

8028 OLD DOWD RD

11310401

8/25/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 20015

Date: 5-26-99

PERSON FILING APPLICATION:
NAME: ~~R~~ Wood (last) R.N. (first) (mi)
ADDRESS: 8028 Old Dowd Rd PHONE: (704) 394-7001
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-104-01
STREET ADDRESS: 8028 Old Dowd Rd
ZONING:

PROPERTY OWNER:
NAME: Wood (last) R.N. (first) (mi)
ADDRESS: 8028 old Dowd Rd. PHONE: (704) 394-7001
CITY: Charlotte STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Carport
[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: 3 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
[] 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: R N Wood Date: 5-26-99

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.

...

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

Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

2005

LOCATION

STREET # (N,S,E,W) 8028 STREET NAME Old Pawd Road (AV,RD,ST, etc)

SUITE/UNIT(S):

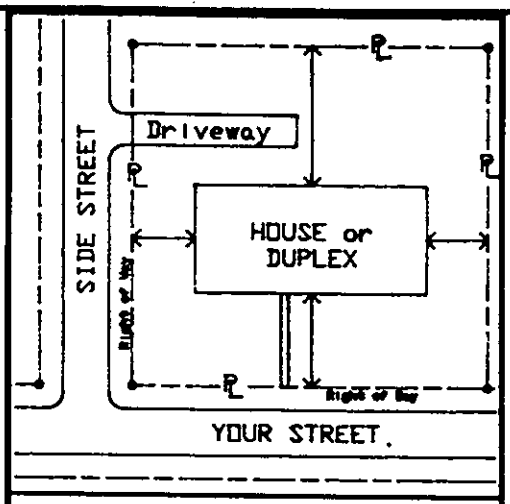
PERMIT #

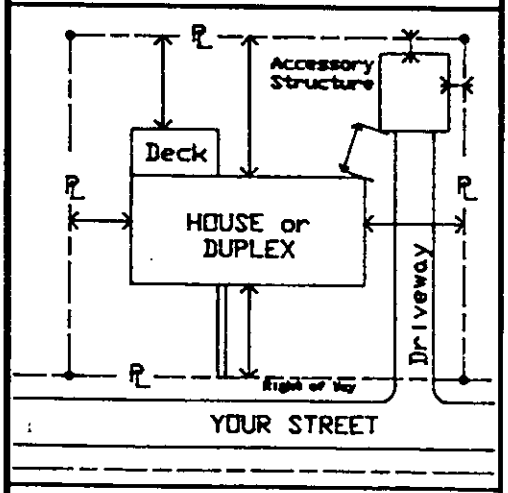
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

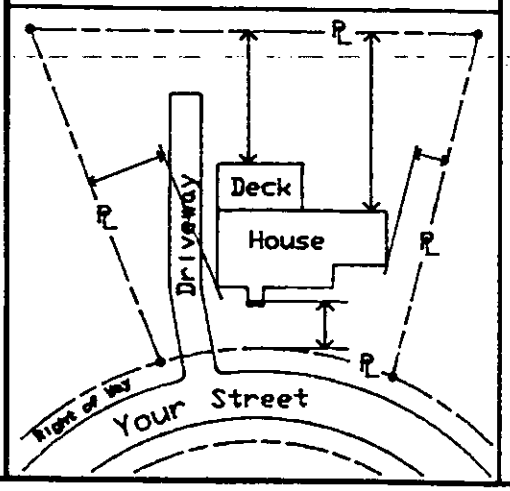
TAX PARCEL #

JOB # [redacted]

EXAMPLES/PLOT PLAN





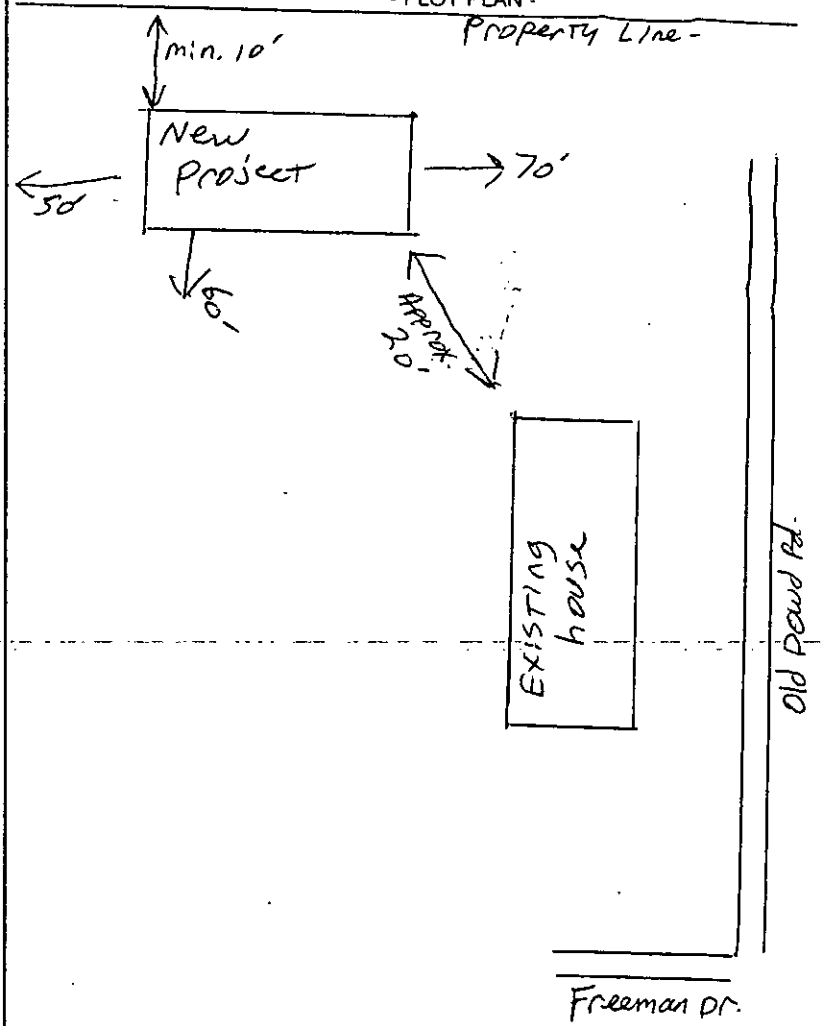


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

R N Wood — APPLICANT'S SIGNATURE

5-26-99 — DATE

R. N. Wood — PRINT APPLICANT'S NAME

APPROVED BY [redacted]

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

DIVISION OF WATER QUALITY

July 1, 1996

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

113 10f01 -

Suburban Well Drillers Inc.
Route 5, Box 920D
Sam Wilson Road
Charlotte, North Carolina 28214
Attention: Wilson Martin

Re: NOTICE OF VIOLATION
NORTH CAROLINA WELL CONSTRUCTION STANDARDS
Catoe Well
Mecklenburg County, N.C.

Dear Mr. Martin:

Pursuant to North Carolina General Statute 87-91(a) you are hereby notified that Surburban Well Drillers, Inc. (hereinafter Martin) is in violation of the Well Construction Standards, 15A NCAC 2C, as adopted by the Environmental Management Commission under authority granted by the North Carolina Well Construction Act. This notice is given in accordance with North Carolina General Statutes 87-83, et seq.

Specifically, on June 18, 1996, staff of the Mooresville Regional Office (MRO) of the Division of Water Quality (DWQ) inspected a well at the residence owned by Mrs. Betty Catoe located at 8028 Old Dowd Road, Charlotte, North Carolina 28214, and being in Mecklenburg County. Said well was constructed or caused to be constructed by Martin. The inspection of the well and a review of DWQ records revealed that:

1. The well casing was not grouted in accordance with Commission Rule 15A NCAC 2C .0107(e)(1).

2. No well completion record had been submitted to DEM in accordance with Commission Rule 15A NCAC 2C .0114(b).

In accordance with G.S. 87-94, Martin may correct the above cited violations and thereby avoid enforcement action if the violation is corrected by performing the following within 30 days of receipt of this notice:

919 North Main Street,
Mooresville, North Carolina 28115
Voice 704-663-1699

Reduce Reuse Recycle

FAX 704-663-6040
An Equal Opportunity/Affirmative Action Employer
50% recycled/10% post-consumer paper

1. Properly grout the well to a minimum depth of 20 feet below land surface in accordance with Commission Rule 15A NCAC 2C .0107(e)(1).

2. Submit a well completion record to the MRO in accordance with Commission Rule 15A NCAC 2C .0114(b).

Failure to correct the violations within thirty (30) days of receipt of this notice may result in the assessment of a civil penalty by the Director of DWQ of not more than one hundred dollars ($100.00) for each violation for each day that the violations continue beyond the day of receipt of this notice.

You must notify the Regional Supervisor of the Mooresville Regional Office, 919 North Main Street, Mooresville, North Carolina 28115 in writing as to the date you corrected the violation. You should not assume the well is in compliance with the Well Construction Standards until the well has been inspected and you have been notified by the Division in writing.

This Notice of Violation of the North Carolina Well Construction Standards is given pursuant to the authority granted to the Department of Environment, Health, and Natural Resources in G.S. 87-91 and as delegated by the Secretary thereof pursuant to G.S. 143B-10.

Should you have any questions, please contact Charles Pippin in the Mooresville Regional Office.

Sincerely,

B. Keith Overcash, P.E.
Regional Supervisor

CGP
Enclosures

cc: Groundwater Section - Raleigh
Betty Catoe
Jay Neal
Norris Wood
Toni Bunney Meck. Co.
Freddy Blackburn

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

2006

PERMIT #

LOCATION

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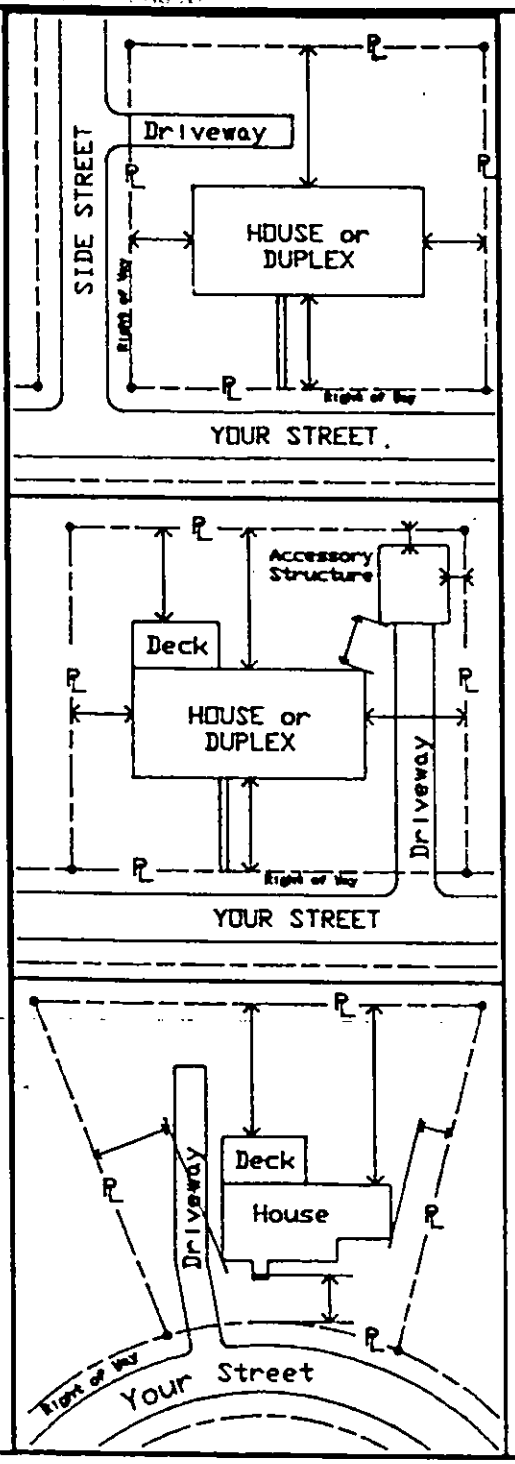
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- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN

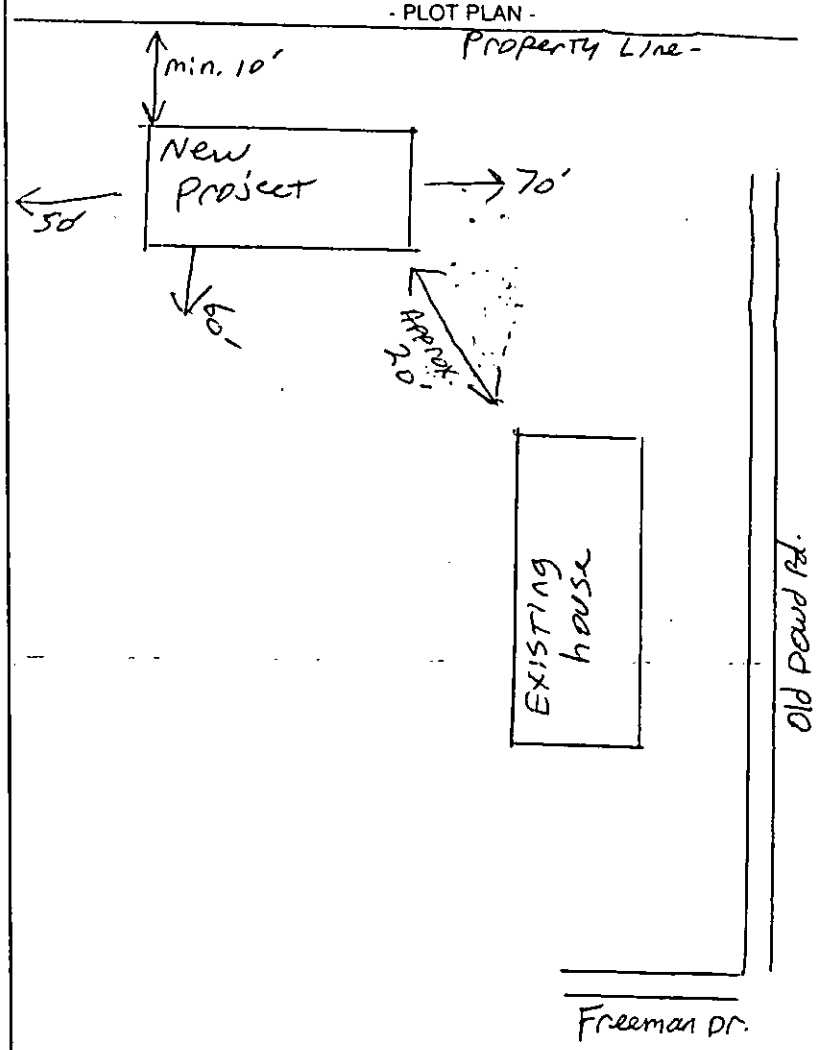


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ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

R. N. Wood — 5-26-99 — R. N. Wood

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL



Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

R.N. Wood
8028 Old Dowd Road
Charlotte, NC 28214
704-394-7001
fax-394-7085

06-03-99

Dear Mr Walker,

Please find following a more accurate description of our drain fields The original drawing was done prior to our purchase. This is in conjunction for the permit to rebuild our protective covering

If I can be of any assistance, please do not hesitate to call I will be back in town on Tuesday, June 08, 1999

Sincerely,
R N Wood
R N Wood

To follow one page
FAX- 336- 6894
office - 336- 5102

Serial No. 6847

ICARUS Permit No

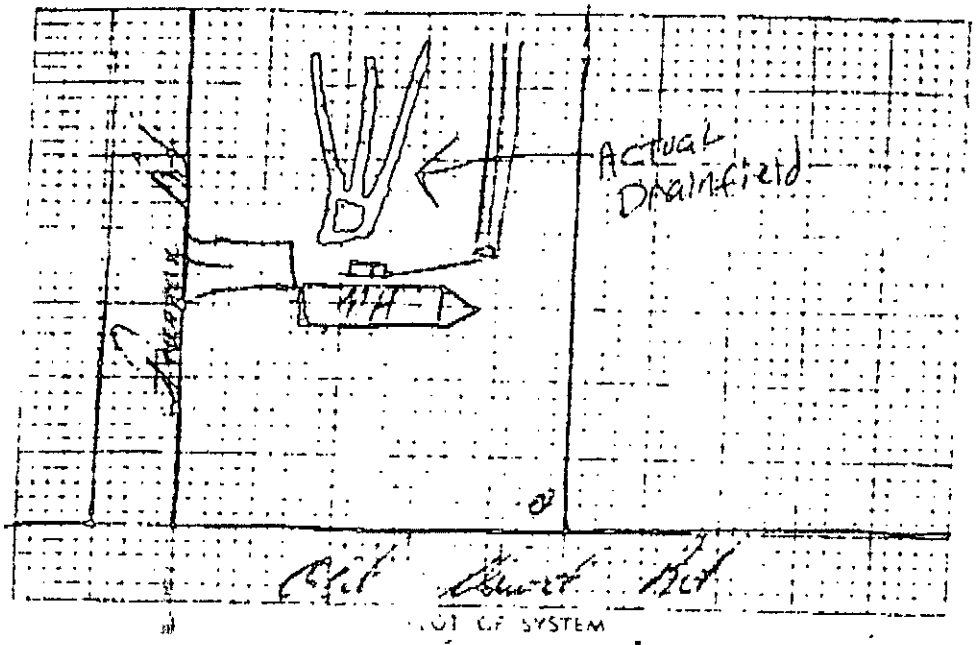
Date Issued

T C No

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___Install or Construct, ___Alter or Repair the individual septic tank waste water 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 application [illegible] dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 45

Liquid Capacity of Tank [illegible] 1500

Tank Size [illegible] 1

[illegible] [illegible]

Trench [illegible] 3 CT.

Number [illegible] 3

Distance from Structure >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

This system is [illegible] requirements set forth in the Regulations of the [illegible] County Health Commission in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered or rendered uninspectable. It can be used. The issuance of this permit does not in any way guarantee the system will operate properly or relieve any person of responsibility for controlling or using such system to prevent liability resulting from the failure of the system. Specifications

3 trenches - 3' x 100' x 12" gravel

Comments [illegible]

Division Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the Director or Section Head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is to be repaired or altered.

[illegible] ENVIRONMENTAL [illegible]

Jun-03-99 12:10p Tripp Wood P.02