

1505 OAKDALE RD

03513415

6/1/2007

duponbj

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

Mecklenburg County
Health Department

January 29, 1990

Ronald R. McAllister
1505 Oakdale Rd.
Charlotte, NC 28216

Dear Mr. McAllister:

During a recent investigation of your property at 1505 Oakdale Rd., Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground, creating a public health hazard. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations adopted by the Mecklenburg County Board of County Commissioners.

You are hereby given notice to arrange for connection to the Charlotte Mecklenburg Utility Department Sewage System by March 1, 1990. You must submit a copy of the tap on fee receipt as proof you have initiated corrective action. Failure to comply with this procedure will result in legal action being taken against you.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
On Premises Waste Disposal & Water Supply Section

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

WELL WATER REPORT Prepared by: _____

Link=alpha Shell=b:shellwat.txt Source=b:parlib.txt Fill-in=b:fidwat.txt

24 | 26 | 16 | 20 | __ | __ | __ | __ | __ | __

!naa! Name: _____

Address: 1505 Oakdale Rd

Address: _____

City,State,Zip: Charlotte NC

Attention: ATTN: _____

!salutation! Dear _____

!site! _____
Street No. Street City

!day! _____

F. Walker

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

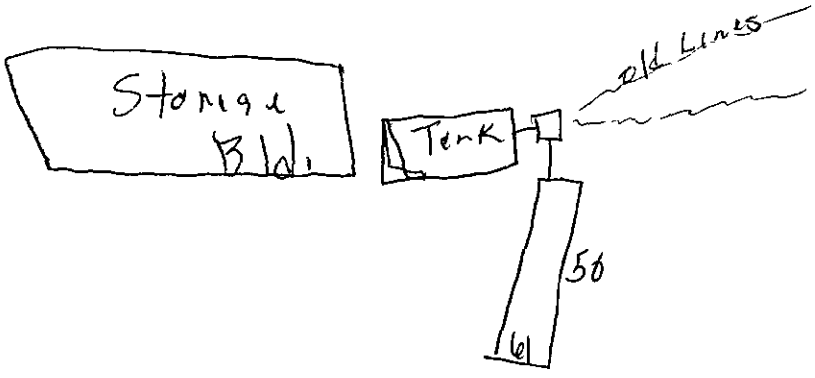
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5533A DATE: 12-15-89

TC: 035-134-15

SERIAL Nº 13132

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 _____. All work shall be completed on or before 1-15-90, *after which date this permit shall be null and void.* The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 50 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10+ feet

Distance from Well 100+ feet

NAME OF OWNER Ronald R. McALLISTER

LOCATION OF PROPERTY 1505 Oakdale Rd

Comments: _____

W. B. Ramsey

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)

FILE: 55 33 A

TC: _____

SERIAL: № 19495 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1505 (STREET NO.) OAKDALE ROAD (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 035-134-15

⑤ SUBDIVISION: OAKDALE ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: RONALD (FIRST) R. (MIDDLE) McALLISTER (LAST)

⑨ MAILING ADDRESS: 1505 OAKDALE RD

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28216

⑬ PHONE: (WORK) 394-1166 ⑭ (HOME) 394-8889

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☒ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 4

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: _____

Date: _____

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)

FILE: 5533A

TC: _____

SERIAL: No 17939 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1505 (STREET NO.) Oakdale Rd. (STREET) ② FILE: 5533A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 03513415

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Ronald (FIRST) Reeves (MIDDLE) McA (LAST)

⑨ MAILING ADDRESS: 1505 Oakdale Rd.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216

⑬ PHONE: (WORK) 394-1166 ⑭ (HOME) 394-8889

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) Free Standing Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 3

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ *The undersigned, 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: Ronald R. McAlister

Date: 3/14/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing system.

Environmentalist — Date: 3/16/89

Director or Authorized Section Head — Date: 3-16-89

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/14/89

Name/Company Ronald McAlister

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Tr pr - Addition

5533A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 14 1989

Check # 1720

Fee: $ 20.00

Completed by

Collected by

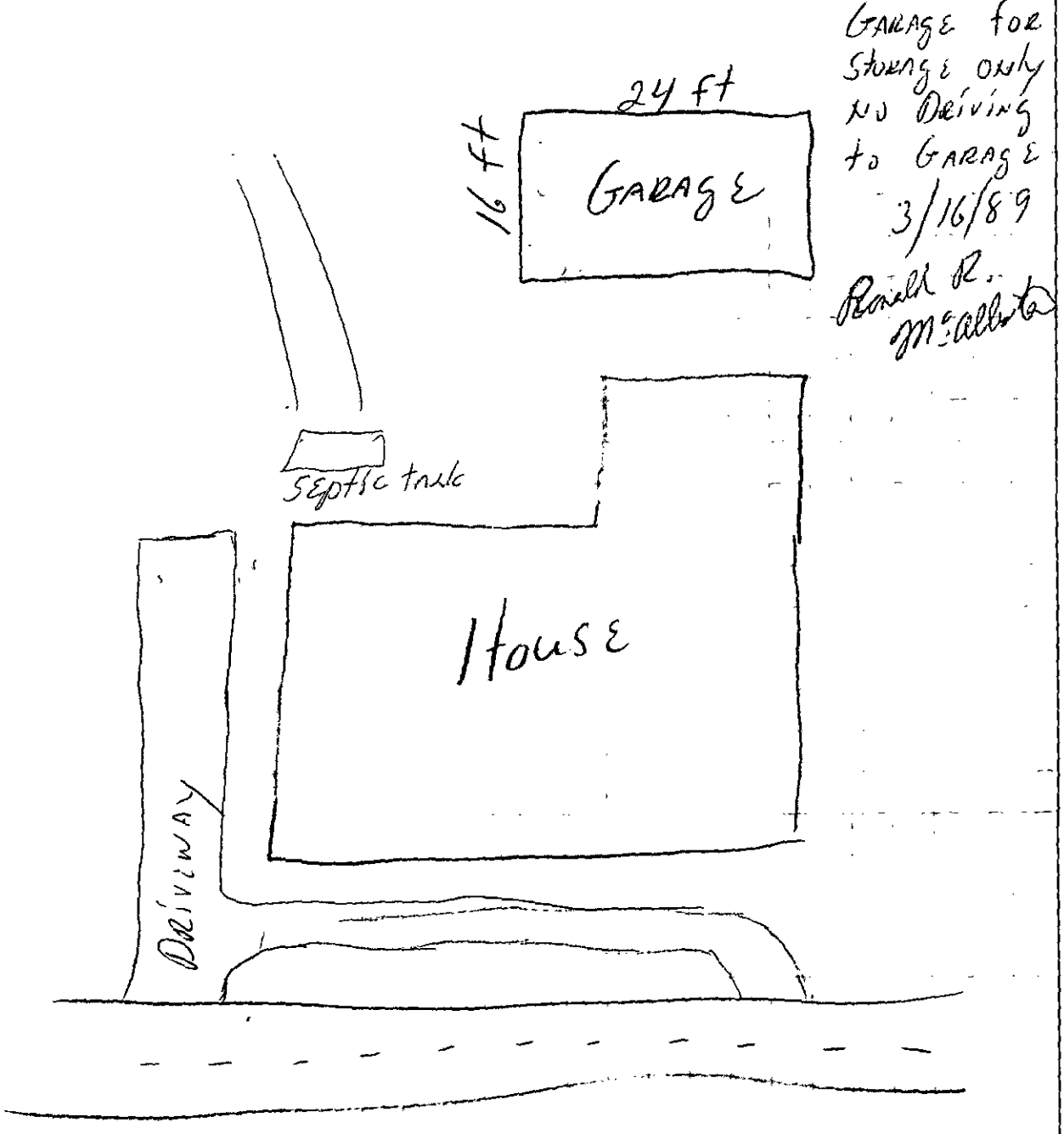
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5533A

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.



Signed: Ronald R. McAllister

Date: 3/14/89

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5533A DATE: 12-15-87

TC: 035-134-15 ☐ L ☐ CRT

SERIAL № 11959

Name of Owner Ronald R. McAllister Juris.:

Address of Property 1505 Oakdale Rd

Inspection Data:

Tank Material

Total Length of Drainfield 10'X10'

Number of Lines None@

Cover Depth

Water Supply Source

Distance to Water Source

Excavation Inspected

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 10X10 Bed - 12" Stones CTR#

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Installed A Temporary bed To Dispose of some of The excess H2O until We could Determine if City Sewage Was Available. Helene Soil & System Will Fail Regardless of The Amount of Repair

W. B. Ramsay
Environmentalist

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