

5514 COLD HARBOR DR

05317225

5/21/08

marliwr

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

Mecklenburg County
Health Department

February 17, 1998

Mr. Clifford D. Riley Jr.
8209 White Ash Court
Charlotte, NC 28227

Re: 5514 Cold Harbor Drive
File: 3476
Parcel: 053-172-256

Dear Mr. Riley:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1945 (Available Space) for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan such as an INFILTRATOR, ENVIROCHAMBER, or EEZ-LAY system would be an Alternative/Innovative system(s) that appear to be feasible for your lot. The classification for this septic tank system is Type III.

The following provisions shall apply for the issuance of the Improvement Permit:

- Notification in writing as to the modified septic system you choose shall be submitted to this office.
- Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

Upon execution and recording of the enclosed form "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969" an Improvement Permit can be issued by this department. Also a plat of the property is required before an Improvement Permit can be issued for a building site.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni E. Higgins, R.S.

Toni E. Higgins, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

Mecklenburg County

Health Department

September 12, 1997

~~Mr. and Mrs. Nelson Edens III~~ Clifford D Riley, JR. 5514 Cold Harbor Dr.
~~14007 Woody Point Road~~ 8209 White Ash Rd Re: ~~14007 Woody Point Road~~
Charlotte, NC ~~28278~~ CH 28227 File: ~~2208B~~ 3476
Parcel: ~~199-085-49PO~~ 053-172-25

Dear Mr. and Mrs. ~~Edens:~~ Riley:

Available Space

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1945 ~~(Soil Depth) for~~ a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan, ~~was prepared on site and a copy is enclosed for your records.~~ The classification for this septic tank system is Type III. Such as an Infiltrator, [redacted] Enviro chamber or ECC-CAY SYSTEM WOULD BE [redacted] AN ALTERNATIVE / INNOVATIVE
The following provisions shall apply for the issuance of the Improvement Permit: SYSTEM(S) THAT ~~MAY~~ APPEAR TO BE FEASIBLE FOR YOUR LOT.

- ~~The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.~~
- ~~You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require 270 linear feet of drainfield or a modified system that allows for a 25% reduction would require 217 linear feet of drainfield.~~ Notification in writing as to the modified septic system you choose shall be submitted to this Office with the Improvement Permit application.
- Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

~~Prior to the issuance of an Improvement Permit~~, Upon execution and recording of the enclosed form "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969" an Improvement Permit can be issued by this department. Also a plat of the property is required before an Improvement Permit can be issued for a building site.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

FEE: 100.00 CK# 1115
DATE: 6/7/97 gc

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

I JCRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 3476

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-172-25 .39

STREET ADDRESS: 5514 Cold Harbor Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 19-C

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
X 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 11-1-97 (Est)

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER: Clifford D. Riley, Jr.

NAME: (LAST) Riley (FIRST) Clifford (MI) D, Jr.

ADDRESS: 8209 White Ash Ct

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Gooley (FIRST) James (MI) S.

DAYTIME PHONE: (H) 392-9224 509-9420

GRA Richard L. Gooley & Assoc

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/77 Deed Book 3960 page 089

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Cliff Riley DATE: June 12, 97

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

PROPOSED PLOT PLAN

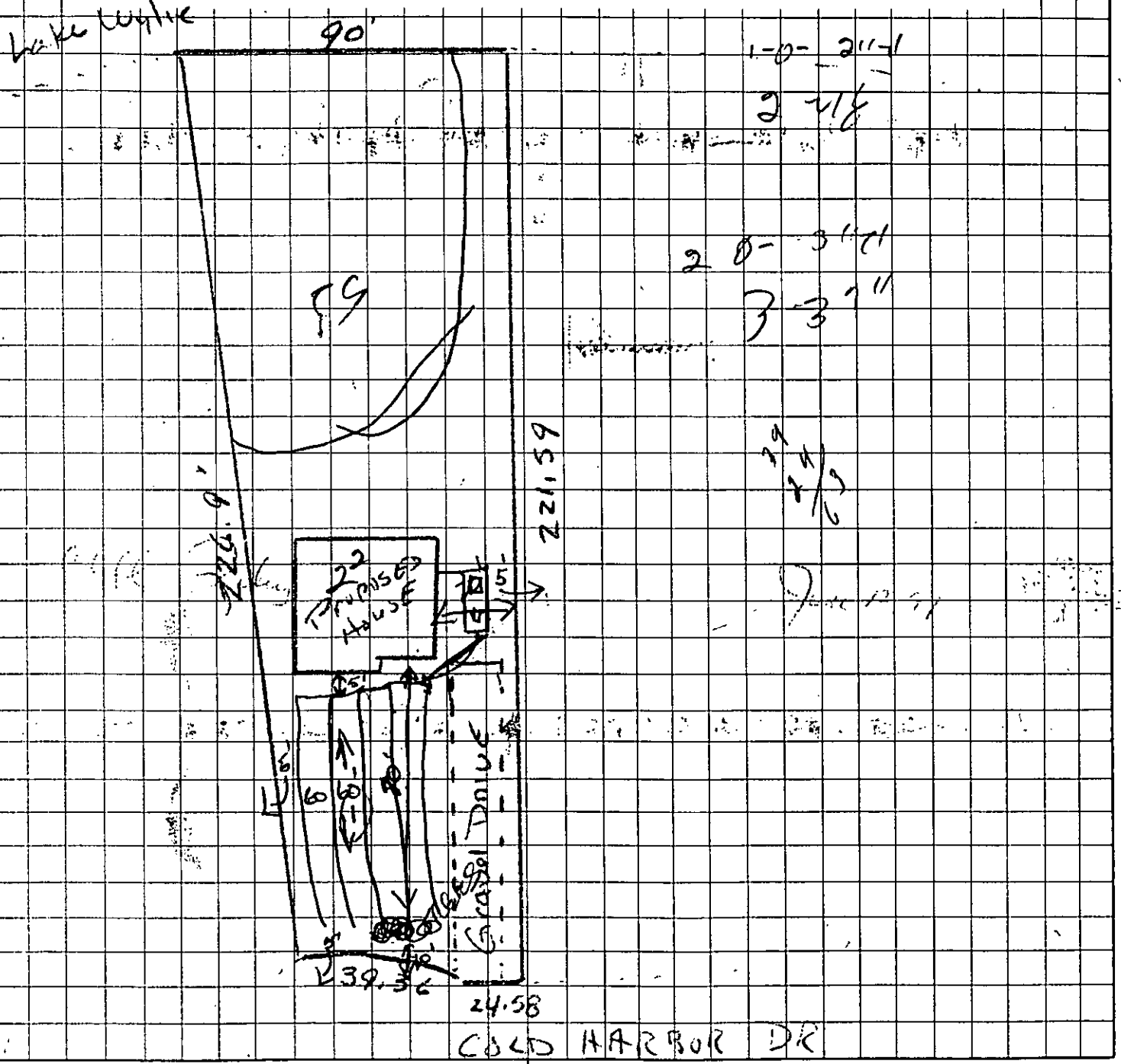
COPY

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

FILE: 3476

TC: 053-172-25

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.

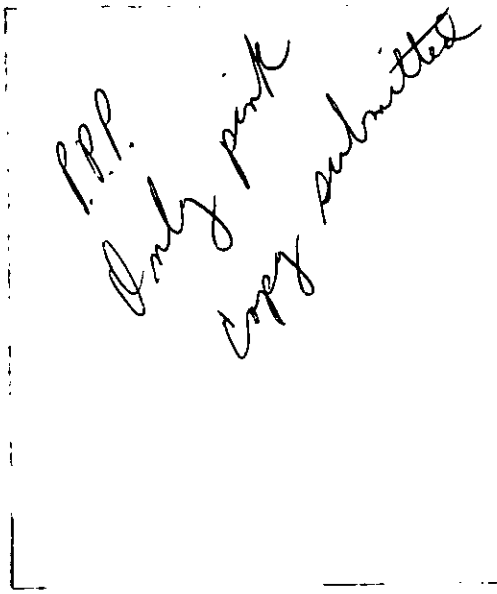


OWNER/AGENT SIGNATURE

DATE 6/2/97

APPROVAL DATE _____

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


P.P.P.
Only part
copy submitted

FEE: 100.00 CK # 7445
DATE: 6/7/97 gc

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

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION/ ALTERATION 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 #: 3476

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053 - 172-25

STREET ADDRESS: 5514 Cold Harbor Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 19 - C

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[X] HOUSE (H) [ ] OTHER (O)

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[X] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 11-1-97 (EST)

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[X] 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 [X] NO
EXISTING WASTEWATER SYSTEMS [ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS [ ] YES [X] NO
WELL, SPRINGS OR WATERLINES [ ] YES [X] NO
DESIGNATED WETLANDS [ ] YES [X] NO

PROPERTY OWNER: Clifford D. Riley, JR

NAME: (LAST) Riley (FIRST) Clifford (MI) D JR

ADDRESS: 8209 White Ash Ct

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Gooley (FIRST) James (MI) S.

DAYTIME PHONE: (704) 392 - 9224

GRA Richard L. Gooley & Assoc

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/77 Deed Book 3960 page 0189

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Cliff Riley DATE: June 12, 97

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

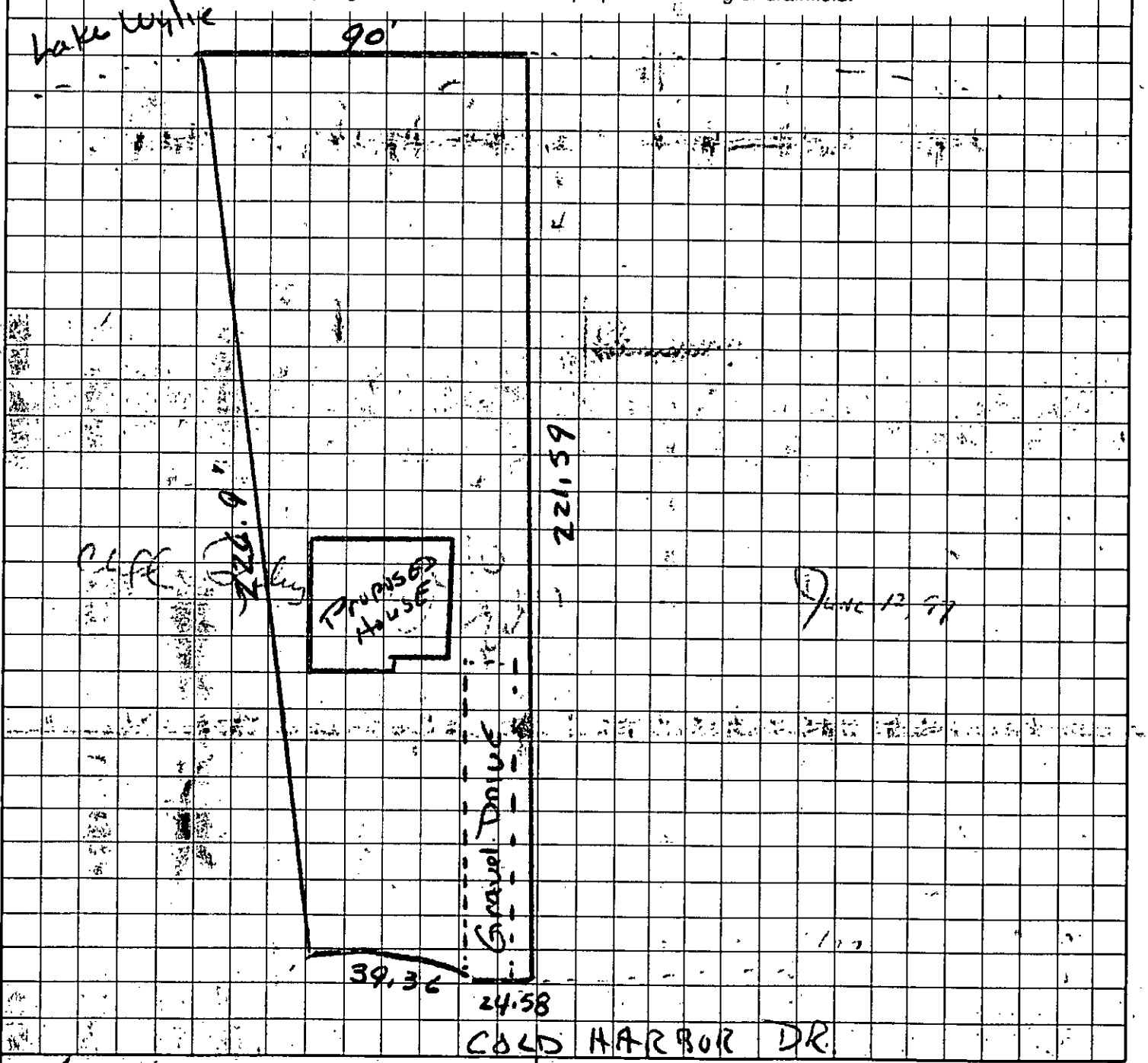
PROPOSED PLOT PLAN

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

FILE: 3476

TC: 053-172-25

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.



OWNER/AGENT SIGNATURE

DATE 6/21/97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy