

9501 SAO PAULA DR

01521311

5/7/07

duponbj

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

3531-A 1987 ITEM 8

015-213-11 (12 combined)

9501 SAO PAULA DR.

[redacted]

[redacted]

ZION, ILL. U.S.A.

3531-A 1987 ITEM 3

015-213-~~12~~ 11 (combined with 015-213-12)

9908 RIO ST.

LOT 6 E

[redacted]

[redacted]

ZION, ILL. U.S.A.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3531A DATE: 6/30/88

TC 015-213-11-12 ☐ L ☐ CRT

SERIAL № 11239

Name of Owner Galloway Benjamin Juris.:

Address of Property 9501 San Paula Dr.

Inspection Data:

Tank Material Pre-Cast

Total Length of Drainfield 533

Number of Lines 6 @ 89'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 6/29/88

Tank(s) Inspected 6/29/88

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 1500 St Con. 1599SFT, 12" 6 Trench CTR# 90

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:

Judy A Kuss RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

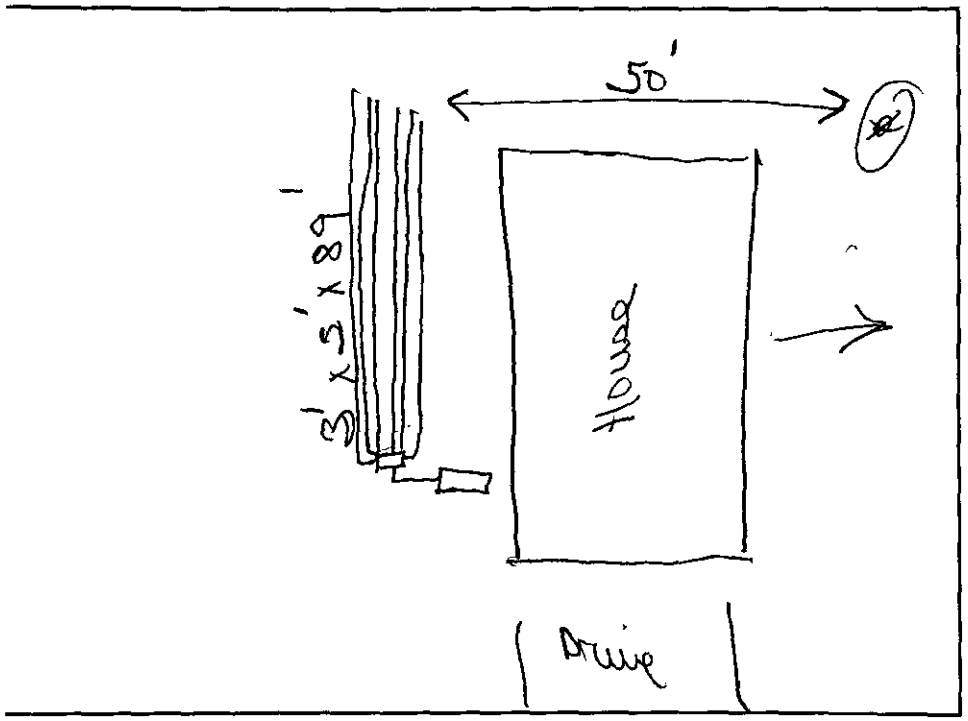
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3531A DATE: 6/27/88

TC: 015-213-11-12 ☐ L

SERIAL № 12006

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* 5/11/88. All work shall be completed on or before 12-7-88, 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 Pre-Cast

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 533 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Halloway, Benjamin J.

LOCATION OF PROPERTY 9501 Sao Paulo Dr.

Comments: Install 6 Trenches 3'x 3'x 89', 12" Stone, Straw Cover.

Division or Section Head

Environmentalist Judy J. Muir, R.S.

* 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

MECKLENBURG COUNTY

Department of Environmental Health

July 8th, 1987

Stanley S. Greene
3405 39th Avenue
Colmar Manor, Md 20722

RE: Property located at 9900 Rio Street 5E
FILE: 3531A
PARCEL: 01521311

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 14255) deliniating the soil types and there respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

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

enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14255

File: 3531A

Parcel: 01521311

Action 4

☐ PC

Location: 9900 Rio Street

Subdivision:

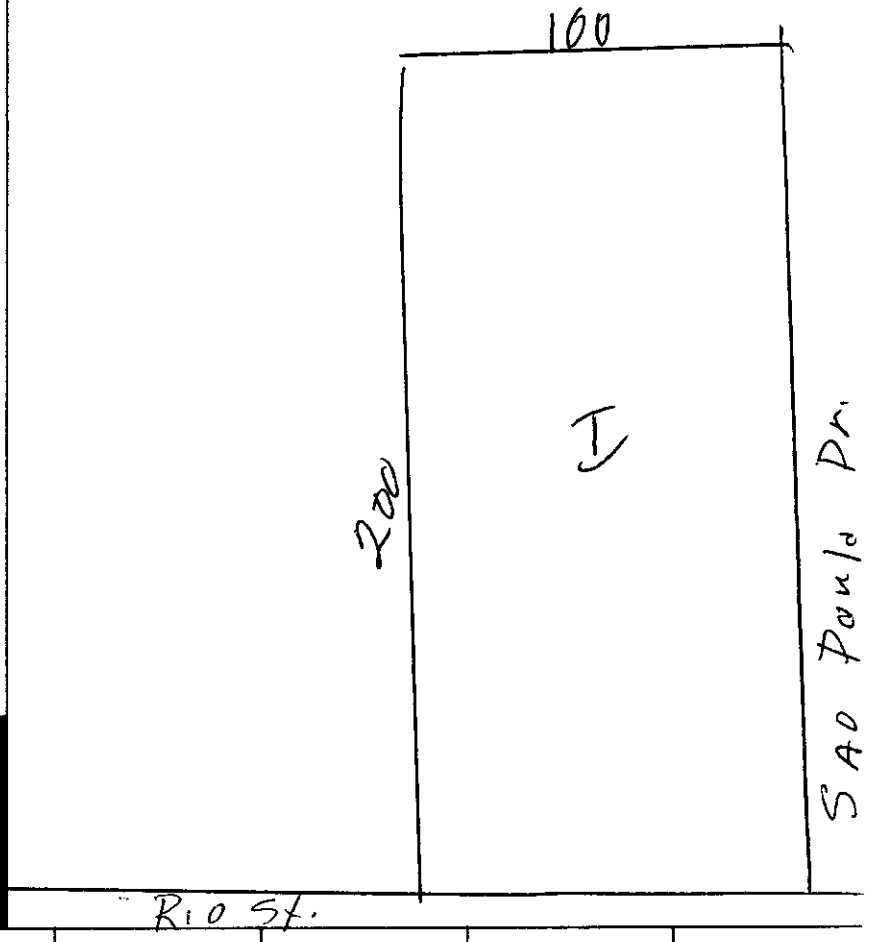
Lot: 5E Block: Acres: .47

Owner: Stanley S. Greene
Address: 3405 39th Avenue
Colmar Manor, Md 20722

Comments: _____

Described by: W.B. Ramsay

Date: 7-3-87



***** 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 2-6	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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	IVa Cecil (Characteristics) Except color					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

015 -213-11

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3531A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9900 ~~and 9908~~ Rio St., Charlotte, N.C.

② SUBDIVISION: Brasilia Park ③ LOT: ~~5 + 6~~ ④ BLOCK: E

⑤ PARCEL REFERENCE: BOOK NO.: 015 PAGE NO.: 213 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 3531 PAGE NO.: 155

OWNER

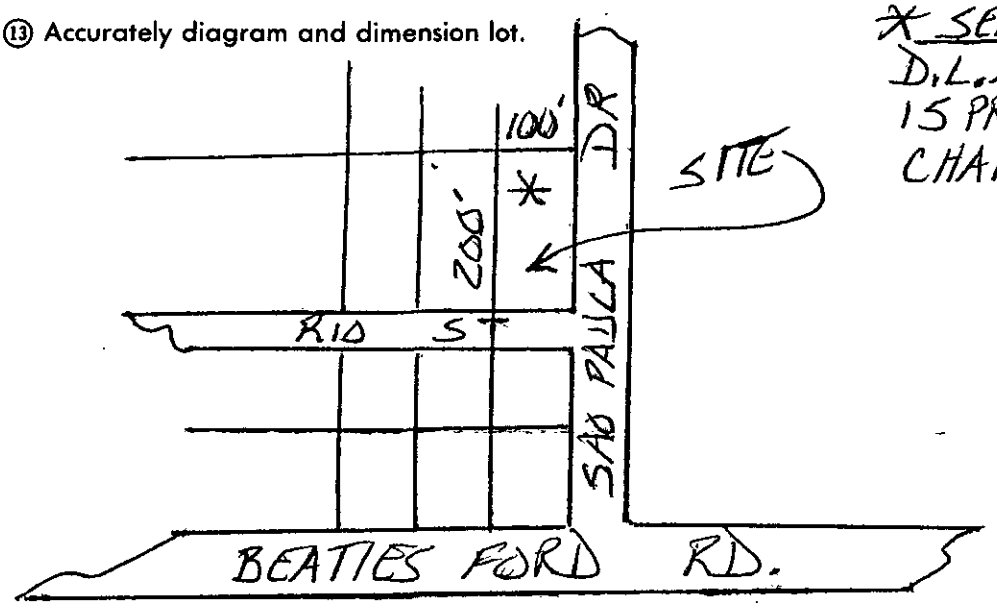
⑦ NAME: Stanley (FIRST) S. (MIDDLE) Greene (LAST)

⑧ MAILING ADDRESS: 6405 39th Ave.

⑨ CITY: Colmar Manor ⑩ STATE: Maryland ⑪ ZIP: 20722

⑫ PHONE: (WORK) _____ (HOME) 301-927-3277

⑬ Accurately diagram and dimension lot.



* SEND RESULTS TO:
D.L. MATTHEWS
15 PROVIDENCE SQUARE DR.
CHARLOTTE, N.C. 28226

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: Stanley S. Greene

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

Date: May 27, 1987

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

3/2/88 Paid $100.00 Completed Permit &

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 3531A / 3532A
TC: _____
SERIAL: Nº 15654 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9501 (STREET NO.) Sao Paula Dr. (STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 015-213-11-12
⑤ SUBDIVISION: Brasilia Park ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Benjamin (FIRST) Franklin (MIDDLE) Galloway (LAST)
⑨ MAILING ADDRESS: 6435 Bridlewood Lane
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) work at night 704-332 2432 5686349 ⑭ (HOME) ~~5686399~~ 334-1818

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

Signed: Benjamin F. Galloway
Date: 3-1-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Kelly Randall, 3-3-88
Environmentalist — Date

Director or Authorized Section Head, 3-9-88
Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

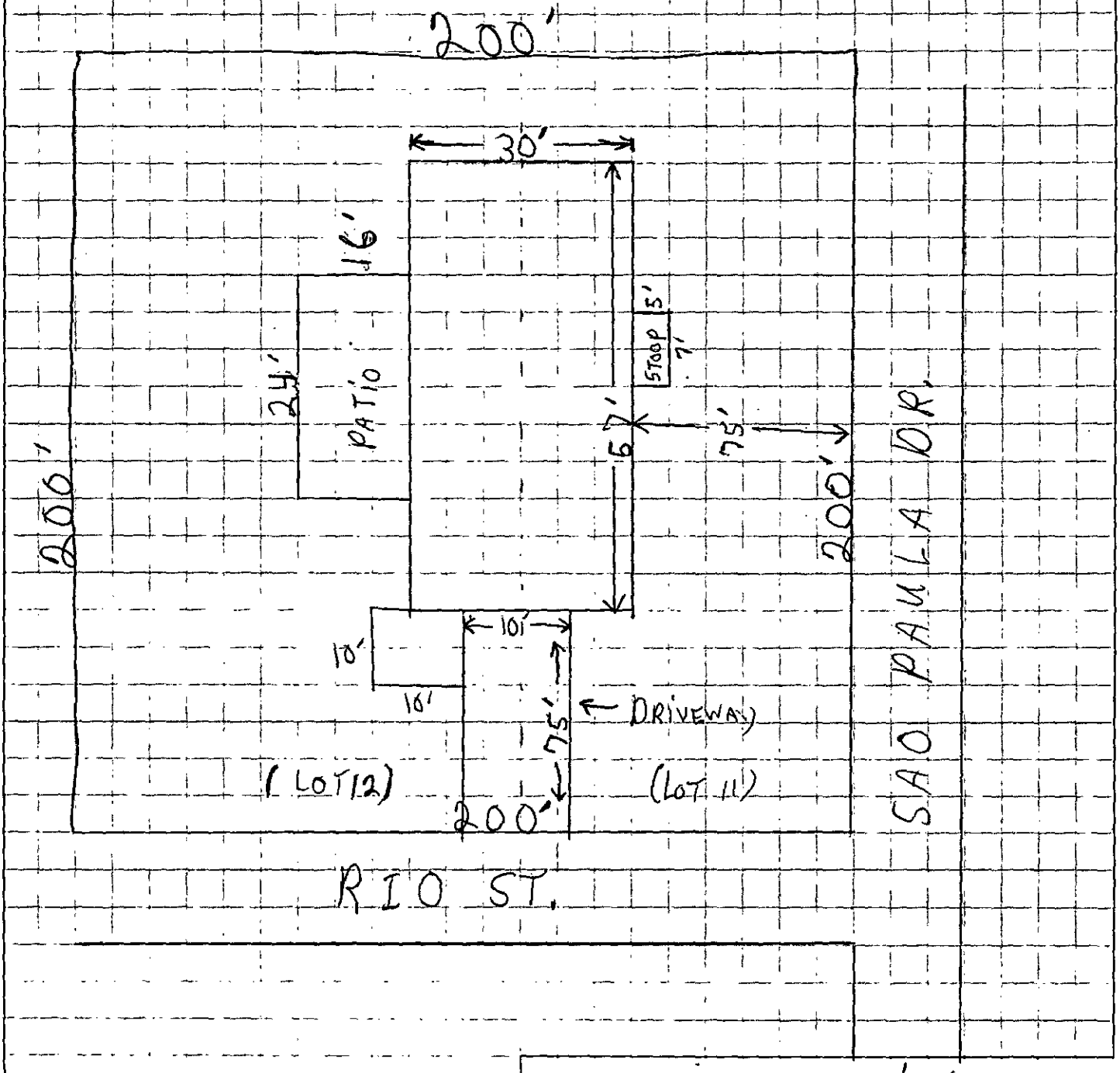
PROPOSED PLOT PLAN

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

FILE: 3531A

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: Benjamin F. Galloway

Date: 3-1-88

DATE: 3/1/88

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 015-213-11-12

ASSIGNED ADDRESS 9501 Sao Paula Dr

EXISTING ADDRESS _____

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: Sign

OPWEAR 02/86