

3900 ROCKY RIVER RD

10506112

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Groundwater and Wastewater Services File Imaging Project

May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1171A

Pd 50 CK 1165 8/1/95 DA 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

Date:

PERSON FILING APPLICATION:
NAME: Hodges (last) Olivia (first) S. (mi)
ADDRESS: 3900 Rocky River Rd PHONE: (704) 596-0772
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-066-12
STREET ADDRESS: 3900 3900 Rocky 4044 River Rd
ZONING:

PROPERTY OWNER:
NAME: Hodges (last) Olivia (first) S- (mi)
ADDRESS: 3900 Rocky River Rd PHONE: (__) 28215
CITY: Charlotte STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- 0 Mecklenburg County
- 1 Charlotte
- 2 Davidson
- 3 Cornelius
- 4 Pineville
- 5 Matthews
- 6 Huntersville
- 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

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)
- ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
- COMMERCIAL OR INDUSTRIAL (N)
- SOIL TEST DEVELOPMENT (P)
- ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
- SINGLE MOBILE HOME (S)
- DOUBLE WIDE (D)
- HOUSE (H)
- MODULAR HOME (M)
- MULTIPLE FAMILY (U)
- OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4

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)
- Municipal (M)
- Private Well (P)
- Shared Well (S)
- Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- Swimming Pool
- Garage
- Jacuzzi
- Storage Building
- Stable/Barn
- Deck/Patio
- Workshop
- Bedrooms
- None
- 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: X Olivia Hodges Date: X Aug 2, 1995

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

mobile home exchange

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

Philo S. Walker R.S. 8/4/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 22 '91

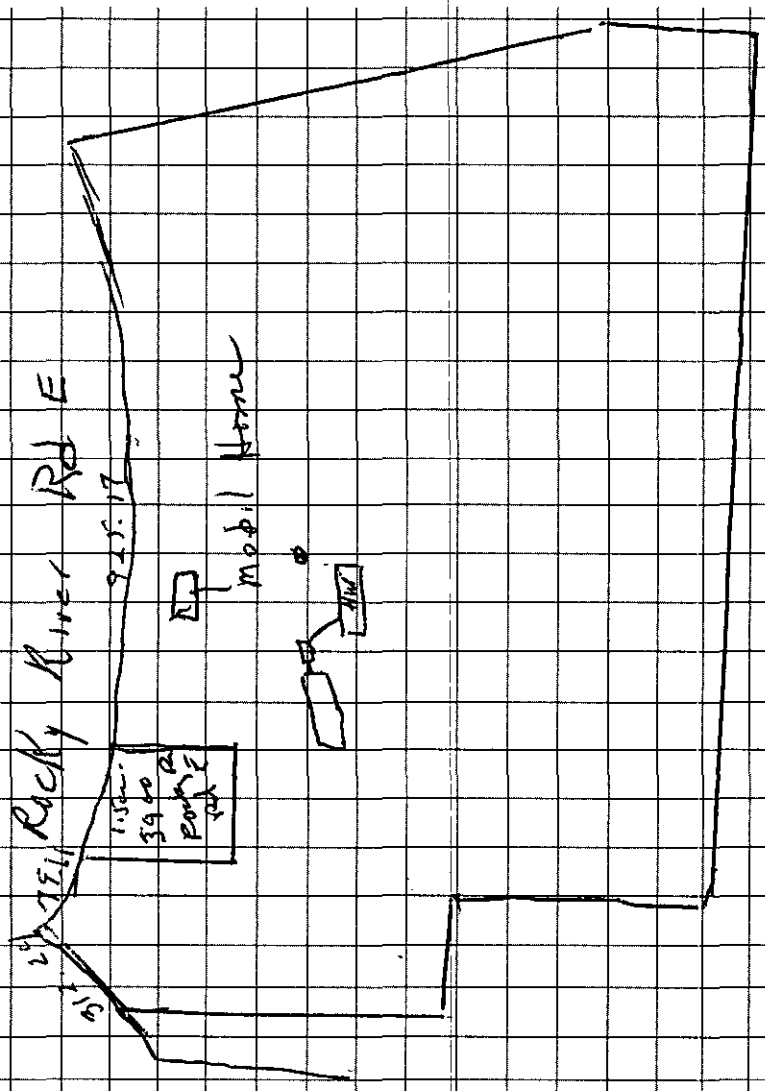
PROPOSED PLOT PLAN

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

FILE: 1171A

TC: 105-061-12

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.



Olivia Hodges
OWNER/AGENT SIGNATURE

DATE Aug 2, 1995

APPROVAL DATE DSW 8/4/95

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

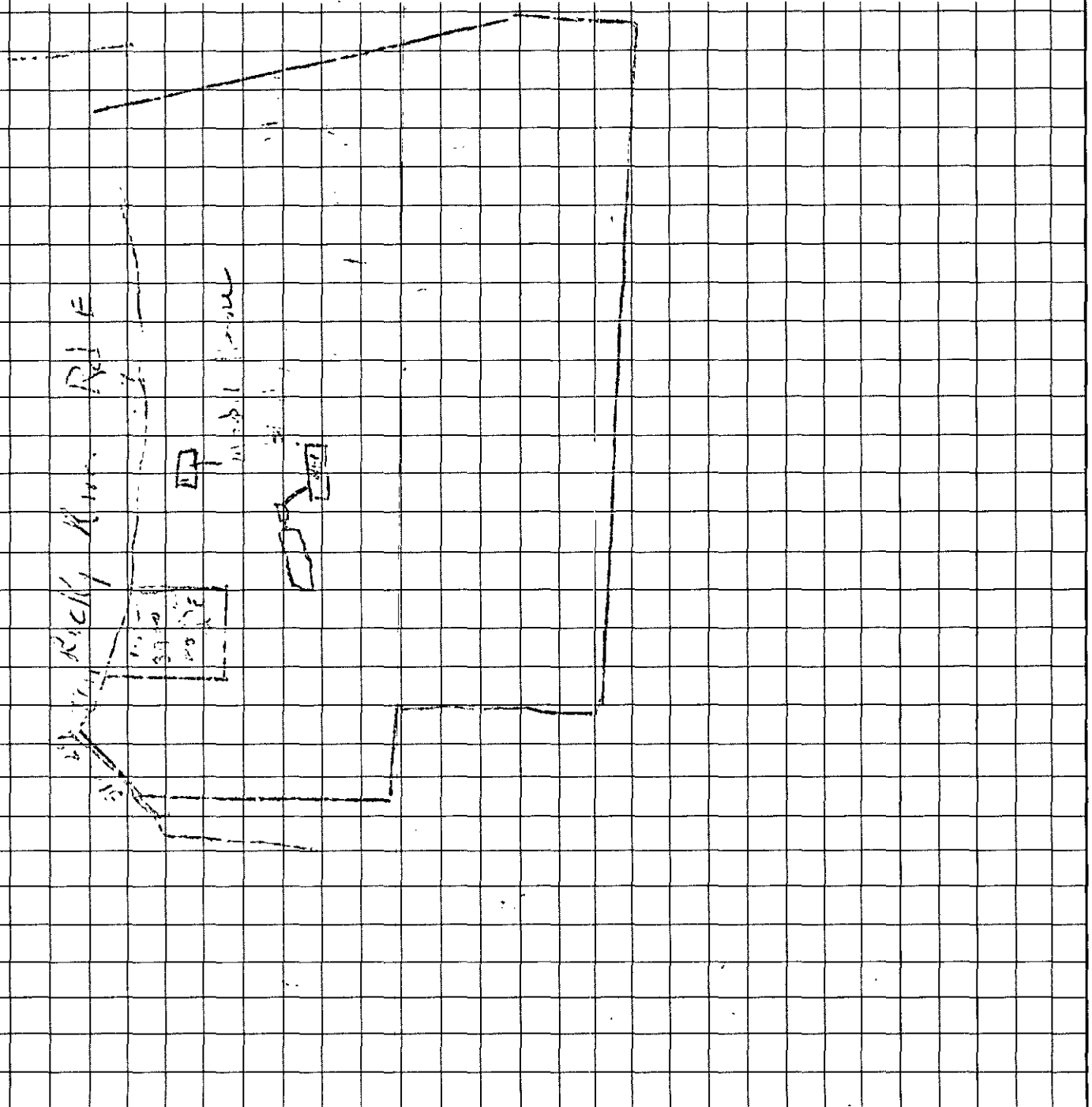
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Olivia Hood
OWNER/AGENT SIGNATURE

DATE Aug 2, 1995

APPROVAL DATE DHW 8/18/95

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

Date Issued 11/5/85

Serial No. 08668

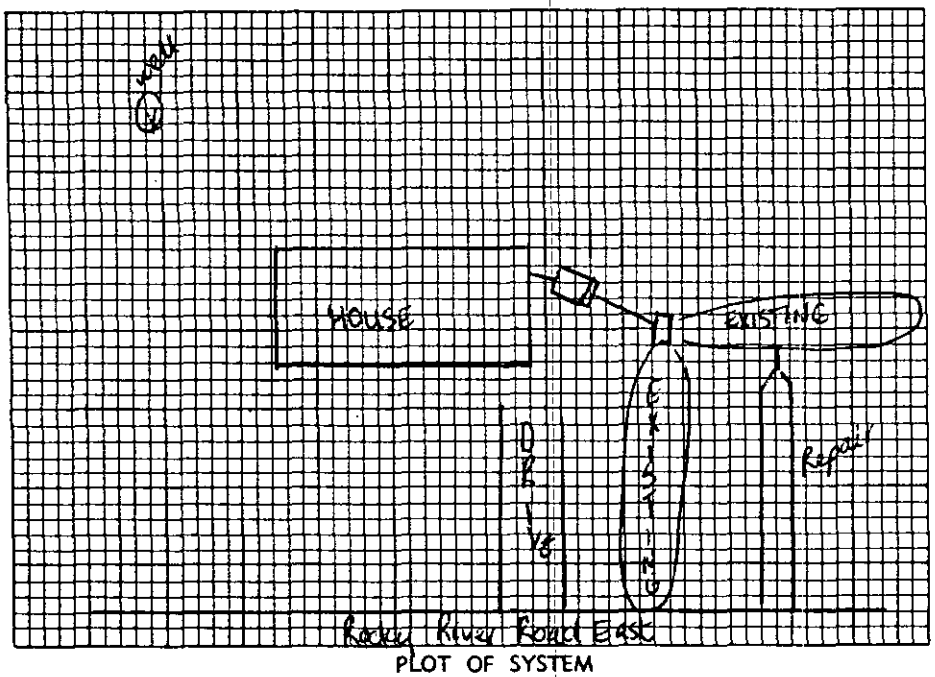
ICAR(S) Permit No. 1171A

T. C. No. 105-061-13

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 1171A, dated 11/4/85 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 11/19/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

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 >100'

NAME OF OWNER Hodges, Frank

LOCATION OF PROPERTY 3900 Rocky River Road East

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 Trenches 3'x100'x12" stone with gradeboards, straw as cover

Comments:

B. Hardister
Division or Section Head

Cynthia G. Bass
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.

EHD-5-76

C of A (s) No. 1171A

Date Issued 11/6/85 Serial 7991 T. C. No. 105-061-13 L

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 Hodges (LAST) Frank (FIRST) (MIDDLE)

Location of Property 3900 Rocky River Road East

Application Number 1171A Permit Number 1171A

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 2

Depth of Filter Material 12" Cover Depth 8"

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 11/6/85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 11/6/85 (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: REPAIR

Cynthia G. Boss
Environmentalist

EHD-5-76

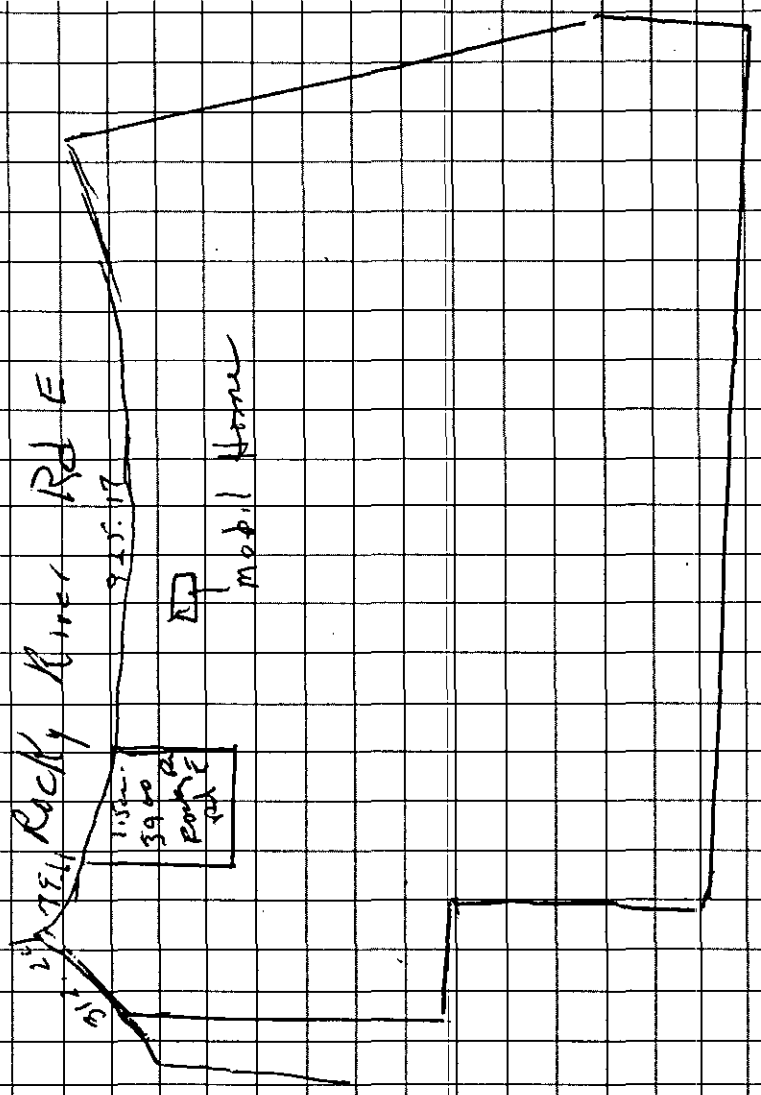
PROPOSED PLOT PLAN

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

FILE: 1171A

TC: 105-061-12

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Olivia Hodges
OWNER/AGENT SIGNATURE

DATE Aug 2, 1995

APPROVAL DATE _____

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Date Issued 11/5/85

Serial No. 08668

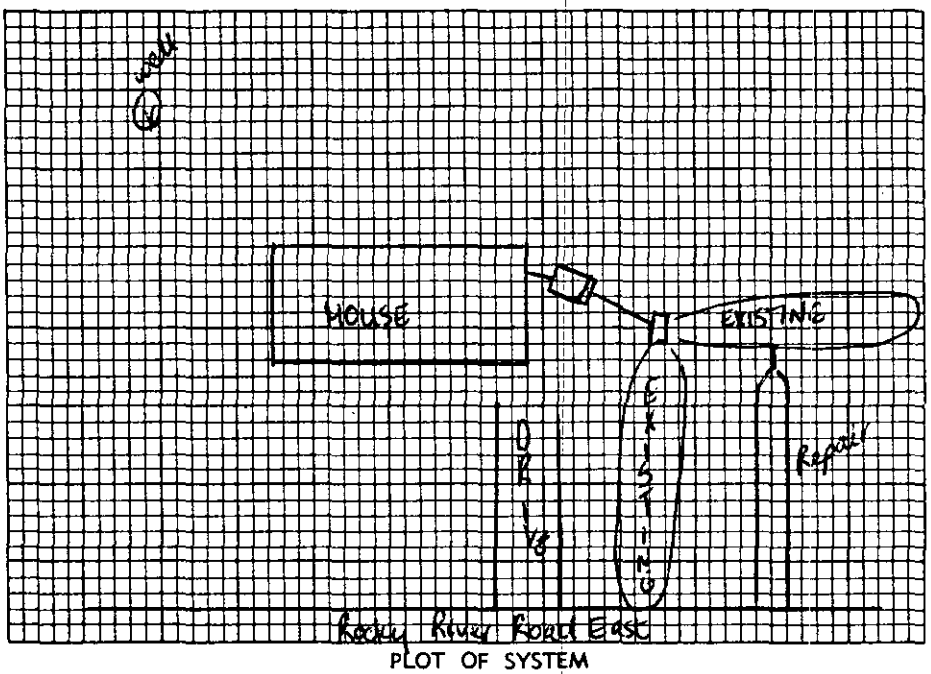
ICAR(S) Permit No. 1171A

T. C. No. 105-061-13

Map Date L

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

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PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

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Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Hodges, Frank

LOCATION OF PROPERTY 3900 Rocky River Road East

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2 Trenches 3'x100'x12" stone with gradeboards, straw as cover

Comments:

B. Hardy Jr.
Division or Section Head

Cynthia G. Bass
Environmentalist

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EHD-5-76

C of A (s) No. 1171A

Date Issued 11/6/85 Serial 7991 T. C. No. 105-061-13

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 Hodges (LAST) Frank (FIRST) (MIDDLE)

Location of Property 3900 Rocky River Road East

Application Number 1171A Permit Number 1171A

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Depth of Filter Material 12" Cover Depth 8"

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 11/6/85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 11/6/85 (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: REPAIR

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 11/5/85

ICAR(S) Application No. 1171A

T. C. No. 105-061-13

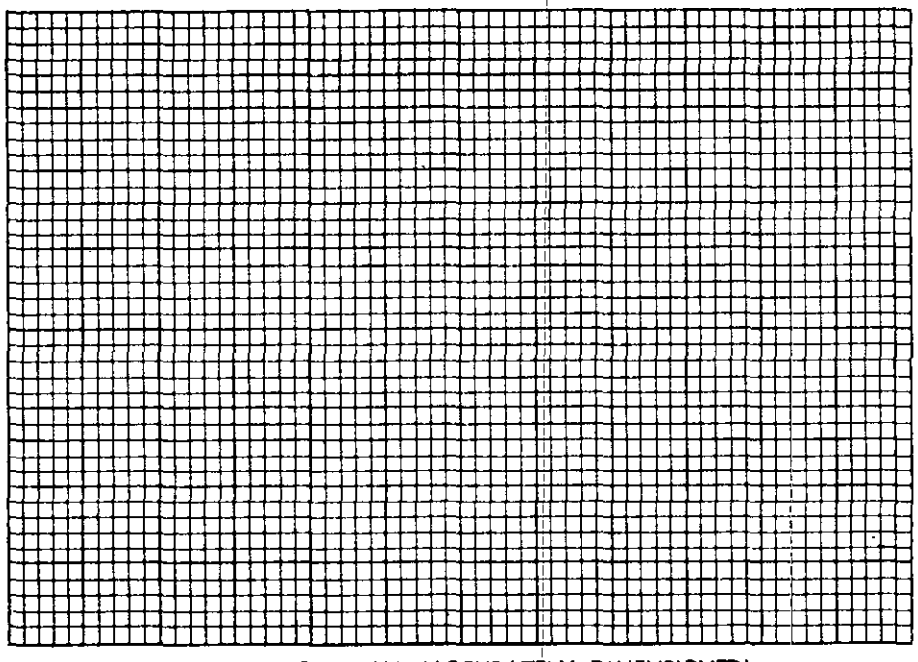
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ✓No
Residence ✓Yes ____No

4) No. of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓Yes ____No
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ____Yes ✓No
9) Water Supply:
   A) Individual Well ✓
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ____Yes ✓No
   House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Hodges (LAST) Frank (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 3900 Rocky River Road East

15) PHONE NO. Home 596-0772 Office 596-0772

16) LOCATION OF SYSTEM 3900 Rocky River Road East (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

11/4/85
DATE OF APPLICATION

Frank Hodges
OWNER

EHD-5-76

Environmental Health Department's Copy

DATE 8/2/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

105-061-12
PARCEL NUMBER

3900 Rocky River Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Move on mobile home

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rwb

REVISED 1/91