

14915 E ROCKY RIVER RD

00336113

8/12/08

marliwr

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

Mecklenburg County
Health Department

November 19, 1996

Robert E. Miller
14915 East Rocky River Road
Davidson, North Carolina 28036

Dear Mr. Miller:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 14915 East Rocky River Road, Davidson, North Carolina on November 11, 1996.

The laboratory analysis of the well water was reported to be negative coliform bacteria.

At the time of the investigation, the area over the end of the nitrification field of the sewage disposal system was covered with heavy vegetation. As best as could be determined, there appeared to be no effluent on the surface of the ground. It is my recommendation that the vegetation over the end of the nitrification field be cut back to allow sunlight to reach the area for evaporation purposes; the ideal ground cover over the nitrification field is grass that is maintained on a regular basis.

If you have any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LB:gc

2400

16783

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 10/11/95 ck # 1956

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

PERSON FILING APPLICATION:

NAME: Miller (last) Robert (first) E (mi)

ADDRESS: 14915 E. Rocky River Rd PHONE: (704) 892-3337

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-092-20

STREET ADDRESS: 14915 E. Rocky River Rd DAVIDSON, NC 28036

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bedroom/Bath/Sunroom
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 5

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: Robert E Miller Date: 10/11/95

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 for one Bedroom, Bath, Sunroom additions

Note: Per walk-through of house on 10/13/95 ⇒ 3 bedrooms. See file for initial septic tank system installation application indicating 4 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

Abdul B. Malik, RS 10/13/95
Environmentalist Date

Program Chief 10-16-95
Director or Authorized Section Head Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)
14915 E | ROCKY RIVER | RD

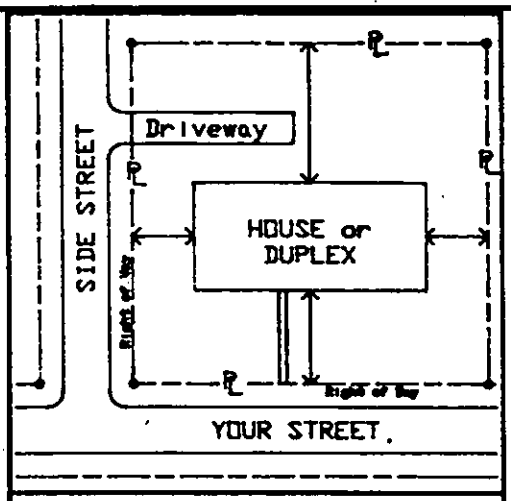
SUITE/UNIT(S):

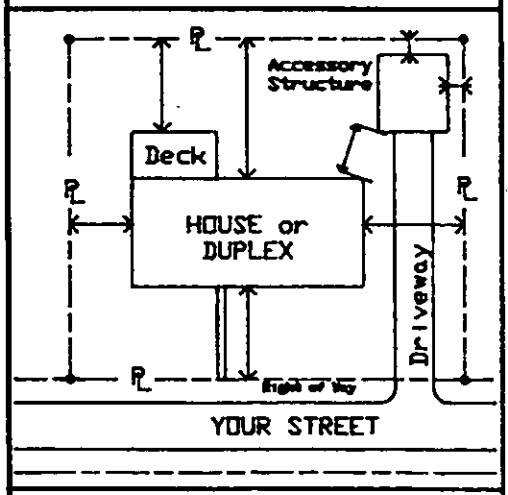
PERMIT #

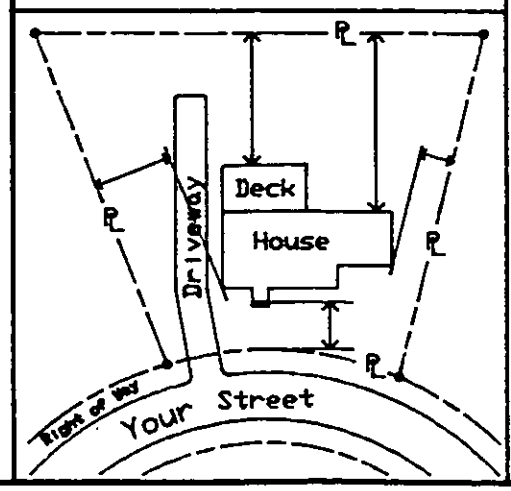
TAX JURISDICTION: (Check One)
☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 003-092-20 | JOB #

EXAMPLES/PLOT PLAN



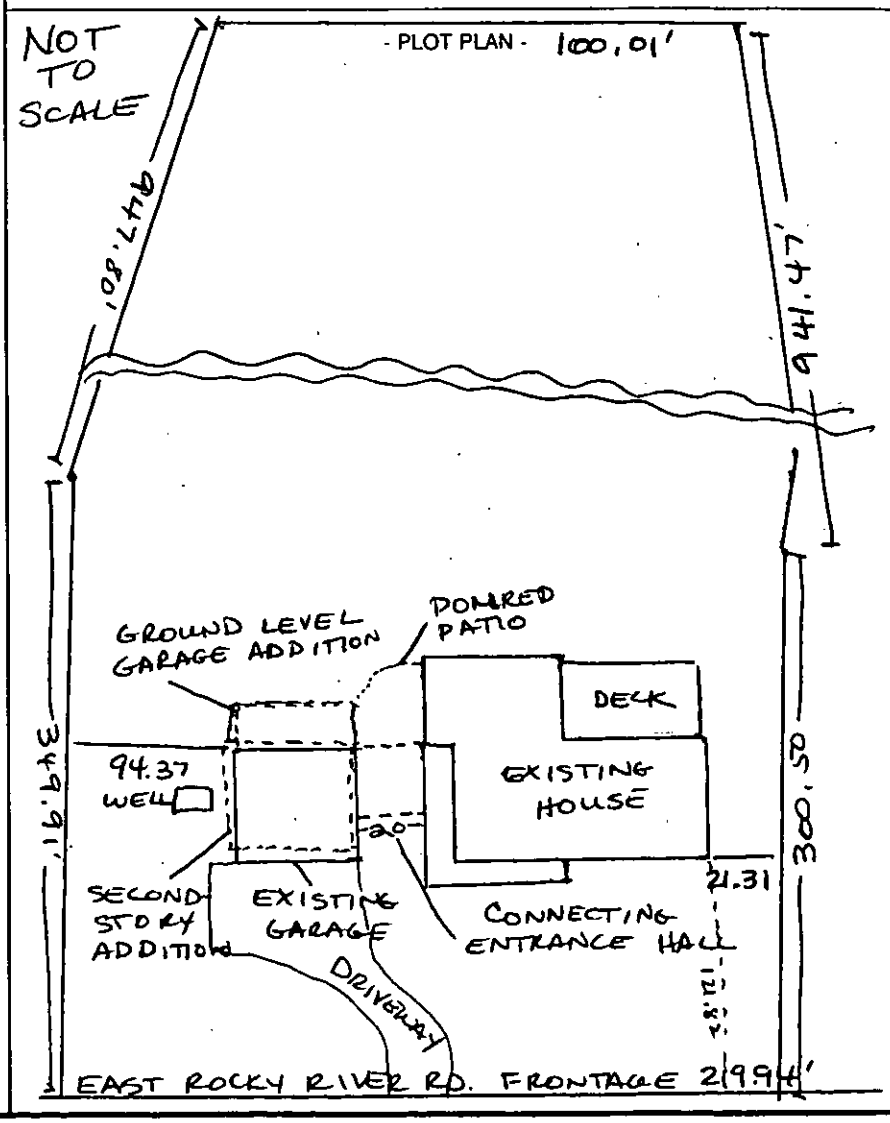




- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Robert E. Miller 10/10/95 Robert E. Miller 10/13/95

C of A (s) No. 16783

Serial 3941

T. C. No. 003-092-20

Date Issued 8-8-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Fox (LAST), Larry (FIRST) William (MIDDLE)

Location of Property East Rocky River Road

Application Number 16783

Permit Number 16783

Inspection Date:

Liquid Capacity of Tank 1500 gallons

Tank Material precast concrete

Total Length of Drain Tile 440' + 167'

Number of Lines 5+3

Depth of Filter Material 17"

Cover Depth 15"

Water Supply Source well

Distance from Water Source >50' (not in yet)

Excavation Inspected —— (DATE)

Tank Inspected —— (DATE)

Nitrification Field Inspected 8-8-80 (DATE)

Washing Machine Line Inspected, If Applicable 8-8-80 (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:

s.t. + washer drainfield were reversed from permit

Mike Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 5/12/80

SEE INSTRUCTIONS ON BACK

RECEIVED

MAY 12 1980

CAR(S) Application No. 16783

T. C. No. 003-092-20

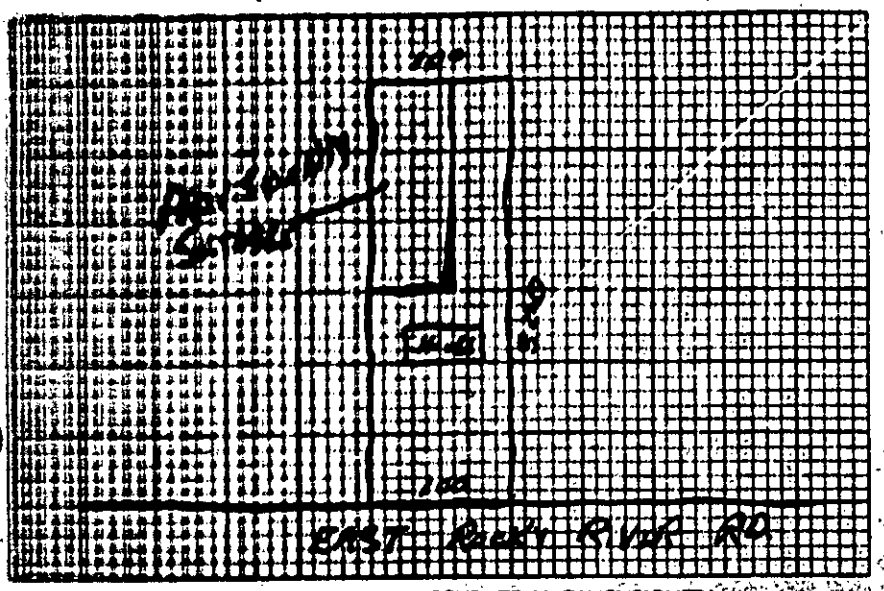
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

The owner of this property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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)

Mobile Home ___ Yes X No
Residence X Yes ___ No

4) No. of Bedrooms 4

5) Business Use — Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply:
A) Individual Well X
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 Fox (LAST) LARRY (FIRST) WILLIAM (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 783 DAVIDSON, N.C. 28036

15) PHONE NO. Home 892-3638 Office 875-6227

16) LOCATION OF SYSTEM EAST ROCKY RIVER (STREET OR COUNTY ROAD)

17) SUBDIVISION Rocky River Properties Lot No. 20 Block No. 92

Map Book No. 03 Page No. 09

18) DEED REFERENCE — DEED BOOK 3994 AT PAGE 0206

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 5/6/80 P.S.

20) PTR NUMBER (See Instructions) 16783

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.

5-12-80
DATE OF APPLICATION

Larry W. Wm Fox
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 4096

Date Issued 7-18-80

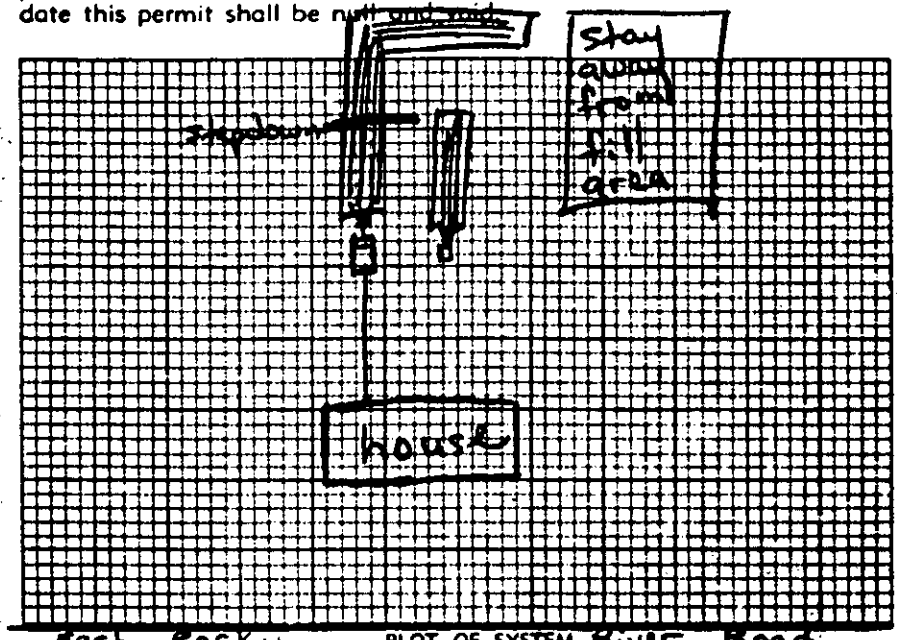
ICARIS Permit No. 16783

T. C. No 003-092-2

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 herein at the described location. This permit is granted based upon the information supplied in application 16783, dated 5-12-80 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 8-18-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast conc

Absorption and/or Nitrification Lines:

Total Line Length 440' + 167

Number of Lines 5 + 4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Fox, Larry William

LOCATION OF PROPERTY East Rocky River Road

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.

12' wide × 42' long × 17" stone for washer

Comments: 15' wide × 88' long × 17" of stone

Division or Section Head

Mike Sexton
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.

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX A
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. NO. 1 of 3
T.C. NO. [illegible]

OWNER: Jerry W. Fox
ADDRESS: P.O. Box 783
COUNTY: Person N.C. 27536
LOCATION OF SITE: East Roxboro Bypass Road

DATE REQUESTED:
PLAT NO:
LOT SIZE: 30,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U — 2-10%	(S) PS U — 2-10%	(S) PS U — 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U — clay	S PS U — Massive	S (PS) U — clay→clay loam	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS (U) — Fill	S PS (U) — Massive	S PS U
4. SOIL DEPTH (inches)	(S) PS U — 48"	S PS (U) — 48"	S PS (U) — 48"	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS U — None	S PS (U) — Fill	S PS (U) — Saprolite	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U — >6' to ground water	(S) PS U — >6' to ground water	(S) PS U — >6' to ground water	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) U — Moderate	S PS (U) — Slow	S PS (U) — Slow	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil	Fill	Cut	

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, slop

Recommendations/Comments:

Described By: [signature] Date: 5-7-82
Title: [signature]
DHS Form 2801
Revised 4/80
DHS 3179 (12/80)