


4532 RIVERDALE DR

19919307

1/3/2008

duponbj

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

FEE: _____

DATE: _____

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

12-20

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 3860B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-193-09

STREET ADDRESS: 4532 Riverdale Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

| | |
|---|---|
| ___ WITHOUT BASEMENT | ___ WITH BASEMENT /PLUMBING |
| ___ ON SLAB | |
| ✓ CRAWL SPACE | ___ WITH BASEMENT /NO PLUMBING |

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

WATER SUPPLY (CHECK ONE):

| | | |
|---|---|---|
| ___ 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 ✓ NO | WELL SPRINGS OR WATERLINES | ___ YES ✓ NO |
| EXISTING WASTE WATER SYSTEMS | ___ YES ✓ NO | DESIGNATED WETLANDS | ___ YES ✓ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ___ YES ✓ NO | | |

**PROPERTY OWNER:**

NAME: (LAST) BOYTE (FIRST) L (MI) A

ADDRESS: 4532 Riverdale Dr

CITY: CLT STATE: NC ZIP 28273

DAYTIME PHONE: ( ) 588-1639

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 12-22-95

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

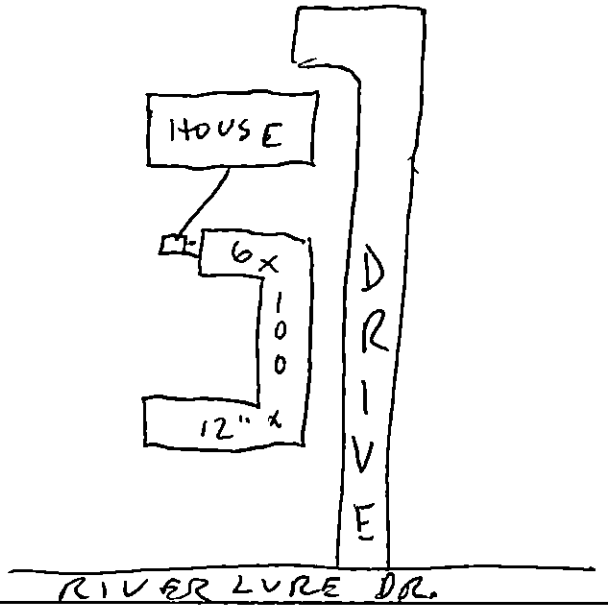
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3860B DATE: 12-22-95

TC: 199-193-07 ☐ L

SERIAL Nº 16639

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair (WASTELINE) 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 12-22-95. All work shall be completed on or before 1-22-95, 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 1995 REPAIR gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth 1 Bed 6x100'

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2

Depth of ~~Stone~~ 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

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

NAME OF OWNER L.A. BOYTE

LOCATION OF PROPERTY 4532 RIVER DALE LURE DR

Comments: 1 Bed 6x100' x12" rock

Kelly Randolf
Environmental Health Specialist

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3860B DATE: 12-22-95

TC: 199-193-07 ☐ L ☐ CRT

SERIAL № 16518

Name of Owner L. A. BOYTE Juris.: _____

Address of Property 4532 RIVER ~~LURE~~ DALE DR

**Inspection Data:**

Tank Material 1995 REPAIR

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 2-2.5'

Water Supply Source WELL

Distance to Water Source 50'+

Excavation Inspected 12-22-95

Tank(s) Inspected +

Wash Line Inspected 12-22-95

High Water Alarm Inspected —

PLOT

Design 1995 WASH LINE REPAIR CTR# STEVE AUTRY

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: _____

CO

Kelly Randall
Environmental Health Specialist

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