

13915 JONATHAN`S RIDGE RD

19519311

6/13/2007

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: 6243A DATE: 8/30/91

TC: ~~195-101-04~~ ☐ L ☑ CRT
195-193-11 RWAM 11-4-96

SERIAL Nº 15431

Name of Owner D. Craven Juris.:

Address of Property 13915 Jonathans Ridge Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 4 @ 133

Cover Depth 16"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 8/30/91

Tank(s) Inspected 8/30/91

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1991, 1500ST, CON, 1600SFT, 12"stone ceil CTR# 117

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: System designed for 4 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

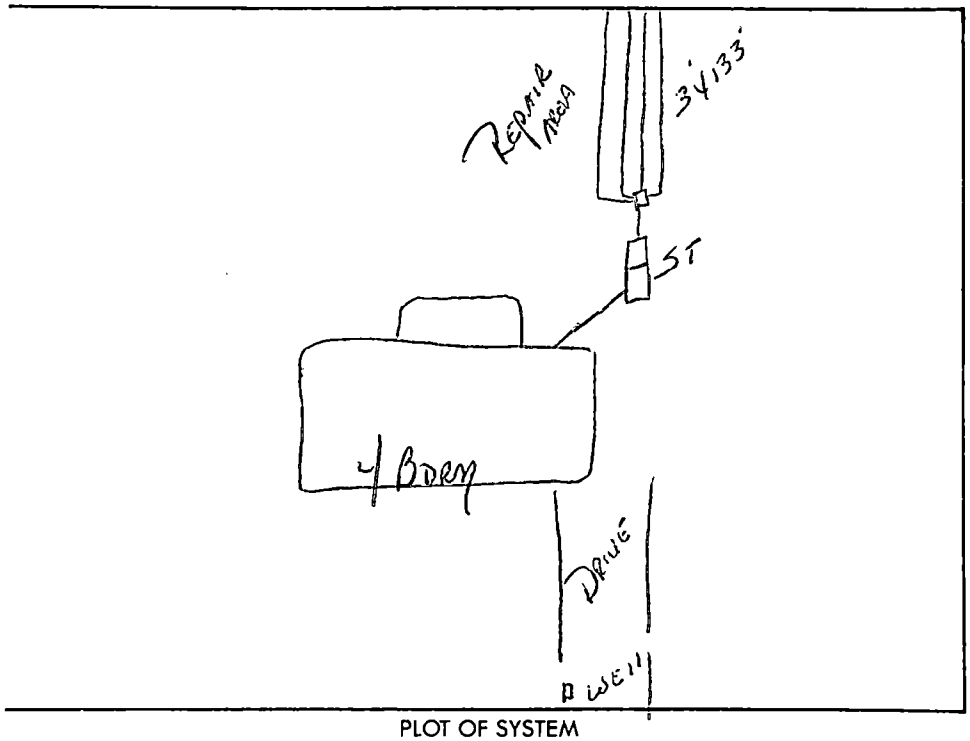
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 60243A DATE: 8/23/91

TC: 195-101-04 ☐ L

SERIAL Nº 13658

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 8/23. All work shall be completed on or before 9/23, 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 PCC 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 4

Depth of Stone 102 inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well > 50 feet

NAME OF OWNER D. CRAVEN

LOCATION OF PROPERTY 13915 JONATHAN'S RIDGE RD.

Comments: INSTALL COND 54.5 4/TRENCHES 3 @ 133', KEEP TANK UP HIGH

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.

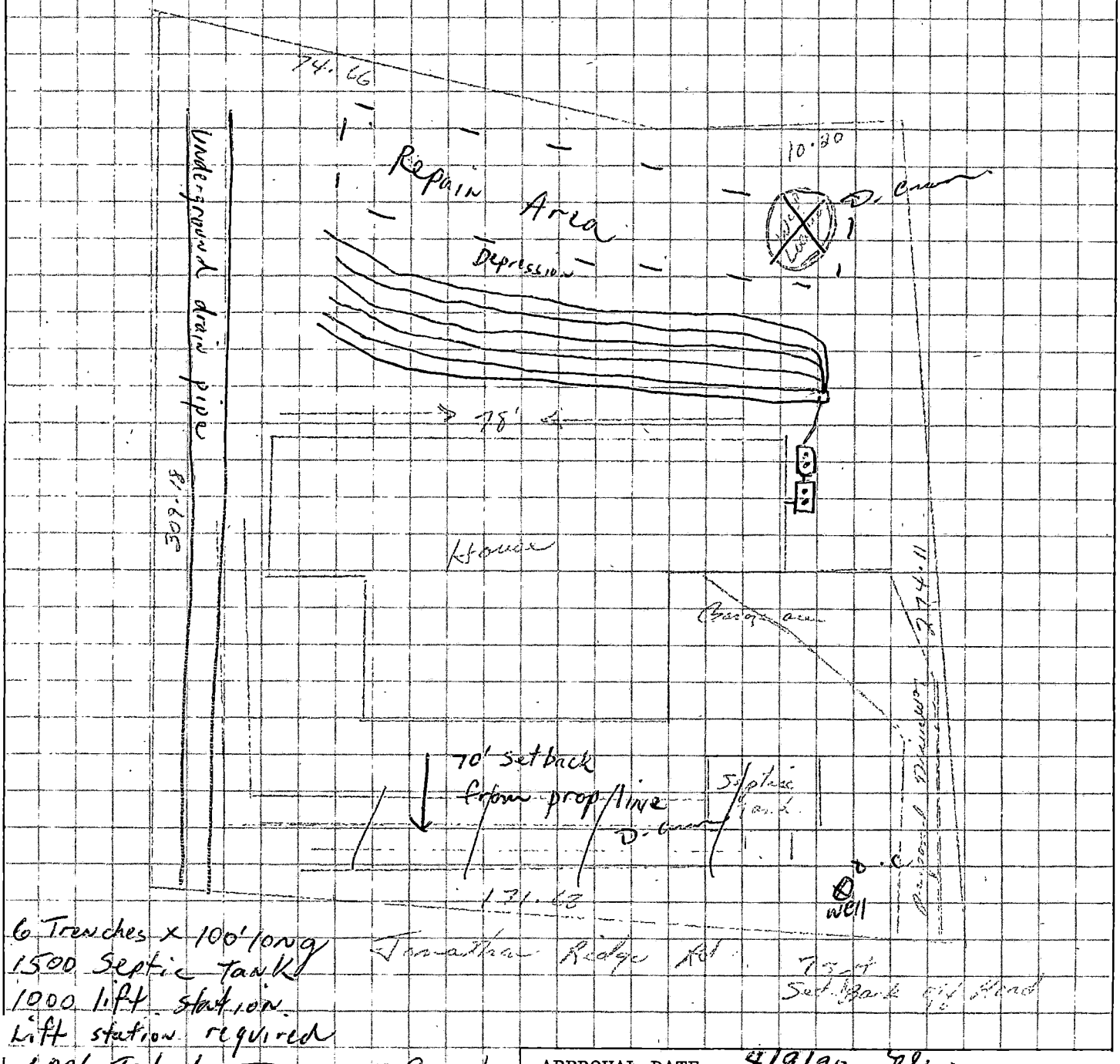
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

PROPOSED PLOT PLAN

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

FILE: 6243A
195-193
TC: 195101 03 04 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.



6 Trenches x 100' long
1500 Septic Tank
1000 lift Station
Lift station required
600' Total Dwayne S. Crum
4-9-90

APPROVAL DATE 4/9/90 PSW

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-5-90

Name/Company: Dunlap Chevron

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applic for Init Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 4 1990

File # 6243A

Fee: $ 200.00 CK #1494 #200

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

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: 6243A

TC: 195101 03 04 05

SERIAL: № 20603 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 13915 (STREET NO.) Jonathan's Ridge Rd (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: Parcel # 195-101-03

⑤ SUBDIVISION: Jonathan Landing ⑥ LOT: 13 ⑦ BLOCK: _____

OWNER

⑧ NAME: Duwayne (FIRST) S. (MIDDLE) Craven (LAST)

⑨ MAILING ADDRESS: 7101 Ashbourne Ln.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) 596-8200 ⑭ (HOME) 545-5771

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? 4

㉕ Type? _____

㉓ Maximum occupancy? 6 people

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: Duwayne S. Craven

Date: April 4-90.

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.

_____ / _____
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.

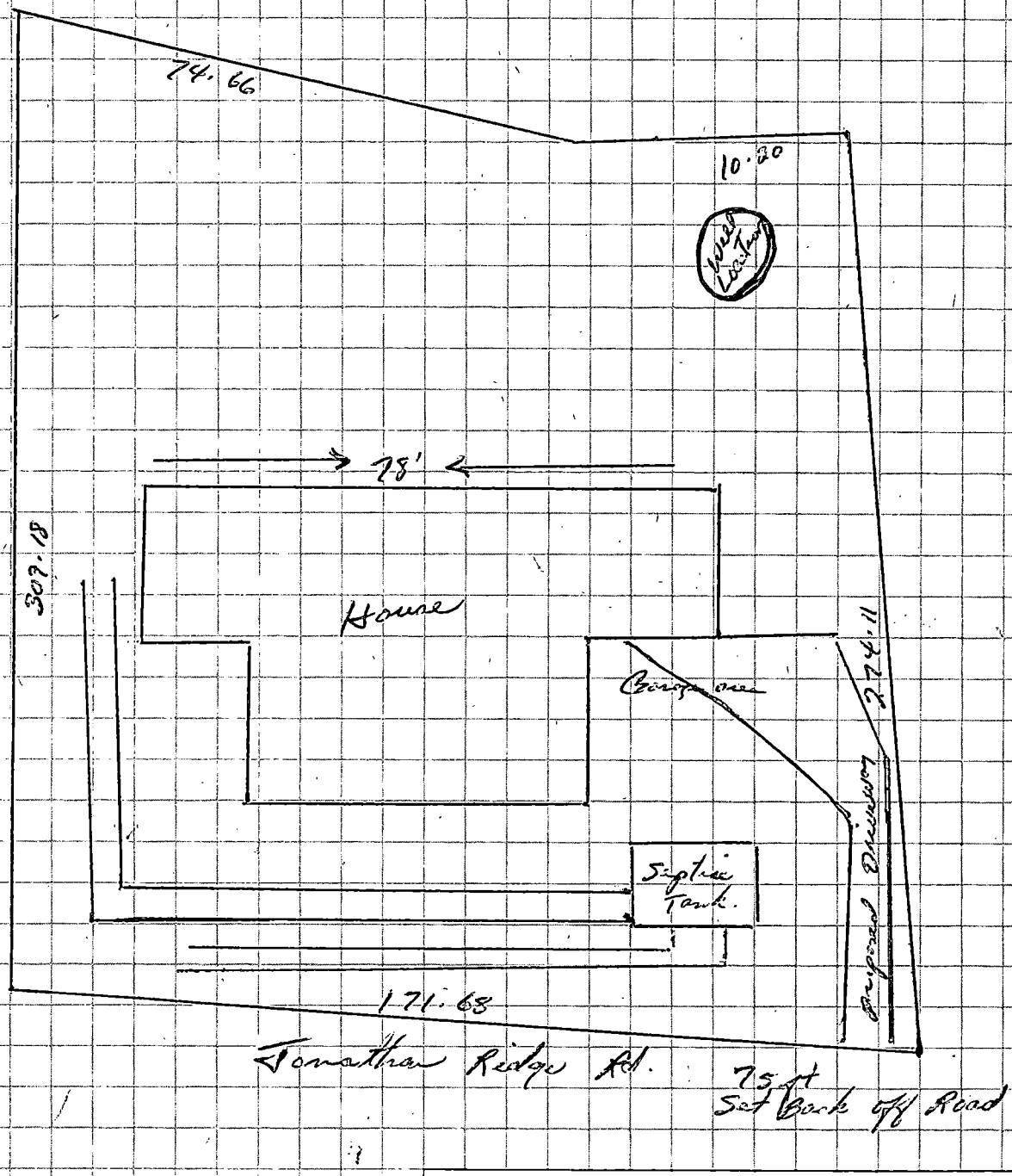
PROPOSED PLOT PLAN

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

FILE: 6243A

TC: 195101 03 04 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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

March 12th, 1990

Jonathan's Landing Development
2300 Two First Union Center
Charlotte, NC 28282

RE: Property located at Jonathan's Ridge Rd.
FILE: 6243A
PARCEL: 19510103,04,05

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 16549) 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

4/4/90

Meck

195-101-03
13915 Jocanthans Ridge Rd
Lot 13
Joganthans Landing

Att Gary Black / Septic Tank

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16549

File: 6243A Action 1

Parcel: PO 195-101-04 PC

Location: Jonathan's Ridge Rd.

Subdivision:

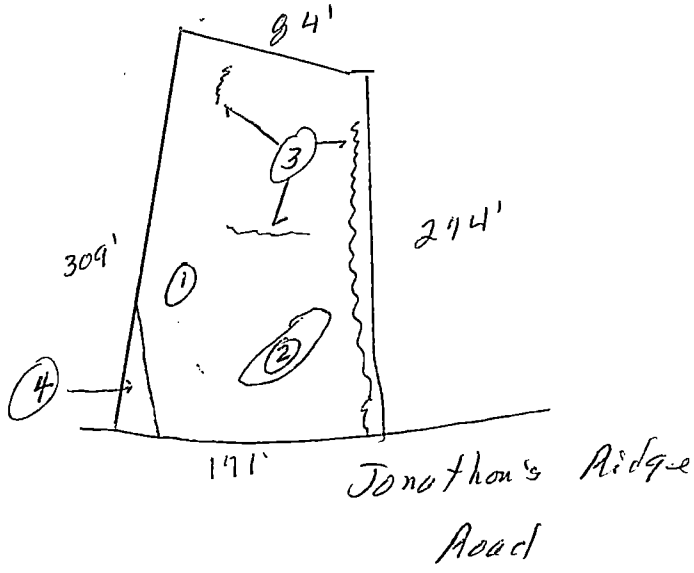
Lot: 13 Block: Acres: .78

Owner:
Address: Jonathan's Landing Development
2300 Two First Union Center
Charlotte, NC 28282

Comments:

Described by: William R. Marks

Date: 3-9-94



***** 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 2-10%	S PS (U) Depression	S PS (U) old Terraces	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS (U) Fill/compacted	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	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	IV Cecil-Lilac	Depression	old Terrace	Fill		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Lee #6231A

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

(OFFICE USE ONLY)

FILE: 6243A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13915 Jonathan's Ridge Road

② SUBDIVISION: Jonathan's Landing ③ LOT: 13 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 195 PAGE NO.: 101 PARCEL NO.: 03, 04 & 05

⑥ DEED REFERENCE: BOOK NO.: DB 6001 PAGE NO.: 348

OWNER

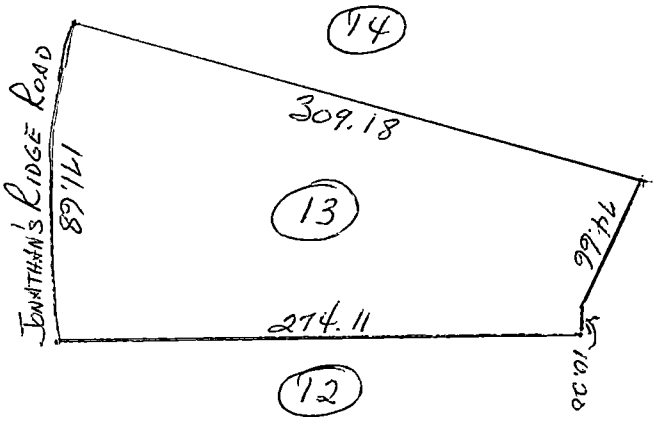
⑦ NAME: Jonathan's Landing Development, a North Carolina General Partnership
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2300 Two First Union Center

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28282

⑫ PHONE: (WORK) 704-372-4884 (HOME) 704-366-9509

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: _____
H. PARKS HELMS, General Partner

Date: _____

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