

4310 MATTHEWS-MINT HILL RD

19502115

5/23/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4824A DATE: 3/21/91

TC: _____ ☐ L ☐ CRT

SERIAL № 13747

Name of Owner RAY WALTMAN Juris.: _____

Address of Property 4310 MATTHEWS MINT HILL RD.

Inspection Data:

Tank Material -

Total Length of Drainfield 1160'

Number of Lines 2 @ 80'

Cover Depth 12"

Water Supply Source P WELL

Distance to Water Source >50

Excavation Inspected 3/21

Tank(s) Inspected 3/21

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1991 REPAIR, 480 SF/B, 12" G. CECIL LIFE CTR# 1167

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: 2 LINES 6 @ 80'

RS I
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

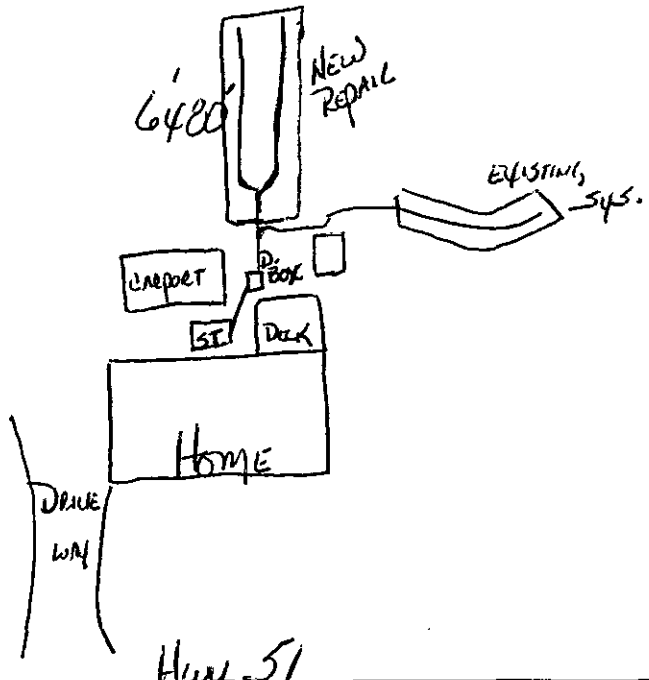
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4/814A DATE: 3/15/91

TC: _____ ☐ L

SERIAL Nº 14956

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 3/15/91. All work shall be completed on or before 4/15/91, 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 60' feet

Total Line Length 1160' feet

Number of Lines 02

Depth of Stone 10" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER RAY WALTMAN

LOCATION OF PROPERTY 4310 MATTHEWS MINT HILL RD.

Comments: INSTALL NEW T IN SEPTIC TANK, NEW D-BOX, 02 LINES IN 60'X80' BED 10" GRAVEL

Division or Section Head

Environmentalist RSI

* 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: 4824 A
TC: _____
SERIAL: № 21794
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4310 MATTHEWS-MINT HILL RD. MATTHEWS N.C. 28105 (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 195-021-15
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: RAY (FIRST) H. (MIDDLE) WALTMAN (LAST)
⑨ MAILING ADDRESS: 4310 MATTHEWS-MINT HILL RD.
⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) RETIRED ⑭ (HOME) 704-545-4867

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? 2 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: Ray H Waltman
Date: 3/15/91

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 ~~60~~ 60 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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4824-A DATE: 3-28-89
PC: 195-021-15 ☐ L ☒ CRT
SERIAL № 11756

Name of Owner Raymond Waltman Juris.:
Address of Property 4344 Matthews Mint Hill Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18"
Water Supply Source well
Distance to Water Source 100
Excavation Inspected 3-28-89
Tank(s) Inspected 3-28-89
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1989, 1000ST, con, 1200SFT, 12-6, cecil CTR# 167

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:

B.R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

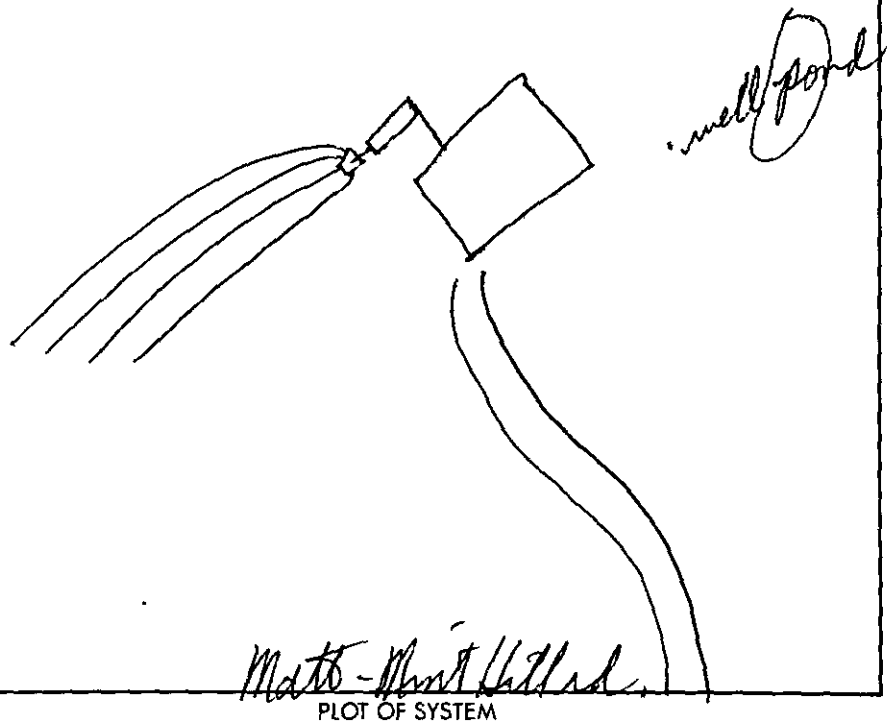
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4824-A DATE: 1-23-89

PC: 195-02-1-15 ☐ L

SERIAL № 12396

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 8-22-88. All work shall be completed on or before 2-23-89, 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 Department of Environmental Health 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 Tcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NAME OF OWNER Raymond Waltman

LOCATION OF PROPERTY 4344 Matthews Mint Hill Rd.

Comments: 4 lines 3'X100'X12" stone

Division or Section Head

B.R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 30

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: 4824A

TC: _____

SERIAL: No 16742

ENVIRONMENTAL HEALTH DIVISION ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 4310 MATTHEWS-MINT HILL RD MATTHEWS N.C. 28105 (STREET NO. / STREET) ② FILE: 4824A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: PO 195 021 15

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

OWNER

⑧ NAME: RAYMOND (FIRST) HUGH (MIDDLE) WALTMAN (LAST)

⑨ MAILING ADDRESS: 4310 MATTHEWS-MINT HILL RD

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 888-4702 ⑭ (HOME) 545-4867

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? 5 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: Ray H. Waltman

Date: 8/22/88

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 — 10-5-88 (Date)

Director or Authorized Section Head — 10-6-88 (Date)

*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 9/30/88

Name/Company Ray Wattman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Drop/Dust
4824A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 30 1988

ck# 1869

Fee: $ 150 — #150.00

Completed by

Collected by

PROPOSED PLOT PLAN

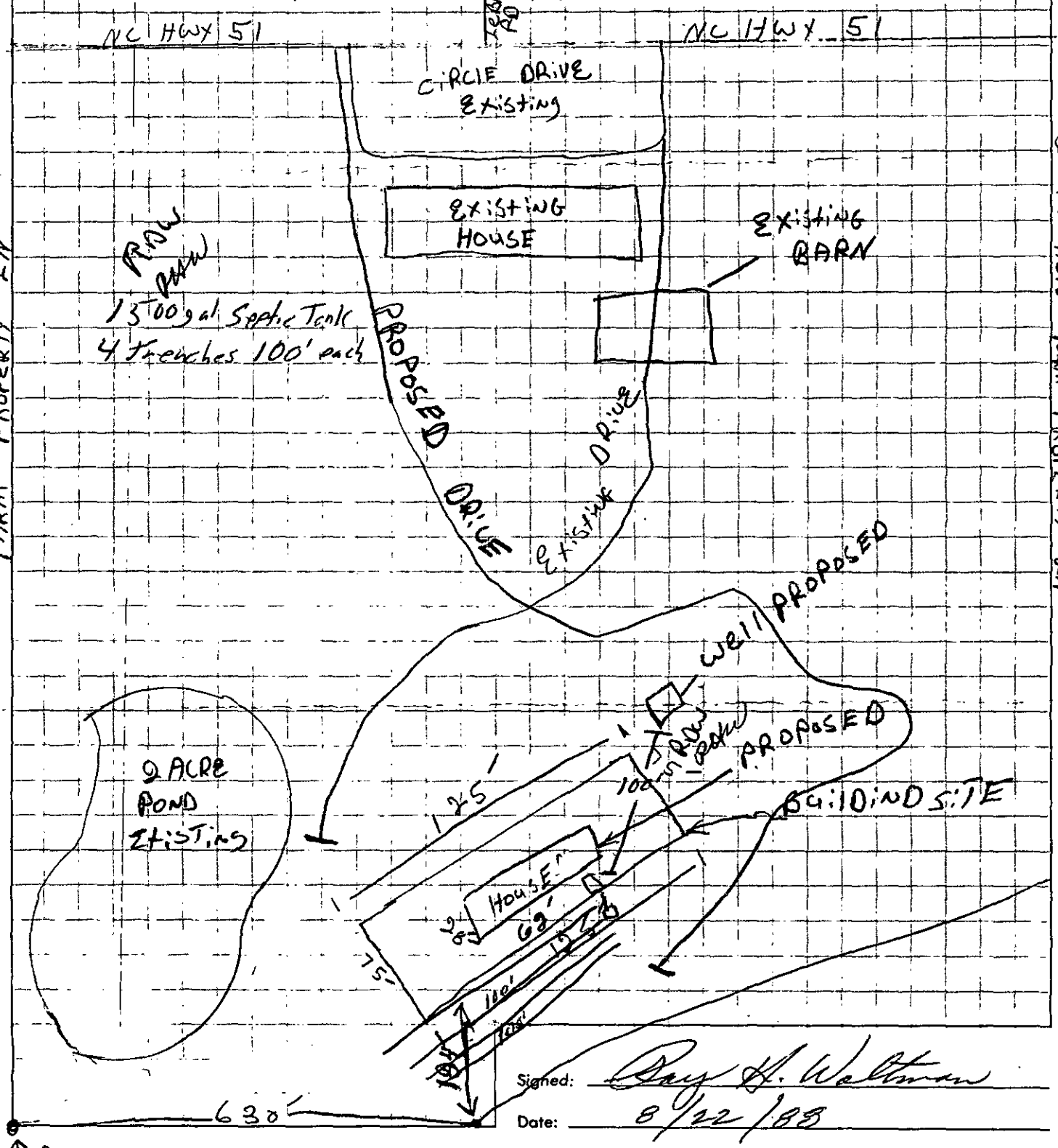
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: _____

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: Ray H. Waltman

Date: 8/22/85

DATE: 8-19-88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 4824 A JURISDICTION CODE Mint

PARCEL NUMBER 195 021 15 PR

ASSIGNED ADDRESS 4344 Matthews Mint Hill Rd

EXISTING ADDRESS ~~4310 MATTHEWS MINT HILL RD~~

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	✓
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	✓ *	
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	✓

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank SF House

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

SIGNED: Dyz

OPWEAR 02/86

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 4th, 1988

Ray H & Dorothy Waltman
4310 Matthews Mint Hill Road
Matthews, NC 28105

RE: Property located at Matthews Mint Hill Road
FILE: 4824A
PARCEL: 19502115

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15470) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15470

File: 4824A
Parcel: 19502115

Action: /
☐ PC

Location: Matthews Mint Hill Road

Subdivision:

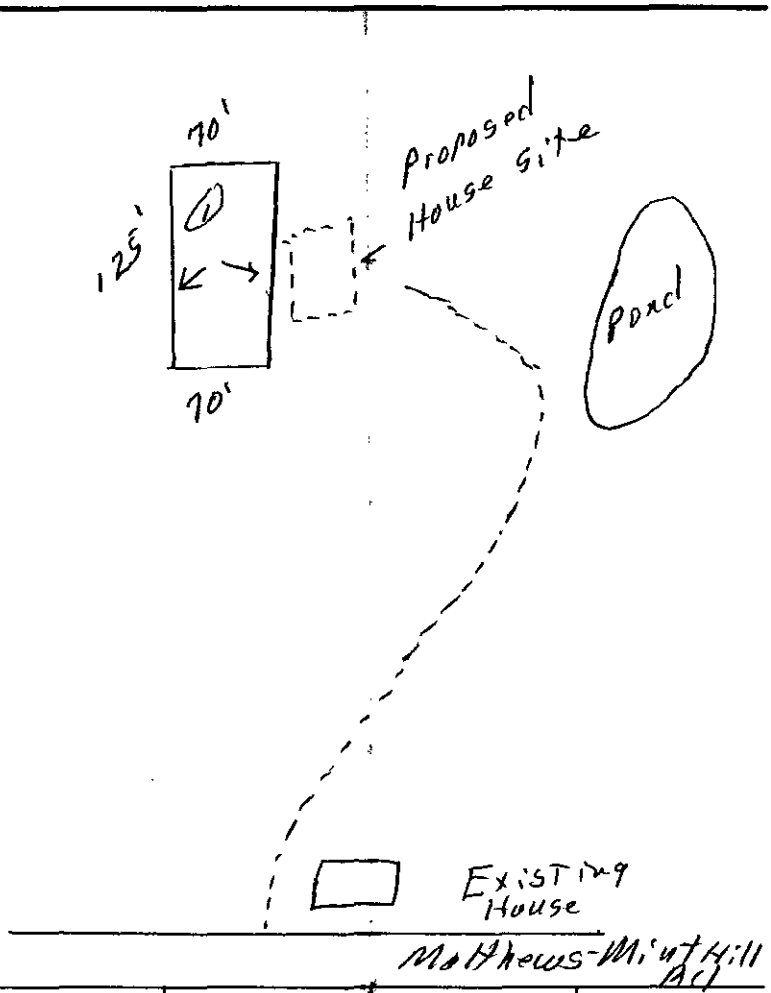
Lot: Block: Acres: .20 inc

Owner: Ray H & Dorothy Waltman
Address: 4310 Matthews Mint Hill Road
Matthews, NC 28105

Comments: additional area available if needed

Described by: William A. Marlin

Date: 8-4-08



***** 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 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 >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	IIA cecil/lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

8/2/88 Pd 30- CK#1818 OR

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 3 1988
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4824A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4310 MATTHEWS-MINT HILL RD, MATTHEWS, N.C 28105

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 021 PARCEL NO.: LOT 15

⑥ DEED REFERENCE: BOOK NO.: 3481163 PAGE NO.: BOOK 3715 0230

OWNER

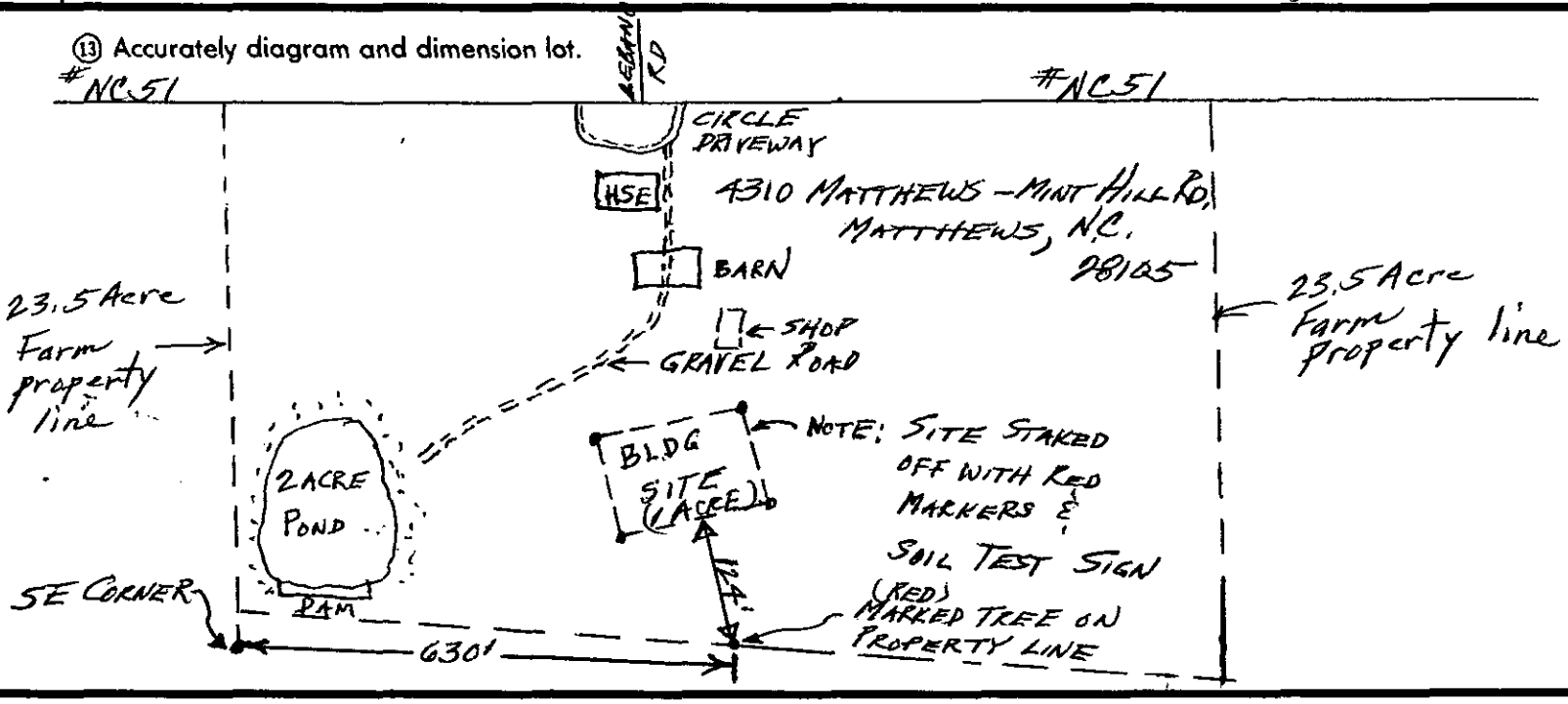
⑦ NAME: RAY H. (FIRST) & DOROTHY WILSON (MIDDLE) WALTMAN (LAST)

⑧ MAILING ADDRESS: 4310 MATTHEWS-MINT HILL ROAD

⑨ CITY: MATTHEWS ⑩ STATE: N.C ⑪ ZIP: 28105

⑫ PHONE: (WORK) — (HOME) (704) 545-4867

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ray H. Waltman

Date: 7/25/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY