

5413 COUNTRY WOODS DR

19514181

8/21/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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L-T- 3400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 2/20/95

19273 clr#2208 CAT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Rappe (last) John (first) R. (mi)
ADDRESS: 5413 Country Woods Dr. PHONE: (704) 545-0013
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-141-81
STREET ADDRESS: 5413 Countrywoods Dr
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 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):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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) DEN & Bath
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
☐ 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: Jane Rappe Date: 2/20/95

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...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

... 2-21-95 Use existing Septic System - permit for den & bath.

Larry B. Thompson, R.S. 2-21-95
Environmentalist Date

Jane Hayes-Bunny, R.S. 2-22-95
Director or Authorized Section Head Date
for D. Neal

WATER : 122791

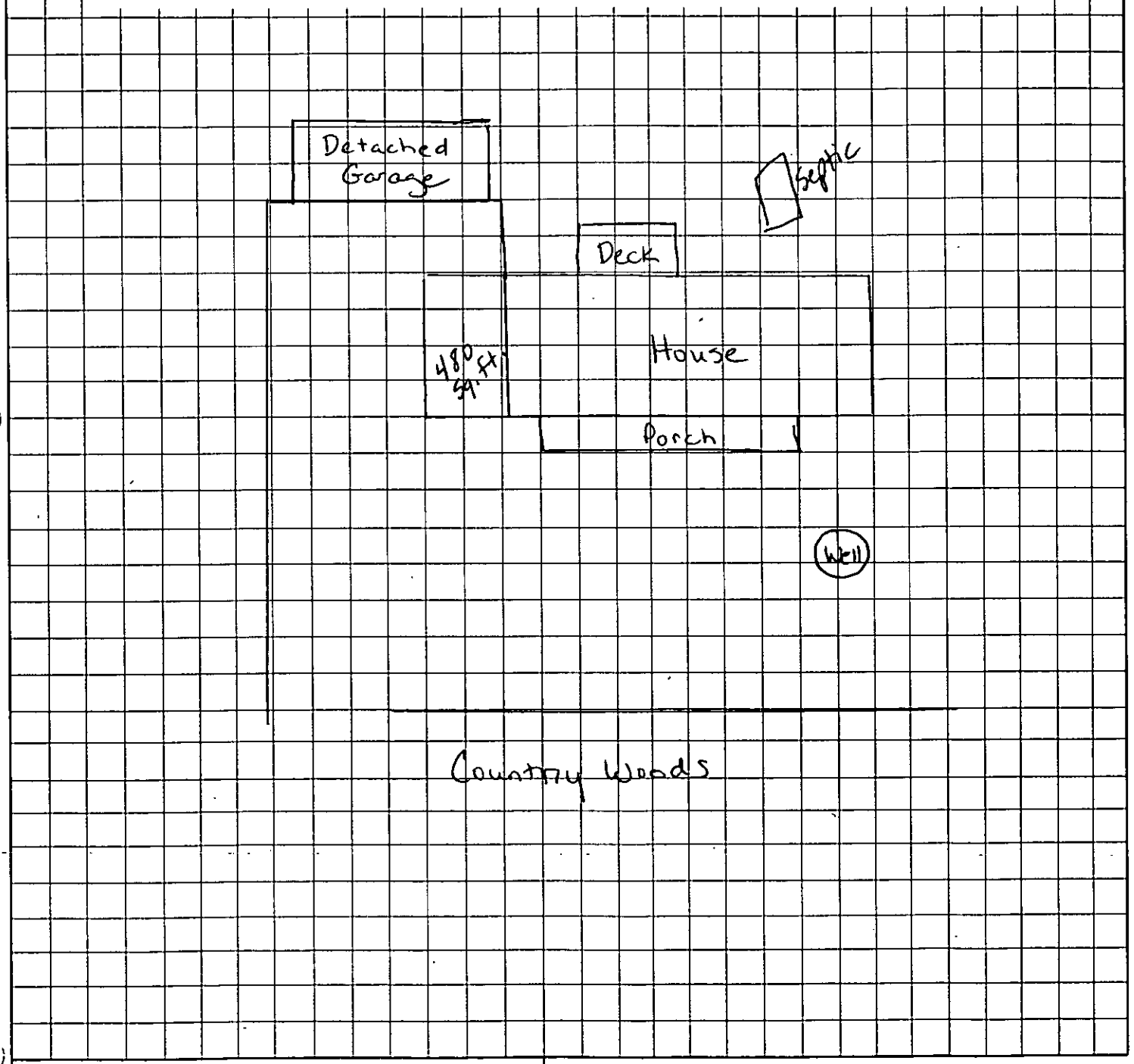
PROPOSED PLOT PLAN

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

FILE: 19273

TC: 195-141-81

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

L-T Lawyers @ Countywoods Dr.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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19273 clh2208 ☐ CRT

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Signed: Jane Rappe Date: 2/20/95

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Tammy S. Thompson, R.S. 2-21-95
Environmentalist Date

John Bunnyfield S. Rand 2-22-95
Director or Authorized Section Head Date

WATER : 12291

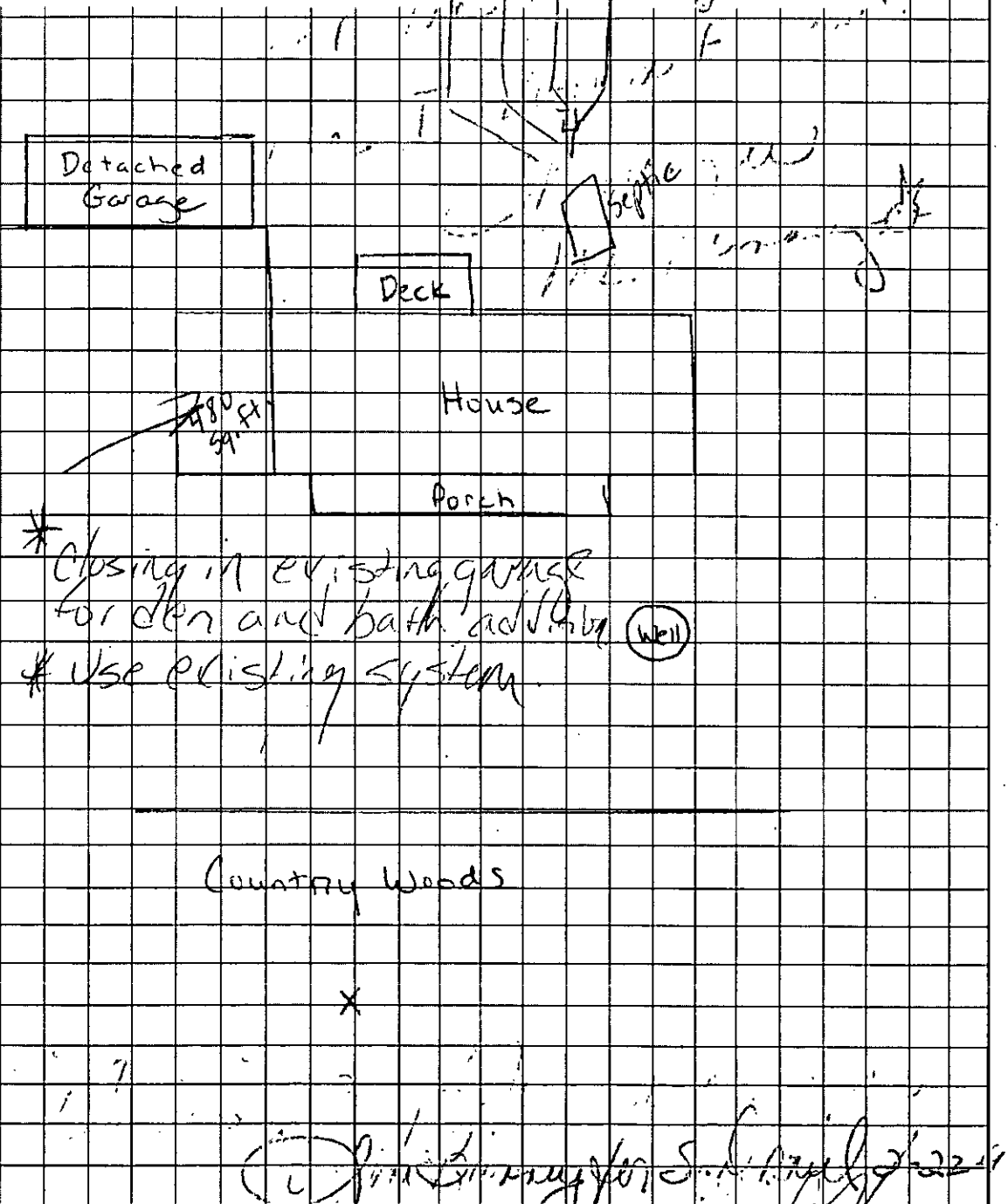
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19273

TC: 195-141-81

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.



* Closing in existing garage for den and bath addition
# Use existing system

APPROVAL DATE 4-20-95

OWNER/AGENT SIGNATURE

DATE

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

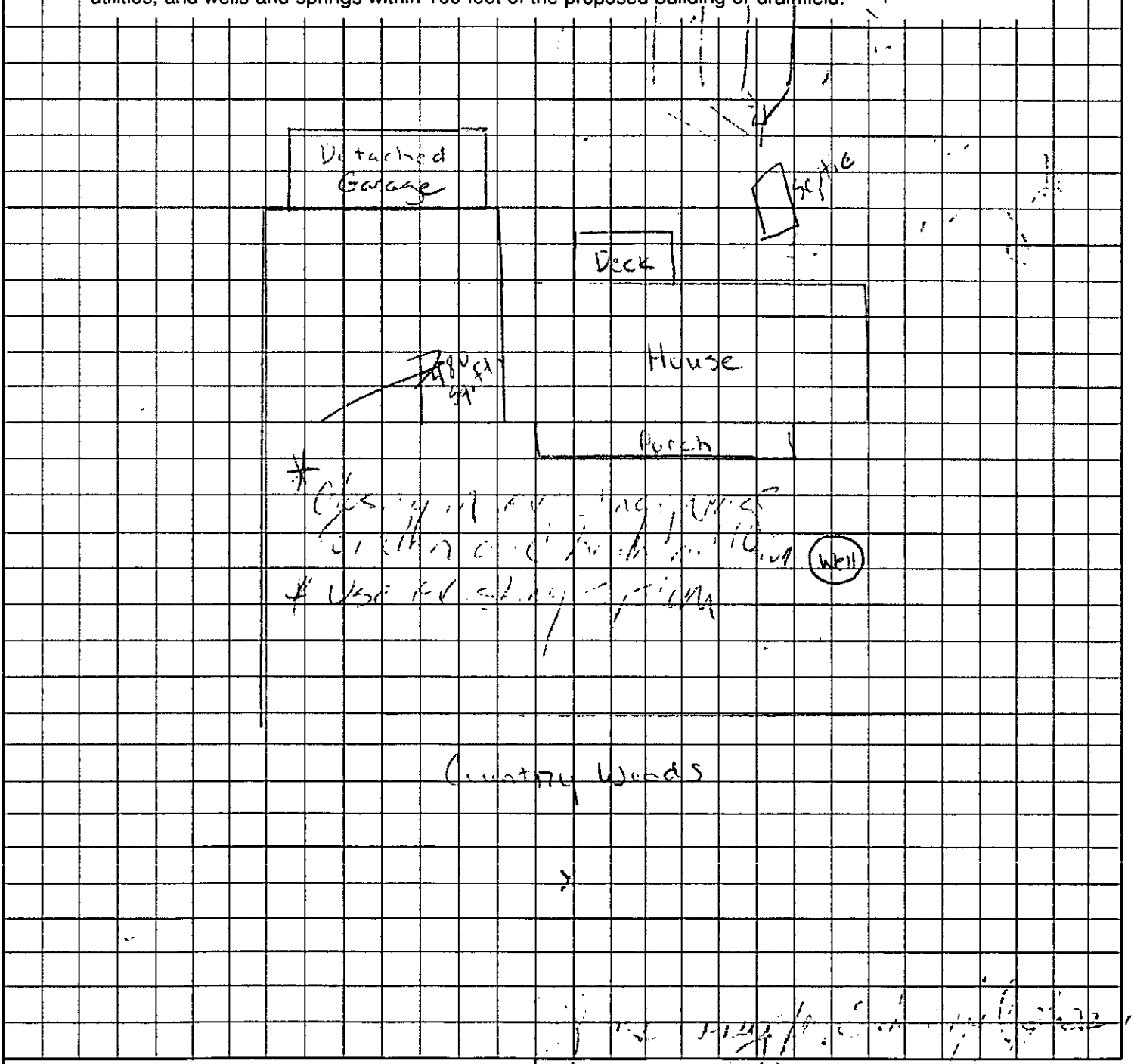
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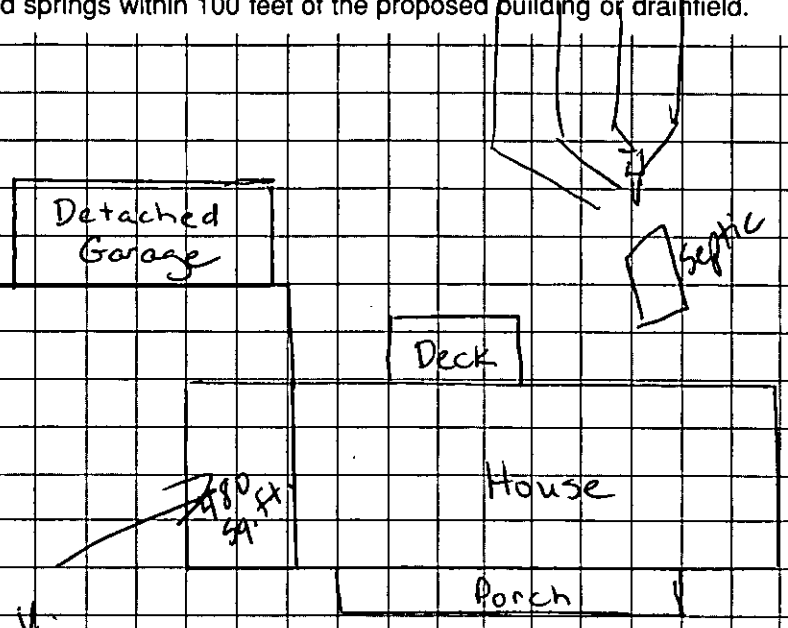
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* Closing in existing garage for den and bath addition.
* Use existing system.

Country Woods

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 7-20-95

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

Cert A (n) No. 8223

Serial 5885

T. C. No. 83-14-22

Date Issued 14 Jun 83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Broome (LAST) Monty (FIRST) S (MIDDLE)

Location of Property 5413 County Club Drive (CHAR)

Application Number 8223

Permit Number 8223

Inspection Date:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 330'

Depth of Filter Material 12"

Water Supply Source Well

Excavation Inspected 14 Jun 83 (DATE)

Nitrification Field Inspected 14 Jun 83 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

Tank Material C

Number of Lines 4

Cover Depth 15-18"

Distance from Water Source 2100'

Tank Inspected 14 Jun 83 (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: 4 trenches - 3'x83'x12" 9' centers

M. L. Bridges
(Environmentalist)

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6329

Date Issued 21 Jun 83

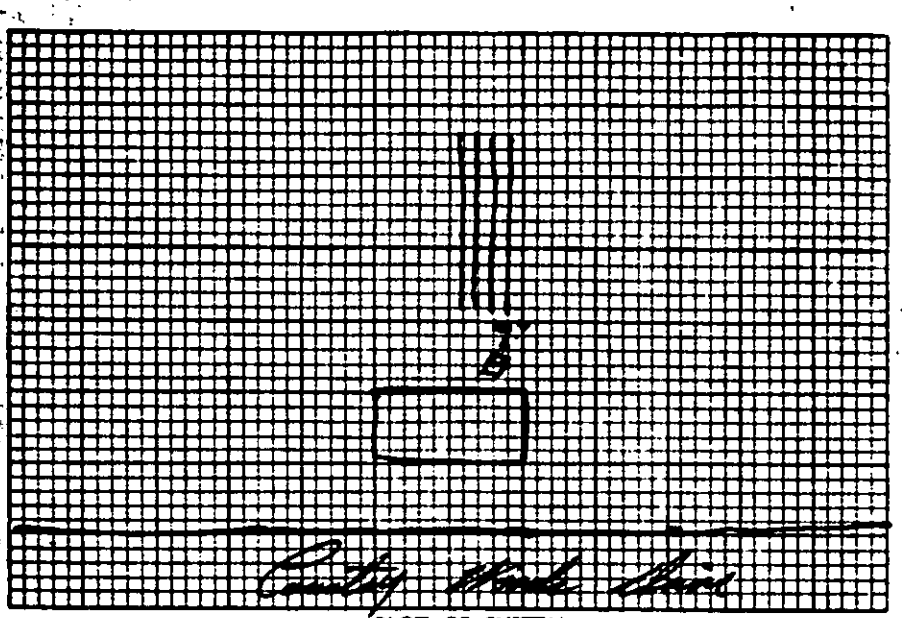
ICAR (S) Permit No. 19273

T. C. No. 195-194-R1

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 hereon at the described location. This permit is granted based upon the information supplied in application 19273 dated 20 Jun 83 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 21 Jul 83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate MS

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Length 330'

Number of Lines 4

Distance from House 25'

Distance from Property Line >10'

Distance from Well >100'

NAME OF OWNER Broome, Monty S.

LOCATION OF PROPERTY 5413 Country Woods Drive (Lot 61)

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

4 Trenches 3'x83'x12" 9' centers

Comments: _____

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

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19273

T.C. NO. 195-141-81

(Ground Absorption Sewage Disposal)

OWNER: Ty-Par Realty, Inc. PLAT NO:
ADDRESS: P.O. Box 763 Mt. Gilead, NC 27306 LOT SIZE: 43,560 .97
LOCATION OF SITE: 5413 Country Wood Drive
Lot 61

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8	S (PS) U 2-8	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clayey	S PS (U) mix clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS (U) slight Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40-48"	S PS (U) 30-40"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S PS (U) Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S PS (U) slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IIIa&b		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Georgeville	Georgeville mix with 2-1 Clay		

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. Ramsey
Title: Soil Scientist

Date: 2-10-83

END 539 (Revised: 6/82)

27/3 400 ☒ CK#2984 MB 12-31-91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ PC ☒ CRT

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Environmentalist 1/8/92 Date

Director or Authorized Section Head 1-9-92 Date

WWATER : 112991

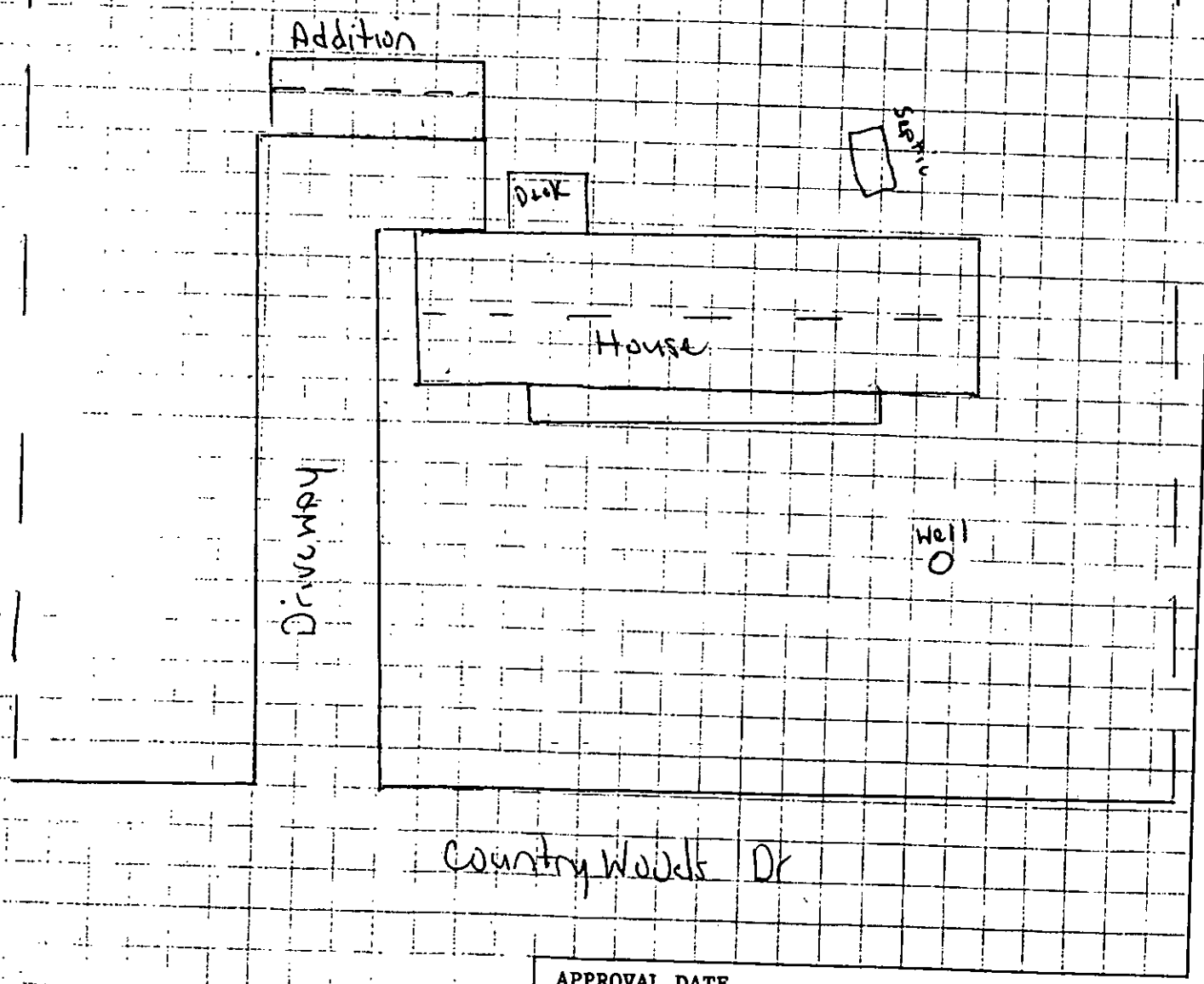
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