

6732 RAYSMOOR DR

03310214

7/9/08

marliwr

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

14170

pd 50.00 ck 1/14/94 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 1-14-94

PERSON FILING APPLICATION:
NAME: IVESTER, JR. JOHN F.
(last) (first) (mi)
ADDRESS: 6548 PLEASANT GR. RD. PHONE: (704) 392-3176
CITY: CLT, STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-101-09
STREET ADDRESS: 6751 RAYSMOOR DR.
ZONING: CHARLOTTE, N.C. 28216

PROPERTY OWNER:
NAME: IVESTER, JR. JOHN F.
(last) (first) (mi)
ADDRESS: 6548 PLEASANT GR. RD. PHONE: 704 392-3176
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

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

LOT NUMBER: [redacted] LOT SIZE (in acres): .33 AC

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) BARN, DECK PATIO, GARAGE (attic)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 3

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
[X] Garage [ ] Storage Building [X] 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: John Ivester Jr. Date: 1-14-94

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.

...Use existing system

200' Added to existing drainfield 5/2/94

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

Phillip A. Walker 5/2/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1470 DATE: 5/2/94

TC: 033 101 09 ☐ L ☐ CRT

SERIAL

Name of Owner John Iwester Jr Juris.:

Address of Property 6751 Raysmoor Dr

Inspection Data:

Tank Material –

Total Length of Drainfield 200'

Number of Lines 3 @ Very

Cover Depth 12"

Water Supply Source well

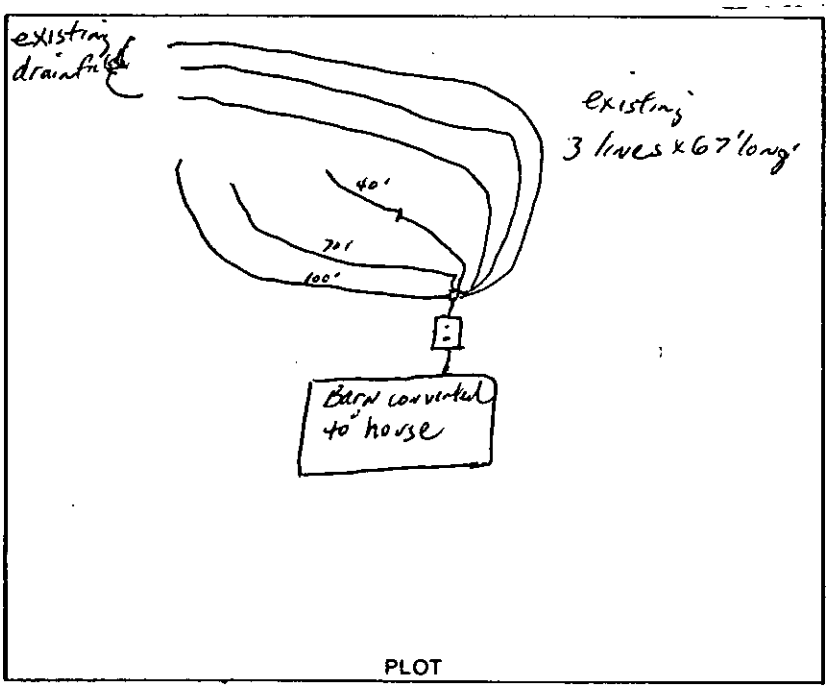
Distance to Water Source 750'

Excavation Inspected 5/2/94

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



PLOT

Design: 1994 Alteration, 200' added to existing 200' (Speed levelers) CTR# Gary Norris

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: Contractor installed lines at varing lengths as indicated Speed levelers installed to correct installation (contractor did not follow installation permit)

Thelo S. Walker
Environmentalist

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

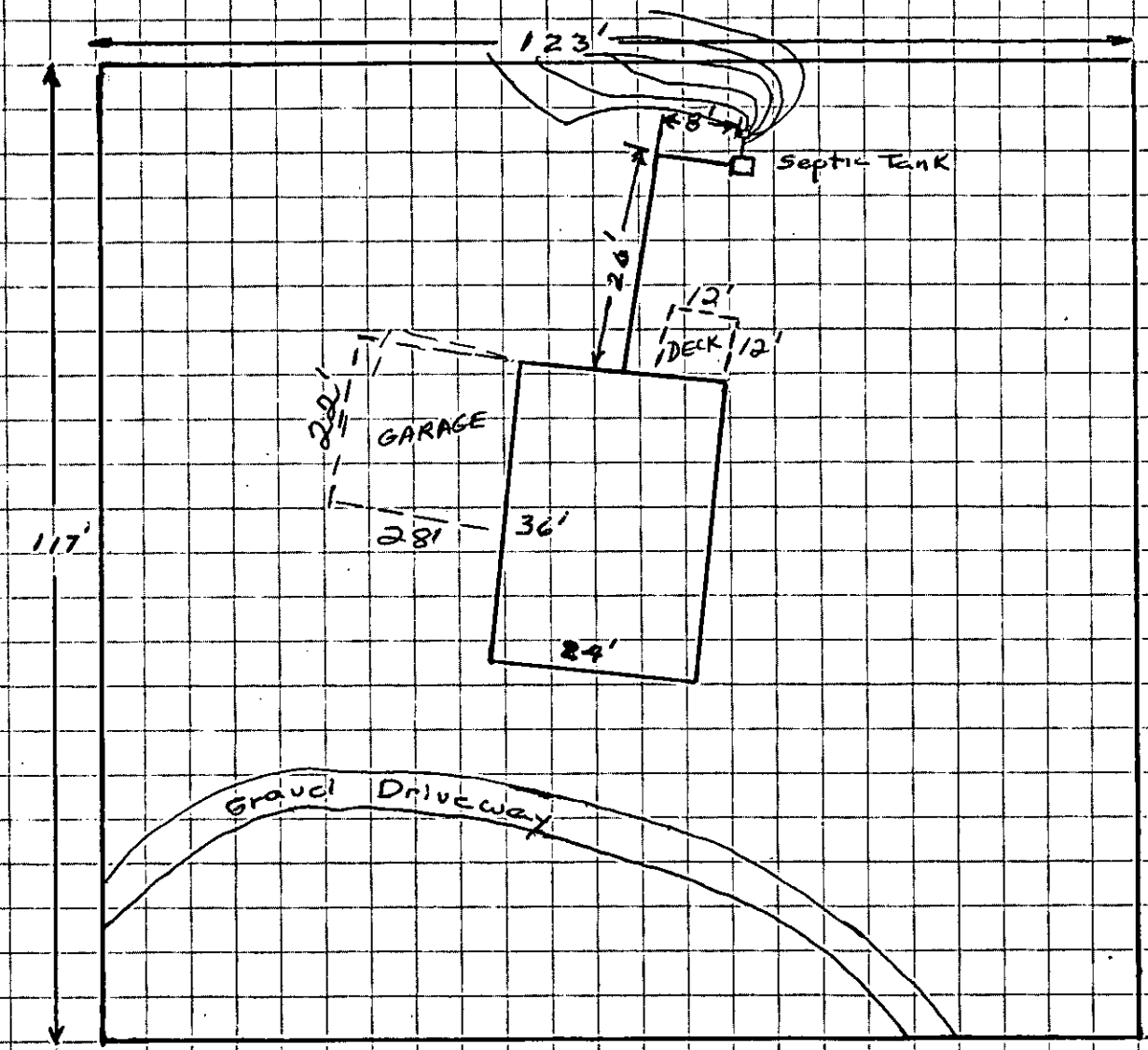
PROPOSED PLOT PLAN

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

FILE: 14170

TC: 033-101-09

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.



Scale 3/64" = 1'

APPROVAL DATE PW 5/2/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

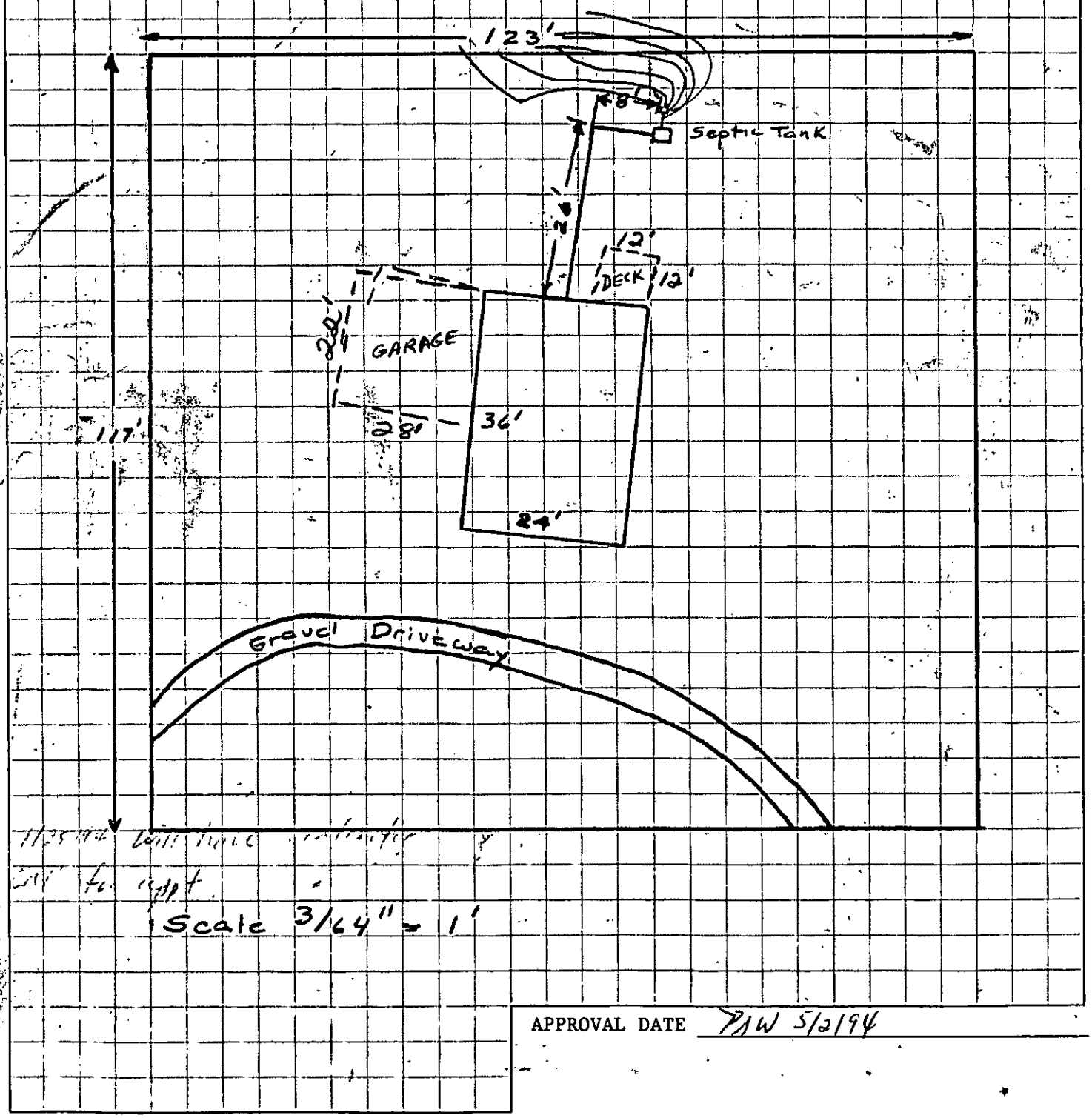
PROPOSED PLOT PLAN

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

FILE: 14170

TC: 033-101-09

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.



APPROVAL DATE PJW 5/2/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

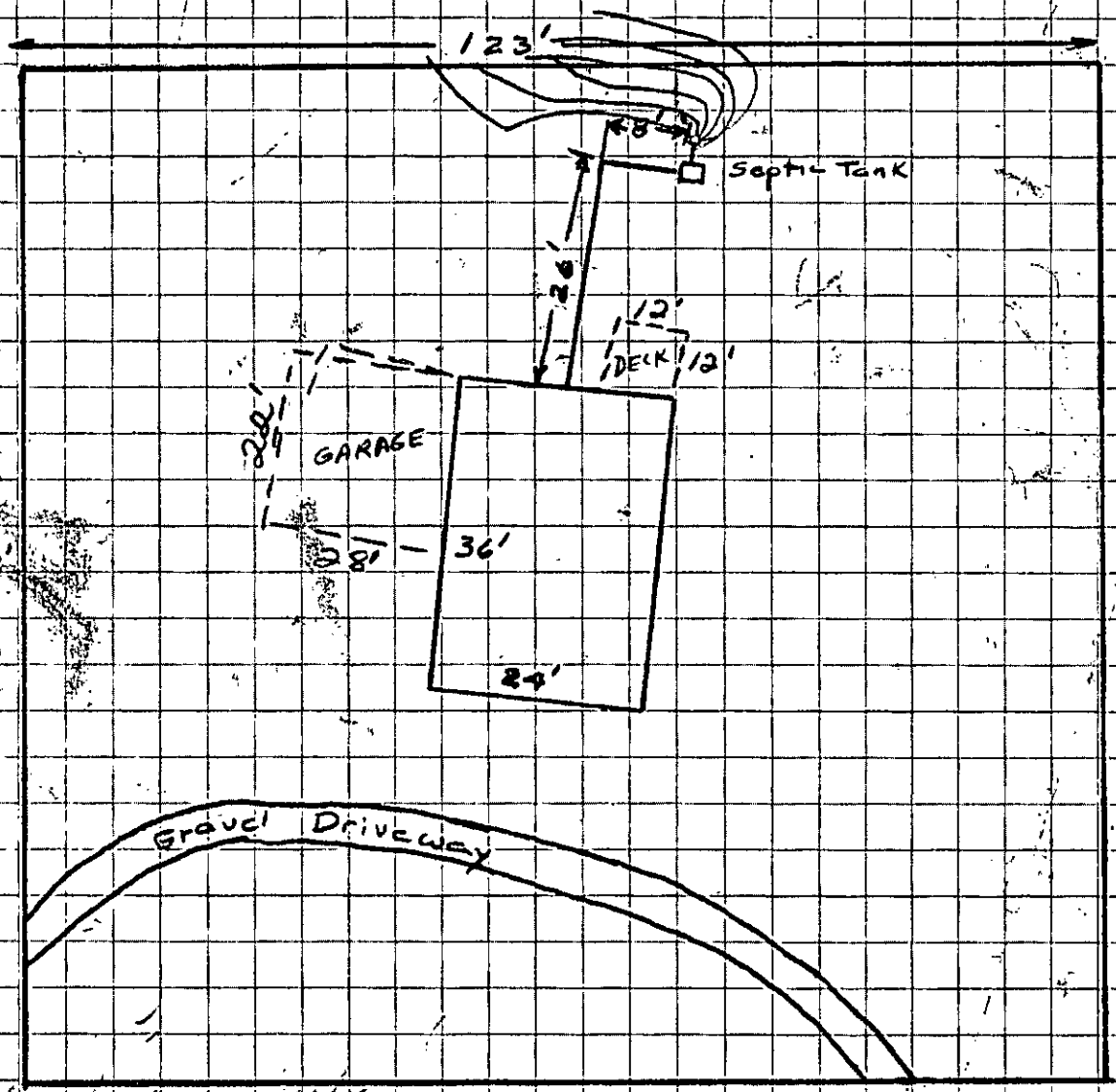
PROPOSED PLOT PLAN

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

FILE: 14170

TC: 133-101-09

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.



Scale 3/64" = 1'

APPROVAL DATE PJW 5/2/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

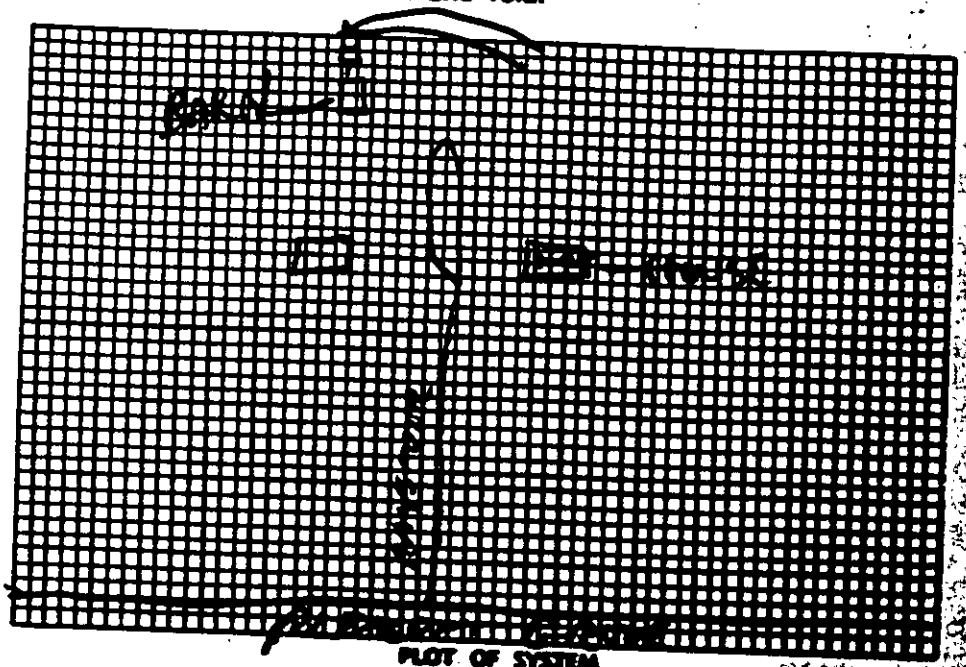
Date Issued 9-18-85 Serial No. 08519 ICAR(S) Permit No. 14170

T. C. No PO 033401-04

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 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 application 14170 dated 9-3-85 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 10-18-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1000

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER IVESTER, JOHN F

LOCATION OF PROPERTY 6751 RAYSMOOR DR

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are 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 up or otherwise rendered uninspectable or can be used. 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.

2 line x 100' long x 3' w.d. x 12" deep

Comments:

Division or Section Head

Kelly R. Hall

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 repaired.

EHD-S-76

Cert A (s) No 14170

(Issue Permit) 9-25-85 Serial 7871

T. C. No 033-101-09

L CR

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Trustee John
LAST FIRST MIDDLE

Location of Property 6751 Raymoor Dr.

Application Number 14170 Permit Number 14170

Inspection Dates

Liquid Capacity of Tank 1500 1000 gal Tank Material PCC

Total Length of Drain Tile 200' Number of Lines Three

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected 9-25-85 Tank Inspected 9-25-85
DATE

Final/Trench Field Inspected 9-25-85
DATE

Washing Machine Line Inspected, If Applicable
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been satisfactorily installed or constructed, altered or repaired in accordance with the permit issued and the REGULATIONS of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information furnished in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments 1000 Liquid Capacity Tank Required

Sanitarian

Pond
House
Pond
To

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

SPACE USE ONLY

FILE: 14170

TC: PO-033-101-09

① ADDRESS: 6751 Raysmoor Dr (STREET NO. / STREET) ② FILE: ____

③ CITY: Charlotte N.C. ④ TAX PARCEL NO.: ____

⑤ SUBDIVISION: ____ ⑥ LOT: ____ ⑦ BLOCK: ____

⑧ NAME: John F. (FIRST) Iverson (MIDDLE) Jr. (LAST)

⑨ MAILING ADDRESS: 6548 Pleasant Grove

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

⑬ PHONE: (WORK) 704 598 9254 ⑭ (HOME) 704 392 3176

This request is for a(n):

⑮ ☑ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) ____

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ Number of bedrooms? ____

㉒ Maximum occupancy? ____

㉓ Basement? ☐ yes ☐ no

㉔ ☐ Business or place of public assembly

㉕ Type? Bar w/ 1 toilet

㉖ Maximum number of employees? ____

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

____

____

C of A Isl No. 14170

Date Issued 9-25-85 Serial 7871 T. C. No 033-101-09 1 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Forester John
LAST FIRST MIDDLE

Location of Property 6751 Raymoor Dr.

Application Number 14170 Permit Number 14170

Inspection Data:

Liquid Capacity of Tank 1500 1000 gal Tank Material PVC

Total Length of Drain Tile 200' Number of Lines Three

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected 9-25-85 DATE Tank Inspected 9-25-85 DATE

Nitrification Field Inspected 9-25-85 DATE

Washing Machine Line Inspected, If Applicable _____ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~_____~~ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1985, 1000ST, Con, 600SQFT, 12G, Three Trenches installed not Two as permitted due to site limitations

3/1/94

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

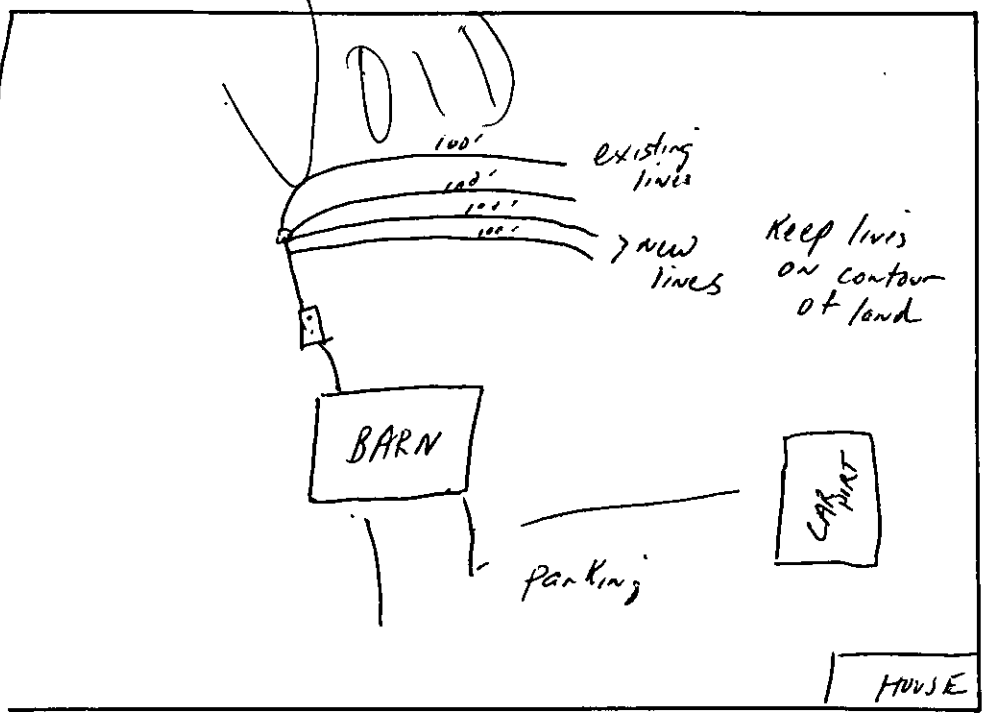
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 14170 DATE: 3/1/94

TC: 033 101 09 ☐ L

SERIAL Nº 15855

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 1/14/94. All work shall be completed on or before 4/1/94, 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 3 feet

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line > 10 feet

Distance from Well > 50 feet

NAME OF OWNER John F. Ivester Jr

LOCATION OF PROPERTY 6751 Raysmoor Dr

Comments: 2 lines x 100'long x 3'wd x 12'stone / Tie into old D-Box with new lines. Keep septic lines on contour of land / Keep septic system 750' from any wells.

T. Walker T.S. for Paul Daniel 3/1/94
Division or Section Head

Phillip S. Walker
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