

13219 WHITE BIRCH TR

00731109

5/15/2007

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

RH60

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1/11/94 CK#3399 $200.00 [ ] CRT

File 4039A

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: GUDAITIS (last) JAMES (first) V (mi)

ADDRESS: 2541 COUNTRY CLUB LN PHONE: (704) 372-7517

CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-311-09

STREET ADDRESS: 13219 WHITE BIRCH TR

ZONING:

PROPERTY OWNER:

NAME: GUDAITIS (last) JAMES (first) V (mi)

ADDRESS: 2541 COUNTRY CLUB LN PHONE: (704) 372-7517

CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: PAGES POND

Township (check one):
[X] 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)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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: [signature] Date: 1/10/94

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

Philo A. Walker R.S. 1/24/94
Environmentalist Date

J. Walker R.S. for S. Daniel 1/24/94
Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4039A DATE: 9-15-94

TC: 007-311-09 ☐ L ☐ CRT

SERIAL № 14322

Name of Owner James Gudaitis Juris.:

Address of Property 13219 White Birch Terrace

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 7 @ 76'

Cover Depth 8"-20"

Water Supply Source well

Distance to Water Source 125'

Excavation Inspected 9-15-94

Tank(s) Inspected 9-15-94

Wash Line Inspected ———

High Water Alarm Inspected ———

PLOT

Design: 1994, conv, 1500 gal, 1600 sq ft drainfield, 12" stone, clear CTR# 231 Dwight Owens

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 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 15A NCAC 18A .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: 4 bdrm design Do not pave or drive over any part of septic tank system. Typical

J Newell for S. Daniel

Susan B. Tunn
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval 400

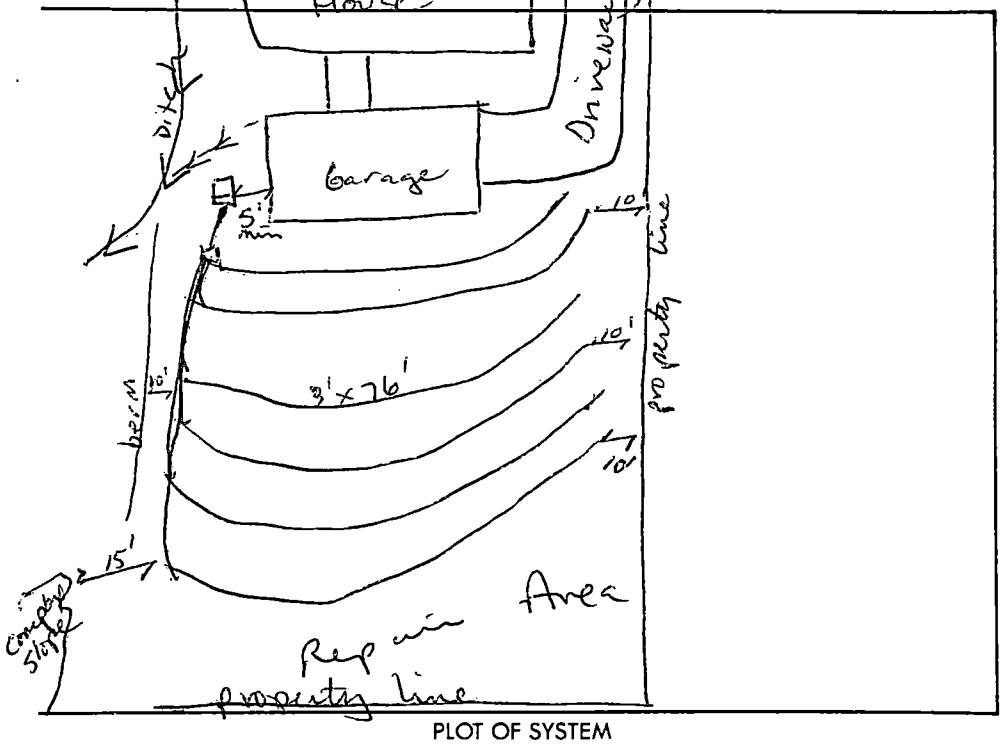
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4039 A DATE: 9-13-94

TC: 007-311-09 ☐ L

SERIAL Nº 13908

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 1-10-94. All work shall be completed on or before 10-13-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15NCAC 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 7 at 76' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

NAME OF OWNER James Gudaitis

LOCATION OF PROPERTY 13219 White Birch Terrace

Comments: Keep 15' off any cut 2' or greater as shown. Divert surface water. Do not drive or pave over any part of septic tank system.

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

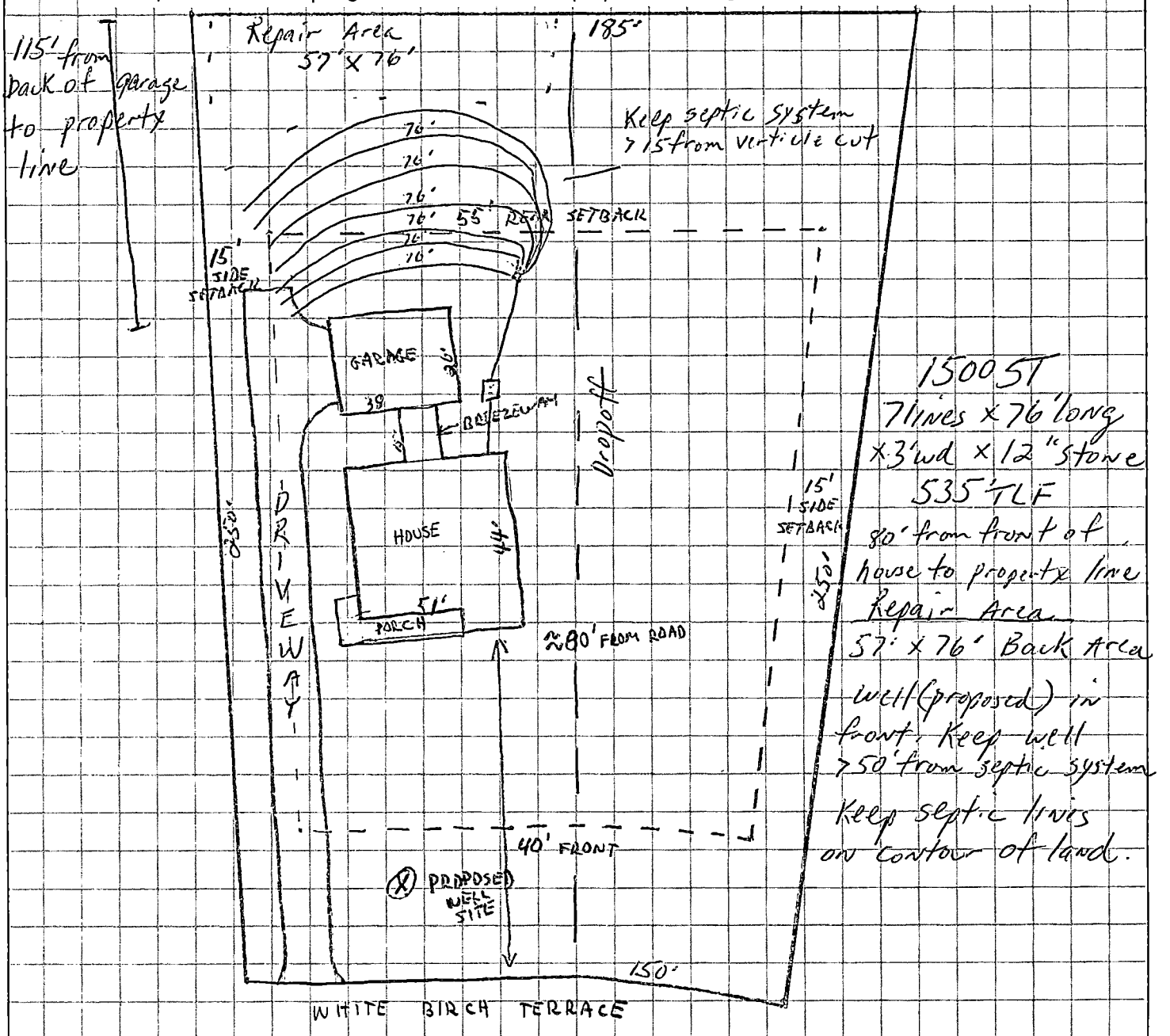
PROPOSED PLOT PLAN

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

FILE: 4039A

TC: 007-311-09

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 11/24/94

P.A.W. 11/24/94 appr

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

DATE 1-10-94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mech

007-311-09
PARCEL NUMBER

13219 White Birch Tr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Pages Pond
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. WATERSHED PROTECTION	**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: New Home

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

TO: ENVIRONMENTAL HEALTH DEPT. DATE: 1-10-94
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 007-311-09

ASSIGNED ADDRESS 13219 White Birch Tr

EXISTING ADDRESS _____

PROJECT NAME Pages Pond

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*
		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

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

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: GCN

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY
Department of Environmental Health

October 29th, 1987

Robert B. Bowman
P. O. Box 1378
Davidson, NC 28036

RE: Property located at White Birch Terrace 21
FILE: 4039A
PARCEL: 00716213 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14730) is enclosed for your information.

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

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14730

File: 4039A Action 1

Parcel: 00716213 PO ☐ PC

Location: White Birch Terrace

Subdivision:

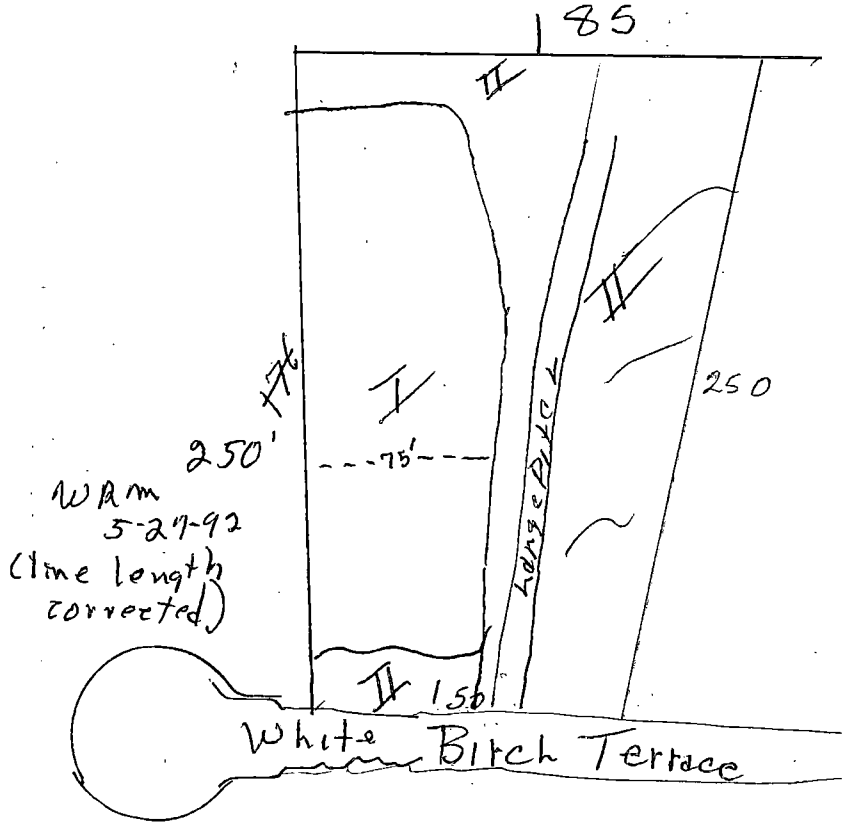
Lot: 21 Block: Acres: .87

Owner: Robert B. Bowman
Address: P. O. Box 1378
Davidson, NC 28036

Comments: Limited Area

Described by: W. B. Ramsey

Date: 10-26-87



***** 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 2-8	S PS (U) Complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40	S PS (U) Various	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U *	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Cecil	IIa Cmd				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

10/19/87 DK
DK #113

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

(OFFICE USE ONLY)

FILE: 4039A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~OFF SAM FURR RD.~~ WHITE BIRCH TERRACE

② SUBDIVISION: PAGES POND ③ LOT: ~~8~~ 21 ④ BLOCK: 162

⑤ PARCEL REFERENCE: OUT OF: ✓ BOOK NO.: 07 PAGE NO.: 16 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

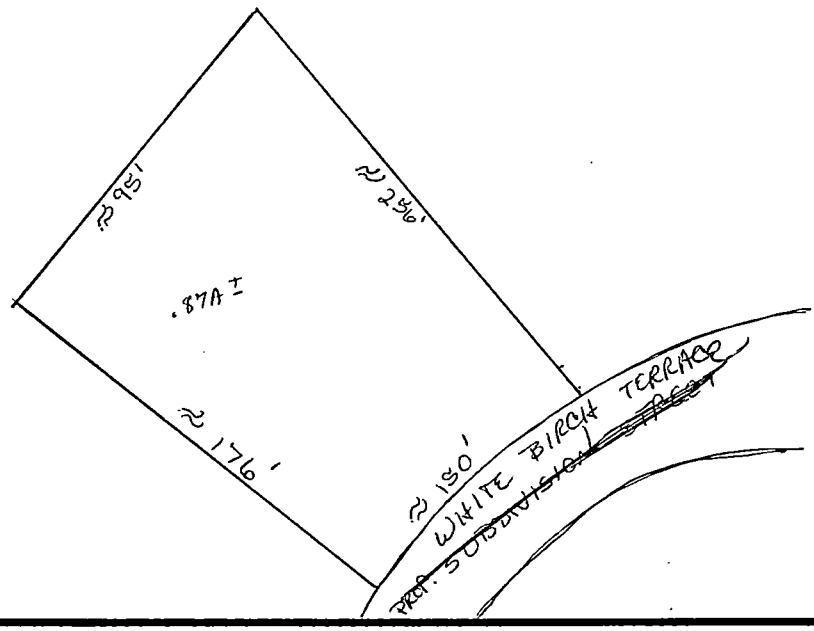
⑦ NAME: ROBERT (FIRST) B. (MIDDLE) BOWMAN (LAST)

⑧ MAILING ADDRESS: PO BOX 1378

⑨ CITY: DAVIDSON ⑩ STATE: N C ⑪ ZIP: 28036

⑫ PHONE: (WORK) 704 - 892 - 1886 (HOME) 704 - 875 - 2194

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: _____

Date: 8/5/87

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