

14016 E ROCKY RIVER RD

6/18/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6617 A DATE: 8/14/90

TC 007 27105 ☐ L ☐ CRT

SERIAL № 13415

Name of Owner River Run Limited Partnership Juris.:

Address of Property 19760 David. Concord Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines #3 @ 67'

Cover Depth 12"

Water Supply Source Public

Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

#6

Need Installation Permit

PLOT

Design: 1,000 ST, Con 600 SFT, 12" G Cecil like CTR# 80

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: #6 golf course (3) 3'x67'x12" G, S.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

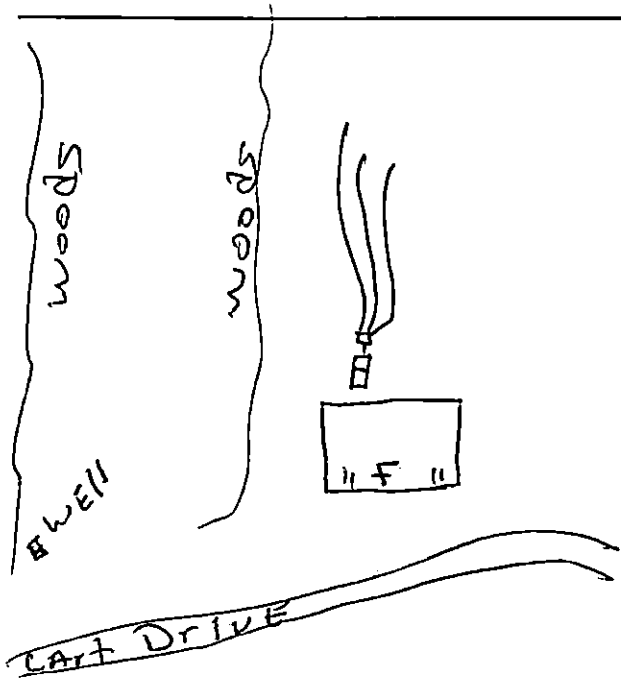
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6617A DATE: 8/6/90

TC: 007 271 05 ☐ L

SERIAL Nº 13350

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 4/18/90. All work shall be completed on or before 9/6/90, 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 1,000 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 200' feet

Number of Lines 3 (67)

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 150 feet

NAME OF OWNER River Run Limited Partnership

LOCATION OF PROPERTY 19760 Davidson-Concord Rd.

Comments: For Golf Course Hole # 6 (3) 3'x67'x12"G Straw.

Division or Section Head

Tim Whittaker, R.S.
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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 6607A
TC: 007-271-05
SERIAL: № 19351 ☒ PT ☐ CRT

JOB LOCATION

① ADDRESS: 19760 DAVIDSON-CONCORD ROAD (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 007-271-05
⑤ SUBDIVISION: RIVER RUN ⑥ LOT: GOLF HOLE #60 ⑦ BLOCK:

OWNER

⑧ NAME: RIVER RUN LIMITED PARTNERSHIP (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O. BOX 237
⑩ CITY: DAVIDSON ⑪ STATE: N C ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-6327 ⑭ (HOME)

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?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? GOLF COURSE REST ROOM
㉖ Maximum number of employees?
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: Ronald An - Check

Date: 4/18/90

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.

Tim Whitaker, Environmentalist, 4/25/90 (Date)

Director or Authorized Section Head, 4/25/90 (Date)

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

PROPOSED PLOT PLAN

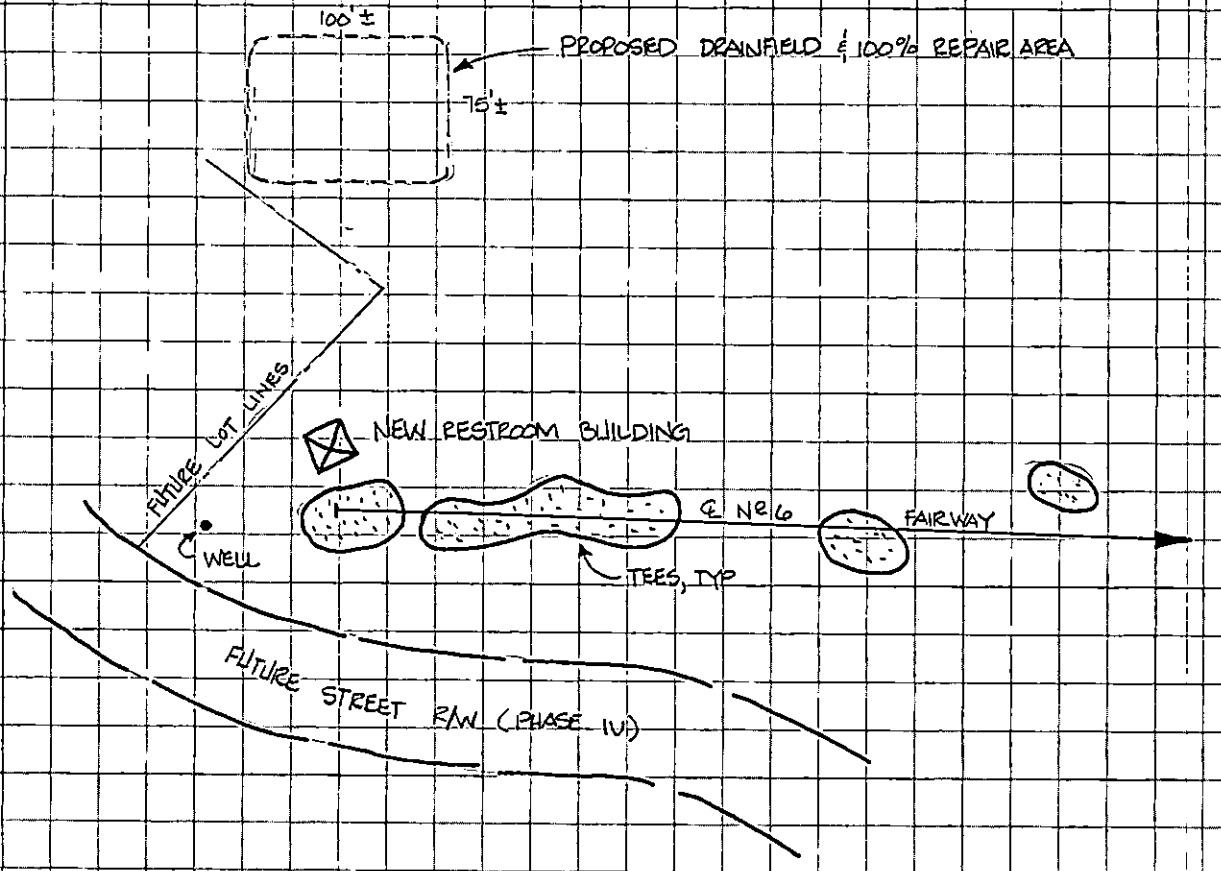
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6617A

TC: 007-271-05

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.

* Sys. will be designed to accommodate number of employees & members at time of installation with minimum of 1,000 gal. Septic tank & 200 lineal ft. nitrification trench. T.W. - 4/25/90



Signed: Donald M Quick

Date: 4/18/90

Mecklenburg County
Health Department

April 9th, 1990

River Run Limited Partnership
PO Box 237
Davidson, NC 28036

RE: Property located at Davidson-Concord Road
FILE: 6617A
PARCEL: 00727114

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 1h) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Gene, the system will be used for approx. 24 mo. until the sewer lines from the treatment plant are extended. The road will not be built until after the system is abandoned. This note needs to stay in the file. WRM 4-6-90

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6617A

TC: 307-371-17

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: [illegible]

② SUBDIVISION: [illegible] ③ LOT: [illegible] ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: [illegible] PAGE NO.: [illegible] PARCEL NO.: [illegible]

⑥ DEED REFERENCE; BOOK NO.: [illegible] PAGE NO.: [illegible]

OWNER

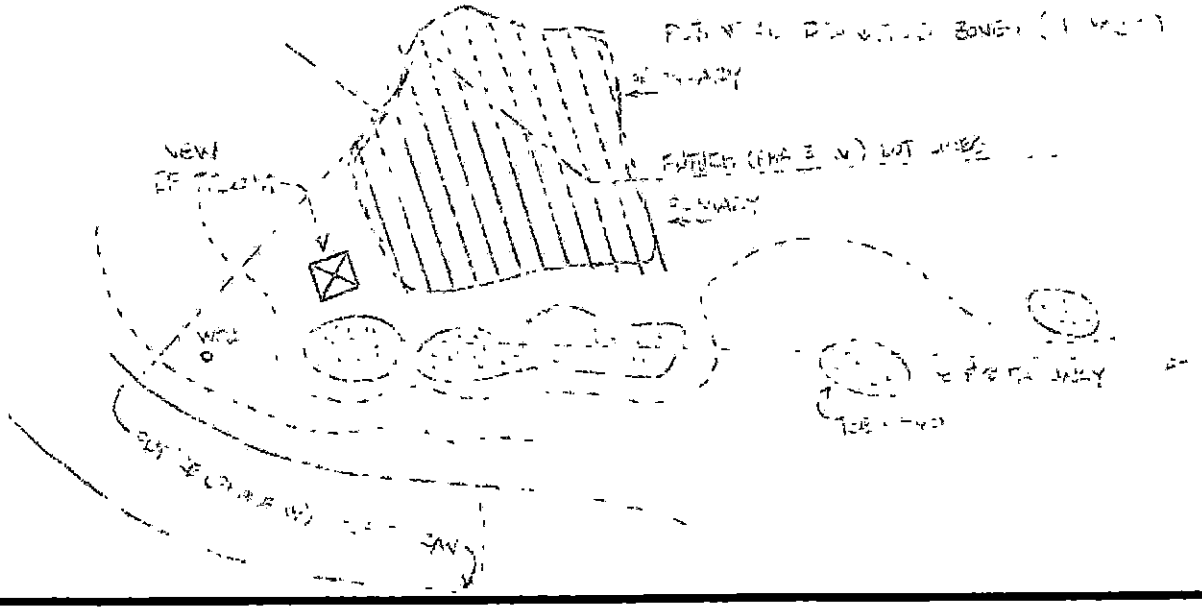
⑦ NAME: [illegible] (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: [illegible]

⑨ CITY: [illegible] ⑩ STATE: [illegible] ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) [illegible] (HOME) _____

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

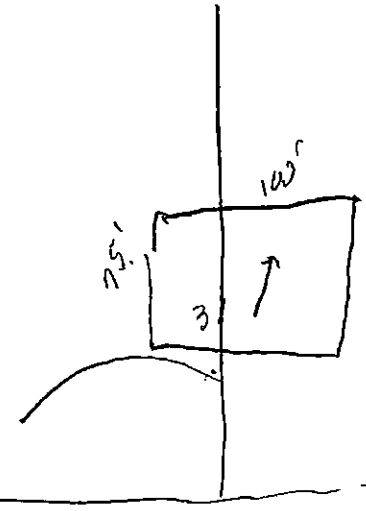
Date: 2/17/11

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

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

#6

addition



APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6617A

TC: 007-271-14

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19700 DAVIDSON-CONCORD ROAD

② SUBDIVISION: RIVER RUN ③ LOT: GOLF HOLE #6 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 07 PAGE NO.: 27 PARCEL NO.: 271-05

⑥ DEED REFERENCE: BOOK NO.: 6030 PAGE NO.: 503

OWNER

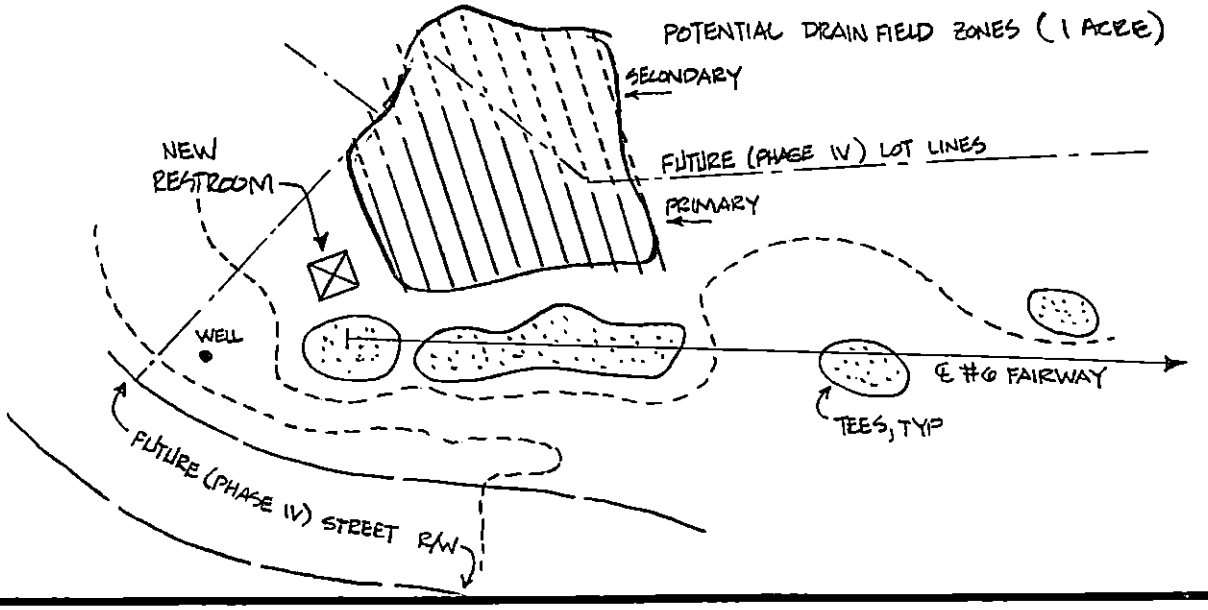
⑦ NAME: RIVER RUN LIMITED PARTNERSHIP
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. BOX 237

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-6327 (HOME)

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Donald M. Chuck

Date: 3/27/98

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 3/24

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 007-271-[redacted] 14

ASSIGNED ADDRESS 19760 Davidson-Concord Rd

EXISTING ADDRESS _____

PROJECT NAME V.A

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: Address Verified

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-28-90

Name/Company: River Run Ltd. Partnership

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appl C for Soil Investg

F16 # 16027 - 1 Acre $40.00

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 28 1990

F16 # 6617A - 1 Acre 40.00

F16 # 6618A - 1 Acre 40.00

Fee: $ (20.00)

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____

Collected by _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-18-90

Name/Company: River Run Ltd.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application Fee - Irrigation
Pond

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1990

EH # 6617A

EH # 6618A

Cash 1012

Fee: $ 400.00 400.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by