

5510 COLD HARBOR DR

05317226

5/21/08

marliwr

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

Mecklenburg County
Health Department

February 17, 1998

Mr. Clifford D. Riley Jr.
8209 White Ash Court
Charlotte, NC 28227

Re: 5510 Cold Harbor Drive
File: 3475
Parcel: 053-172-26

Dear Mr. Riley:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1945 (Available Space) for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan such as an INFILTRATOR, ENVIROCHAMBER, or EEZ-LAY system would be an Alternative system that may be feasible for your lot. The classification for this septic tank system is Type III.

The following provisions shall apply for the issuance of the Improvement Permit:

- Notification in writing as to the modified septic system you choose shall be submitted to this office.
- Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

Upon execution and recording of the enclosed form "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969" an Improvement Permit can be issued by this department. Also a plat of the property is required before an Improvement Permit can be issued for a building site.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni E. Higgins, R.S.

Toni E. Higgins, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

Mecklenburg County

Health Department

September 12, 1997

Clifford O. Riley Jr.

Mr. ~~and Mrs. Nelson Edens III~~ Re: 5310 Cold Harbor Dr

~~14007 Woody Point Road~~ 8209 White Ash Ct File: ~~14007 Woody Point Road~~ ~~2208B~~ 3475

~~Charlotte, NC 28278~~ 28227 Parcel: ~~199-085-49PO~~ 053-172-26

Dear Mr. and Mrs. Edens:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1943 ~~(Soil Depth)~~ for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan ~~was prepared on site and a copy is enclosed for your records.~~ The classification for this septic tank system is Type III. 1,945 (AVAILABLE SPACE) SUCH AS AN INFILTRATOR, ENVIROCHAMBER, OR EZ-LAY SYSTEM WOULD BE AN ALTERNATIVE SYSTEM THAT MAY BE FEASIBLE FOR YOUR LOT.

The following provisions shall apply for the issuance of the Improvement Permit:

- ~~The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.~~
- ~~You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require 270 linear feet of drainfield or a modified system that allows for a 25% reduction would require 217 linear feet of drainfield.~~ ~~PLEASE~~ NOTIFICATION IN WRITING AS TO THE MODIFIED SEPTIC SYSTEM YOU CHOOSE SHALL BE SUBMITTED TO THIS OFFICE.
- Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

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If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

FEE: $100.00 CK # 1115

DATE: 6/27/97 gc

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

[ ] 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

COPY

FILE #: 3475

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-172-26

STREET ADDRESS: 5510 Cold Harbor Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 18 - BLK C

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

135

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 2-1-98

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Riley (LAST) Clifford (FIRST) D. (MI) Jr	NAME: Eppley (LAST) James (FIRST) S (MI)
ADDRESS: 8209 White Ash Ct	DAYTIME PHONE: (704) 392 - 9224
CITY: Charlotte STATE: NC ZIP: 28227	Grp Richard Eppley - Assoc
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/76 Deed Book 3873 page 0175

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: Clifford Riley DATE: June 12, 97

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

COPY

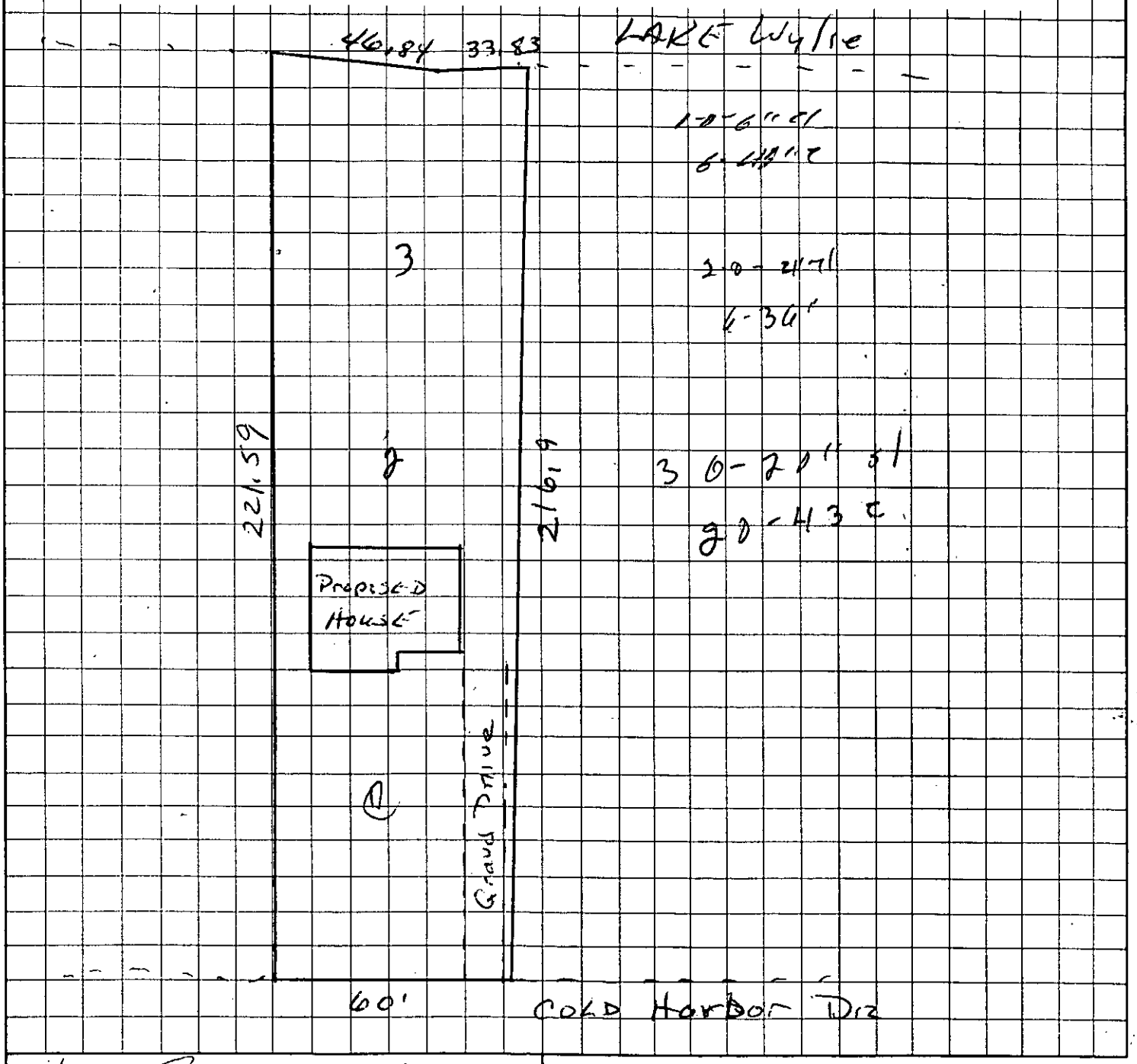
PROPOSED PLOT PLAN

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

FILE: 3475

TC: 053-172-26

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.

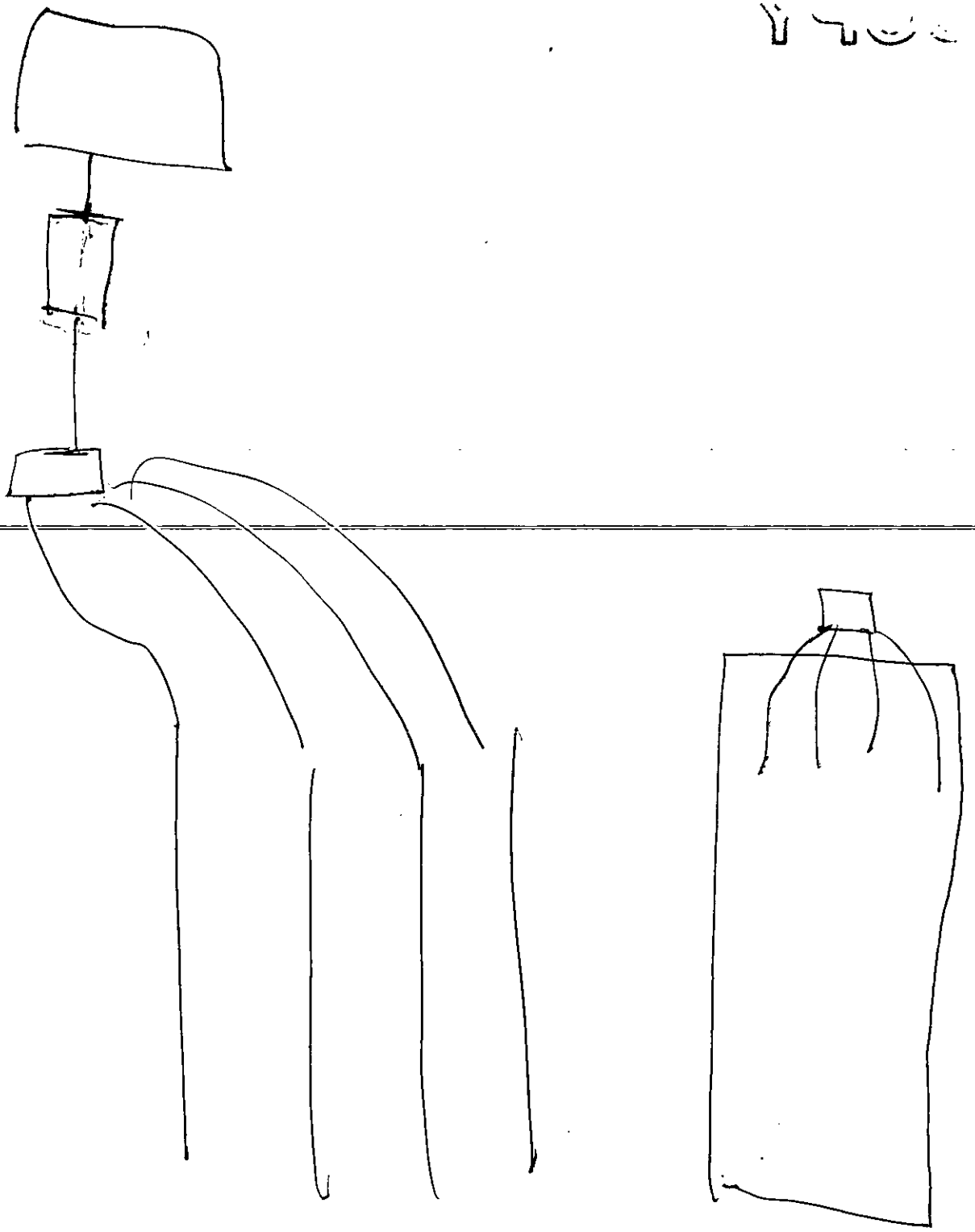


OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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



FEE: 100.00 CK # 7445
DATE: 6/27/97 JC

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DEPARTMENT OF ENVIRONMENT,
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DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3475

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X CRAWL SPACE
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__ SHARED WELL (S)
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PROPERTY OWNER:

NAME: Riley (LAST) Clifford (FIRST) D. (MI) JR

ADDRESS: 8209 White Ash Ct

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Eppley (LAST) James (FIRST) S (MI)

DAYTIME PHONE: (704) 392 – 9224

GRA Richard Eppley + Assoc

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SIGNED: Clifford Riley DATE: June 12, 97

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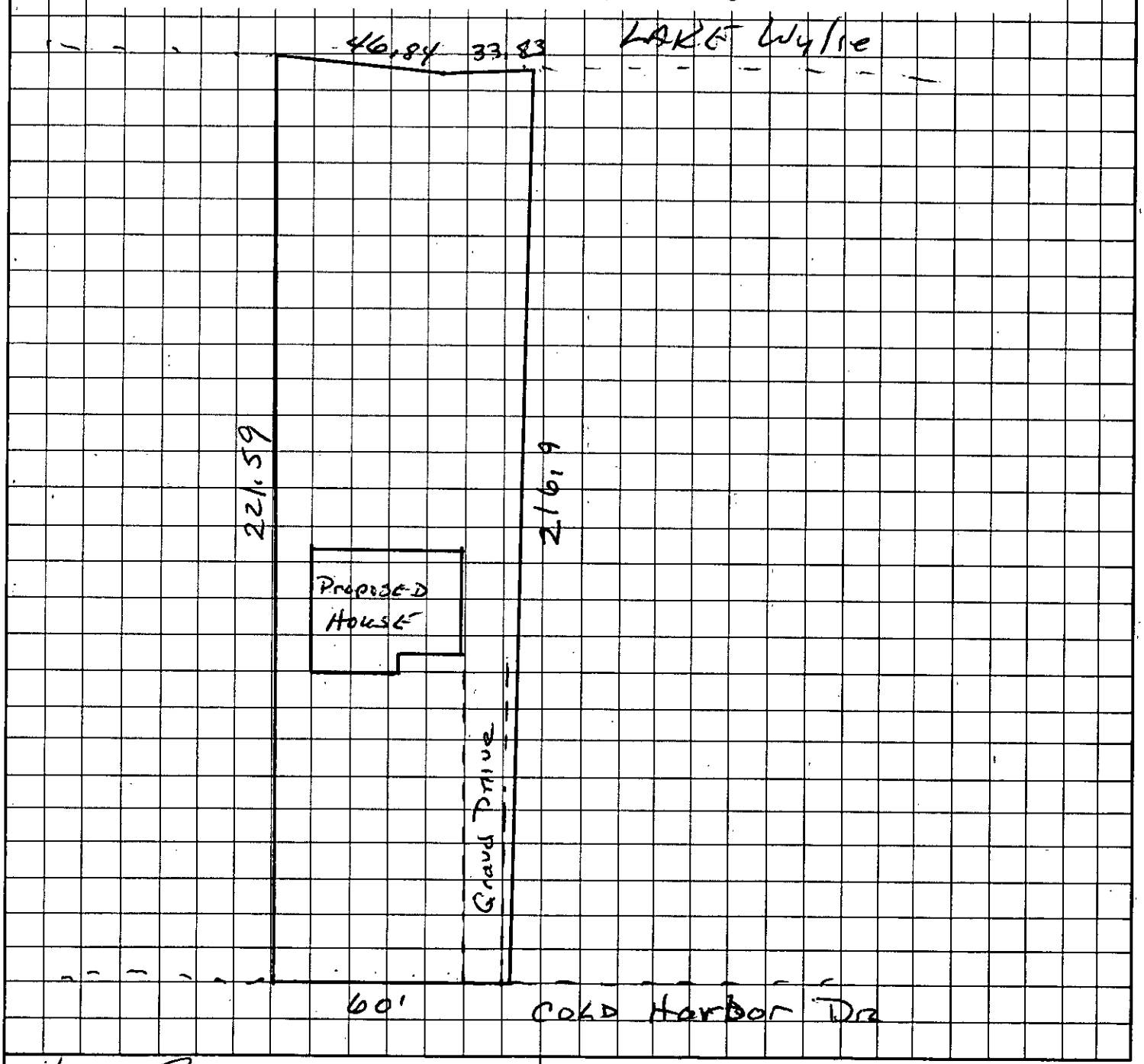
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3475

TC: 053-172-26

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.



Steve Eagley Agent
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

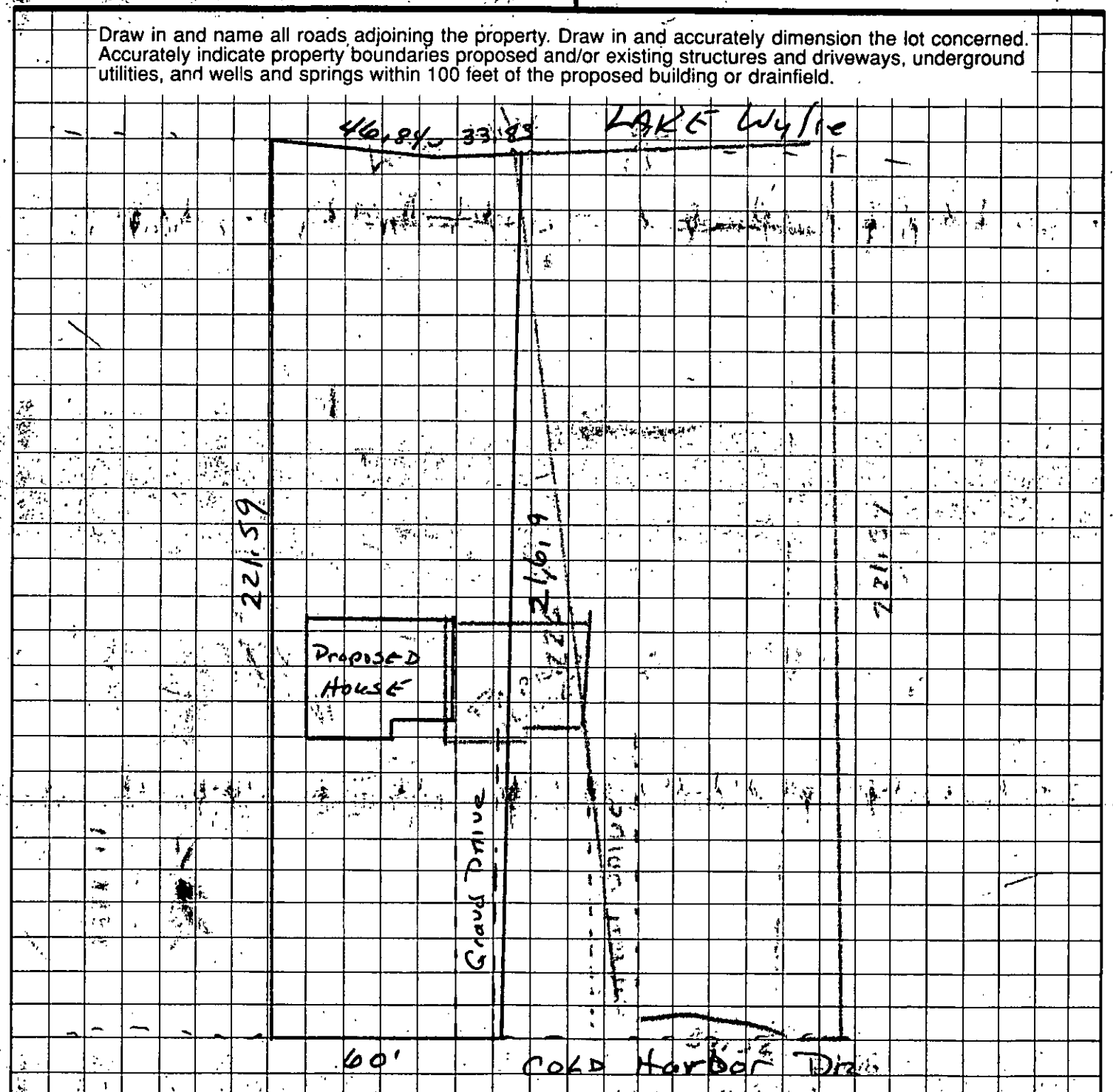
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE June 12, 97

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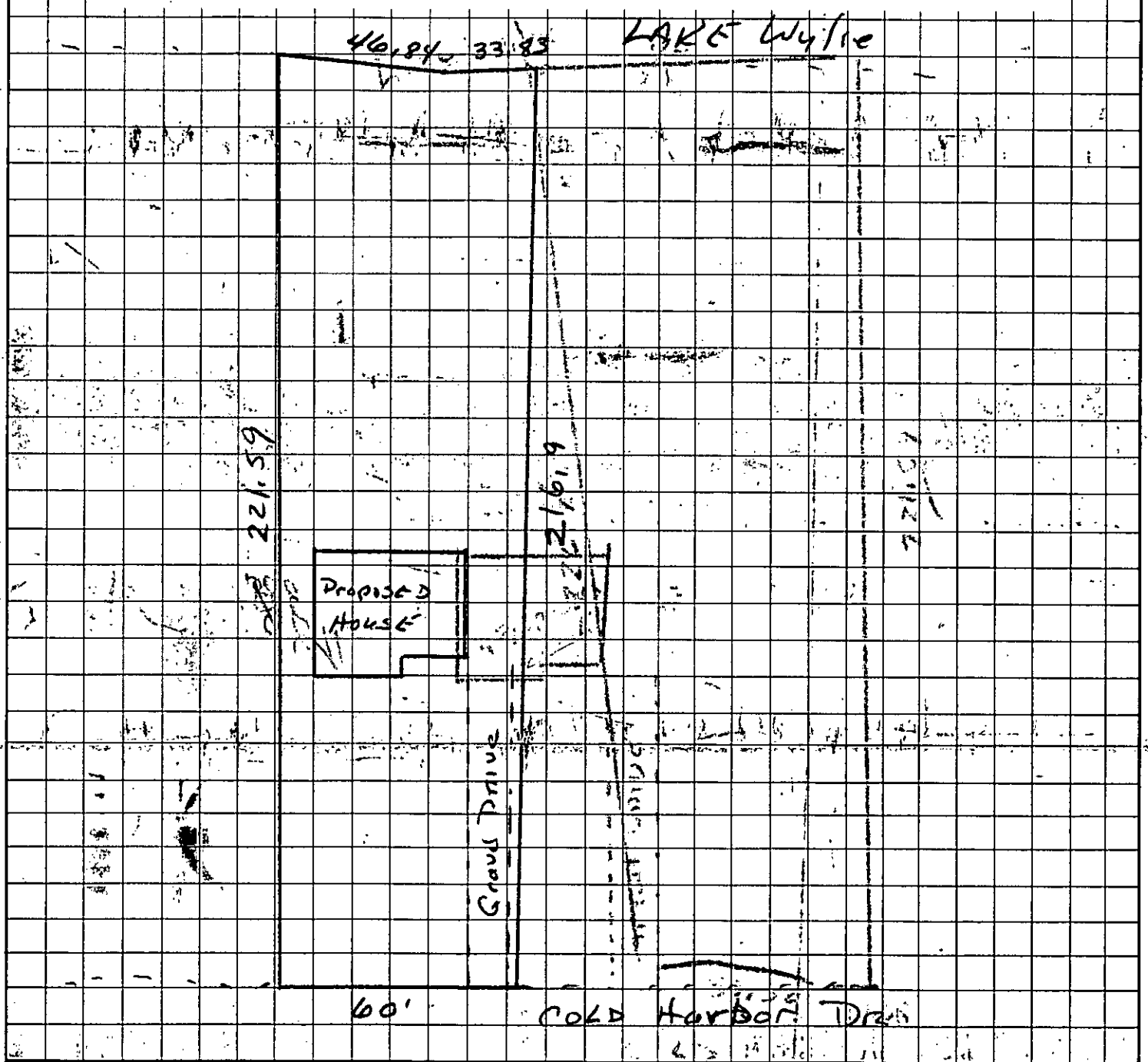
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 9-12-11

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