

4435 ROCKY RIVER RD

10516404

7/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT 4400

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12505 DATE: 1/7/97

TC: 105 164 04 ☐ L ☐ CRT

SERIAL № 16877

Name of Owner Reid Love Juris.:

Address of Property 4435 E. Rocky River Rd

Inspection Data:

Tank Material NA

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 1/7/97

Tank(s) Inspected NA

Wash Line Inspected 1/7/96

High Water Alarm Inspected NA

PLOT

Design 1997 Repair Washer line, 36" stone CTR# 5

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair washer line

Philo S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

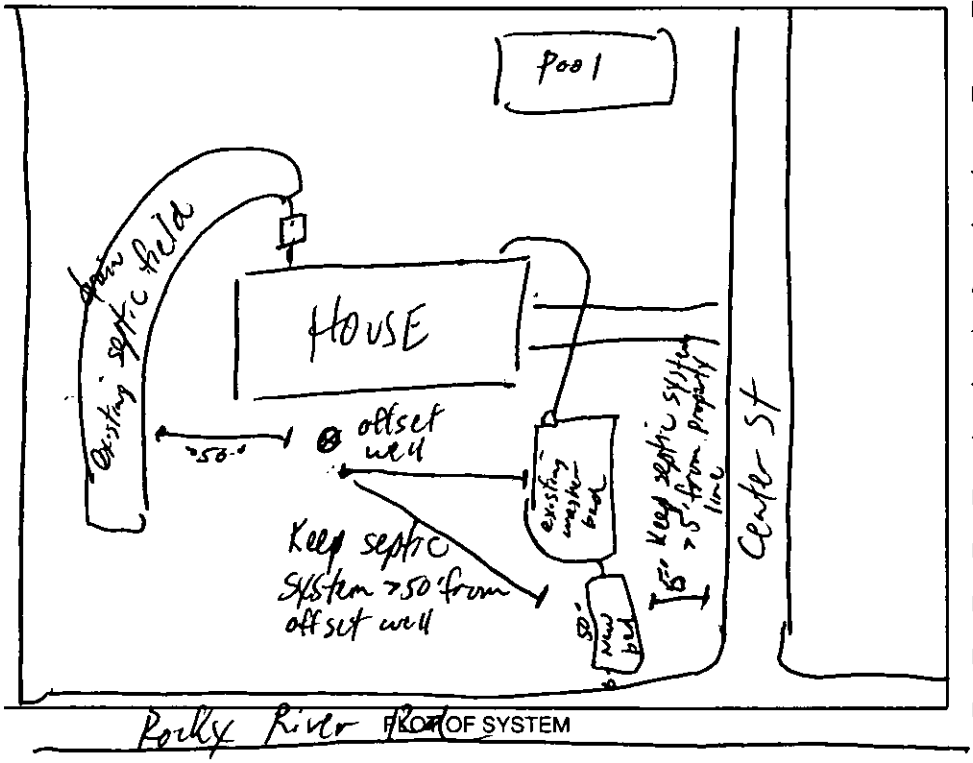
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12505 DATE: 12/30/96

TC: 105 164 04 ☐ L

SERIAL Nº 17071

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 12/30/96. All work shall be completed on or before 1/30/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth As necessary

Absorption and/or Nitrification Lines:
Bed
Trench Width 6' feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Reid Love

LOCATION OF PROPERTY 4435 E. Rocky River Rd

Comments: Washer bed system 6' wd x 50' long x 24" stone
Keep septic system >50' from offset well and >5' from property line.

Phyllis S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: NA

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

File # 12505

Repair [ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: Washer

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105 164 04

STREET ADDRESS: 4435 E. Rocky River Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

✓ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P) underground offset
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

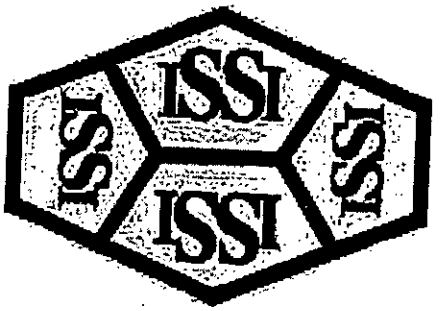
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Love Reid (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 4435 E. Rocky River Rd	DAYTIME PHONE: ( ) ---
CITY: Charlotte STATE: NC ZIP:	
DAYTIME PHONE: ( ) 704 - 596-2955	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Reid A. Love DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



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ISSI Operations Center Staff

10-30 Trees Reid Lowe 596-2955 12505

Serial No. 0893

Date Issued 30 June 77

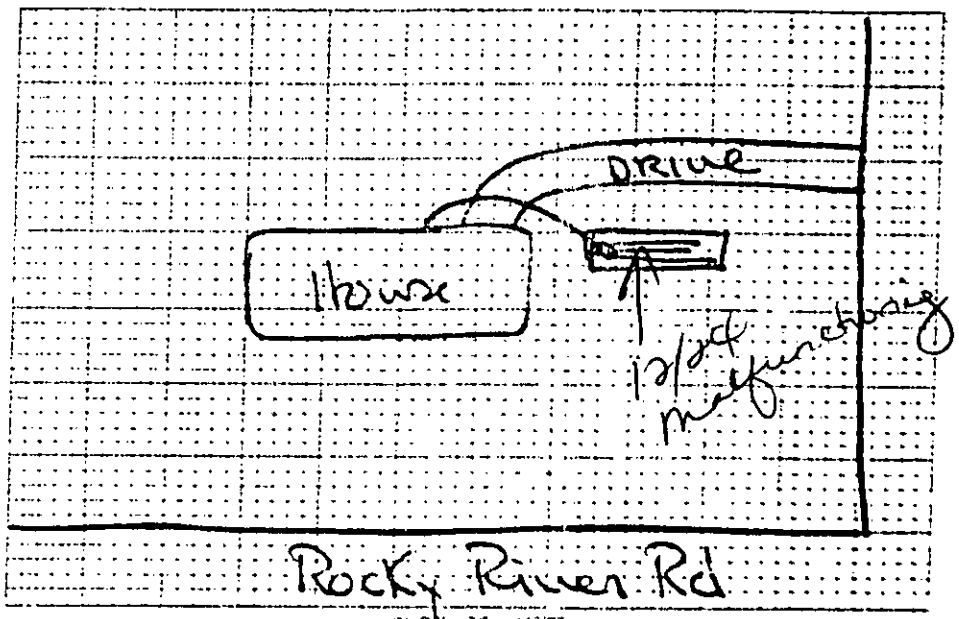
ICAR(S) Permit No. 12505

T C No. 105-16-

Map Date 1-14-7

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 waste water 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 12505 dated 5-16-77 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 30 July 77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and Supplemental Area

Total Line Length 100 ft

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well ___ 50'

NAME OF OWNER Lowe, Reid H.

LOCATION OF PROPERTY 4435 E. 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 separate 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.**

Comments

Director or Section Head

Environmentalist

* If this permit is for the installation of a new system, it must be signed by the Director or Section Head of the Department of Environmental Health as shown by the solid ink signature of the environmentalist is required where an existing system is being altered or repaired.

White - Applicant's Copy Canary - Department's Copy

Photo - see back page

Cert. Appl. No. 12505

Serial No. 0797

T. C. No. 165-76

Date Issued 30 Jun 77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Love (LAST) Reid (FIRST) (MIDDLE)

Location of Property Rocky River Road

Application Number 12505 Permit Number 12505

Inspection Data:

Liquid Capacity of Tank Repair Tank Material

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 30'

Excavation Inspected 30 Jun 77 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected, If Applicable 30 Jun 77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption and 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 from 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 subsequent changes are made to the property which would increase the requirements for said system.

Comments Repaired by Eagle

(Environmentalist)

SEE INSTRUCTIONS ON BACK

Date Received 5 | 25 | 77

MAY 25 1977

ICAR (S) Application No 12565

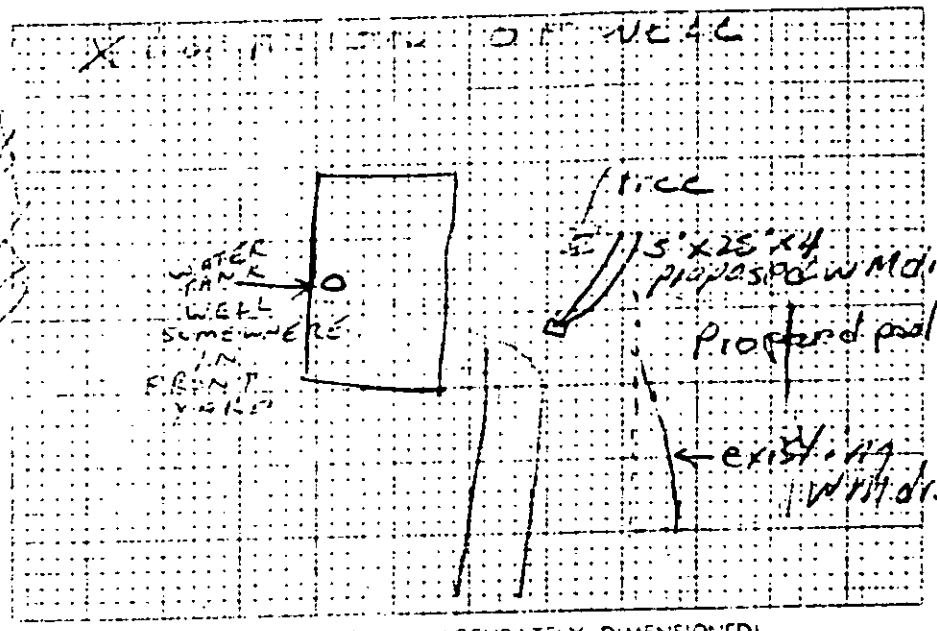
T. C. No [illegible]

Map Date 1-17-72

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 undersigned property owner hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: 1) Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



31) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No
41) No. of Bedrooms 3
5) Business Use — Max. No. Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
Mobile located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER LOVE (LAST) REID (FIRST) ALAN (MIDDLE)

14) ADDRESS OF OWNER 4335 ROCKY RIVER RD

15) PHONE NO. Home 596-2355 Office 392-8366

16) LOCATION OF SYSTEM (4435) Rocky River Rd @ Center Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION WHISPERING OAKS Lot No. 4 Block No. 2

Map Book No. 9 Page No. 103

18) DEED REFERENCE — DEED BOOK 5558 AT PAGE 0420

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

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.

5-16-77
DATE OF APPLICATION

X [signature]
OWNER

EHD-5-76

Environmental Health Department's Copy

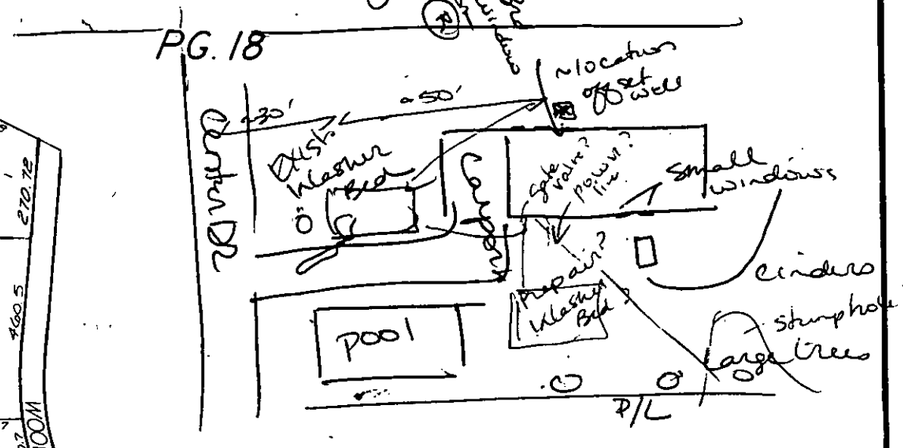
BK. 51-20

105-166-99

12/24 OBV - Mr Reid Love present. Advised to have utilities marked. Has called Steve Autry, but has not heard back from him.

E. Rocky River Rd.

PG. 18



PG. 15

TAX LINE MAP	BOOK 105 PAGE 16
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 10-22-96 PB	SCALE 1" = 400'

105
108
107