

2918 OAKWOOD DR

04115320

6/14/2007

duponbj

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

Paid $100 4/16/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS

[ ] 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 6405A

PERSON FILING APPLICATION:
NAME: Rutherford (last) Stephen (first) C (mi)
ADDRESS: 2918 Oakwood Dr PHONE: (704) 5962480
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 041.153.20
STREET ADDRESS: 2918 Oakwood Drive
ZONING:

PROPERTY OWNER:
NAME: Rutherford (last) Stephen (first) C (mi)
ADDRESS: 2918 Oakwood Dr PHONE: (__) 5962480
CITY: Charlotte STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[X] 1 Charlotte 1958 [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 42 LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Enlarge BR Enlarge K.T.

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: 3 NUMBER OCCUPANTS: 2

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: April 16th 02

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.

... O.K. to use existing system for kitchen and bedroom expansion. No increase in # bedrooms.

[ ] 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

[signature] Tammy L. Mabile R.S. 4/17/02
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

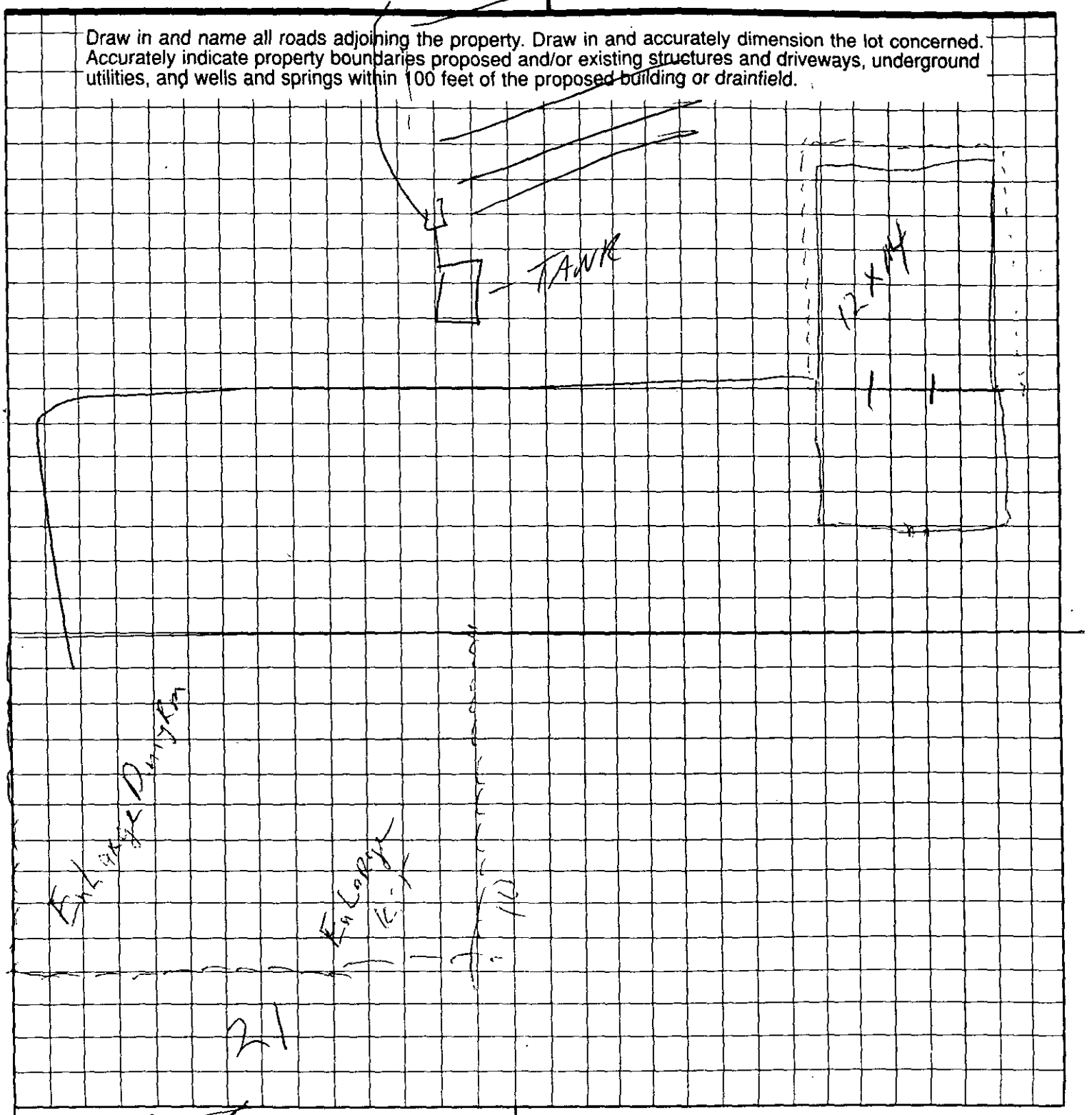
COPY

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

FILE: 6405A

TC: 041.153.20

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.



OWNER/AGENT SIGNATURE

DATE April 18 02

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6405 A DATE: 1/16/90

TC: 041-153-20 ☑ L ☐ CRT

SERIAL № 12308

Name of Owner William R. Taylor Juris.:

Address of Property 2918 Oakwood Dr

Inspection Data:

Tank Material –

Total Length of Drainfield –

Number of Lines 2 @

Cover Depth 10"

Water Supply Source well

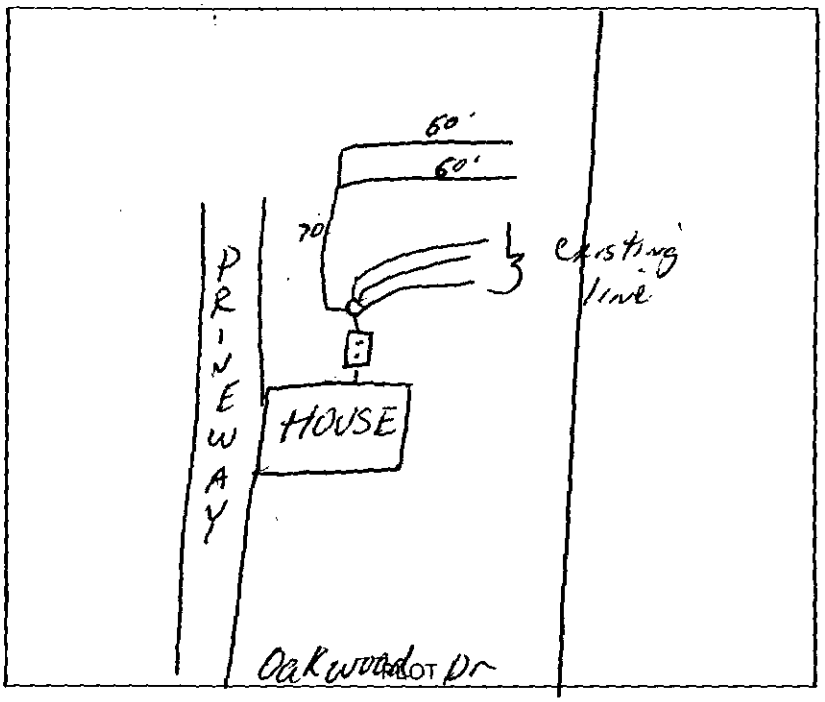
Distance to Water Source >50

Excavation Inspected 1/16/90

Tank(s) Inspected NCW Tec Installed 1/16/90

Wash Line Inspected –

High Water Alarm Inspected –



Design: 1990 Repair CTR# 59

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: 1 line 70' long x 2 lines x 60' long x 3' x 12" Gravel

Philo L. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

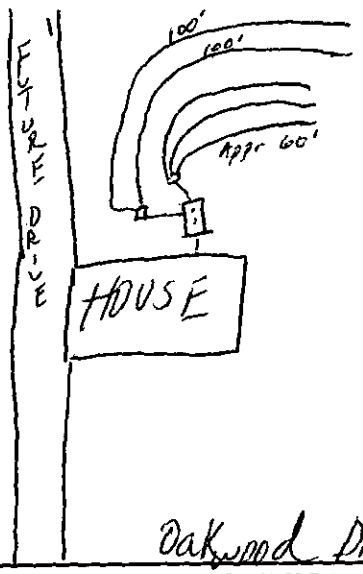
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6405A DATE: 12/20/89

TC: 041-153-20 ☐ L

SERIAL Nº 13108

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 12/27/89. All work shall be completed on or before 1/28/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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 –

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER William R. Taylor

LOCATION OF PROPERTY 2918 Oakwood Dr

Comments: 2 Trenches x 100' long x 3' x 12" Gravel
New D-Box

Division or Section Head

Philo S. Walker
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

6405A LOT #42 Retain as part of File 6405A Pg 1 of 2

SERVICE REQUEST/WORK ORDER

Log No.: File 6405A Section: _____ Hazard? [ ] Yes [ ] No

Date: 2/16/96 Parcel: 041-153-20 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: ~~James~~ Bill Taylor, owner Phone 599-9821

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name tenant (occupied by)

Address 2918 Oakwood Dr City Char Zip 29209

SERVICE REQUESTED: malfunc. . . . . .

ASSIGNED TO: Malik TAKEN BY: Malik

DATE	ACTIVITY REPORT
2/16/96	Received request in field by owner. JBM
2/16/96	OSV w/Mr Taylor. Observed malfunction @ end (?) of 1 line. System saturated; however, since repair done to system relatively recent - advised to uncover D-Box for my inspection.
4/26/96	OSV w/owner, Mr Taylor, Tenant present. One line still malfunctioning. Scheduled appt w/Mr Taylor for 10:30 am 5/1 to check D-Box.
4/30/96	PC from Mr Taylor - stated S.T (contractor) Darrell came out + stated D-Box full of dirt - D-Box to be pumped out. Scheduled OSV to meet Mr Taylor OS 5/1 @ 10:00 am.
5/1/96	OSV. Mr Taylor + neighbor to (R), Mr Ward present. Malfunction end of 2 repair lines installed 1/16/90. Overflow pipe had been installed end of 1 of these lines - removed 5/1 by Mr Taylor. D-Box uncovered - 1990 repair appears to be getting all effluent; old lines don't appear able to accept effluent. Scheduled OSV for 5/2 10:00 am w/Mr Taylor. Mr Taylor to obtain 3" PVC pipe, mastic speed leveler for line to 90 repair.
5/2/96	OSV. Mr Taylor present. Per Mr Taylor - unable to locate materials in order to purchase. Installed old rec. vehicle sewage pipe w/ sag

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Malik, RS 7/31/96

REVIEWED BY: J Bateman for Shmid, Program Chief 8-5-96

Retain as part of File 6405A

SERVICE REQUEST/WORK ORDER

Date: 2/16/96 Log No.: File 6405A

DATE	ACTIVITY REPORT
	cement in line @ D-Box feeding 1990 repair — feeding old system 1st, repair 2nd. Advised of S/C f/u
5/6/96 10:35	OBV. Mr. Taylor present; stated both compartments of S.T. pumped out over weekend. Advised Mr. Taylor to fill in ditch that had been dug from end of repair line; if ditch required to divert surface keep max. feasible distance from drainlines (i.e. along/within property line) JBK Follow up inspection in ~2 weeks
6/3/96	OBV. No one present. Ditch @ end of drainline filled in w/soil; soil damp, however, not obnoxious from effluent.
6/27/96	OBV. No one @ home — house vacant. No apparent evidence of malfunction.
7/31/96	OBV. House vacant. Closing S.R. JBK

c:/original/serreqp2.frm

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6405A
TC: 041 153 20
SERIAL: № 19622 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2918 (STREET NO.) oZKwood (STREET) DR ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) R (MIDDLE) TaYlOR (LAST)
⑨ MAILING ADDRESS: 2925 oZKwood DR
⑩ CITY: ChaRlOTTE ⑪ STATE: N C ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 596.4384

REQUEST

This request is for a(n):

⑮ ☐ New 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?
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: William R Taylor

Date: 12-27-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Repair

Philo S. Walker, 1/17/90
Environmentalist Date

Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17498

File: 6405A Action _____

Parcel: 04115320 ☐ PC

Location: 2918 Oakwood Dr.

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____

***** 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	S PS U	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	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U