

519 OAKDALE RD

03503126

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT 400A

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

FILE: 3516B DATE: 12/7/95

TO 035-03J-25 P.O. ☐ L ☒ CRT

SERIAL Nº 16505

Name of Owner Scott L. Stroup Juris.:

Address of Property 519 Oakdale Rd

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 18"

Water Supply Source City

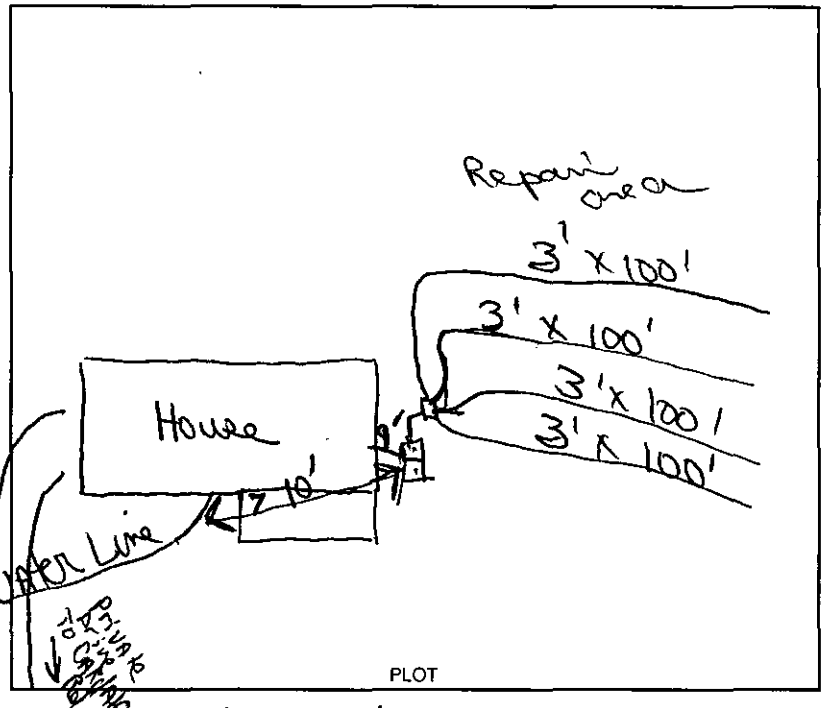
Distance to Water Source > 10' to line

Excavation Inspected 12/7/95

Tank(s) Inspected 12/7/95

Wash Line Inspected

High Water Alarm Inspected



Design 1995 Cm. 1500 SF, 1200 SFT, 12" G, Circle CTR# 68

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 I5A 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 I5A 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: System designed for 3 Bedroom home.
Type IIA

Judy C. Kiser 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

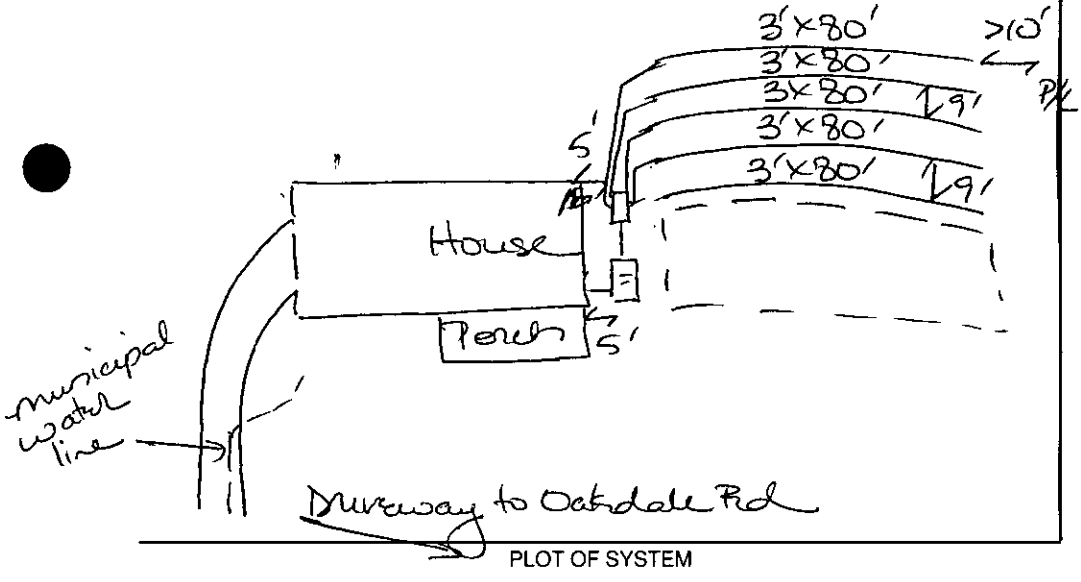
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3526B DATE: 9/28/95

TC: 035-031-25 PO ☐ L

SERIAL Nº 16368

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 5/3/95. All work shall be completed on or before 10/28/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 5 @ 80' each

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Scott Laughlin Stroup

LOCATION OF PROPERTY 519 Oakdale Road

Comments:

keep nitrification lines on contour ① ② 10' from any property line ③ 100' from any well.

* System shifted downslope at owners request ~~at~~ in effort to save trees

Lisa B. Mialik, RS
Environmental Health Specialist

for S. Jamil, Program Chief 10-4-95

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

$150 up front / $150 due when ready to install system.

3566B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $150 7/28/95 Ck # 2766 Pd $150 8/4/95 Ck # 2695 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: STROUP (last) Scott (first) Laughlin (mi) (EXT (228))
ADDRESS: 2916 Mt Holly-Huntersville Rd PHONE: (__) 399-7627 393 8873
CITY: CHAR STATE: NC ZIPCODE: 28214

Date: 5-4-95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03503125PO
STREET ADDRESS: 519 ~~515~~ OAKDALE Rd
CHAR NC 282
ZONING:

PROPERTY OWNER:
NAME: YARBROUGH (last) SARA (first) D. (mi)
ADDRESS: 515 OAKDALE Rd PHONE: (__) 399-8964
CITY: CHAR NC STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ 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: 3 NUMBER OCCUPANTS: 4 更

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: Sara D. Yarbrough Date: 5-3-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...I.P. issued - CON w/CON Repair for 3 bedroom residence.

☑ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joe B. Mialik 8/7/95
Environmentalist Date

Director or Authorized Section Head 8-8-95
Date

WATER : 122791

* Not given in advance cl

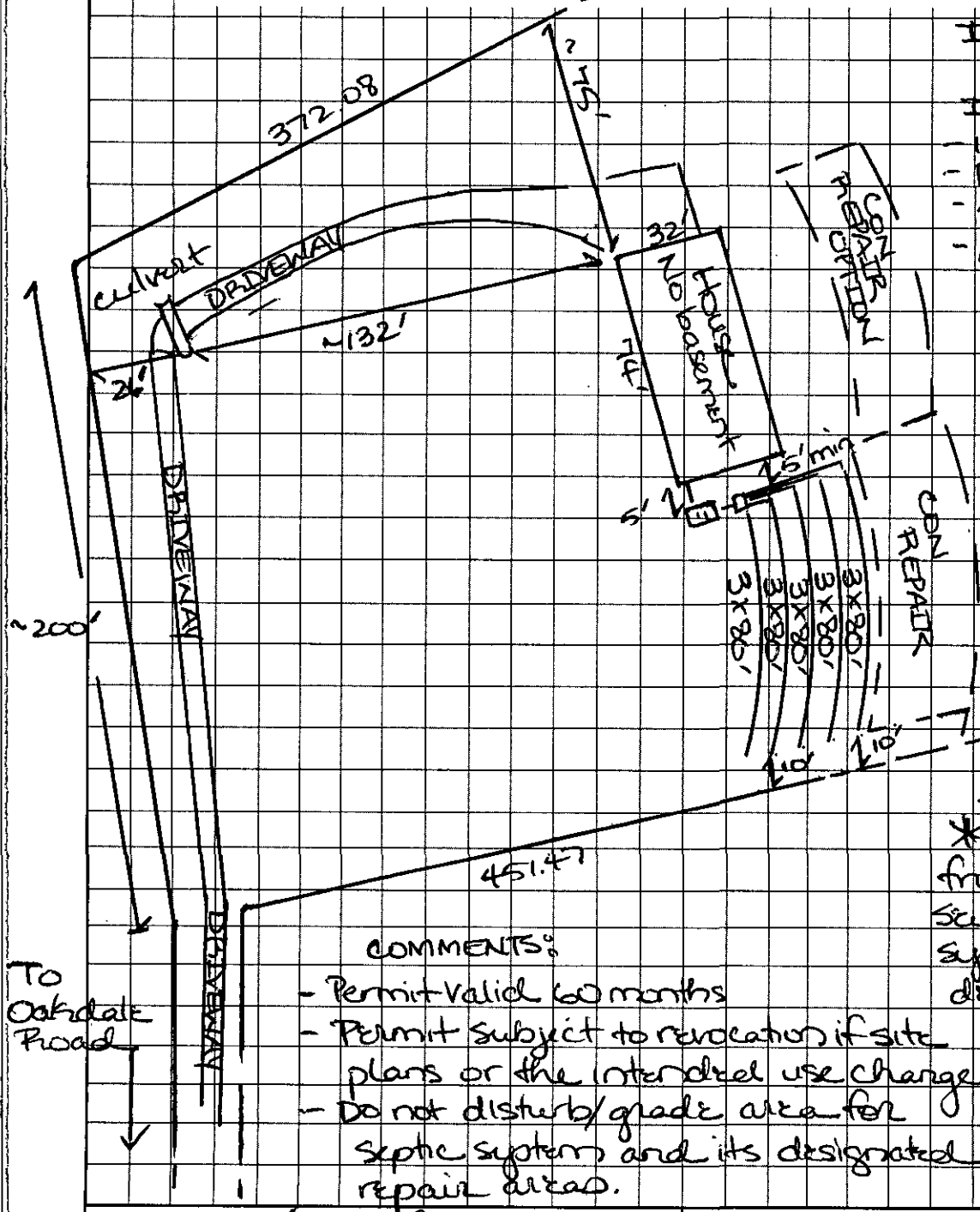
PROPOSED PLOT PLAN

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

FILE: 35666

TC: PO 035-031-25

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.



Installation for 3 Bedroom house.

Install:
- 1500 gal septic tank
- D-Box
- 5 lines @ 3' x 80' x 12" stone
- Establish contour + right property line (facing house) prior to installation
- Keep nitrification lines on contour
- Trench depth 24"

- Installation approval required.

If applicable -
* Keep WELL 100' from any part of the sewage disposal system and its designated repair areas.

* Keep waterline 10' from any part of system + its designated repair areas.

COMMENTS:
- Permit Valid 60 months
- Permit subject to revocation if site plans or the intended use change.
- Do not disturb/grade area for septic system and its designated repair areas.

OWNER/AGENT SIGNATURE Kelly Lee Kennedy

DATE 8/7/95

APPROVAL DATE 8/7/95 Joe B. Mialik

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

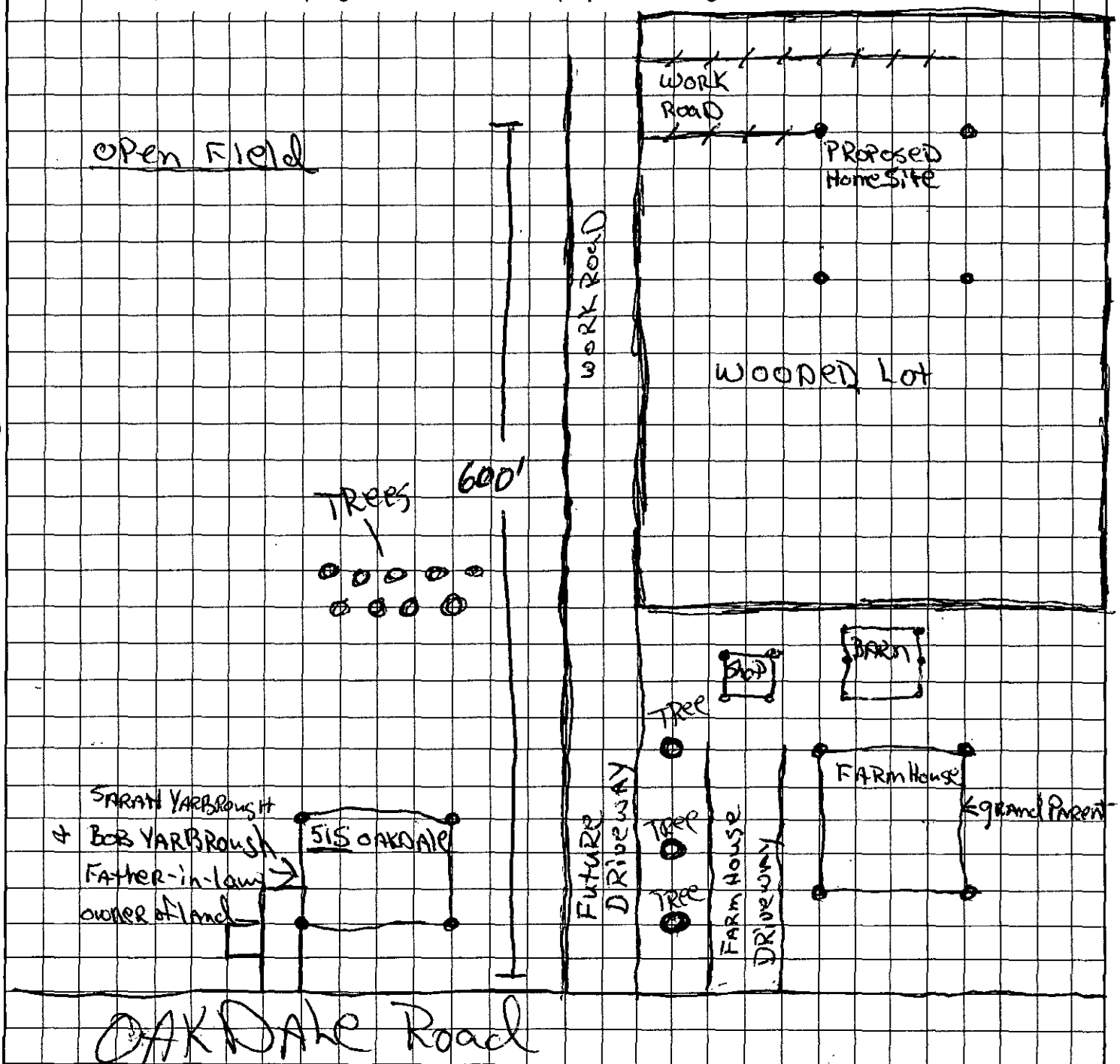
PROPOSED PLOT PLAN

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

FILE: 3566B

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.

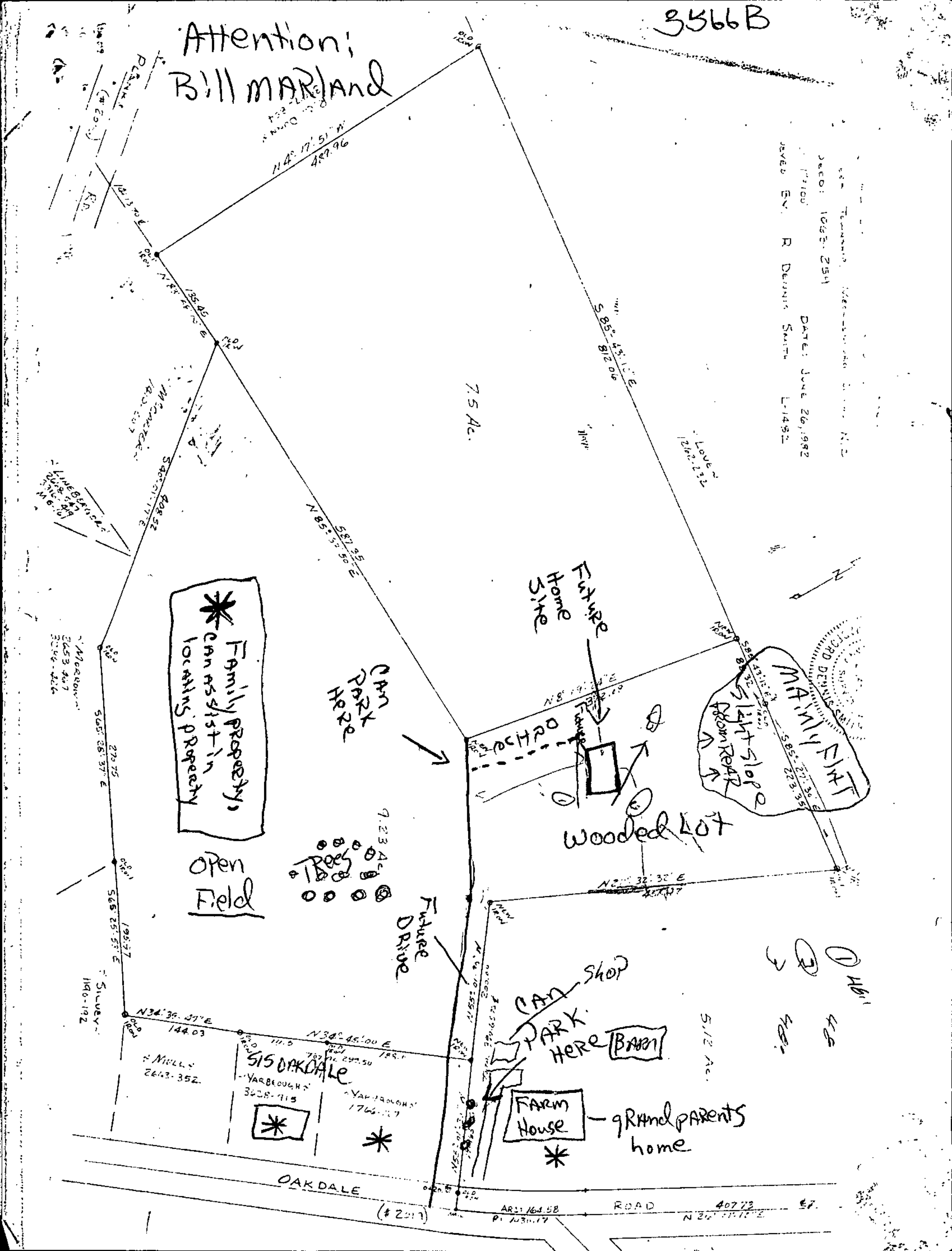


Scott Langdon Stroup
OWNER/AGENT SIGNATURE

DATE 5-4-95

APPROVAL DATE _____

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


3566B
Attention; Bill MARland
N 4° 17' 51" W
487.96
S 85° 43' 10" E
812.06
7.5 Ac.
N 85° 33' 50" E
587.35
Future Home Site
CAN PARK HERE
TJ Family property, can assist in locating property
Open Field
Trees
9.23 Ac.
Wooded Lot
Slight slope from rear
Mainly Flat
Future Drive
CAN PARK HERE
Shop
BARN
FARM House
grandparents home
515 OAKDALE
Yarbrough
OAKDALE
ROAD
5.12 Ac.
S 65° 28' 37" E
270.75
S 65° 25' 53" E
196.57
N 34° 39' 37" E
144.03
N 34° 45' 00" E
DATE: JUNE 26, 1982

MECKLENBURG COUNTY HEALTH DEPARTMENT D450 File: 3566B Action 1

SITE EVALUATION REPORT

SERIAL NUMBER 028589 Parcel: 80 035-031-25 ☐ PC

Location: Oakdale Road

Subdivision:

Lot: Block: Acres: Approx .75± ac

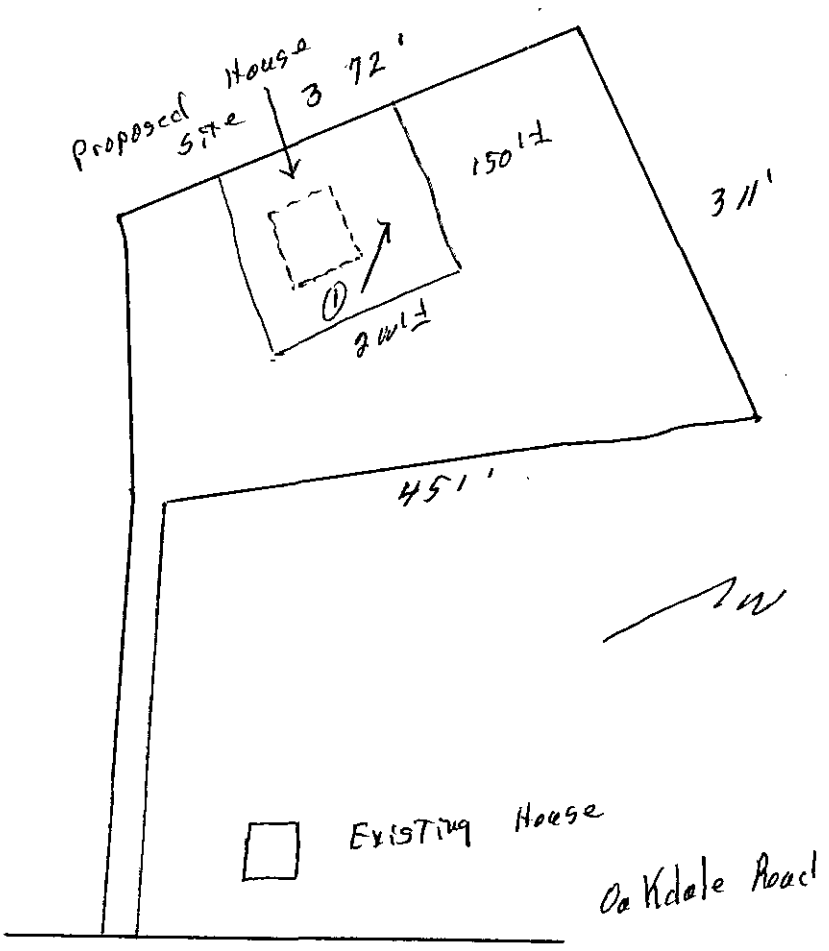
Owner: Dora D. Yarbrough

Address: 515 Oakdale Road Charlotte, N.C. 28214

Comments: Probably 1000 gal repair, 3 gal/br/day LTAR

Described by: William R. Marlin

Date: 5-16-95



***** 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 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive 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	S PS U	S PS U
Drainage	(S) PS U 7-46" To soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	(S) PS U	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					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

3566B

DATE 8-7-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION CHAR

#035-031-25PO
PARCEL NUMBER

519 OAKDALE RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: S.F. HOME.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

REVISED 1/91

SIGNED: B. McCraw