mark O'Keefe
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. R.S. DATE: 5-1-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4632A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Jack L. Stowe — May-1-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

FEE: NA

DATE: _____

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

[ ] CRT

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

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

FILE #: 4623A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-112-12

STREET ADDRESS: 4704 Oakdale Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

X
NUMBER OF BEDROOMS: 3

X
NUMBER OF OCCUPANTS: 5

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

X
WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

X
NAME: O'Keefe Markerson
(LAST) (FIRST) (MI)

ADDRESS: 171 Ferris Dr

CITY: Mooresville STATE: NC ZIP: 28115

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

X
NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ X if known

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: X M. J. O'Keefe

DATE: X 9-6-96

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

1957) 033-112-2

~~033-112-34~~

Mecklenburg County
Health Department

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

November 28, 1988

Mark O'Keefe
4704 Oakdale Road
Charlotte, NC 28216

Dear Mr. O'Keefe:

Enclosed you will find the report from Joel W. Cawthorne, Soil Specialist with the North Carolina Division of Health Services regarding the soils investigation made on your property.

Please feel free to contact me if you have any questions regarding the report.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist
On Premises Waste Disposal & Water Supply

WRM/ir

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV
ENVIRONMENTAL HEALTH
DIVISION

North Carolina Department of Human Resources

North Central Regional Office • 310 East Third Street • Winston-Salem, N. C. 27101

James G. Martin, Governor

November 18, 1988

David T. Flaherty, Secretary

MEMORANDUM

TO: Sylvia Daniel, Environmental Health Supervisor
Mecklenburg County Health Department

FROM: JWC Joel W. Cawthorn, Soil Specialist
N.C. Division of Health Services

SUBJECT: Soil/Site Evaluation of Lot #12 on Oakdale Road
Property of Mark V. O'Keefe

On September 22, 1988 Bill Marlin and Willard Ramsey accompanied me and assisted with the soil/site evaluation of the above named property to determine its suitability for the installation of a ground absorption sewage treatment and disposal system for a house. The number of bedrooms have not been indicated. There is 2.3 acres of land and water will be obtained from a well. The rear portion of the lot was evaluated because Mr. O'Keefe indicated the house would be built on the front. Mr. O'Keefe was present during the evaluation.

There is a drainageway and gully on the land with complex slopes in the vicinity of the gully and drainageway. The soils have 2 to 10 inches of sandy loam, sandy clay loam and clay loam surface layer over sandy clay loam, clay loam and clay (group IVb) subsoil which is underlain by saprolite. Seasonal water table occurs at depths of 10 to 25 inches.

This site is unsuitable for any ground absorption system because of the shallow depth to seasonal water table, shallow depth to unsuitable soil material, shallow depth to unsuitable saprolite and unsuitable topography (gully, drainageway and complex slopes).

If there are questions concerning this evaluation, please contact me.

JWC:kd
cc: Dean Harrill
Steve Steinbeck

Mecklenburg County
Health Department

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

June 10th, 1988

Mark V. O'Keefe
4704 Oakdale Road
Charlotte, NC 28216

RE: Property located at Oakdale Road
FILE: 4623A
PARCEL: 03311212 PO

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 11754) is enclosed.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11754

File: 4623A Action 3

Parcel: 20 033 -112 -12 ☐ PC

Location: Oakdale Road

Subdivision:

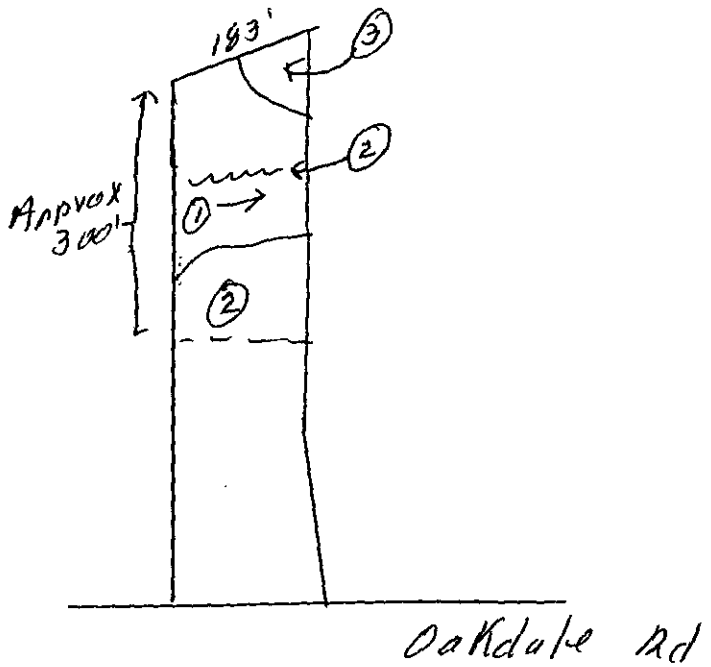
Lot: Block: Acres: Approx 1.2

Owner: Mark Vincent O'Keefe
Address: 4704 Oakdale Road
Charlotte, N. C. 28216

Comments: House located in Area toward road —

Described by: William R. Medlin

Date: 6-10-86



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) 2-clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) perched water 12-24"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 12-30"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVB Helena L.Fsl	complex slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

6/8/88 Pd 45.00 CK#1541 JL

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 4623A

TC: 033-112-12 PO

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 8 1988
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 4704 OAK DALE Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5753 PAGE NO.: 0326

OWNER

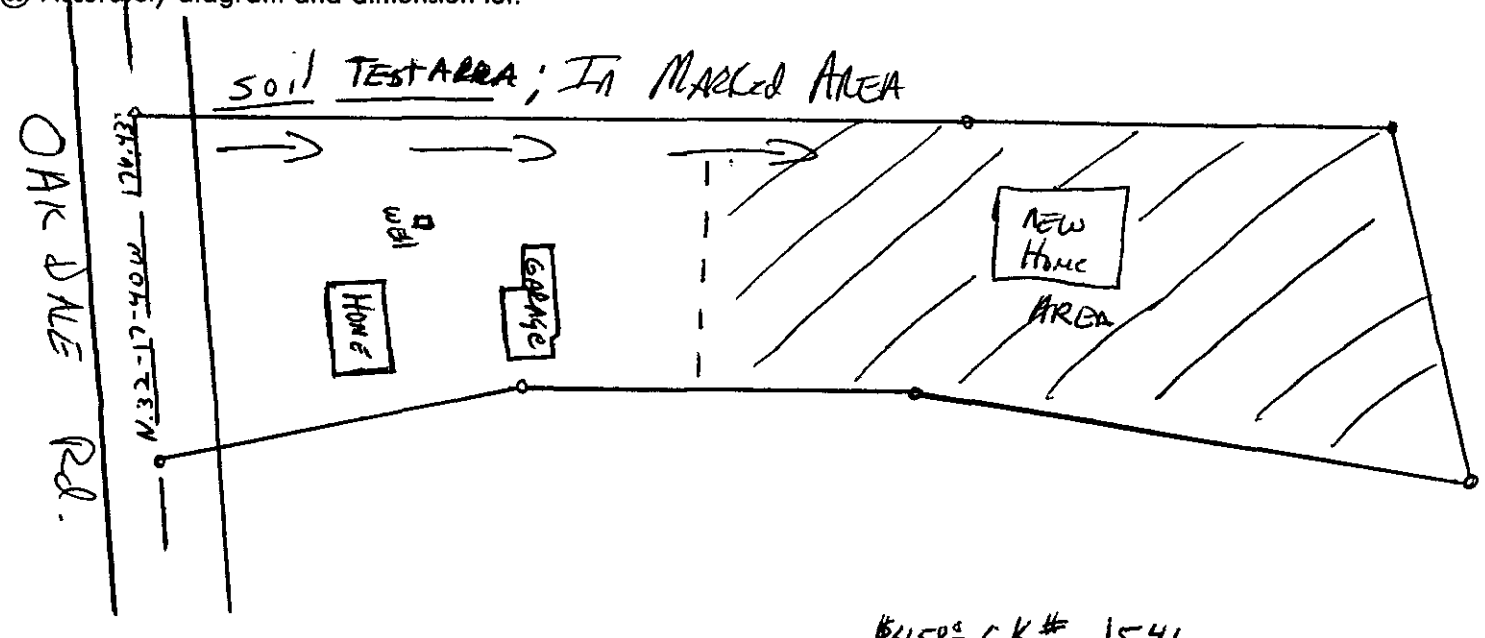
⑦ NAME: MARK (FIRST) Vincent (MIDDLE) O'KEEFE (LAST)

⑧ MAILING ADDRESS: 4704 OAK DALE Rd.

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

⑫ PHONE: (WORK) 393-8849 (HOME) SAME

⑬ Accurately diagram and dimension lot.



$45.00 CK # 1541

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: Mark V. O'K

Date: 5-17-88

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

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