

11837 RIVERHAVEN DR

03121115

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duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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 33598

PERSON FILING APPLICATION:

NAME: Little (last) Douglas (first) M (mi)

ADDRESS: 2 Minnow St PHONE: (704) 763-6036

CITY: Belmont STATE: NC ZIPCODE: 28012

Date:

PROPERTY OWNER:

NAME: Foote (last) Jan & Trudy (first) (mi)

ADDRESS: 11837 Riverhaven Rd. PHONE: (704) 399-5807

CITY: Chnn STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-211-75

STREET ADDRESS: 11837 Riverhaven

ZONING: BR

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: 18-20 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] NEW CONSTRUCTION - 1 OR 2 BEDROOMS (1) [redacted] 968

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)

[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)

[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

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: NUMBER OCCUPANTS:

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
[X] 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: Douglas M Little Date: 11-6-00

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 garage addition.

[ ] 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

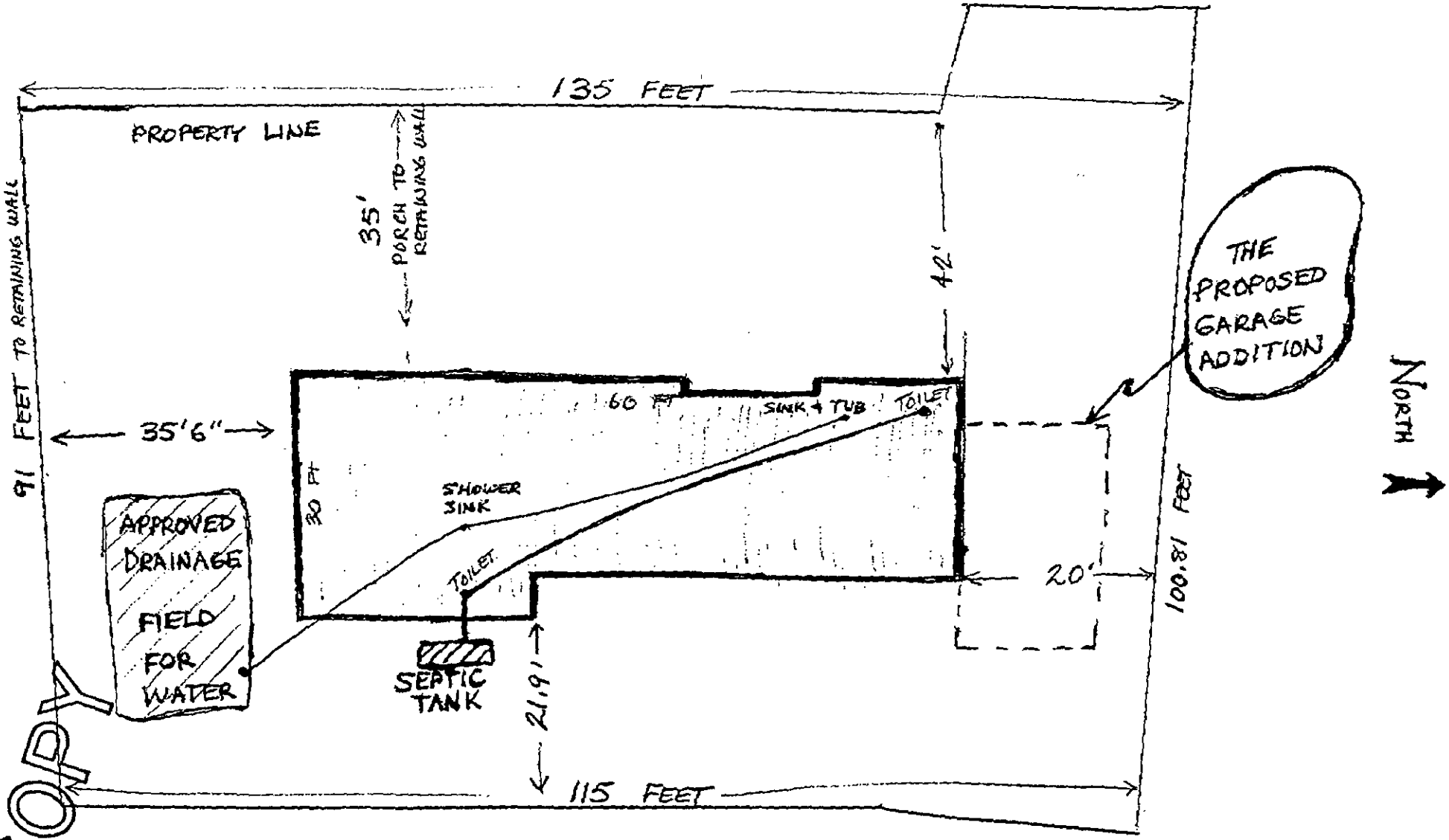
Tommy P. Mobley Environmentalist 11/7/00 Date

WWATER : 122791

P.02

LOTS 19 & 20, LOT 18 BLOCK B, RIVERHAVEN SEC 1, PAW CREEK TOWNSHIP, MECK.

TWO LINES EXIST. ONE TAKES ALL SEWAGE TO EXISTING SEPTIC TANK.
THE OTHER TAKES "WATER ONLY" TO DRAINAGE FIELD. BOTH ARE ON SOUTH SIDE OF HOME.

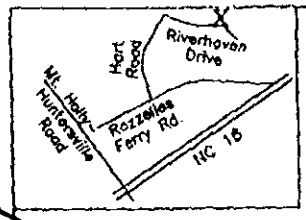


COPY

JAN TOOKE

NOV-03-00 FRI 10:11 AM

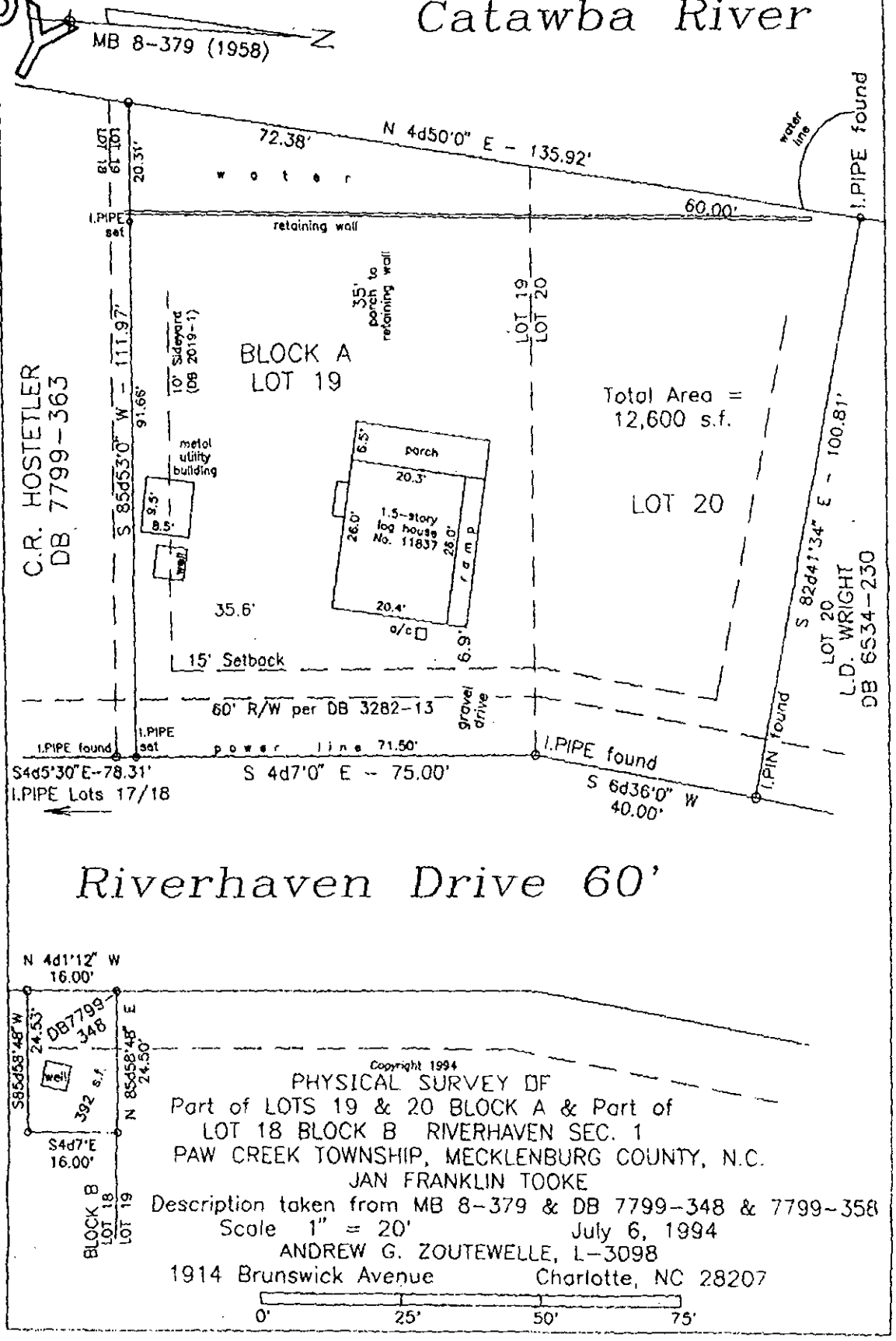
COPY



THIS MAP IS CERTIFIED TO ONLY THE PERSONS OR ENTITIES SHOWN IN THE TITLE BLOCK BELOW:
THIS IS TO CERTIFY THAT THIS SURVEY IS BASED UPON MY BEST KNOWLEDGE, INFORMATION AND BELIEF.
THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINATION. PRECISION IS GREATER THAN 1:10,000.

LEGEND
ch. chord
L,R curve length & radius
s.f. square feet (by coordinates)
I.PIN iron survey stake
conc. concrete
a/c air conditioner
MB, DB record map and deed references

Andrew G. Zoutewelle



Riverhaven Drive 60'

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3359 B DATE: 12-14-94

TC: 031-211.15 ☐ L ☑ CRT

SERIAL № 16099

Name of Owner JAN TOOKE Juris.: _____

Address of Property 11837 RIVERHAVEN DR

Inspection Data:

Tank Material PCL WASH BOX

Total Length of Drainfield 105

Number of Lines 3 @ 35'

Cover Depth 12-24"

Water Supply Source well abandoned

Distance to Water Source keep 100' from new well

Excavation Inspected 12-14-94

Tank(s) Inspected 12-14-94

Wash Line Inspected 12-14-94

High Water Alarm Inspected _____

PLOT

Design 1994 Alteration CTR# WILLIE CHRISTENBURY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

(IP) ☑ 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: _____

for J. Davis

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

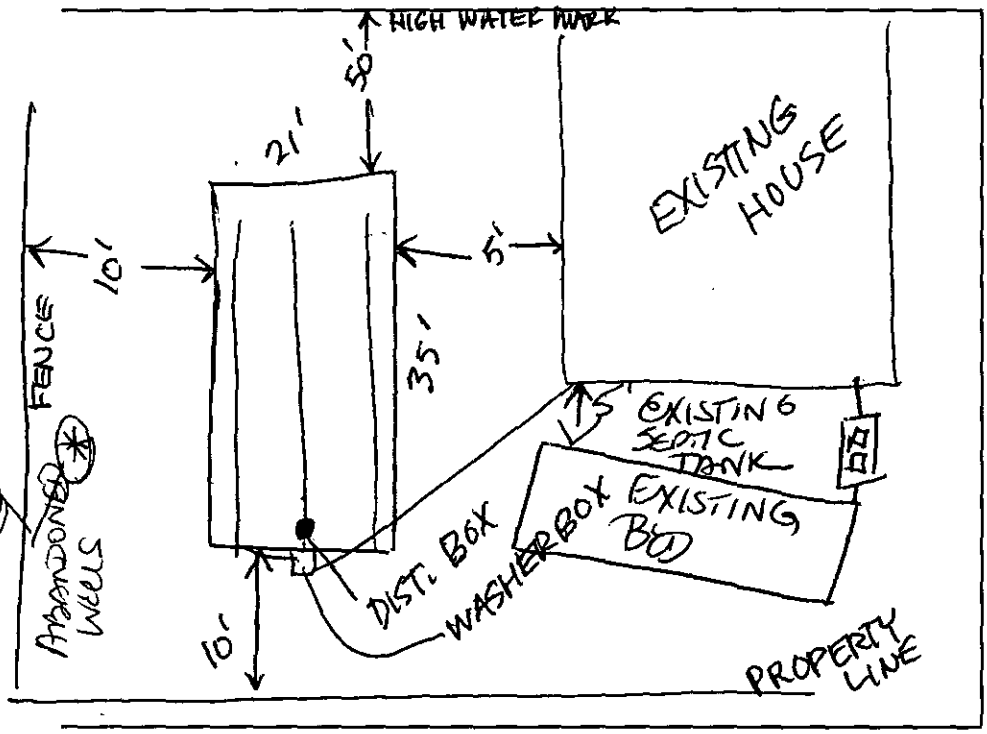
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3359B DATE: 12/8/94

TC: 031-211-15 ☐ L

SERIAL Nº 16086

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 1-94. All work shall be completed on or before 1-8-95, 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 (1) WASHER BOX (1) DISTRIBUTION BOX

Absorption and/or Nitrification Lines: 3

Trench Width 3 feet

Trench Walls Scored and Porous NO

Total Line Length 105 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

* NOTE: HAVE COPIES ON FILE OF ABANDONED WELLS.

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

NAME OF OWNER JAN TOOKE

LOCATION OF PROPERTY 11837 RIVERHAVEN

Comments: (1) PLUMBING TO BE CONNECTED AT LATER DATE ABOVE OR EQUAL TO FLOOR ELEVEL W/ FILL OVER LINE. (2) CONTRACTOR MUST MEET PRIOR TO INSTALLATION FOR LINES. ANY CHANGES WILL VOID THIS PERMIT.

D Newell, RS Jon S Daniel Dani L Newell, R.S.

Environmental Health Specialist

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

North Carolina
Department of Natural Resources and Community Development
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Lassiter Well Co, Inc REG. NO. 454

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: CHARLOTTE County Mecklenburg

Riverhaven Dr. Quadrangle No. ____
(Road, Community, Subdivision, Lot No.)

2. OWNER: JAN TOOKE

3. ADDRESS: 11837 RIVERHAVEN DR. Charlotte NC 28214

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: Residential DATE: 11-30-94

6. TOTAL DEPTH: 22' DIAMETER: 2"

7. CASING REMOVED: N/A

feet	diameter

8. SEALING MATERIAL:

Neat cement
bags of cement 2
gals. of water 10

Sand cement
bags of cement ____
yds. of sand ____
gals. of water ____

Other
Type of material HTH
Amount 5 lbs

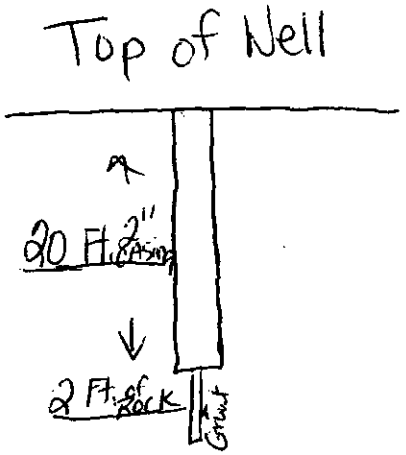
9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

poured Cement

I do hereby certify that this well abandonment record is true and exact.

Vern Lassiter Jr 11-30-94
Signature of Contractor or Agent Date

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner

TER WELL CO., INC.
P.O. BOX 726
PAW CREEK N.C. 28130
704-392-5704 OR 704-392-8246

INVOICE

Invoice # 94099

Date 12/1/94

Bill To PHONE # 375-9553
JAN TOOKE
11837 RIVERHAVEN DR.
CHARLOTTE NC 28214

NET DUE UPON COMPLETION
OF WORK PERFORMED
THANK-YOU
TOLL FREE 1-800 -287- 8414

PERMIT #	COUNTY	WELL ADDRESS	Code
	MECK.	11831 & 11837 RIVERHAVEN	002

Description	Tax	Amount
ABANDON 2 WELLS		500.00

DEPTH:
CASING:
YEILD:
W.L.:

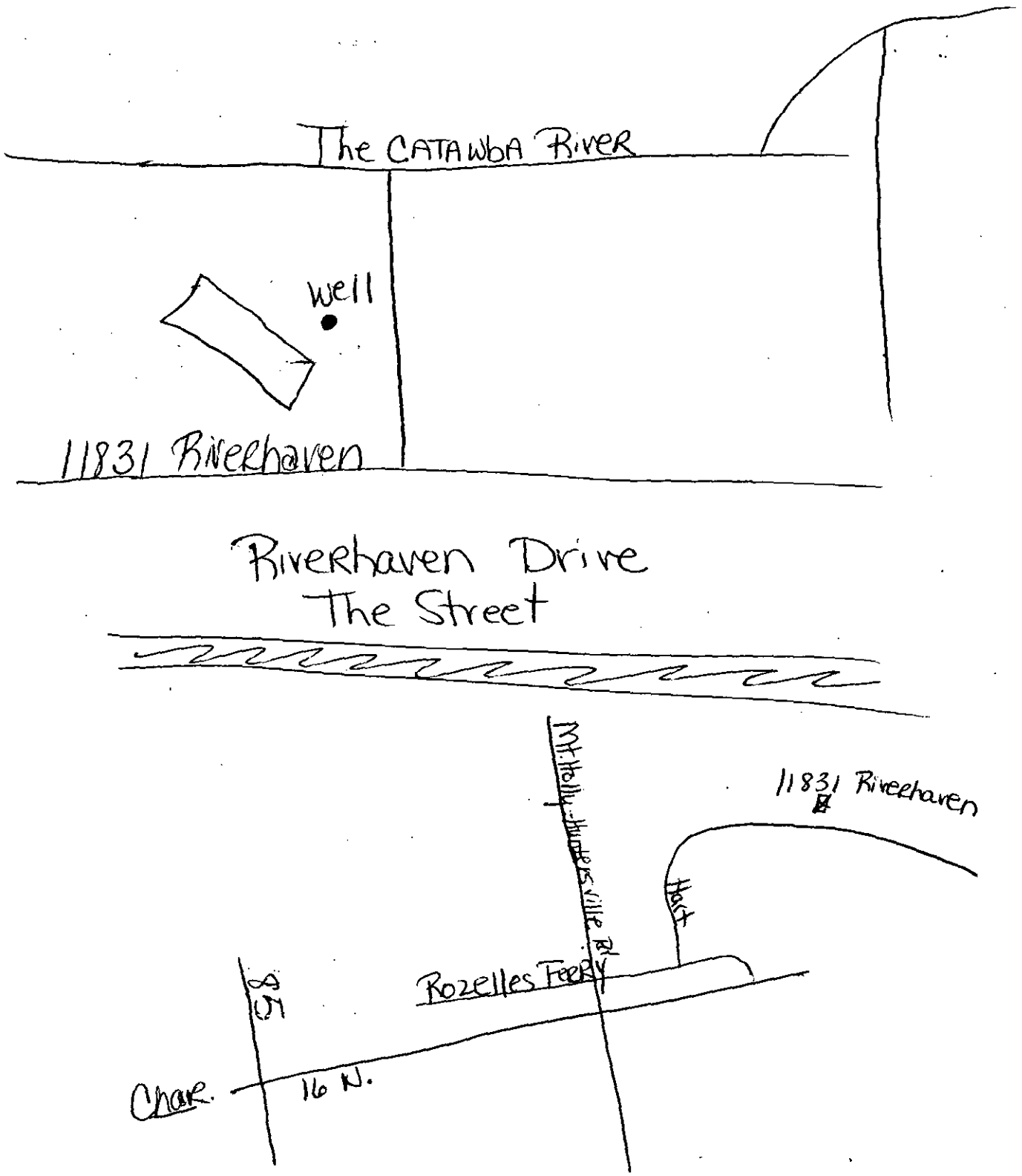
Amount Paid $ 500.00
Amount Due $ 0.00

SubTotal $	500.00
Tax On 0.00 @ % $	0.00
Total $	500.00

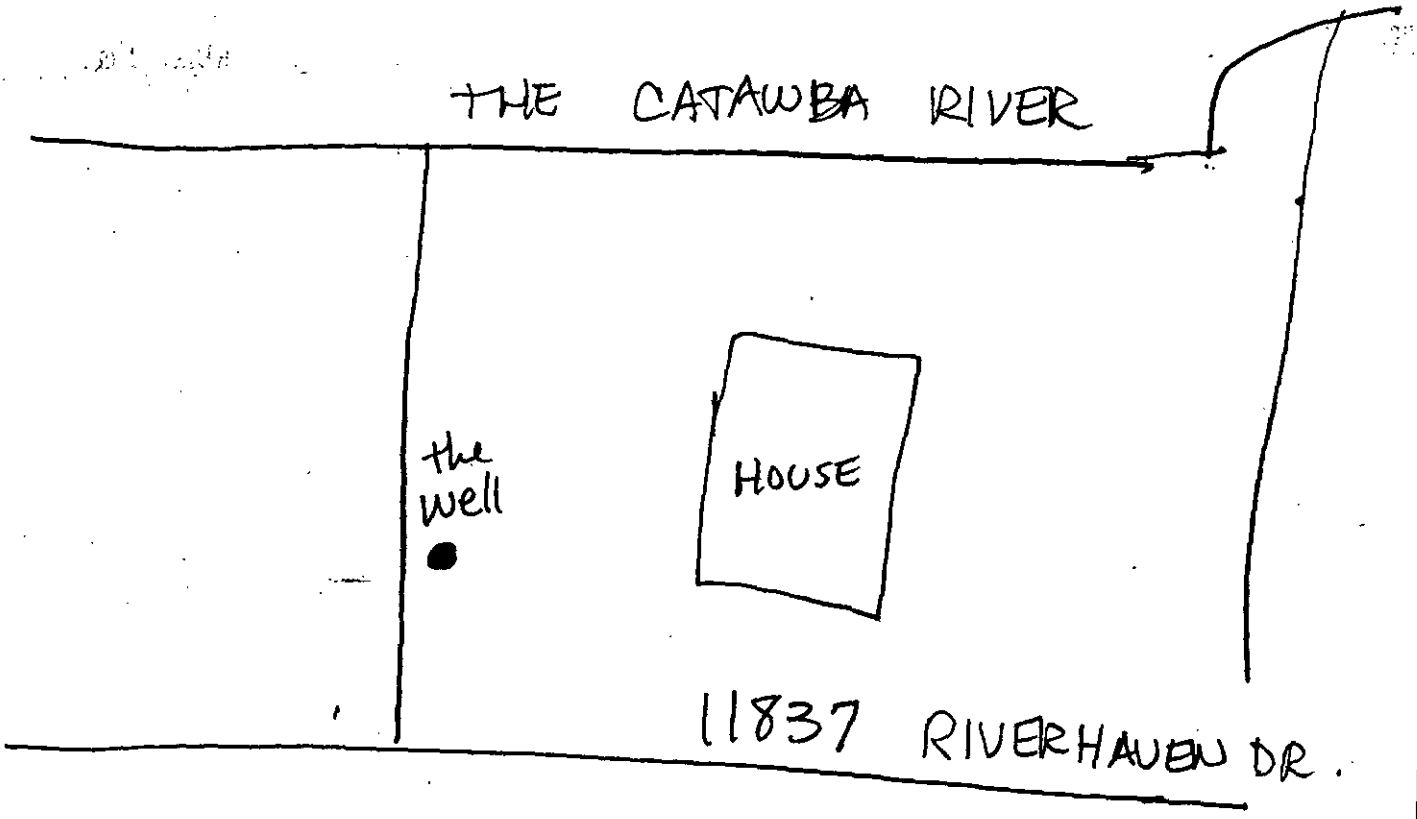
STATEMENT

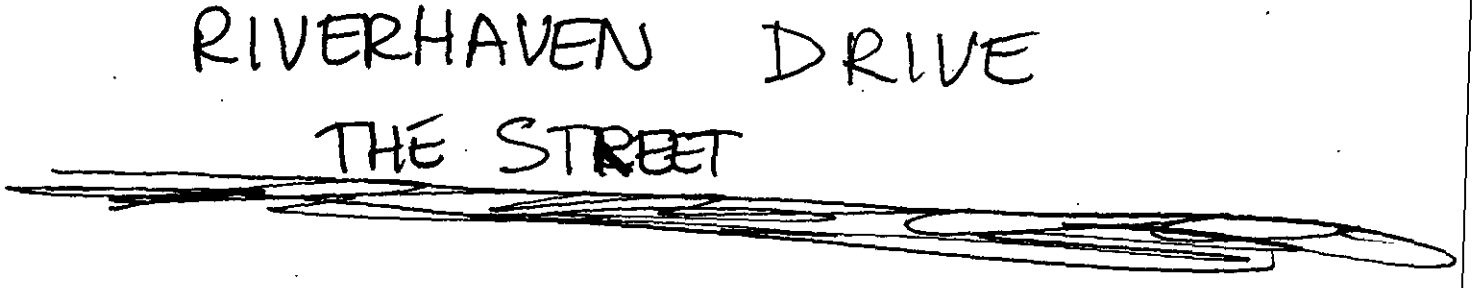
0 - 30	31 - 60	61 - 90	over 90
$0.00	$0.00	$0.00	$0.00

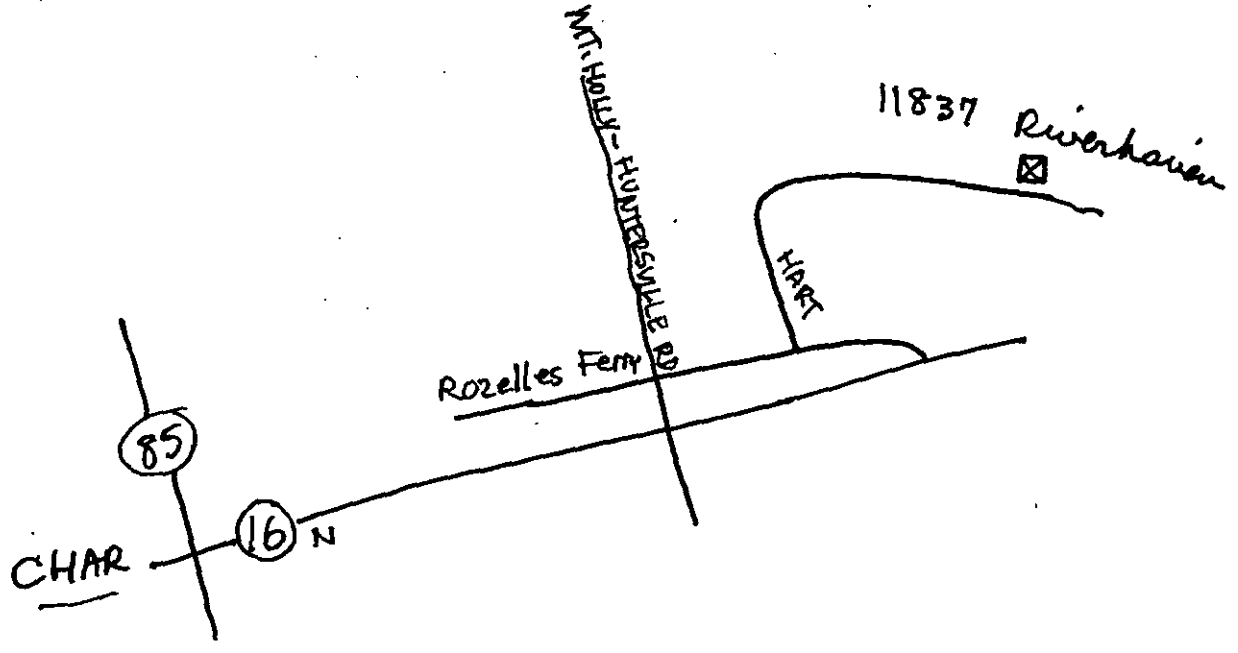
WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



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North Carolina
Department of Natural Resources and Community Development
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P.O. Box 27687 - Raleigh, N.C. 27611

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1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Charlotte County Mecklenburg

Riverhaven Dr. Quadrangle No. _____
(Road, Community, Subdivision, Lot No.)

2. OWNER: CHARLES HOSTETLER

3. ADDRESS: 11831 RIVERHAVEN DR Charlotte, NC 28214

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: Residential DATE: 11-30-94

6. TOTAL DEPTH: 25' DIAMETER: 2"

7. CASING REMOVED: N/A

feet	diameter

8. SEALING MATERIAL:

Neat cement
bags of cement 2½
gals. of water 11

Sand cement
bags of cement ____
yds. of sand ____
gals. of water ____

Other
Type of material HTH
Amount 5lbs

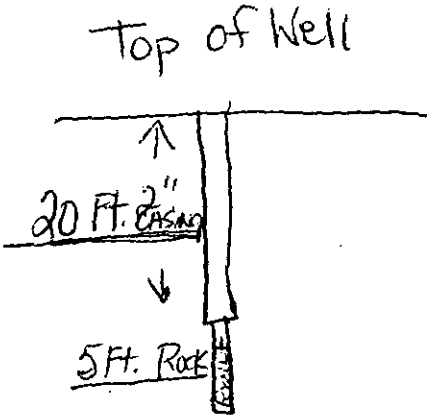
9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL.

Poured Cement

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date 11-30-94

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3359B

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: TOOKE (last) JAN (first) F (mi)
ADDRESS: 11837 RIVERHAVEN PHONE: 704 3759553
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 7 NOV 94

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) ____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-211-15
STREET ADDRESS: 11837 RIVERHAVEN DR
CHAR, NC 28214
ZONING:

Township (check one):
(0) 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 (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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)
KITCHEN, LIVING, SNDY, APT, DECK
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) (•) HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 1 NUMBER OCCUPANTS: 1

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)
(•) 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: Jan F. Tooke Date: 7 NOV 94

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.

...Soils Checked by B Marlin w/application rate .6-.8. Also, Mr. Tooke will properly abandon wells for unusable space. Abandonment papers will be required to be on file.

[ ] 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

Jan D Newell, R.S. 12/14/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

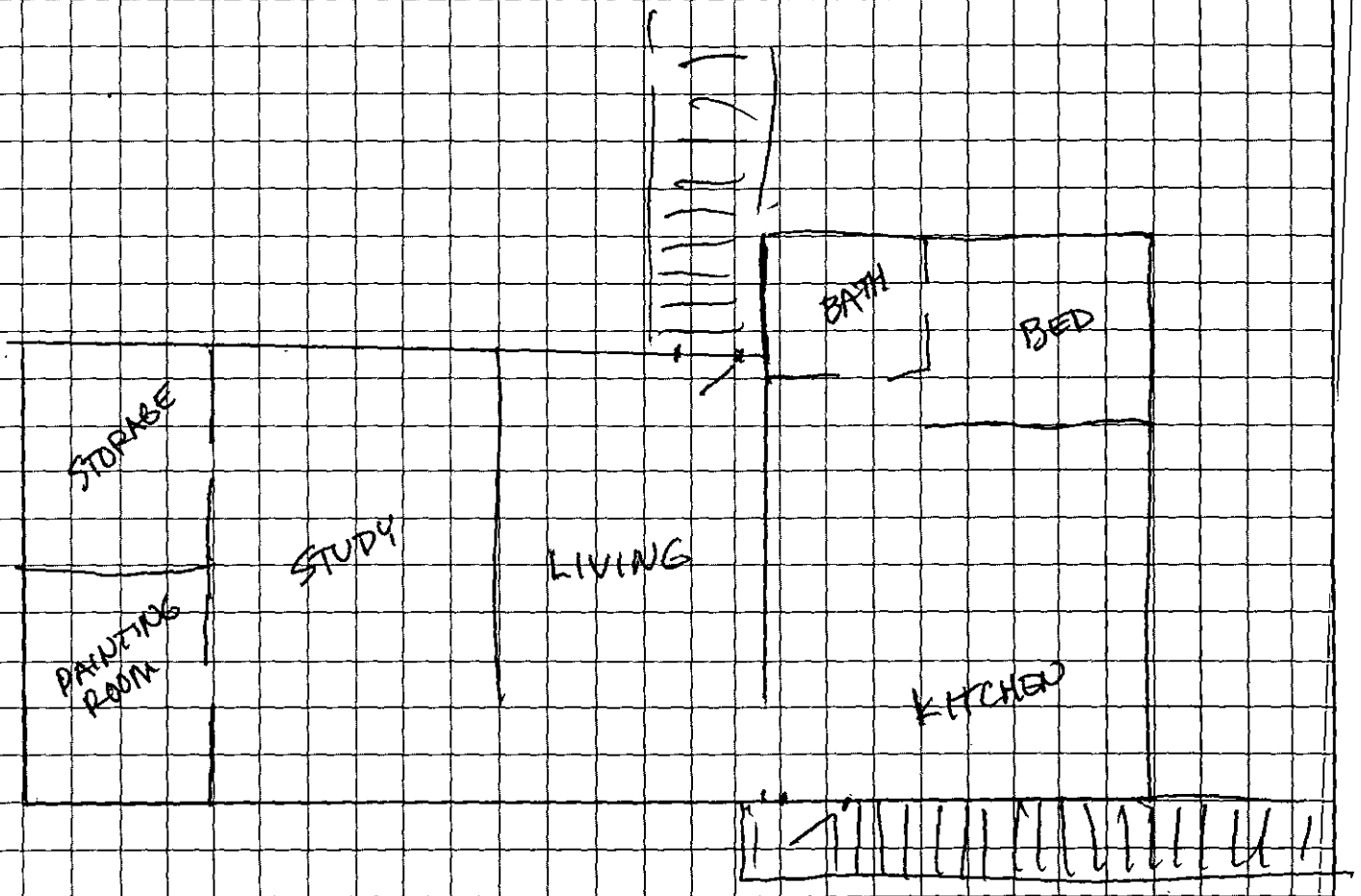
PROPOSED PLOT PLAN

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

FILE: 3359B

TC: _____

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