

1321 RIVERSIDE DR

03116111

5/21/08

marliwr

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

Mecklenburg County
Health Department

MEMORANDUM

TO: Pam Alexander
FROM: Sylvia D. Daniel, R.S.
Program Chief
DATE: July 5, 2000
REF: 1321 Riverside Drive/File #3515
SUBJECT: Reimbursement

(Mr./Mrs./Co.) Mr. Luther Hubbard paid $100.00 for an inspection for an addition of a carport using his existing septic system on March 7, 2000.

A reimbursement should be issued for $100.00 because Engineering & Building Standards determined that there was a zoning issue, which would prevent the structure to be added. Bobby Cobb directed a reimbursement to be processed by way of an email message. A copy of that email is attached.

Please make check payable to: Luther P. Hubbard

1321 Riverside Drive

Charlotte, NC 28214

From: Sylvia D. Daniel
To: Bobby D. Cobb
Date: Mon, Jun 5, 2000 10:39 AM
Subject: Luther Hubbard - 1321 Riverside Drive / Fees reimbursement request

The inspection was performed in March by Jeremy Michelone. Although it greatly hurts Gwen Craig to have to refund money for services performed, since Bobbie Shields is asking, she said ok.... this time :) Someone in zoning owes Gwen lunch....(just joking)

We will begin the preparation of the reimbursement notification letter upon receipt of an OK from you.

Sylvia

CC: Bobbie Shields; Gwendolyn Y. Craig; Maia Setzer...

Project unable to be done because of zoning issue.
Directed to give ~~refund~~ reimbursement to applicant by Bobby Cobb via E-mail msg

From: Bobby D. Cobb
To: Sylvia D. Daniel
Date: Mon, Jun 5, 2000 3:39 PM
Subject: Re: Luther Hubbard - 1321 Riverside Drive / Fees reimbursement request

Sounds appropriate and I know E/BS will appreciate. Thanks for initiating paperwork.

>>> Sylvia D. Daniel 06/05 10:39 AM >>>
The inspection was performed in March by Jeremy Michelone. Although it greatly hurts Gwen Craig to have to refund money for services performed, since Bobbie Shields is asking, she said ok.... this time :) Someone in zoning owes Gwen lunch....(just joking)

We will begin the preparation of the reimbursement notification letter upon receipt of an OK from you.

Sylvia

Reimbursement to be Done

3-10-00
APN
100.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC D

( ) 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 3515

PERSON FILING APPLICATION:

NAME: Hubbard (last) Luther (first) P. (mi)

ADDRESS: 1321 Riverside PHONE: (__) 395-0547

CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date: 3/10/00

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-161-11

STREET ADDRESS: 1321 Riverside Dr. Charlotte, N.C.

ZONING:

PROPERTY OWNER:

NAME: Luther P. Hubbard (last) (first) (mi)

ADDRESS: 1321 Riverside PHONE: (__) 395-0547

CITY: Charlotte STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1/4

[ ] 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)

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: 1 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: Luther P. Hubbard Date: 3/10/00

NOTICE:

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

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

...This permit is not transferable.

... Use existing system for carport addition.

[ ] 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

Jenny P. Nichols 3/15/00
Environmentalist Date

WATER : 122791

J.M.

PROPOSED PLOT PLAN

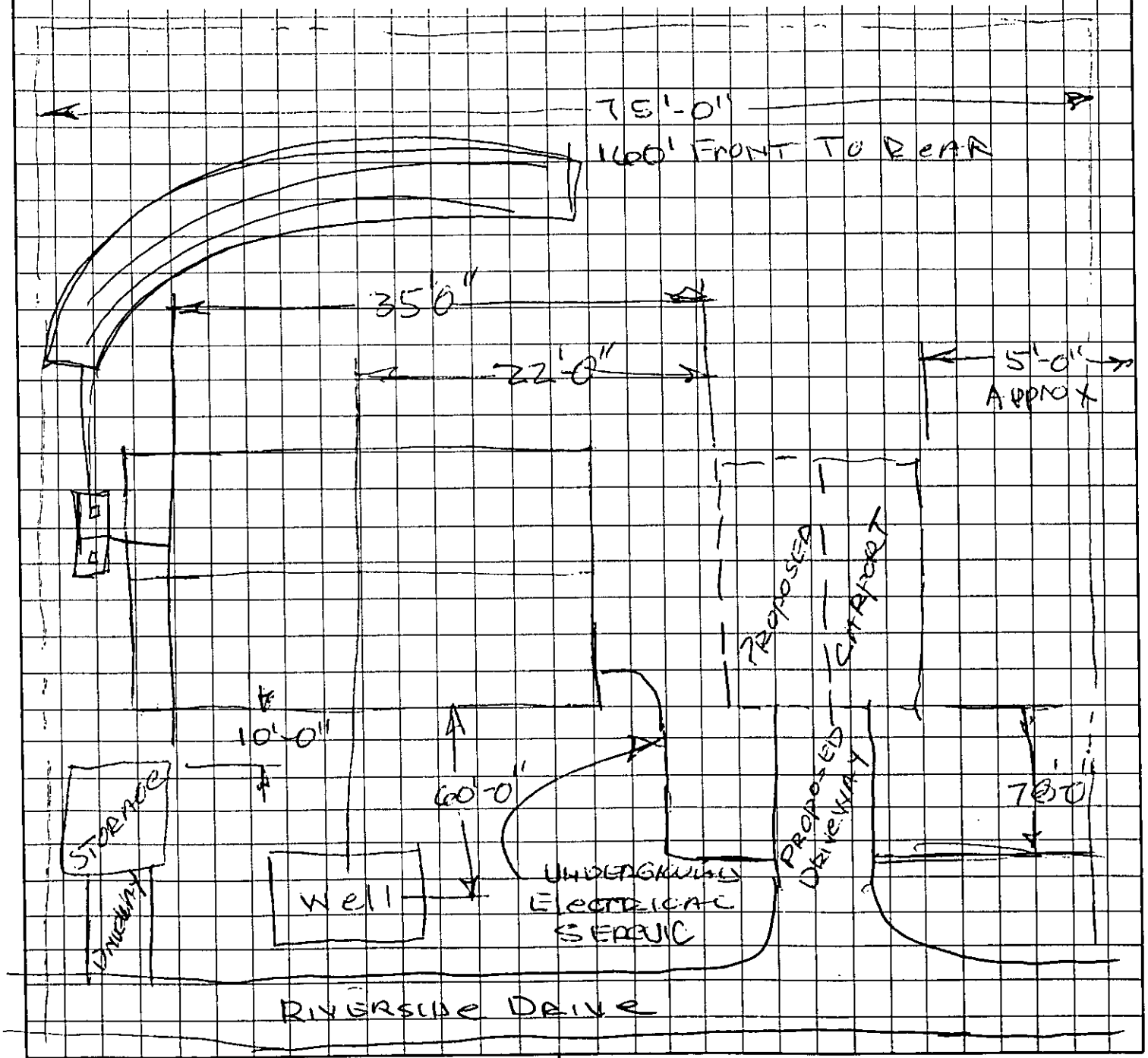
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 3515

TC: 031-161-11

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.



Luther P. Hubbard
OWNER/AGENT SIGNATURE

DATE 3/10/00

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

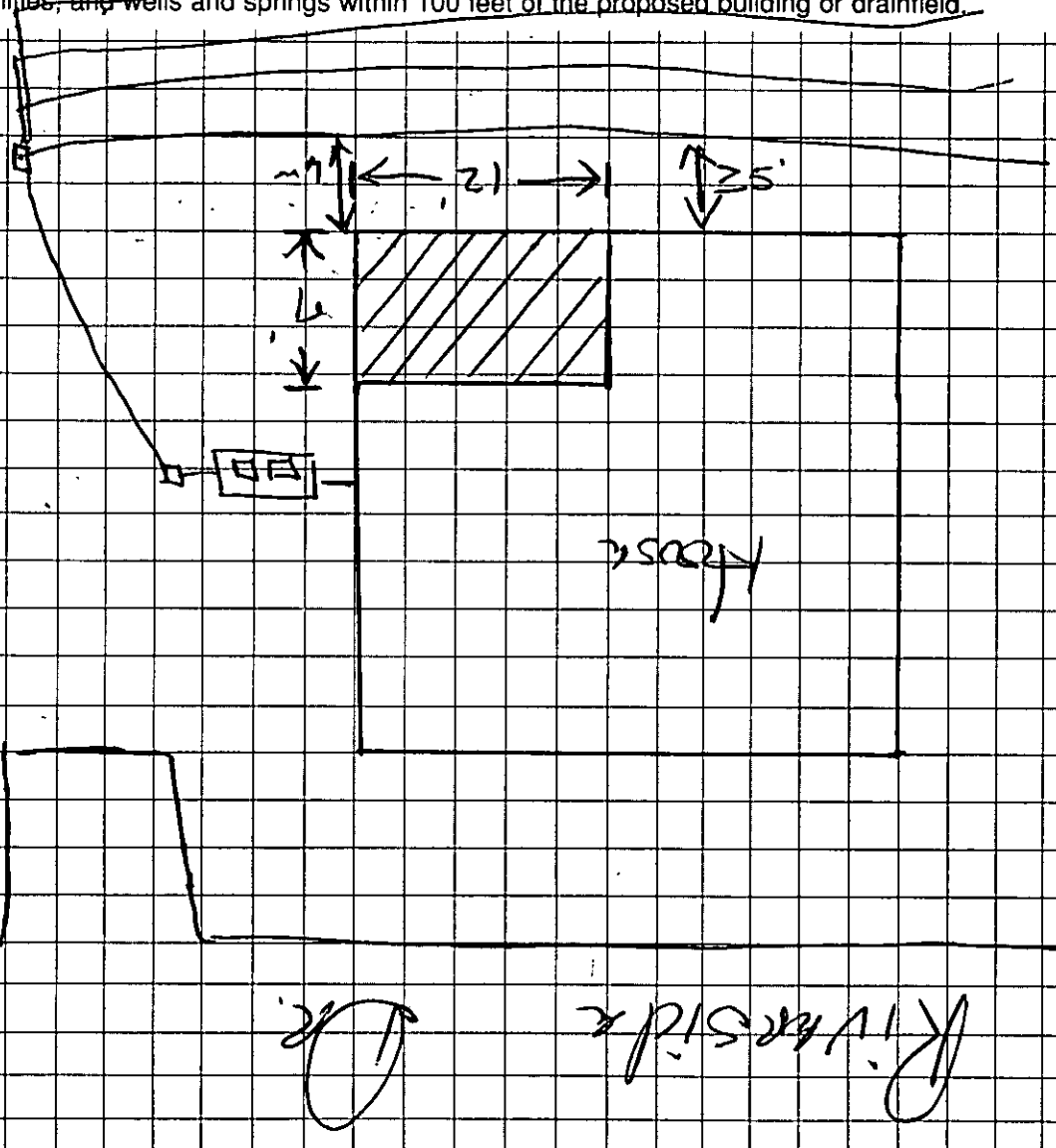
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

River

FILE: 3515

TC: 031-161-11

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 5/18/98

APPROVAL DATE 5/20/98 DBA

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

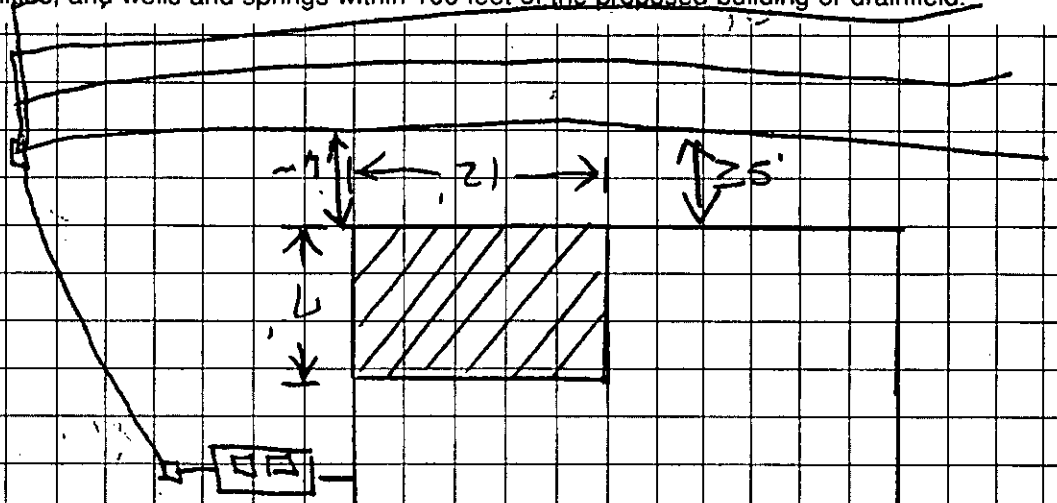
PROPOSED PLOT PLAN

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

FILE: 8515

TC: 031-161-11

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 5/18/98

APPROVAL DATE 5/20/98

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

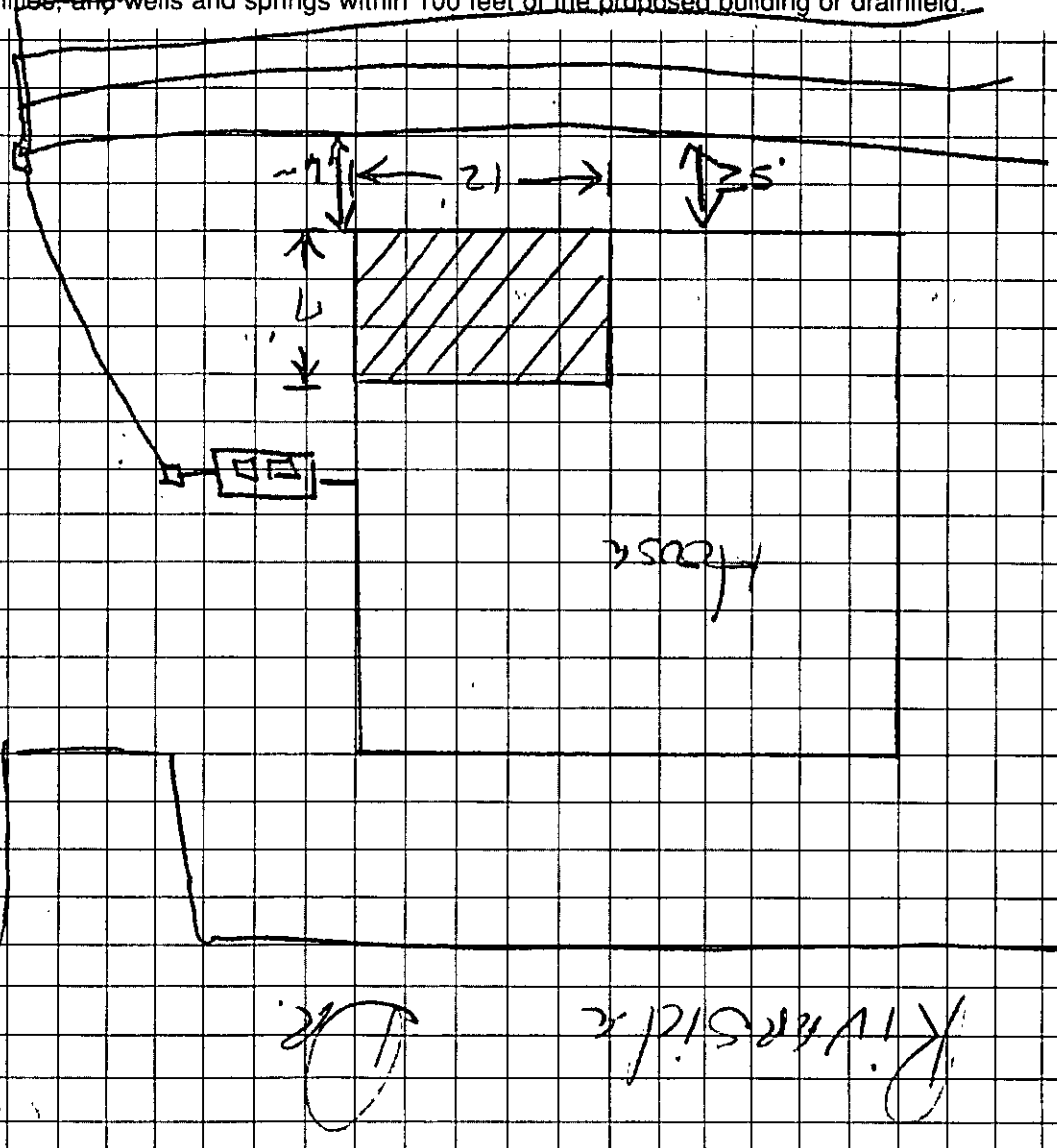
PROPOSED PLOT PLAN

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

FILE: 8515

TC: 031-161-11

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.



Dan T. [signature]
OWNER/AGENT SIGNATURE

DATE 5/18/98

APPROVAL DATE 5/20/98

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

Date Issued 14 June 1972 Serial No. 2372 ICAR(S) Permit No. 3515

T. C. No. 031-161-11

Map Date 3-22-72

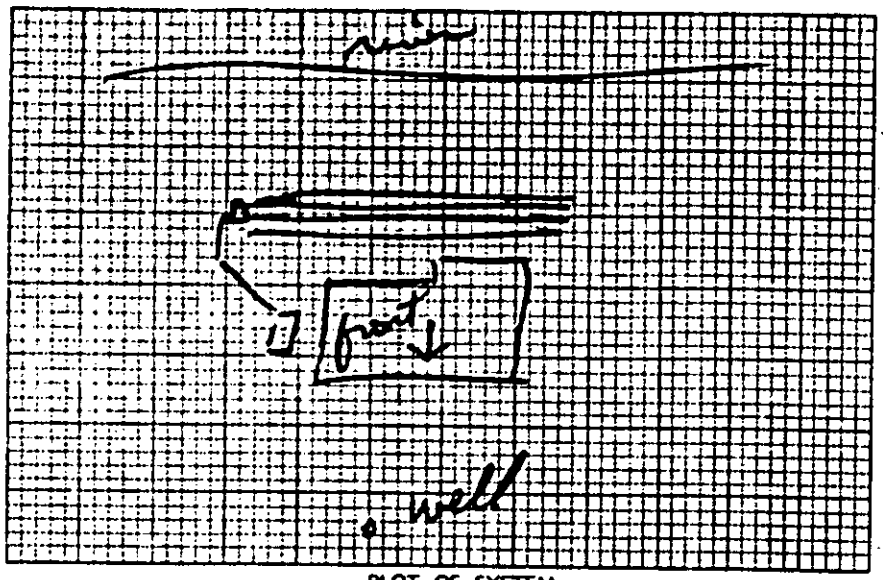
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 3515 dated 3/30/72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 15 July 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ✓

Repair

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 4 (10 X 50)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Hubbard Luther Pressley

LOCATION OF PROPERTY Riverside Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: ___

___

___

___ John R. Atkinson

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4.4.72

ICAR(S) Application No. 3515

T. C. No. _____

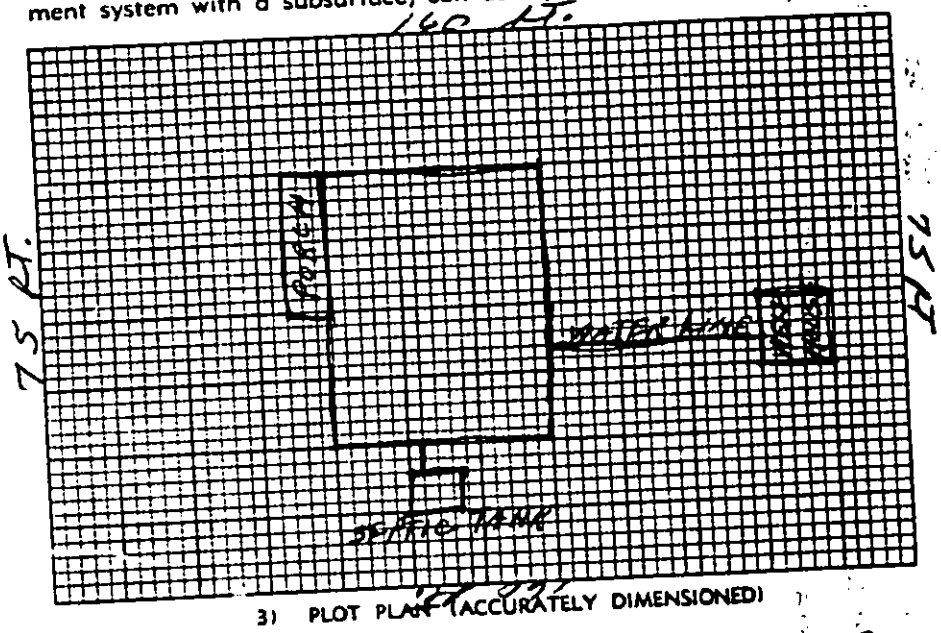
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 2
5) Business Use — Max No Employees _____
6) Washing Machine ____Yes ✓No
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ____Yes ✓No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Hubbard (LAST) Luther (FIRST) Presley (MIDDLE)

14) ADDRESS OF OWNER 204 East Woodrow Ave Belmont, N.C.

15) PHONE NO. Home 825-8174 Office _____

16) LOCATION OF SYSTEM Riverside Drive (STREET OR COUNTY ROAD) Meck County

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2579 AT PAGE 140

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ✓ NO DATE RUN _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3/30/72
DATE OF APPLICATION

Luther P. Hubbard
OWNER

FORM NO. 1-4-7-1-70

HEALTH DEPARTMENT'S COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 500 cash 5/18/98 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 3515

Date:

PERSON FILING APPLICATION: Holland, DAN, L.

NAME: [redacted] (last) (first) (mi)

ADDRESS: 1528 Riverside Dr PHONE: (704) 399-4322

CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 131-161-11

STREET ADDRESS: 1321 Riverside Dr

ZONING:

PROPERTY OWNER:

NAME: Hubbard Luke (last) (first) (mi)

ADDRESS: 1321 Riverside PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 12 BA LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1965

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

[redacted]

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: 1 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: Dan L. Holland Date: 5/18/98

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.

...Use existing system.
Shall maintain 5' off
bldg foundation ~~w/ sys~~ from
septic system

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

Jami E Hyde RS 5/29/98
Environmentalist Date

TH

WATER : 122791

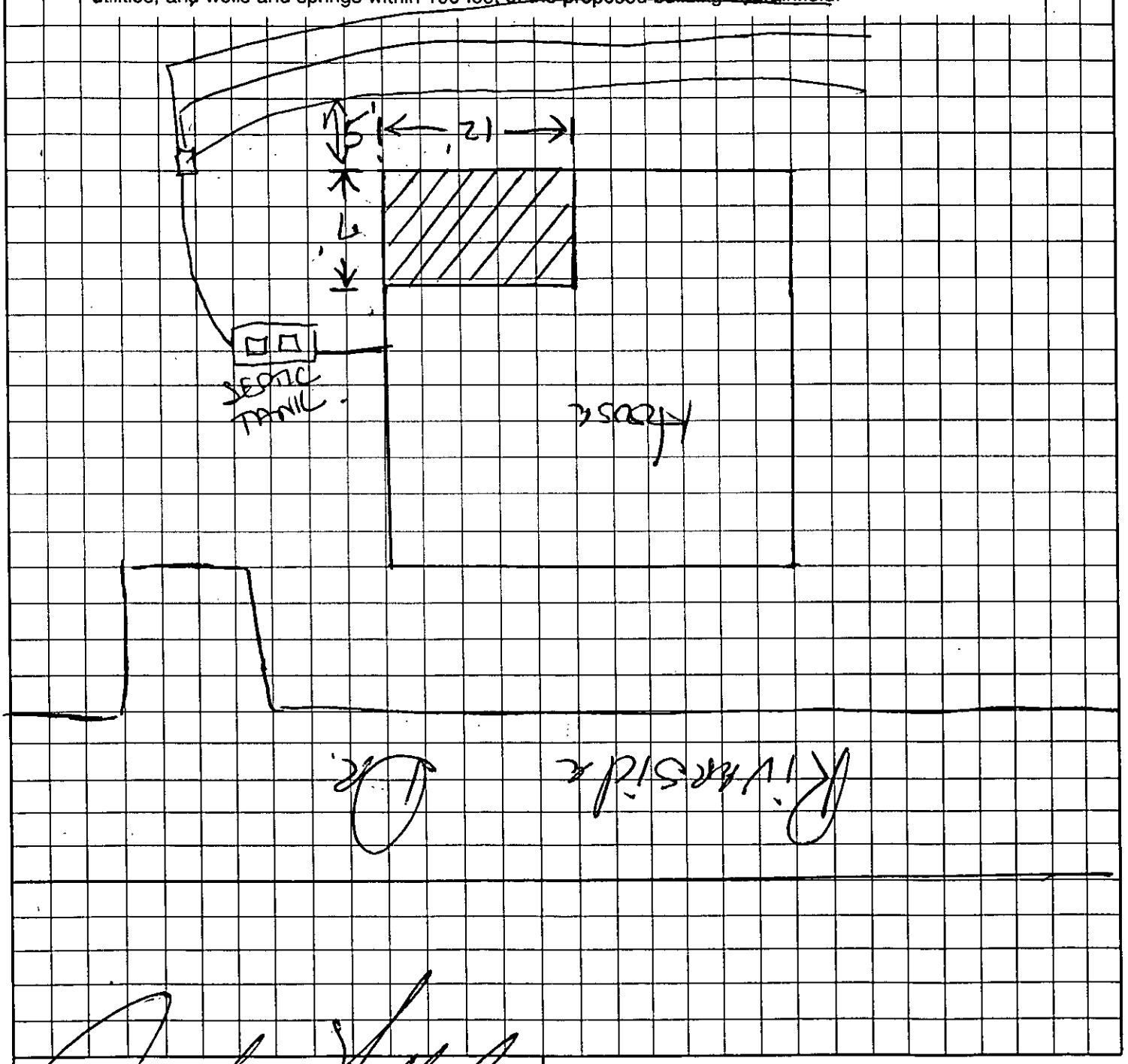
PROPOSED PLOT PLAN

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

FILE: 3515

TC: 031-161-11

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 5/18/98

APPROVAL DATE _____

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